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Good friends offer safe harbor through life's journey

By Sondra L. Shapiro

Friendship is the first word that comes to mind as I reflect on the last decade.

When I ushered in the millennium at Walt Disney World, the big Y2K scare wasn't a concern for me. Rather, I was enjoying the moment, surrounded by dear friends.

From the vantage point of a boat in the middle of Epcot's World Showcase lagoon, our little group sat entranced by IllumiNations, a breathtaking fireworks display. Life doesn't get any better than this, I thought, wiping away a few sentimental tears that caught me by surprise.



Just My Opinion

On that night, little did I realize the metaphor of the moment. I would find safe harbor among my friends as we navigated the decade's unpredictable currents. There would be amazing personal and national highs and devastating lows of personal loss and social and political upheaval.

As a country, we would be shocked by, then mourn, the tragedy of Sept. 11 and would welcome the election of the nation's first black president. We would enjoy financial affluence and endure unbearable hardship.

On that magical night 10 years ago, I was spared the foresight that I would lose three cherished friends and come close to losing my dearest friend.

During that trip to Walt Disney World, I experienced only mildly irritating airport hassles. I didn't think about wearing shoes that could be easily removed at a security checkpoint. Among my carry-on luggage were sundry containers of creams and medications in their original packaging and a few bottles of water tucked away to keep me hydrated during the flight.

I heralded in the millennium with loads of energy — blessedly void of chronic aches and pains — enough to stay awake late into the night and still rise early the next morning to cram in another full day of recreation.

During this New Year's celebration, as I said goodbye to the decade, I found myself struggling to stay up until midnight, and was content to hunker down the next day with a good book and a cup of tea. I closed out the decade like most boomers, painfully coming to grips that we aren't kids anymore.

Though we favored the styles worn by our teen-age kids and tooled around town in automobile makes geared toward the youth market, my aging cohorts still could not avoid those AARP cards that magically appeared in the mail when we began turning 50 last decade.

My friends and I joke about and discuss how much has changed since we were kids, how our bodies are slower, our minds cloudier. But that doesn't stop us from get-

ting a kick out of dabbling in all that new technology or taking part in the national pop culture obsession that became front and center over the last 10 years.

As I snapped photos of that Disney fireworks display with my film camera, I would never have dreamed that one day I would own something called iPhone that, had it existed then, would have been able to take digital photos and movies of the event. That I would have been able to e-mail those images immediately to friends and family back home. Or that someday I would be able to "Google" from that boat, to find out more information about the fireworks I was watching.

"Googling" is an especially welcome aid to this failing memory when I can't think of the name of some movie star, politician or a TV show I used to watch in my youth.

There are other new innovations I am not so eager to embrace. Though I am mildly intrigued by Facebook because it connects me up with long-lost friends and schoolmates, I have no use for Twitter or texting. I just don't get the concepts. One might call it a generational thing, but then again, I'm one of those boomers who digs youthful clothes and cars.

One of the most welcome results of the technology/communications boom to come out of the last decade is convenience and instant gratification. It still astounds me that anything I want, I can buy from the comfort of my own home via my laptop or iPhone. From home improvement items to hard to find cooking ingredients, I'm saving time and effort that can be better used for ... Googling for more items that will give me even more time to do something else ... well you get the picture.

And I certainly don't miss dragging myself to the video store whenever I have a craving for a movie. Now, with the advent of Netflix, movies on demand and all those pay cable TV channels, I can just order up a movie from the comfort of my couch.

Little did I imagine 10 years ago that my lifelong cooking/food obsession would become an American pastime. That local chefs whom I admire such as Ming Tsai, Lydia Shire and Todd English would reach superstar status. Or that a little cable show called *Trading Spaces* would usher in a public and personal obsession with do-it-yourself home projects.

The country's adoption of "green" living over the last decade is nothing new to me. My household has been running that way for more than 20 years, but I called it frugal living. I still do.

It is almost impossible to comprehend that during this decade I will qualify for Social Security and be forced to endure more losses of friends and family.

In the meantime, as I welcomed in the new decade with the dear friend who almost died a couple of years before, I was struck that it is not the destination, but the journey and the wonderful friends with whom I am blessed to travel.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Reach her at sshapiro.fiftyplusadvocate@verizon.net.

