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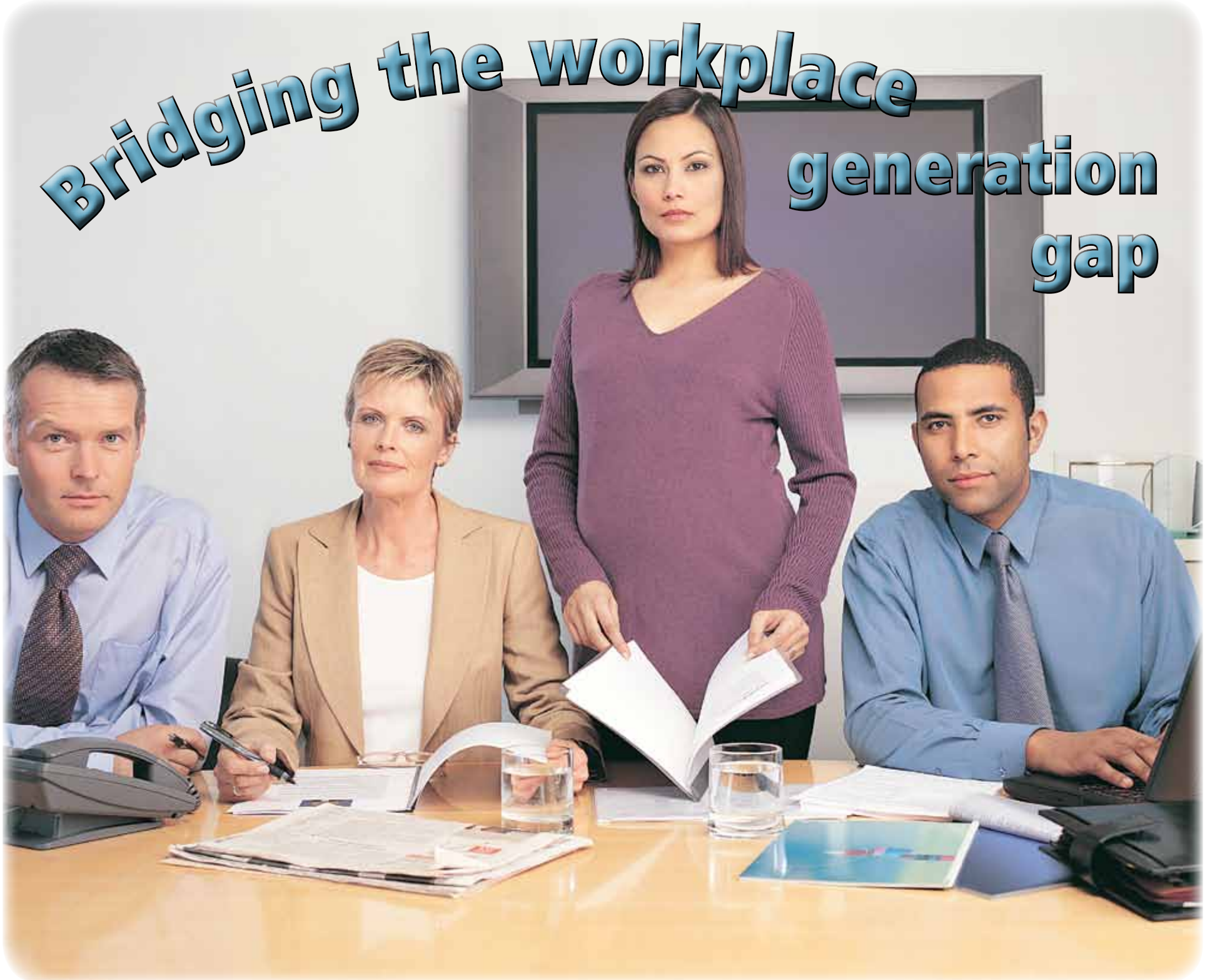
EASTERN MA EDITION

Bridging the workplace generation gap



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Workers strive to bridge generation gap

By Brian Goslow

BOSTON —

A generational divide is widening as baby boomers continue working into retirement age. A preconceived notion that younger workers have a sense of entitlement is exacerbating the gap. This perception, and many others about younger workers, that includes millennials (those born between the early 1980s to the early 2000s) needs to be overturned for businesses to reach their full potential, according to Lauren Stiller Rikleen, author of *You Raised Us — Now Work With Us: Millennials, Career Success, and Building Strong Workplace Teams* (American Bar Association).

Rikleen

Rikleen, president of the Rikleen Institute for Strategic Leadership and Executive-in-Residence at the Boston College Center for Work and Family in the Carroll School of Management, frequently speaks and consults on the multi-generational workplace, women's leadership and unconscious bias.

She wrote her book after finding audiences she spoke to would ask her questions about dealing with the younger generation — and they were usually "very negative" in tone.

"It just became increasingly clear that there is such a stereotype about millennials," Rikleen said. "I had trouble understanding this disconnect between the people which raised this generation — their kids — not recognizing how some of those qualities (they raised them on) might play out in the workplace."

She wanted to get past the stereotypes and myths boomers had about millennials and find out what they really meant. "Part of this issue is, are these behaviors we're seeing and criticizing real — or what are we really seeing?" Rikleen said. "This generation is certainly branded as entitled, but are they — or, are we seeing other things that manifest through other people as entitlement?"

In her opinion, millennials are simply displaying the self-confidence their parents taught them to have. "As a generation, we, as boomer parents raising this generation, had more experts and more books at our fingertips telling us how we need to make sure our kids grew up to be self-confident. And having focused on that, our children came out self-confident.

"In the workplace, it can be off putting to other people if it's not sufficiently tempered with modesty or humility," Rikleen said, noting that misperception or possible misreading of a self-confident attitude can cause older workers to see them as entitled, not loyal and not committed to their job.

Meanwhile, younger workers regularly feel that their elders don't respect what they can bring to the company.

"You do get a lot of older people frustrated by these situations where a young worker will express their thinking about how something should be done," Rikleen said. "We get put off by that because we remember being young in the workplace and feeling we're supposed to be much more deferential to hierarchy — but millennials weren't necessarily raised to be deferential to hierarchy.

"In fact, they were raised that their opinions mattered, so when they have an idea that something could be done more easily in other ways than it's currently being done, it's very comfortable for them to explain how to improve it — and it's very frustrating for them when those thoughts are not valued," Rikleen said.

Millennials can also develop resentment toward their boomer coworkers if they start feeling as if they've got no chance for organizational advancement because boomers are staying in their positions past the traditional retirement age.

"They are definitely staying in the workplace longer and that is causing a greater sense, for younger workers, of 'I don't know when these leaderships positions are going to become available.' It certainly sets up a dynamic at the workplace that can be difficult," Rikleen said, discussing the potential implications of that recent development for both Gen X-ers (those born between 1965 and 1980) and the millennials.

"The fundamental DNA of boomers is they tend to like to work, and as they're much healthier going into their 60s than previous generations were, they're not anxious to look ahead at 30 years of nothing to do."

While many boomers are technologically efficient, they're more easily exhausted by constant changes and upgrades as new programs and ways of doing things are regularly being introduced into the workplace. On the other hand, millennials have only known a world where the technological platforms they've worked on — whether it's social media, cellphones, iPads, reading tablets or the next new gadget brought onto the market — come with the expectation the next innovation is right around the corner.

"It's just harder for boomers to be dealing with the constant case of the change," Rikleen said. "Just as you learn one thing, there's another thing to learn. Millennials essentially have grown up with it." Boomers didn't grow up with constant technological changes, so they aren't as adaptable because it's not second nature, said Rikleen.

As technology has allowed for a truly global world market, it has also meant to succeed, you almost feel obliged to be "wired" to work around the clock; if you're not "working," your mind is aware there could be an email waiting for you from an individual from another country who is just starting his or her workday.

"We are so much more connected and that makes life much more complicated," Rikleen said. "We all have to adapt differently and we can't turn back the clock. We have given into the demands of technology without understanding the incredible impact it has had on our health and our well being."

Rikleen feels that the huge challenge for workplaces, going forward, will be addressing the total 24-7 accessibility the business world demands today. "That is just not a sustainable way to live," she said.

But until that time, older workers can benefit by opening their minds to the lessons millennials can teach them about the latest technological innovations. Many workplaces are developing reverse mentoring programs where millennials are assigned to boomers and Gen X-ers to help teach them, for example, social media or new technology-based innovations.

"Somebody younger who may have a million ideas about how to do something you've been doing for a really long time and how to do it better, how to do it quicker and how to do it more efficiently — that may be hard to hear but we've got to be open to that.

"At the same time, that younger person benefits from developing a mentoring relationship with somebody more senior in the workplace," Rikleen said. "Those are great examples of the ways we can leverage those technology skills of younger workers in a way that benefits the workplace and can help to develop stronger relationships."

So how can boomers overcome the stereotyping of younger workers — that they're always on their cellphone, talking to or texting their friends and seemingly not invested in their jobs?

When addressing audiences on the subject, Rikleen, a boomer herself, turns the mirror on older workers — her own generation. "The question we all need to ask ourselves about millennials: Is their use of social media or texting their friends during the day different than when we would be, back in the day, on the phone?" she noted. "You'd call somebody on the phone or there would be other ways you might not have used your time 100 percent efficiently."

Rikleen said when she's pointed out these conduct similarities to people, they do stop and give thought to the idea that maybe what they're seeing is not such a terrible thing. It's just different from the way the older worker might have done something for years — but that doesn't make it bad or wrong.

Rikleen said she talks to millennials all the time who just have no clue or understanding that some of these issues cause such consternation with their older coworkers. "They'll say, 'If I take two seconds to answer a text, and it doesn't impact my work in any way, why would people get upset about that?' " In some situations, that's a fair question. In other workplaces, the behavior is not acceptable, and the older worker should explain why.

These generational differences will seem greater to someone returning to the workforce after a significant absence. If an older worker suddenly finds him or herself surrounded by a group of younger workers, Rikleen suggests they listen more and talk less until they become more comfortable hearing them out with regard to work-related issues.

"A lot of times, more senior people are quick to want to talk — 'This is how I did it, so this is how you should do it' — but one thing I don't see millennials having is a lot of patience for is the way boomers do things.

"For them, there can be a sense of there's a much faster, better way to do things than you tend to do them — and I'm here to show you," Rikleen explained. "We (boomers) need to be open to that. We need to understand there are better ways to do things and sometimes those better ways come from someone who is much younger than we are."

On the other side of the equation, Rikleen said there are a lot of millennials in the workplace who would be very happy to have mentoring relationships with more senior people that are based on goodwill and that are well meaning. "Be an available presence that someone can learn to trust and seek guidance from when they want to seek guidance. Or if you need to give advice, build up that trusting relationship first," she suggested.

At the same time, she said younger people coming into the workplace need to understand that there is a wealth of wisdom and experience at their fingertips if they're open to hearing what can be learned.

Since her book came out earlier this year, Rikleen has received calls from a variety of organizations, businesses and municipalities.

"What you're seeing is all workplaces are grappling with this same issue of how do we make sure that we are creating a workplace in which all generations are able to succeed and thrive."

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Executive Editor / Assistant Publisher: *Sondra Shapiro*
Staff Reporter: *Brian Goslow: ext. 135*
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Don't get hung up on numbers when it comes to aging

By Sondra L. Shapiro

Just My Opinion

Look in the mirror. What do you see?

Since perception is the greater part of reality, what this 60-year-old sees when she takes a peek depends on the day. Some days the reflection looking back is disconcertingly old. Other days I see a younger face that belies my achy joints.

We boomers tend to look and act younger than our parents before us. Admittedly, we work hard to maintain our appearance — vigorous exercise, healthy diet, beauty aids and, in many cases, cosmetic surgery. New technology and a cottage industry that caters to our vanity certainly have given us an edge over the generations that aged before us.

Despite our resistance — and if we are lucky enough — we ultimately reach old age. The question is: At what age are we considered old? Or perhaps it is better to phrase the question this way: At what age do we consider ourselves to be old? Do our perceptions — and fears of aging — hinder our ability to seek fulfillment until the end?

In typical boomer fashion — influenced by an era that spawned such slogans as "For those who think young," and the "Pepsi Generation" — we are redefining what is considered the senior years, and ratcheting up the number considered old.

To emphasize the point: Each year the Marist College Institute for Public Opinion conducts its aging poll in honor of its baby boomer director, Dr. Lee M. Miringoff, 63. According to this year's results, 60 percent questioned consider him middle age, 27 percent think of him as old and 13 percent say he's young. The survey questioned 1,212 adults, 18 and older.

Digging deeper into the survey results reveals that younger Americans were nearly three times as likely as older ones to think 63 is old: 42 percent of those under 45 have this opinion, compared to 15 percent of those 45 or older.

No one ever likes to think of him- or herself as getting old. The idea instills anxiety on so many levels. Will I have enough to live on? Will I be able to maintain good health? How will I deal with the loss of loved ones? Will I still be attractive?

To assuage those fears we must first separate reality from myth. A poll conducted last year by Home Instead Senior Care/ Marist Poll Research dispelled some of our long-held misperceptions about aging:

•Happiness is for the young: 29 percent of those between the ages of 18 and 30 described themselves as very happy, compared to 44 percent of individuals 66 and over.

•Loss of physical attractiveness is terrifying: A fear of memory loss trumps a decline in physical appearance with more than 80 percent compared to 11 percent who cited beauty concerns.

•Fear that the money will run out: While 52 percent believe money is a very serious problem, only 14 percent of individuals over 65 lack financial resources to support themselves.

•Technology is confusing and scary: While 38 percent perceive that people over 65 can't keep up with new technology, only 15 percent of seniors agree that it's a serious problem.

•Old age results in loneliness: While 37 percent identified loneliness as a major issue, only 5 percent of seniors think it's a very serious problem.

It seems it's the fear of age that creates the biggest limitation. If you're concentrating too much on your life span, it will take up too much space in your brain, leaving little room for anything else. We age phobic boomers need to realize that denial won't stop the clock from ticking.

Therefore, why not think of "elderly" or "senior" as a continuing process in life — not a condition unto itself?

Don't get hung up on the label.

Age should only be a date on the calendar from which we mark the passing of time and experiences. There are much better ways to measure what we are and what we want to be.

While chronological aging is inevitable, we are placed on this earth to live. Therefore, we might as well do so until the end. Relax a little, have some fun.

The takeaway from these recent surveys is American society is changing its negative perceptions about aging. That goes a long way toward improving our self image as we age — regardless of what we may see when we look in the mirror.

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

AARP Mass. state director credits membership with legislative wins

By Brian Goslow

Mike Festa has a lot of experience serving the state's aging community. He assumed the post of AARP Massachusetts' state director in January 2013, and previously served as the state's Secretary of Elder Affairs.

Before that he had been a state representative for Melrose and parts of Wakefield for five terms prior to that. In his 17 plus months at AARP, Festa has learned about the respect his organization carries when it comes to advocating for issues important to the lives of residents 50 and older.

"We're engaged in a lot of big issues that affect people's lives: financial security, health care, health security and just having a livable and fulfilled life in our communities," Festa said of AARP. "When you have a non-profit organization as powerful and as well-perceived as AARP is, it gives you a wide swath of opportunities to speak on issues and it gives you a lot of credibility."

One of those issues was the passing of the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA), which was recently signed by Gov. Deval Patrick and becomes law on Nov. 6., making Massachusetts the 39th state, along with the District of Columbia and Puerto Rico. "Although it only affects a small amount of people, it will allow people to move from one state to another and not have a problem and not have to start from scratch with their guardianship," Festa said.

He credits AARP Mass. members with playing an important role in convincing their elected officials to put the law into place. "There's no way this law would have passed the house and the senate without a lot of people making the phone calls to their legislators and the speaker of the House, the Senate president and chairs of Ways and Means. There was a point we were getting 100 plus calls into the legislature every day."

It's a key victory for the state's 50 and older population. "It's been a very good year for the state in terms of its government's commitment to supporting family caregivers — whether it's in the home care programs or quality of life things like increasing resources for fighting elder abuse. And there was a significant increase of the senior center/council on aging funding," Festa said, noting it was the first time in six years there have been significant increases in some of those areas.

Festa with AARP MA State President Linda Fitzgerald and AARP MA Executive Council member Joe Feaster at the Elder Lobby Day at the State House

While progress has been made, Festa said, "We're an aging state and we have to expand the resources to support people in their communities. There's no question that people want to live at home, but you can't do that without these kinds of supports, whether it's Meals on Wheels or the home care program."

While its policy advocacy on behalf of its members in Washington is a crucial part of its work, Festa said one of AARP's national priorities is to get out into its individual states and communities — "where the action is" — for face-to-face meetings to learn about its membership's concerns and encourage their participation in discussion on areas of interest to them.

Among the biggest concerns of AARP and its members are:

•Financial security: "Many of them (seniors) don't have their pensions anymore," Festa said. "They've gone through their savings or they're dwindling their savings to really deal with the cost of out-of-pocket medical care, etc."

•Age-based job discrimination: "The baby boomers are in a place where they are genuinely worried that if or when they lose a job, getting back on the saddle is very hard," Festa said. "We know that statistically it takes twice as long for a person that's lost their job over 50 to get a new job."

•Fraud in all forms: "The primary focus has to be educating people how to recognize the scams," Festa said. "They (the scam artists) are more sophisticated and more dangerous because in many ways, the one mistake can result in a whole bank account being emptied out." AARP's Fraud Watch Network issues Watchdog Alerts to help members and their families protect themselves; it will be expanding its footprint in this area in the year ahead.

•Elder financial abuse: Festa sat on a Elder Protective Service Commission (EPCS) sub-committee that explored the depth of senior financial exploitation in the Commonwealth, including the use and potential misuse of powers of attorney and guardianships and the kind of vulnerability that some seniors are put into. A report on its findings will be released shortly.

AARP Massachusetts has been working with the Mass. Bar Association, the Mass. Chapter of the National Elder Law Attorneys and the Mass. Bankers Project to help educate the groups about elder abuse, and how "financial exploitation within the family can sometimes be the most insidious," Festa said.

A legislative priority for AARP Massachusetts is the passing of the Caregiver, Advise, Record, Enable (CARE) Act that would help family caregivers when a loved one is admitted to a hospital — and when they are discharged. The legislation features the following provisions:

•The name of the family caregiver is recorded when a loved one is admitted into a hospital or rehabilitation facility;

•The family caregiver is notified if the loved one is to be discharged to another facility or back home; and,

•The facility must provide an explanation and live instruction of the medical tasks – such as medication management, injections, wound care, and transfers – that the family caregiver will perform at home.

AARP Massachusetts, through its voter education engagement program, is asking gubernatorial and legislature candidates to share how they feel about the CARE Act. "When it comes to improving the lives of our 50 plus population, it's to acknowledge that we're in a democracy that requires decision makers to be aware of these concerns and to act on them — and they're more likely to act on them when they hear from their constituents," Festa said.

In addition, Festa said AARP supports spousal financial compensation for family caregivers. The Spouse as Caregiver bill, S. 2277, which would have allowed spouses to join the list of family members who can currently be paid to be a Personal Care Attendant, died in the House during the recent legislative session. "That was a major opportunity that the legislature unfortunately missed," Festa said. "That's a disappointment not just to AARP and us in Mass., but a lot of the advocates who really made this a high priority."

Tips for the 2015 Medicare annual enrollment period

If you're 65 or older, you probably know that the Medicare Annual Enrollment Period runs Oc. 15 through Dec. 7. Generally, this is the only time you can make changes to your coverage.

According to Herb Fritch, president of Cigna-HealthSpring, a health service company and Medicare insurance provider, here are some things to consider:

•Determine priorities. Make a list of priorities — such as lowering out-of-pocket costs — and use it to compare plans.

•Understand the different parts. Part A refers to hospital insurance. The amount of the deductible depends on the length of the hospital stay.

Part B refers to basic medical insurance for doctor visits and other health care services. Medicare pays 80 percent of approved charges while you pay 20 percent in addition to a monthly Part B premium and annual deductible that will vary based on your income. Supplemental plans like Medigap and Medicare Advantage can help cover the 20 percent gap and most offer extra benefits.

Part C refers to plans operated by private companies that combine Part A and B benefits. Most include Part D prescription drug coverage, offer no or low monthly premiums, and extras like vision, dental and gym membership benefits.

Part D refers to Prescription Drug Plans

MEDICARE page 16

Fall River doctor sheds light on costs of surgery

By Deborah Allard

FALL RIVER —

When Wilkes opened his bill and discovered that the hospital charged his insurance company $17,000 for his hernia repair surgery, he was flabbergasted that it had cost that much — especially when his neighbor had undergone the same surgery three months prior and was billed $4,600.

The only difference was that Wilkes' surgery was performed in the hospital and his neighbor's was done in an outpatient surgery center.

This discrepancy in patient billing is something not widely understood by patients, or even the surgeons performing the operation.

Dr. Paul Ruggieri, a practicing surgeon for Truesdale Surgical Associates for the last 15 years, tackles this and many other issues in his new book, *The Cost of Cutting*, a tell-all tale that pulls back the curtain on health care today.

"At this point in my career, I just want to tell the truth," Ruggieri said.

That he does.

Ruggieri exposes the things that surgeons see every day, from cost to hospital competition, and from patient outcome to the use of robotics in the operating room.

It's an easy-to-read guide, not at all filled with medical jargon.

The goal of the revealing book is to shed light on the multi-billion dollar business of surgery. It will benefit patients by giving them the information they need to empower themselves and make choices about their own healthcare, and remind them to always ask questions.

Ruggieri, who also authored *Confessions of a Surgeon*, said he decided to become an author after he took a good look at the "business" of surgery and health care.

"People need to know what's going on," Ruggieri said. "They need to get more involved."

In the case of Wilkes, Ruggieri instructed him to ask the hospital for an itemized bill — something most patients never think to do. Ruggieri admitted it may not help much, but it's a start.

The $17,000 bill, Ruggieri wrote, did not include his fee or the anesthesiologist's fee.

"What is the science behind a hospital pricing formula that charges Medicare $1,300 for a six-inch by six-inch single piece of hernia mesh that was purchased for $300 and made by a medical device company for a lot less than that?" Ruggieri questions in his book.

He wrote that studies have confirmed patients' difficulty in trying to "crack" a hospital's pricing code.

Ruggieri tells his story by offering true accounts of his surgical experiences and by putting a face to his tale.

A native of Barrington, Rhode Island, Ruggieri resides in Rumford, Rhode Island, with his wife and three stepsons.

He is a graduate of Georgetown University School of Medicine. He was an ironworker during his college years, and spent three years as a general surgeon while in the U.S. Army. During his 22-year career, Ruggieri has held department of surgery chairman positions at several community hospitals, and has been a clinical instructor at Harvard Medical School.

He specializes in general surgery, advanced laparoscopic bowel resection, hernia repair, spleen removal, gallbladder surgery, and has a special interest in thyroid and parathyroid surgery.

Ruggieri said he isn't worried about any repercussions from the medical community after writing his tell-all tale, which includes his experiences in dealing with two competing community hospitals. Ruggieri said he believed other surgeons had the same thoughts.

"I let my work speak for myself," Ruggieri said.

Ruggieri said his hope is that patients start asking more questions and that they remember that while they are patients, they are also consumers hiring someone to do a service.

Ruggieri said patients also have a right to know how a surgeon ranks with other surgeons. He said patients should ask those questions, and be sure they are being seen by a surgeon who has performed the type of surgery they need frequently and with good outcomes.

"Surgery is a big business," Ruggieri said.

The Cost of Cutting is published by the Berkley Publishing Group, a Penguin Random House company. — AP/The Herald News

Helicopter parents make their way into dorm rooms

By Roxanne Roberts

WASHINGTON —

So much stuff, so little style. The dream dorm room was just not happening.

Five years ago, Karen and Amanda Zuckerman hit the malls and big-box stores to decorate Amanda's freshman dorm at Washington University in St. Louis. The offerings were ... well, underwhelming.

"She wanted something special," said Karen Zuckerman. "She wanted a home away from home that reflected her style." The mother and daughter cobbled together a cute-enough room, then did what any creative, enterprising family would do: Founded Dormify, an online dorm design business based in Rockville.

Helicopter parents are not inclined to drop their darlings at the dorm entrance with two suitcases and cheerfully wave goodbye.

College students will spend $48 billion this year (an average of $916 per person) on furniture, electronics, bedding and other supplies, according to the National Retail Federation. Then there are the families who take it to the next level: Hiring a professional decorator to transform the typical college cell into a cozy retreat.

"Designers are doing individual rooms and calling us for products," said Zuckerman. "It's becoming a really big deal."

The average dorm room — even at some of the most elite colleges and universities — is not only tiny but also ugly: white paint, standard-issue furniture, fluorescent lighting and nothing that requires nails in the walls. (Some don't even have air conditioning, which creates another issue.) It's a challenge for many millennials who have never shared a bedroom or bath and aren't accustomed to roommates or going without.

Helicopter parents are not inclined to drop their darlings at the dorm entrance with two suitcases and cheerfully wave goodbye. Instead, they're turning to their own interior designers or professional organizers, such as Rachel Strisik Rosenthal.

One of Rosenthal's first jobs was putting together a dorm room for a female college sophomore at George Washington University. The student had a tendency to be unorganized and had a bumpy first year, so her parents hired the Bethesda-based organizer to put together her dorm room in a way that helped her relax and study.

"They wanted her to feel comfortable," said Rosenthal. "I've never been contacted directly by a student. It's usually the parent."

After taking measurements, Rosenthal put the bed on risers to create storage under the bed, revamped her closet, put in shelves and other wall storage, and reorganized her desk to keep track of assignments and other class materials. The total cost for labor and materials? About $800.

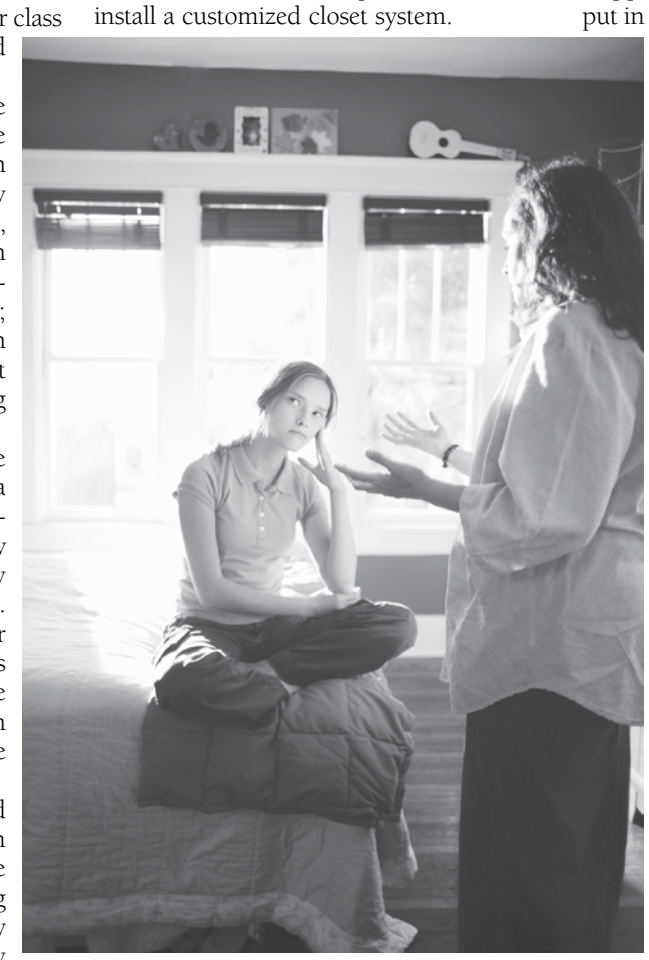
The student was so pleased, she worked with the organizer four more times on other dorm rooms and then her first apartment. Dorms are now about 5 percent of Rosenthal's business, with clients paying the $675 minimum for a combination of design and organization systems. That's a relative bargain; she knows a professional organizer in New York who just moved a student into a dorm room — and the planning and design fees were $5,000 alone.

This is almost an entirely female phenomenon, fueled by social media and increasingly sophisticated marketing to college students. Boys don't really care what their rooms look like — they just want the TV and other electronics. (Dormify added a section this year for guys, but "that's really targeted towards moms," said Zuckerman.) Girls, on the other hand, create mood boards with pictures of their perfect space and trade ideas on Facebook and Pinterest.

Zuckerman said more mothers and daughters are doing this together, often with professional help, to create the first dorm room — one way of easing the separation anxiety. The same baby boomers who slapped a Bob Marley poster on the dorm wall and called it a day are now willing to pay big bucks for coordinating duvets, pillows curtains, rugs and other symbols of a well-appointed dorm for their children.

Dormify started out by designing fashionable twin XL sheets (the standard mattress size found only on campuses), then added other bedding and window collections, wall decals, storage and bath accessories. The company added a blog and "style advisors" across the country — 600 students who post photos of cute dorm rooms and other ideas for small spaces. It also has a licensing agreement with 22 national sororities, offering customized items and apparel.

A typical purchase on the site is $300, but some customers shell out as much as $2,000 to decorate the entire room. The site also has a gift registry, and more students are asking for dorm decor as birthday and graduation presents. Zuckerman said she probably spent $1,000 on Amanda's freshman dorm, but she's heard of people who have spent $4,000 to $5,000 on decor; one paid even more to install a customized closet system.



Many parents are willing to shell out for dorm room decor with the understanding that they are, effectively, putting together a first apartment. The expectation is that many of the pricier items will last for years and can be easily transferred to a small rental.

That's one of the operating principles behind Zoom Interiors, an online design firm founded by GWU graduates Lizzie Grover, Beatrice Fischel and Madeline Fraser.

The three met as interior design students and launched an enterprise specializing in dorm rooms and small-space decorating. They had helped their friends put together stylish dorm rooms, and going pro was the next logical step.

"I just got finished with a mom doing a son's and daughter's rooms," Fischel said. The two kids are both at Yale: the son needed a design to accommodate more clothes storage; the daughter needed an overall decor plan. Based on measurements and a video of the room, Fischel created a floor plan, bought all the products, and arranged to have the items shipped to New Haven, then assembled and put in place in one day. Total cost was about $3,500 for both rooms.

A Harvard student recently contacted Zoom to create an elegant look for his single dorm room. His budget? About $3,000. "He wants very high-end things he can move into an apartment," she said. The upscale clients "buy things they plan on keeping."

The next step up is a dorm room that's already high-end. More and more colleges are offering state-of-the-art, modern buildings with all the bells and whistles — larger bedrooms, private baths, elegant common lounges, flat-screen TVs, gyms, tanning salons, rock climbing walls ... well, you get the idea. The designer of Purdue University's $52 million First Street Towers called it "essentially a hotel" for "helicopter parents who want to send their son or daughter to college campus but give them all the luxuries of home."

In fact, the modern dorm rooms are often more beautiful than first apartments. Many universities and colleges, looking for ways to recruit promising students to their campuses, have turned over student housing to private developers who build and operate high-rise student housing. The rooms cost a few thousand more than traditional older dorms, but many students (and parents) are willing to splurge.

Of course, "there's only so much you can do for a dorm room," said Fischel — even a very, very nice dorm. Although freshman and sometimes sophomores are typically required to live on campus, it's still not good enough for some parents.

"They find a way to pull them out of a dorm and put them into an amazing apartment," she said.

Of course they do. — AP/The Washington Post

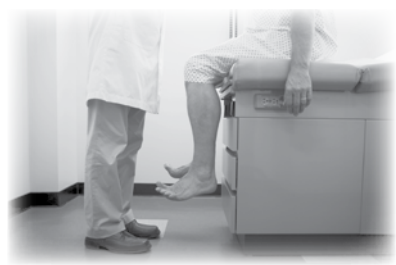
Before doctors check your vitals, check out theirs

By Lauran Neergaard and Jennifer Agiesta

WASHINGTON —

Americans consider insurance and a good bedside manner in choosing a doctor, but will that doctor provide high-quality care? A new poll shows that people don't know how to determine that.

Being licensed and likable doesn't necessarily mean a doctor is up to date on best practices. But consumers aren't sure how to uncover much more. Just 22 percent of those questioned are confident they can find information to compare the quality of local doctors, according to the poll by The Associated Press-NORC Center for Public Affairs Research.



Today, 6 in 10 people say they trust doctor recommendations from friends or family, and nearly half value referrals from their regular physician. The poll found far fewer trust quality information from online patient reviews, health insurers, ratings websites, the media and even the government.

"I usually go on references from somebody else, because it's hard to track them any other way," said Kenneth Murks, 58, of Lexington, Alabama. His mother suggested a bone and joint specialist after a car accident.

"I guess you can do some Internet searches now," he added, but questions the accuracy of online reviews.

The United States spends more on health care than most developed nations, yet Americans don't have better health to show for it. A recent government report found we miss out on 30 percent of the care recommended to prevent or treat common conditions. At the same time, we undergo lots of unneeded medical testing and outmoded or inappropriate therapies.

Yet people rarely see a problem. In the poll, only 4 percent said they receive poor quality care.

About half believe better care is more expensive, even as the government, insurers and health specialists are pushing for new systems to improve quality while holding down costs.

It's hard to imagine buying a car without checking rankings, but checking out a doctor is much more difficult. Many specialists say standardized measures of health outcomes are key, though very little is available.

Doctors who listen are important, but "some of the nicest doctors are the least competent," cautioned Dr. Elliott Fisher of the Dartmouth Institute for Health Policy and Clinical Practice. Higher-quality care actually tends to be less expensive, by keeping people healthy and out of the hospital, and avoiding errors and the complications of unneeded care, he said.

It's getting a little easier to compare multiphysician offices, if not individual doctors. Online report cards in a few states have begun offering some information on quality outcomes from group practices.

In Minnesota, for example, consumers can compare how many people have diabetes, high blood pressure and some other chronic conditions under control in different practices, plus how satisfied patients are. Report cards in California and Massachusetts add how well certain group practices follow guidelines on cancer screening and avoiding unneeded X-rays and MRIs for back pain.

By year's end, Medicare plans to have released quality measurements for more than 160 large group practices, with more information on smaller clinics set for 2015. Called Physician Compare, the online star ratings also will include patient feedback.

The goal is to spur better care as doctors check out the competition.

The arrival of large amounts of quality information "is a big deal. It's a huge shift in terms of transparency and driving quality improvement," Dr. Patrick Conway, Medicare's chief medical officer, told the AP.

Consumers think it would help. More than 7 in 10 say quality would improve if doctors had to publicly report their patients'

BEFORE page 15

Tips for choosing a doctor

Referrals from another physician or family and friends are a first step in choosing a doctor, but specialists advise doing some research to finalize your choice.

Some tips:

•The insured typically look in-network. Some insurers are starting to score their providers on certain quality and cost measures. Ask what your plan's listing means.

•Check if the doctor is board-certified, which indicates particular expertise in an area such as internal medicine, gynecology, allergy and immunology. You don't want plastic surgery from a primary care physician, said Doris Peter, director of *Consumer Reports*' Health Ratings Center.

•Check if a doctor has been disciplined by the state licensing agency. The Federation of State Medical Boards has a directory of state boards, plus a license search service for a fee.

•If you need surgery or a specific procedure performed, ask how often the doctor

TIPS page 15

Medications, medical conditions, and cataracts?

By Santiago Villazon

A cataract is the clouding of the crystalline lens in one's eye. It can occur in one or both eyes. Symptoms include blurring of the vision, increasing glare/halos while driving at night, changes in color perception and increasing difficulty reading (even with glasses).

Vision Quest

Often they develop slowly over years — and at other times they can abruptly impact a patient's functioning. In the United States, approximately 50 percent of people aged 65 or more have some degree of clouding of the natural lens. Each year in the United States, over 3 million cataract surgeries are performed to help correct the visual loss from cataracts.

What are the risk factors for developing cataracts?

•Age is the number one risk factor (though cataracts can develop at any age). The average age of a cataract surgery patient is around 70.

•Certain medical conditions such as diabetes also increase the risk of developing a cataract.

•Genetics (having a close relative who develops a cataract at a younger age) is also a risk factor.

•The environment can also accelerate cataract development, such as ultraviolet exposure from the sun. Wearing sunglasses (with UV protection) and a hat can potentially help block the harmful ultraviolet rays.

•Poor nutrition is also a risk factor. A diet rich in antioxidants with plenty of fruits and vegetables as well as lower carbohydrates can potentially slow cataract progression.

•Certain medications, such as steroids, estrogen and certain antidepressants can increase the risk of cataract formation.

•Smoking has clearly been shown to increase the risk of cataract development as well as other eye diseases such as age related macular degeneration. (Another reason to quit.)

Before discontinuing any medication or undergoing any change in diet or exercise, be sure to consult with your primary care doctor.

A complete eye exam is recommended every one to two years to be sure your eye is screened for ocular conditions such as cataracts, glaucoma or macular degeneration that can lead to visual loss and functioning.

Santiago Villazon, M.D. is a cataract surgeon with Eye Care and Laser Surgery of Newton-Wellesley. He can be reached at 617-796-EYES (3937), 2000 Washington Street, Suite 548-White, Newton. Learn more at http://eyecareandlasersurgery.com. Articles from previous issues can be read at http://www.fiftyplusadvocate.com.

A flu shot should be on to-do's list

By David Rideout

The weather is a bit cooler, and we are spending more time indoors. The cold and flu season is not far off. The Centers for Disease Control recommends everyone 6 months and older have a yearly flu shot. The virus that causes the flu causes respiratory symptoms that can be moderate to severe, and sometimes lead to death.

The best way to prevent becoming infected with the virus is to get a flu shot.

Having a fever or feeling feverish with chills is common with the flu. Other symptoms are cough, sore throat and nasal symptoms. Often the flu involves muscle or body aches, headaches and a feeling of extreme fatigue. Some people infected have vomiting and diarrhea. The flu is spread via droplets transmitted in the air when an infected person coughs or sneezes. The flu is highly contagious, and someone who inhales these droplets can readily become infected.

The flu is an unpredictable illness and can vary year to year in severity. Certain factors that play a role in the severity of the seasonal flu include which viruses are spreading (yes, the flu is not just one virus, but a combination of viruses), how many people have been vaccinated, and how well the flu vaccine for that season is matched to the viruses that are causing the illnesses.

Healthy Lifestyle

People can pass the flu virus on to others before they even know that they are sick. You can be spreading the virus to others a day before your symptoms develop. A person with the flu remains contagious for five- to- seven days after becoming ill. The elderly, and those with chronic health conditions can be infectious for as long as three weeks.

Individuals should not delay getting the flu vaccination. Get your flu shot as soon as the vaccine is available. This allows a greater portion of the public to be vaccinated before the flu season peaks in January or February. It takes two weeks after vaccination for the body to produce the anti-bodies to protect against the influenza infection, so it is best to get the shot before the virus is in full force in your community.

People who are at high risk for developing serious complications, such as pneumonia, if they get sick with the flu should get the vaccination. This population includes people with chronic medical conditions such as asthma, diabetes, and lung disease.

People over 65 years old should be vaccinated. Also, people who are caregivers or

FLU page 15

Martinique: French flair, Caribbean casual

By Victor Block

At first glance, the setting is typical of France. A young boy saunters by carrying a long loaf of bread. Patrons at an outdoor café sip wine and speak in rapid French that defies my menu-level prowess.

Yet the view also proclaims "Caribbean." Stately palm trees fringe a wide beach. Fishermen sit on the sand mending their nets. A village of pastel-hued homes spills down a steep hillside to the sea. This combination of French flair and lush tropical surroundings is among the most inviting attractions of Martinique. Lush with tropical foliage and creased by green-clad mountains, its continental chic is evident in countless ways. For example, rather than "junk" food, convenience stores are more likely to be stocked with baguettes, pates and other gourmet treats.

Young vegetable vendors

The joie de vivre and laid-back outlook of the people became evident on the first day of my visit, when an island resident with whom I was having lunch received a call on his cell phone. He answered, muttered a few words in French and turned back to his meal. "It's not important," he explained with a shrug of his shoulders. "It's only my office."

The beauty of the island provides a perfect backdrop for relaxation.

In the north, waves of razorback ridges rise to Mt. Pelee, a 4,650-foot tall volcano whose peak often is shrouded in dense clouds. A rain forest stretches out below, criss-crossed by gorges cut into the earth's surface by rushing rivers.

Central Martinique features fertile banana and pineapple plantations, vast sugar cane fields and rolling meadows where cattle graze contentedly. In the south, rounded mornes give way to level, dry lowlands and saline flats that are bordered by some of the best beaches on the island.

Adding to the magnificence of the setting are masses of flowers that paint the landscape in every direction. No wonder the Carib Indians, who were early settlers there, named the island "Madinina" ("Isle of flowers"). In this environment, man-made gardens — while rich with tropical beauty — seem almost redundant.

The Balata Gardens, nestled at the foot of towering mountains, showcase more than 1,000 species of flowers, plants and trees in a vivid display of living color. At Les Ombrages, paths lead visitors through a magnificent forest, tracing the bottom and climbing the sides of a valley laced with streams.

An area surrounding the beach where Christopher Columbus is said to have first landed in 1502 displays species from as far away as Africa and the Amazon. While Chris probably didn't take the time to relax in the sun, today's explorers have a choice of tanning spots. Les Salines, a sand-lined cove along the southern tip of Martinique, is a favorite with local families. Anse-Traubaud, facing the Atlantic Ocean, is a true picture-book beach.

Anse Turin, a lovely little stretch of sand on the Caribbean coast, is best known as the place where Paul Gauguin hung out for four months during 1887 before traveling on to Tahiti. Overlooking the beach is a compact museum that displays reproductions of works he painted on Martinique, letters to his wife and other memorabilia.

Especially intriguing are contemporary photographs of scenes that were immortalized on canvas by Gauguin, and which remain little changed from when he stopped by.

Equally fascinating is the smattering of tiny towns. Grand Riviere, an isolated fishing village facing the fierce Atlantic, is nestled among graceful palm and giant breadfruit trees at the foot of Mt. Pelee. Ajoupa Bouillon, a tiny mountainside community that dates back to the 17th century, is known for its colorful gardens.

Trois-Ilets is the site of the sugar plantation where, in 1763, the woman who would become Napoleon's empress was born. Now open as a museum, the old house and sugar processing plant display mementos of Josephine, "the Creole queen." Of special interest to me was an unabashedly passionate love letter written to her by the emperor in 1796.

Fishing boats and nets

But it is St. Pierre that has the most dramatic story to tell.

At the start of the 20th century, it was Martinique's capital, and a booming cultural and economic center. That changed at 7:45 a.m. on May 8, 1902. At that moment, the southwest side of Mt. Pelee exploded and rained an avalanche of fire and molten rock onto the settlement below. Of some 30,000 inhabitants, only one survived: A convict named Auguste Cyparis, who was saved by the thick walls of the dungeon in which he was incarcerated.

This horrific event is dramatically recalled at the Musee Volcanologique. Exhibits at this small but fascinating display include wine bottles and a large cathedral bell that were melted and twisted by the heat, food that was solidified and covered with ash and clocks whose hands remain frozen at the fateful minute of the eruption.

While Mother Nature unleashed her fury on Martinique over a century ago, she has tried to make up for the damage with the magnificence she bestowed upon the island. The appeal of a French lifestyle superimposed upon a Caribbean setting, and budget-stretching prices, combine to offer a destination rich with allure.

Mountain and flowers

For more information about Martinique, log onto www.martinique.org.

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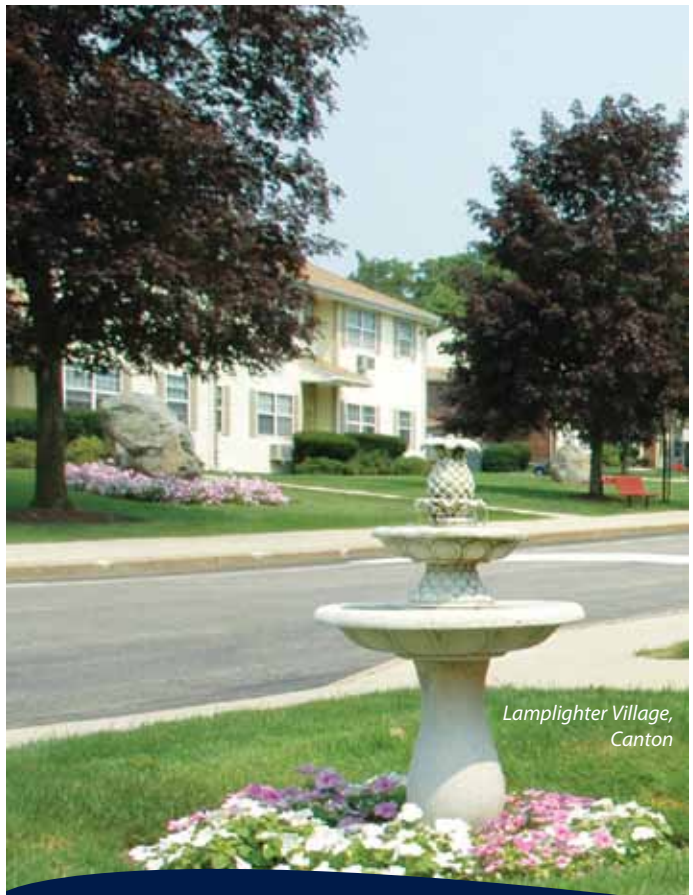

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New drugs may make a dent in lung, ovarian cancer

By Marilynn Marchione

CHICAGO —

New drugs are making a dent against some hard-to-treat cancers, but some results raise fresh questions about whether the benefit is worth the cost.

For the first time in a decade, an experimental drug has extended the lives of patients with advanced lung cancer who relapsed after standard chemotherapy. But the drug used in the study gave patients just six extra weeks of life on average, and costs $6,000 per infusion as currently sold to treat a different form of cancer.

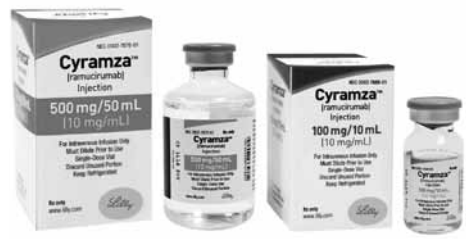
Eli Lilly and Co.'s drug, Cryamza, was discussed at a recent cancer conference in Chicago, where other studies showed:

•The drug Imbruvica, sold by Pharmacyclics Inc. and Janssen Biotech, substantially improved survival and could set a new standard of care for relapsed chronic lymphocytic leukemia, or CLL, the most common leukemia in adults. Doctors say the pill more precisely targets cancer and is a good option for older people who can't tolerate standard chemotherapy infusions.

•Two experimental pills from AstraZeneca PLC worked much better than one alone against ovarian cancer that resisted or came back after standard chemo. The drugs significantly prolonged the time women lived without their disease worsening.

Lung cancer — Cyramza is sold now to treat stomach cancer and fights the formation of blood vessels that feed tumors. French researchers led a study with 1,253 patients who relapsed after initial treatment of advanced lung cancer, a more common disease.

All were given the chemo drug docetaxel and half also received Cyramza infusions



every three weeks. Median overall survival was 10.5 months for those on the combo and 9 months for the others; there were significantly more side effects with the combo.

"I don't think a six-week increment is that impressive" for survival, said Dr. Derek Raghavan, an independent expert and president of the Levine Cancer Institute at Carolinas HealthCare System in Charlotte, N.C.. He also is on a task force on value in cancer care for the American Society of Clinical Oncology, the group that hosted the conference.

The fact that it prolonged survival at all suggests it is worth testing earlier in the course of the disease to see whether those patients fare better, he said. But for people whose lung cancer has come back, he said, "I'd try something else that's cheaper" first.

Other doctors were more positive.

"It's exciting to see progress in this disease where the steps are small but cumulative," said Dr. Gregory Masters of the Helen F. Graham Cancer Center in Newark, Del., and an ASCO spokesman.

Leukemia — The value of another expensive drug seemed clearer, doctors said. Imbruvica won approval earlier this year for treating chronic lymphocytic leukemia based on a small study that found it delayed the time until the disease got worse.

Ohio State University's Dr. John C. Byrd led a more definitive study in nearly 400 patients who did not respond or had a relapse after standard chemo. They were given Imbruvica or Arzerra, a GlaxoSmithKline drug often used in such cases.

One-year survival was 90 percent for those on Imbruvica and 81 percent for those originally assigned to get Arzerra. Imbruvica also reduced the chances of the disease getting worse by 78 percent.

The results were especially impressive because patients on Arzerra were allowed to switch to Imbruvica early in the study once its benefit became apparent. Treatment costs $8,200 a month.

The drug "may transform the treatment of CLL," said Masters, the oncology society spokesman.

Ovarian cancer — Ovarian cancer usually is treated with surgery and chemo but about 80 percent of patients relapse, said Dr. Joyce Liu of the Dana-Farber Cancer Institute in Boston.

She led a federally funded study of 90 such women to test cediranib, a drug that blocks tumor blood vessel formation, plus olaparib, part of a new class of experimental drugs called PARP inhibitors, which keep cancer cells from repairing damage to their DNA.

The ovarian cancer study was the first time these two drugs had been tested together. The combo delayed by more than eight months the time it took for the disease to get worse compared to olaparib alone.

It's too soon to know whether the combo will prolong survival; participants are still being tracked.

Cediranib seemed headed for the scrap heap after failing studies on lung and colon cancer, but this is the second study to suggest it works against ovarian cancer. AstraZeneca said it may seek the drug's approval for ovarian cancer later this year.

The price of either drug has not been set.

Study participant Ann Marie McEnelly, 61, of Brockton, Mass., said the combo eliminated several of her tumors and dramatically shrank some others. Her cancer had spread from her ovaries to lymph nodes and her abdominal wall.

"It's amazing. My husband and I are thrilled to be part of the study," she said. "I'm able to work full time. I play golf, do things, watch my grandkids, pretty much do everything I did before." — AP

➤ *Before*

Cont. from page 9

health outcomes and how satisfied they are.

The AP-NORC Center poll found about 1 in 5 Americans recall seeing information comparing the quality of health providers in the last year. Nearly half aren't confident they even could learn if their doctor had been disciplined. (Some state licensing boards offer free online searches; the Federation of State Medical Boards provides reports for a fee.)

In choosing a doctor, not surprisingly, the top factor is insurance coverage, the poll found. For the uninsured, it's cost.

Eight in 10 look for the doctor's experience with a specific procedure. A nearly equal number say bedside manner — their impression after a face-to-face meeting and how much time is spent with a patient — is crucial. About three-quarters say a helpful office staff and how long it takes to get an appointment are important. A majority, 62 percent, also factor how long they sat in the waiting room.

Asked the characteristics of a high-quality doctor, a good listener is by far the top answer. Others value the right diagnosis, a caring attitude, a good bedside manner and knowledge, in that order.

"Some don't even give you the time of day. They just look at you and write you a prescription," said Vince Jimenez, 51, of Albuquerque, New Mexico.

When his primary care physician retired, Jimenez got a reference for a new doctor but checked online for complaints. "You can't believe one person, but if there's a bunch of people, if there's a lot of complaints," he said he'd pay attention.

Dartmouth's Fisher said consumers should ask how the office — the doctor's team — supports safe and effective care: Are patient outcomes tracked? Do they check on patients with chronic diseases between visits? Does the person taking after-hours calls know what medications you take?

"We tend to think, 'Oh our friend had a great experience with this doctor.' But I'd encourage people to think about the systems around that as well," he said.

The AP-NORC Center survey was conducted with funding from the Robert Wood Johnson Foundation, which has financed projects to publicly report data on care quality.

It was conducted by telephone May 27 to June 18 among a random national sample of 1,002 adults. Results for the full survey have a margin of sampling error of plus or minus 4.0 percentage points. It is larger for subgroups. — AP

➤ *Flu*

Cont. from page 10

in close contact with any of the high risk groups should also be vaccinated.

There is a small group of individuals who should not get the vaccine. Anyone with a history of the illness Guillain-Barre Syndrome (GBS) generally should not receive the vaccine and should consult with their physician before getting vaccinated. Also, anyone who is currently suffering from a moderate to severe illness should wait to recover before they are vaccinated.

Dr. David Rideout, M.D. is the lead physician at Doctors Express in the Saugus Center, one of 11 Eastern Massachusetts offices, offering seven-day walk-in urgent medical care. For more information visit our website at www.DoctorsExpressBoston.com. Read additional articles on fiftyplusadvocate.com

Novel heart failure drug shows big promise

A new study reports one of the biggest potential advances against heart failure in more than a decade — a first-of-a-kind, experimental drug that lowered the chances of death or hospitalization by about 20 percent.

Doctors say the Novartis drug — which doesn't have a name yet — seems like one of those rare, breakthrough therapies that could quickly change care for more than half of the 6 million Americans and 24 million people worldwide with heart failure.

It involved nearly 8,500 people in 47 countries and was the largest experiment ever done in heart failure. It was paid for, designed and partly run by Novartis, based in Basel, Switzerland. Independent monitors stopped the study in April, seven months earlier than planned, when it was clear the drug was better than an older one that is standard now.

During the 27-month study, the Novartis drug cut the chances of dying of heart-related causes by 20 percent and for any reason by 16 percent, compared to the older drug. It also reduced the risk of being hospitalized for heart failure by 21 percent.

Novartis will seek approval for the drug — for now called LCZ696 — by the end of this year in the United States and early next year in Europe

The people in this study were already

HEART page 19

➤ *Tips*

Cont. from page 9

provides that treatment to patients like you. Studies show volume makes a difference.

•Interview the doctor. Do you want someone who discusses the pros and cons of tests and treatments upfront? Avoid physicians who discourage seeking a second opinion, said Dr. Elliott Fisher of the Dartmouth Institute for Health Policy and Clinical Practice. Also, ask if the doctor has any financial relationships with drugmakers or device manufacturers, said *Consumer Reports*' Peter.

•Ask about specific health conditions. What percent of their diabetic patients have their blood sugar under control? Do they follow national guidelines on cancer screenings? That's the kind of information many quality programs are seeking. Fisher said physicians can't work to improve patients' outcomes if they don't track them.

•Team-based care makes a difference, he said. Is there a nutritionist to help diabetics control blood sugar? Someone who calls to tell the blood pressure patient he's overdue for a checkup?

•Ask how a primary care physician and specialist will coordinate care, perhaps via electronic medical records, so you're not prescribed conflicting medications or duplicative tests.

•Ask about after-hours care. Will the person who answers the phone have access to your medical record?

•Check if your state has any report cards to track health care quality. The nonprofit National Committee for Quality Assurance publishes online directories of doctors recognized for providing high-quality care for certain diseases or who are affiliated with "patient-centered medical homes," practices it recognizes as meeting certain requirements for coordinated care. — AP

House calls for frail elders bring savings

By Lauran Neergaard

WASHINGTON — Ten or 12 times a year, Beatrice Adams' daughter would race her frail mother to the emergency room for high blood pressure or pain from a list of chronic illnesses.

Then Adams found a doctor who makes house calls, and the 89-year-old hasn't needed ER care in the nearly two years since.

"I'm not a wimpy female," Adams said as Dr. Eric De Jonge wheeled his medical bag into her dining room and sat down to examine her. "I have only 11 years to make 100, and I'm going to make it."

The old-fashioned house call is starting to make a comeback as part of an effort to improve care for some of Medicare's most frail and expensive patients.

While it may sound like a luxury, bringing team-based primary care into the homes of patients like Adams, according to a new study, actually could save Medicare money by keeping them from needing pricier specialty or hospital care.

"They have a lifeline," explained De Jonge, a co-founder of the medical house call program at MedStar Washington Hospital Center, who led the study.

Such elder care is rare, but is growing. Medicare paid for 2.8 million house calls in 2012, the latest data available, compared with 1.5 million about a decade ago.

There are different kinds of house call programs. De Jonge's aims to provide comprehensive care. Teams of doctors and nurse practitioners make regular visits to frail or homebound patients whose needs are too complex for a 20-minute office visit even if simply getting there wasn't a huge hurdle.

They can use portable X-rays and do EKGs or echocardiograms right in the living room. They line up social workers for supportive care, spot preventable problems such as tripping hazards, arrange home delivery of medications and offer round-the-clock phone consultations and same-day urgent visits.

Adams has multiple chronic conditions ranging from hard-to-control blood pressure to congestive heart failure and post-traumatic stress disorder stemming from an assault.

On a recent house call, De Jonge listened for about 10 minutes as Adams got some fears off her chest. "I just shake even thinking about it," she said of the attack that still triggers nightmares. A social worker was helping, she said.

Then came the physical exam. De Jonge already had cut in half the 17 medications other doctors had prescribed. He said Adams' grogginess immediately disappeared.

"One of my favorite things as a geriatrician is eliminating unnecessary medications. You see people blossom," he said.

This visit, De Jonge opened every remaining pill bottle to make sure Adams was taking them properly. Her blood pressure and oxygen levels were fine. Severe swelling in her legs wasn't a sign of any heart trouble, he reassured Adams, just vein damage. She should put her feet up for a while each day.

Does all that effort pay off?

De Jonge and colleagues compared the cost and survival of 722 patients enrolled in their house call practice in recent years with Medicare claims records of 2,161 similarly ill patients who never received home medical care.

Death rates between these two groups were similar. But over a two-year period, total Medicare costs were 17 percent lower for the house-call patients, or an average savings of about $4,200 per person per year, the group reported last month in the Journal of the American Geriatrics Society. They used more primary care but used less hospital, specialty and nursing home care.

That could add up fast, De Jonge said. Five percent of Medicare patients account for about half of the government insurance program's spending, the kind of frail older people he typically sees.

But house-call providers can be hard to find, and reimbursement is one reason. A doctor can see — and be paid for — about three times as many patients in a day in an office than they can while making house calls because of the travel time, said Constance Row, executive director of the American Academy of Home Care Medicine.

Indeed, De Jonge said reimbursement doesn't completely cover his program's costs; it breaks even thanks to grants and some hospital funding.

Now Medicare has begun a major demonstration project designed to test how well the house-call approach really works — one that for the first time will allow participating providers to share in any government savings that result if they also meet quality-care requirements.

About 10,000 patients who receive home medical care from 17 programs around the country, including De Jonge's, are part of the three-year experiment. To qualify, patients must be among the frailest of the frail, people who probably would qualify for a nursing home if they didn't have some assistance at home, said Linda Magno, who oversees the project for the Centers for Medicare and Medicaid Services.

It's so difficult to get to the doctor's office that "they tend to cope as best they can until things go downhill and they call 911," Magno said. "Part of the goal is to provide that continuity (of care), that access, so that 911 isn't necessarily the first call you make."

Stay tuned. Two years into the project, Medicare is beginning to calculate which programs met the shared-savings criteria. — AP

Caregivers should get the support they need

By Melissa Weidman

According to the National Alliance for Caregiving, more than 65 million people, 29 percent of the U.S. population, provide care for a chronically ill, disabled or aged family member or friend during any given year. The value of these "free" services is estimated to be $375 billion a year.

Caregiving Tips

The true cost of services is high — in the course of caring for their loved ones, this mostly female volunteer workforce often suffers stress and declining health themselves. Here are a few tips for caregivers to get the support they need.

•Ways to provide support: No single approach to providing emotional support works for everyone.

Encourage the patient to become more involved in decision making about his or her own care.

Don't be afraid to discuss the disease. A patient may feel more comfortable talking to you, the caregiver, than with other friends or family members.

Holding a hand, giving a hug or a back rub can convey that you are not afraid, you care and that the patient is not alone.

Your company is important. You don't have to always be doing something. Allow for quiet time. Share a TV show, read or sew.

•Caring for the caregiver: Caring for a person with a serious illness can be a very rewarding experience. You are truly making a difference in the life of the person for whom you are caring. But what about you?

Where does your support and strength come from? Do you need to cry? Complain? Scream? Would you like some help but don't know who to ask?

Caregivers often fail to evaluate their own sources of strength, coping skills or emotional attitudes. You may be so busy meeting the sick person's needs that you don't allow yourself time to consider your own needs. If you want to take the best possible care of the patient, take the best possible care of yourself.

•Suggestions for coping: Take a break. Allow yourself some time away, even if it is only for a few minutes.

Get some rest. When the person you are caring for sleeps or naps, you should too. Don't use this time to get other things done if you are feeling tired.

Let someone know what you are going through and how you feel. Someone who just listens can be a great source of strength.

Join a support group. Sharing with others who are going through a similar experience can be very helpful.

Accept your limitations. No one can be the perfect caregiver.

Allow yourself to laugh. Appreciate the humorous moments.

Ask for help. This can be very difficult, especially at first. Don't hesitate to make use of the support that is available to you.

Melissa Weidman is the director of community relations and outreach at HopeHealth, a non-profit healthcare organization delivering an array of medical care, care management and support services throughout eastern Massachusetts. Services includes: Hope Hospice; Hope HouseCalls; Hope Dementia & Alzheimer's Services; Hope Care for Kids; Hope Community Care; and education and training. Visit www.HopeHealthCo.org or call 508-957-0200.

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offering at least a standard level of coverage set by Medicare; some are available as stand-alone plans.

•Do your research. Benefits differ from company-to-company and even state-to-state. Look beyond premium cost to ensure there aren't hidden co-pays or fees that will end up costing you more. Pay close attention to medication quantity limits and make sure your plan offers adequate drug coverage.

•Pay your Medicare Part B premium. Even if you're enrolled in a private Medicare plan, you must continue paying your Part B premium. If you're having trouble, contact your local Medicaid office to see if you qualify for a Medicare Savings Program.

•Don't settle. Priorities change, so the plan that worked when you were 65 may not be best when you're 75. Plans also change year-to-year so review before renewing.

•Know your network. Many plans offer choices with a network of doctors. If you visit a doctor out of network, you could be responsible for out-of-pocket costs. However, networks offered by Medicare Advantage choices, can foster better coordination among doctors, leading to better care. Ask your doctors what plans they accept or check your network directory.

•Don't worry about the Exchanges. With a few exceptions, Medicare will be a better option than the Exchanges (also

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Chinese exchange students fill empty nests

By Ann Marie Somma

DANBURY, Conn. —

A radio ad changed the course of Ginny Schmidt-Gedney's life.

Gedney was driving through Danbury earlier this summer, debating whether to sell her four-bedroom home on Birch Street, when she heard a plea to host an exchange student from China.

A longtime widow with children grown and gone away, Gedney thought, "Why not?"

"I have the space and the house is empty," said Gedney, 67.

Fast-forward a couple months: Gedney's home is bustling with activity as teenage girls figure out bathroom schedules, practice their English and experiment with American food.

Gedney took into her home not one exchange student, but two: Chinese students from Guangzhou, a city once known as Canton. Victoria, 13, and Lilly, 16, (their American names) will live with her for 10 months while they attend Immaculate High School.

"I'm having a ball," Gedney said. "It's been great and busy. There have been uniforms and physicals the girls had to get and lots of picnics to attend. We're exhausted."

Gedney's adventure is being played out across Fairfield County and throughout the country as retirees, empty nesters and those seeking a cultural experience for their families meet the demand for a record number of Chinese students enrolling in U.S. high schools.

A recent study conducted by the Institute of International Education, a nonprofit that tracks international university and high school students in the U.S, found that during the last decade the number of international students enrolled in American high schools more than tripled, to 73,000. One of every three international students studying in U.S. high schools last year was from China, according to the study.

It was David Guerrera's ad looking for host families that Gedney answered earlier this summer. Guerrera, a Watertown resident, co-founded Apex International Education Partners (AIEP), which matches host families with Chinese students studying at Connecticut high schools.

Guerrera started AIEP three years ago with 10 exchange students. This year he's placed 125 students from China in private and Catholic high schools in the state, including Fairfield Prep and the Stanwich School in Greenwich, which have recruited Chinese students for the first time.

Guerrera credits the increase in exchange students to China's booming economy and the Chinese desire to provide the best education possible.

"China has seen in the last decade a tremendous increase in wealth," Guerrera said. "And education in China is top priority. The Chinese think that, hands down, an American education has much more advantages than an education in China."

Host families receive a $1,000 monthly stipend for each student, but for many families the money is a secondary consideration.

Kathleen Whitmore of Bethel decided to host Coco because her adopted daughter, Faith, a junior at Immaculate, is also Chinese.

"For years we've wanted Faith to learn about her culture," Whitmore said. "It's something we've been trying to do for years."

In Sandy Hook, Ross, a 16-year-old from Shanghai, has moved in with Crystal Mok and her family while he attends Immaculate.

Mok looked into hosting an exchange student to fill the void left by when her Asian mother-in-law passed away and her father-law moved out of state.

"We missed cooking for people," said Mok, whose teenage son, Chris, also attends Immaculate. "We were at that point where we said, 'We have a big house, so here's an option.' "

When Immaculate opened this fall, it welcomed 40 exchange students, the most it has ever accepted, said Lynn Loya, who runs the school's international student program. Thirty-four of them are from China.

Loya said host families who take in exchange students are an important part of the school's strategic plan to prepare students for a global marketplace.

"Our students will be competing and working in different countries," Loya said. "It's important for them to learn about different cultures."

Gedney has committed to 10 months with Lilly and Victoria, but she'll take them in again if they decide to continue their studies at Immaculate.

Chances are good they will. Research shows that most high school exchange students graduate and then go on to study in a U.S. college or university. — AP/ The News-Times

Medicare open enrollment: What you need to know

By Michael E. Festa

For those with Medicare, October marks the beginning of the yearly Medicare open enrollment period, which officially begins on Oct. 15 and runs through Dec. 7. This is the one chance the nearly one million Medicare beneficiaries in Massachusetts have to review and make changes to their coverage for the year ahead. During open enrollment, you should compare expenses, including premiums, deductibles, drug costs and out-of-pocket maximums.

AARP and You

During open enrollment, you may:

•Switch to a Medicare Advantage plan;

•Switch from one Medicare Advantage plan to another;

•Drop your Medicare Advantage plan and return to Original Medicare; or

•Join a Medicare Prescription Drug plan, change to a new one or drop your coverage.

Even if you are satisfied with your current coverage, it's always a good idea to review your plan, see what new benefits Medicare has to offer, and ensure that your Medicare plan works for you in the coming year. To help you decide which Medicare plan works best for you, visit the official Medicare website at www.Medicare.gov/find-a-plan. Online tools help you find and compare all available plans in your area. When reviewing plans, focus on the benefits, such as which prescription drugs are covered.

If you need help comparing coverage options, call your local senior center or Council on Aging to make an appointment with a SHINE (Serving the Health Information Needs of Everyone) counselor. The SHINE program is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. The SHINE program, administered by the Massachusetts Executive Office of Elder Affairs, works in partnership with elder service agencies, social service and community based agencies, and Councils on Aging. The program is partially funded by the federal agency Centers for Medicare & Medicaid Services.

When it comes to doctor's appointments and filling prescriptions, convenience matters. When reviewing Medicare plans, find out if you will have access to your current doctor — or doctors close by. And, check that your local pharmacy accepts the plan, and that the plan provides online prescription-filling or mail order options.

Quality and performance varies across plans. Medicare's star-rating system comparatively measures health plans on quality and responsiveness of care; success in managing chronic conditions; allowable preventative screenings, tests and vaccines; the number and nature of member complaints and appeals; and customer service. Medicare's rating system also assesses prescription drug plans on quality, pricing, customer service and member satisfaction.

Once you compare coverage, cost, convenience and customer service, you will be ready to make a well-researched decision to either change your plan or stay with the one you have.

Remember, it's important to review your options carefully. In some cases, if you drop your coverage, you may not be able to get it back. Also, during this sole season of Medicare open enrollment, if you miss the Dec. 7 deadline, you will have to wait until October 2015 to switch to a different Medicare plan.

For quick answers to some of the most common questions, visit AARP's Medicare Q&A tool at www.aarp.org/medicareqa or call 866-448-3621 and request a free copy of booklet #D20046 *Meet Medicare*.

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

Is anyone watching our census numbers?

By Al Norman

The U.S. Census Bureau has released a new report called *65+ in the United States: 2010*. Here are some of the key findings from this report:

Push Back

•In 2010, there were 40.3 million people aged 65+ in America — 12 times more than in 1900.

•The percentage of the population aged 65+ among the total population increased from 4.1 percent in 1900 to 13 percent in 2010 and is projected to reach 20.9 percent by 2050.

•Eleven states had more than 1 million people aged 65+ in 2010.

•Massachusetts had one of the lowest percentage increases in 65+ population in the nation between 2000 and 2010 — a 4.9 percent increase. But at 902,724 people over 65, Massachusetts had 44 percent of all the seniors in New England. A total of 146,961 people age 65+ were added to the New England population in the first decade of the 21st century.

•By 2030, when all baby boomers will have already passed age 65, there will be fewer than three people of working age (20 to 64) to support every older person.

•In 2010, Alzheimer's disease was the fifth leading cause of death among the older population, up from seventh position in 2000. The death rate for Alzheimer's rose more than 50 percent from 1999 to 2007.

•Over 38 percent of those aged 65+ had one or more disabilities in 2010, with the most common difficulties being walking, climbing stairs and doing errands alone.

•The share of the elders residing in skilled nursing facilities declined from 4.5 percent in 2000 to 3.1 percent in 2010.

•Medicaid funds for long-term care have been shifting away from nursing homes with funding for home- and community-based services increasing from 13 percent of total funding in 1990 to 43 percent in 2007.

•Labor force participation rates rose between 2000 and 2010 for both older men and older women, reaching 22.1 percent for older men and 13.8 percent for older women.

•Many older workers managed to stay employed during the recession. In fact, the population aged 65+ was the only age group not to see a decline in their employment share from 2005 to 2010. In 2010, 16.2 percent of the population aged 65 and over were employed, up from 14.5 percent in 2005.

•People age 65+ saw a rise in divorces, as well as an increase in living alone, both of which will likely alter the social support needs of aging baby boomers.

•The population aged 65+ was the only age group to see an increase in voter participation in the 2012 presidential election compared with the 2008 presidential election.

•In 2010, Internet usage among the older population was up 31 percent from a decade prior.

So there are more seniors around, they are getting more home care and less nursing home care, they are on the Internet more, they are retiring less, staying in the workforce longer and more often living alone. All of these statistics have implications for who will need care, and the growing demand for care at home. But the U.S. Census Bureau does not ask Americans if they care about any of these trends. Measured by policy initiatives in Massachusetts that focus on the elderly, I would say that nobody is watching these numbers at all.

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

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called Marketplaces). In fact, it's illegal for someone to sell you an Exchange plan if they know you have Medicare.

•Use free resources. The Centers for Medicare & Medicaid Services' Plan Finder at www.medicare.gov helps you compare costs, covered medications and other items. Many insurance plans offer free seminars with no obligation to sign up. You can also check companies' websites or call their customer service number for more information. Local agencies on aging can also be helpful.

This open enrollment period, make sure your health plan works for you. — StatePoint

Soc. Sec. resumes mailing benefit statements

WASHINGTON —

The Social Security Administration has resumed mailing statements to workers letting them know the estimated benefits they will get when they retire.

Social Security began phasing out mailed statements to most workers in 2011 to save an estimated $70 million a year. Instead, the agency directed workers to track their future benefits online using a secure website.

Covin

Congress, however, passed a bill last year requiring Social Security to resume mailing the statements.

The agency said that many workers will now start receiving paper statements in the mail every five years, starting a few months before their 25th birthday. Once workers reach 60 they will get them every year.

"We have listened to our customers, advocates and Congress," acting Social Security Commissioner Carolyn Colvin said in a statement. "Renewing the mailing of the statement reinforces our commitment to provide the public with an easy, efficient way to obtain an estimate of their future Social Security benefits."

Social Security retirement benefits are based on the wages workers earn throughout their lives. The statements include a history of taxable earnings and payroll taxes for each year so people can check for mistakes. They also provide estimates of monthly benefits, based on current earnings and when a worker plans to retire.

Workers can claim reduced retirement benefits starting at age 62. Full benefits are available at age 66, a threshold that is gradually increasing to 67 for people born in 1960 or later.

Workers can get higher benefits if they wait until they turn 70 to start receiving them.

The agency expects to mail out nearly 48 million statements a year. For this year, Social Security estimates it will spend about $23 million mailing the statements.

Colvin urged workers to sign up for online accounts so they can review their future benefits at any time. People who sign up for the "My Social Security" online service will not receive statements in the mail.

The agency said about 14 million people have established online accounts at www.socialsecurity.gov.

Not so golden: Wealth gap lasting into retirement

By Michael Hill

William Kistler views retirement like someone tied to the tracks and watching a train coming. It's looming and threatening, but there's little he can do.

Kistler, a 63-year-old resident of Golden, Colorado, has been unable to build up a nest egg for himself and his wife with his modest salary at a nonprofit organization. He has saved little in a 401(k) over the past decade, after spending most of his working life self-employed. That puts him far behind many wealthier Americans approaching retirement.

"There is not enough to retire with," he said. "It's completely frightening, to tell you the truth. And I, like a lot of people, try not to think about it too much, which is actually a problem."

With traditional pensions becoming rarer in the private sector, and lower-paid workers less likely to have access to an employer-provided retirement plan, there is a growing gulf in the retirement savings of the wealthy and people with lower incomes. That, experts say, could exacerbate an already widening wealth gap across America, as more than 70 million baby boomers head into retirement — many of them with skimpy reserves.

Because retirement savings are ever more closely tied to income, the widening gulf between the rich and those with less promises to continue — and perhaps worsen — after workers reach retirement age. That is likely to put pressure on government services and lead even more Americans to work well into what is supposed to be their golden years.

Increasingly, financial security for retirees reflects how much they have accumulated during their working career — things like 401(k) accounts, other savings and home equity.

Highly educated, dual income couples tend to do better under this system. The future looks bleaker for people with less education, lower incomes or health issues, as well as for single parents, said Karen Smith, a senior fellow at the Urban Institute, a Washington think tank.

"We do find rising inequality," said Smith, who added that it's a problem if

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➤ *Heart*

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taking three to five medicines to control the condition. One medicine often used is an ACE inhibitor, and the study tested one of these — enalapril, sold as Vasotec and in generic form — against the Novartis drug.

The new drug is a twice-a-day pill combination of two medicines that block the effects of substances that harm the heart while also preserving ones that help protect it. One of the medicines also dilates blood vessels and allows the heart to pump more effectively.

In the study, 26.5 percent on the older drug, enalapril, died of heart-related causes or were hospitalized for heart failure versus less than 22 percent of those on the Novartis drug. Quality of life also was better with the experimental drug.

The new drug also seemed safe — reassuring because safety concerns doomed a couple of other promising-looking treatments over the last decade. There were more cases of too-low blood pressure and non-serious swelling beneath the skin with the Novartis drug, but more kidney problems, excess potassium in the blood and coughing with the older drug. More people on the older treatment dropped out of the study than those on the new one. — AP

➤ Wealth

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those at the top are seeing disproportionate gains from economic growth.

Incomes for the highest-earning 1 percent of Americans soared 31 percent from 2009 through 2012, after adjusting for inflation, according to data compiled by Emmanuel Saez, an economist at University of California, Berkeley. For everyone else, it inched up an average of 0.4 percent.

Researchers at the liberal Economic Policy Institute say households in the top fifth of income saw median retirement savings increase from $45,539 in 1989 to $160,000 in 2010 in inflation-adjusted dollars. For households in the bottom fifth, median retirement savings were down from $8,433 in 1989 to $8,000 in 2010, adjusted for inflation. The calculations did not include households without retirement savings.

Employment Benefit Research Institute (EBRI) research director Jack VanDerhei found that in households where annual income is less than $25,000, nine in 10 saved less than $10,000, up slightly from 2009. For households with six-figure incomes, 42 percent saved at least $250,000, up from 34 percent five years earlier.

The days of retirees being able to count on set monthly payments from pensions continue to fade among non-government workers. Only 13 percent of private-sector workers now participate in "defined benefit" plans, compared with a third of such workers in 1985. They've been eclipsed by "defined contribution" plans, often 401(k)s, in which employers match a portion of employee contributions.

Americans know they need to save for retirement. The trick for many is actually doing it. It's estimated that about half of private-sector workers don't take part in a retirement plan at their current job.

"Over the years, all I've been able to do, especially as a single parent, is just pay my bills every month," said Susan McNamara, a 62-year-old adjunct professor from the Boston area. "Anything that's left over is used up when the car breaks down or when the furnace breaks down. ... There's never anything left over, ever."

McNamara is divorced and her son is now grown. But she had heart issues linked to cancer in 2004 and related financial worries. She sold her home to meet expenses. McNamara has a defined contribution plan from past stints as a full-time professor, but its balance is under $50,000.

Or consider Kistler, who makes $41,000 a year working as a benefits counselor for a nonprofit health care provider. He has no substantial savings beyond the 401(k) worth roughly $19,000, and he has debt. He plans to keep working.

Kistler is philosophical about being on the short end of a retirement gap, though he wonders what will happen when boomers in his financial situation begin retiring by the millions.

"This next 10 to 15 years is going to be quite interesting," he said.

EBRI, a Washington-based nonpartisan research group, projects that more than 55 percent of baby boomers and the generation that follows them, Generation X, will have enough money to last through retirement.

But EBRI also found the least wealthy boomer and Gen X households are far more likely to run short of money in retirement. Under some models, 43 percent of those in the lowest quarter run short of money in their first year of retirement.

VanDerhei, EBRI's research director, said members of that group are relying mostly on Social Security and lacked consistent access to retirement plans over their careers.

Many of those retirees will find that it won't be enough, said David John of AARP's Public Policy Institute, noting the average monthly Social Security retiree benefit last year was about $1,300.

"In the long run, if we have significant numbers of people retiring on Social Security and very little else, there's going to be a tremendous pressure on state and local governments for additional services, ranging from health to housing to libraries," John said. "There's going to be significant pressure on the national government to provide additional support."

John said a good first step would be to ensure more workers have the ability to save through employer-sponsored retirement plans.

For many, it will mean working to a later age and cutting back.

In Brooklyn, 60-year-old Madeline Smith is already thinking about a modest future. While she has no illusions about living the "little fairy tale" of a cushy retirement, she also is confident she can get by, maybe working part-time, living simply or even renting out her house.

"Sometimes you have to learn to be a little bit more conservative," she said. "I think a lot of people are learning that now as they get older." — AP

There's no need to be afraid of a reverse mortgage

By Alain Valles

You've heard bits and pieces about reverse mortgages. Perhaps you have read an article, or had a friend suggest that you get a reverse mortgage. But you may have concerns about how safe a reverse mortgage really is. Deep down you're a bit afraid of being taken advantage of, and wonder if a reverse mortgage is the best choice for you.

Reverse Mortgage

These are legitimate concerns that can be addressed when talking with a competent reverse mortgage specialist. You should question the loan officer's qualifications and work history. And be sure to ask for references, and then actually call the names given.

The gold standard —The CRMP: The industry's gold standard is the CRMP designation, which stands for Certified Reverse Mortgage Professional. This prestigious certification is only granted to those who complete formal education courses, ethics training, have an extensive work history, have successfully closed a significant number of reverse mortgage transactions and pass a lengthy examination. There are just 80 CRMPs nationwide. Find one you are comfortable talking with to get the facts.

You're being protected: No matter which reverse mortgage company you choose to work with, multiple levels of protection safeguard you. Reverse mortgages are one of the most heavily regulated financial loan programs. Just a sample of the many protections in place include the: Equal Credit and Opportunity Act, Fair Lending Act, Nationwide Mortgage Licensing System & Registry, State Division of Banks, Consumer Financial Protection Bureau, Patriot Act, Privacy Act, Real Estate Settlement Procedures Act, Attorney General's Office, Fair Housing Act and many more. While you determine if a reverse mortgage is your best option you can rest assured that systems are in place to ensure you are protected.

Reverse mortgage counseling: Before your reverse mortgage application can be processed you are required to complete a reverse mortgage counseling session. In Massachusetts, not only is the non-profit counselor approved by the federal agency Department of Housing and Urban Development (HUD) but also by the Massachusetts Executive Office of Elder Affairs. This required counseling is essential to the reverse mortgage process because we want to make sure that you understand how a reverse mortgage works and to protect you, as best as possible, from being taken advantage of by a financial planner, loan officer, uninformed friend, or scheming adult child (unfortunately elder financial abuse happens).

Be wise and get the facts: A reverse mortgage allows homeowners age 62 or older to have access to cash without any income or credit qualifications, and without ever making a monthly mortgage payment. But a reverse mortgage is not for everyone.

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. Read additional articles on www.fiftyplusadvocate.com.

What to do when your castle is a hassle

By David J. Dowd

Seniors have many more choices for housing than their parents did. Many elders are not aware of some of the available housing choices; others are, but for a variety of reasons do not act.

Housing Options

Owning a home can be a blessing: however, as we age, it can also become a bit of a curse. As our children leave the nest, we often find there is little need for all that extra space. Maintenance becomes difficult and costly. Worst of all is when the home is functionally obsolete for your needs. For instance, what if you mostly use the first floor, but it only has a half bath?

When your castle becomes a hassle, is dangerous or does not meet your needs, it's time to make a change. A smaller home means there is less to clean, less to keep up, less to pay taxes on. If you choose a 55+ community, or a cottage style home within a continuing care community (CCRC) property, you will have even less to worry about since landscaping, and other outside work is usually included.

There may be homeowner association fees involved, but at least you don't have to worry about arranging and overseeing the work. Some of those communities offer clubhouses with scheduled activities, swimming pools and transportation for various trips. These types of communities can be very advantageous for the active person.

If the homeowner is starting to experience a decline in health, a CCRC or an assisted living community would be better choices. If the home is simply too big but you are in good health, then downsizing to a smaller home may be the answer.

Whatever your reason, it's usually best to make the choice to downsize sooner rather than later. "I wish I did it sooner" is a refrain often heard. The reason people wait is moving can be a daunting experience. However, knowing your housing options and available resources is half the battle.

Perhaps your home is in need of repairs or full of possessions you've collected over the years. Don't let that stop you from making a better choice. Many resources, some free, can help. There are companies who sort, pack and organize your possessions. Many will purchase your home 'as is' and let you leave what you no longer need. These companies can often offer advice to help you make educated choices and manage the process for you. Additionally, many senior centers and councils on aging offer seminars on housing options.

David J. Dowd is president of Sell Moms House.com that provides free advice and services to homeowners. For more information call David at 774-696-6124, email david@sellmomshouse.com or visit www.sellmomshouse.com for more info. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

Fall 2014 home decor: an ensemble production

By Kim Cook

Are you a fan of midcentury modern? Drawn to classic elegance? Does the handcraft of global décor grab you?

There was an era when experts said to pick just one, but now we can mix and match or go all in. Each season brings updated versions of successful pieces, plus an interesting array of new looks.

This fall is no exception.

"Keep an eye out for versatile accent pieces, the kind that can work in a myriad of places, and consider material and color combinations," said Beth Kushnick, set decorator for CBS' *The Good Wife*. "These are some of the easiest ways to refresh any space, and there's a ton of stylish options out right now at a range of price points."

After her sophisticated sets drew an online following, Kushnick has created her own furnishings line, which debuts this fall.

She said fall 2014 is about finding pieces that provide maximum impact without a lot of effort.

Some themes this season:

"Look for texture-rich accessories — like a box with stone inlay or a wooden sculpture — that add an element of nature to your space. Mix in a variety of metals to add a sense of luxury," Kushnick advised.

Los Angeles-based designer Trip Haenisch said, "I'm seeing a lot of fabrics with luxe textures this season. Linen velvets and woven fabrics are really in. You can quickly and inexpensively incorporate texture into your space through the use of pillows and throws." (www.triphaenisch.com)

At fall previews, retailers were showing soft throws shot through with metallic threads or embroidered with subtle sequins. Rose gold is the ingénue on the metallics stage; its soft, pink-tinged finish looks new, and you'll see it on tabletop accessories, lamps, even silverware.

Warm brass continues to play a big role, trimming tables, embedded in wooden trays, formed into curvy or linear vases and lamps. It picks up the midcentury vibe but suits traditional spaces too. Chrome and acrylic hit contemporary high notes.

On ceramics, you'll find reactive and dip glazes, and more matte finishes than ever before.

Mercury glass, a décor darling for the past few seasons, gets a few tweaks with etched patterns and added color.

High-end lighting design has found its way into the mid-range market, which means pricier styles at mass-market retailers.

Look for shades with crisp geometrics, nubby textures and crewelwork patterns to update lamps for not much money. (www.target.com)

Pierced metal is showing up in many accents, including lighting. Milky glass pendants look country-modern. You'll also find matte-finish shades with foil interiors that catch light dramatically; Ikea has table and floor lamps with coppery lining. (www.ikea.com)

Play with color, Kushnick urged.

"There are some gorgeous grays and subtle greens out this fall, and 2014's radiant orchid and coral add a lush pop almost anywhere," she said. "You can make a big splash just by updating a wall color or bringing in a few vibrant accent pieces."

You'll also see carrot, purple, lemongrass, ocher, clove, molasses and olive in throw pillows, bedding and upholstery.

Ombre, tile, ziggurat, cinquefoil and filigree patterns grace lampshades, rugs and drapery. Naïve woodland motifs and '70s-era kitchen prints dress wall art and napery. The newest geometrics and traditional prints are overscale.

Kushnick is enjoying wallpaper's comeback. "The new temporary wallpapers are a great option for apartment dwellers," she said.

After a few seasons in a supporting role, midcentury modern takes the lead this fall and winter. Accent chairs are armless or lower-profile, and furniture has either a California-chic or Danish-modern vibe.

Upholstered furniture gets its shirt tucked in. No more slouchy, sloppy slipcovers — the newest pieces tend toward trim and tight, but in comfier, softer fabrics.

We're seeing a lot of side and coffee tables with metal legs. West Elm's Waldorf coffee table is a slim rosewood slab perched on skinny brass legs. Cyan Designs' Portman end tables are lacy, laser-cut iron drums.

You'll see faceted pieces across the accessory spectrum, in mirrors, containers and trays.

Pop culture from the '70s and '80s shows up in vibrant retro-print pillows, furniture and accents.

Global tribal motifs maintain a powerful presence, with India, the Americas and Africa strongly represented.

In bedding, drapery, rug and upholstery fabrics, look for more new woodblock, paisley and medallion prints.

Accessories like carved animals, woven art, sculpted paper and ceramic vases, and ironwork and glass items draw from distant cultures.

Vintage-style globes, steamer trunks, map art and travel advertising continue to interest home decorators. There's herringbone, tweed, plaid, Fair Isle knit patterns and lots of new takes on faux fur — Nordic and Danish designs in textiles as well as kitchen and dining items. — AP

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