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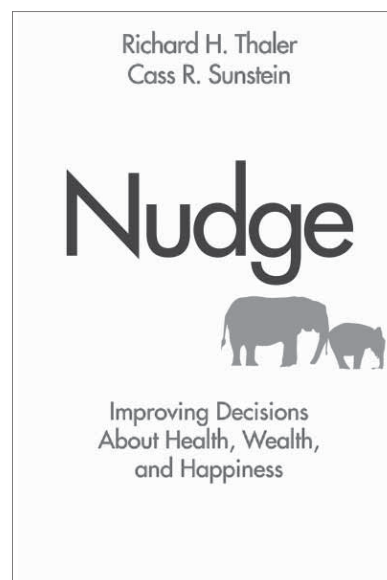
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Clutter or hoarding, an over packed house messes up your life

By Brian Goslow

Irene's compulsive hoarding problem had pushed her family to the brink of leaving. They no longer ate together: A wide collection of items covered the kitchen table, leaving only a small corner that was barely large enough to hold a plate. Sit down as a group? Forget it. All but one chair was stacked with Irene's things. More frightening was the counter space covered with papers that sat dangerously close to the stove.

The adjoining dining room was a worse disaster, with only a one-foot wide path open to move around. The pile of things on the dining table nearly touched the chandelier and the outside exit was unreachable.

At 55, Irene (not her real name) was forced to recognize she was one of an estimated 5 percent of the population with a severe hoarding problem that threatens their and their family's safety due to unsanitary living conditions, maneuverability problems and the fire hazard caused by blocked exits. Desolate conditions can also lead to evictions and/or the home being condemned.

Smith College psychology professor Randy Frost, co-author of *Buried in Treasures: Help for Compulsive Acquiring, Saving and Hoarding*, has spent the past two decades studying and attempting to understand those controlled by the urge to accumulate "stuff." A member of the New England Hoarding Consortium, a group of clinicians and researchers at Smith, Boston University and the Institute of Living in Hartford, Frost recently gave a lecture at the Worcester Senior Center on understanding and treating compulsive hoarding.

Irene was his first case study. "She spent three hours a day, sitting on the bare part of the table, trying to sort out her papers," Frost said. The items included large numbers of clipped newspaper coupons for expired sales, yellowing articles on Vermont, which she always wanted to visit, and brochures on talking about drugs to her kids, who were nearing their teens. "Each day, she just churned the material — but threw nothing away," Frost said.

He described Irene as a delightful and smart person with a master's degree and a wide circle of friends. "Very few of whom had been in her home, which is a characteristic of hoarders," he said. Her entire house was eventually cleaned after 40 behavioral modification sessions over an 18-month span.

Hoarders are compulsive collectors who save almost anything that they convince themselves have some value: clothing, newspapers, books, containers of things; some collect animals, trash and body parts. "Our world has become dominated by possessions," Frost said. "Some are for convenience,

some are for pleasure. If you lose control of them, it can be a living hell."

They shouldn't be confused with collectors, say, of model cars, salt and pepper shakers or sports memorabilia. "Collectors acquire things to show them off; with hoarders, they're not collecting to have that collection be part of their persona; it's a private experience," Frost said. That amassing of objects becomes a problem when the collection becomes a source of stress or impairment to normal living.

Those who work with hoarders utilize a hoarding rating scale of five major issues to determine the severity of the problem: difficulty using rooms in the home; difficulty discarding items regardless of their true value; problem collecting or buying; emotional distress; and impairment. Many hoarders are found to suffer from varying degrees of attention-deficit hyperactivity disorder (ADHD) and/or obsessive-compulsive disorder (OCD).

With patience, some obsessive collecting tendencies can be reversed; those who've worked with hoarders have had positive results when they can get them to evaluate why they've held onto an item and why they're considering buying new ones. A study of 700 people identified as having significant acquisition problems in 2008 found 75 percent kept buying items for which they had no clear use, 60 percent took free items for which they had no use, and half did both.

Many older residents' homes have safety issues caused by clutter that doesn't allow the safe use of large appliances. Or non-working appliances have become hazards to people's ability to maneuver around easily. A 2001 study of elderly hoarders found almost 60 percent owned a non-working stove or oven while 40 percent had at least a non-usable fridge/freezer, kitchen sink or bathtub.

"With elder hoarders, over time, their ability to use appliances declines because of clutter," Frost said. "There is a pattern: Something goes wrong with an appliance and the person is afraid to have someone come into the home to fix it because of their potential reaction to the clutter; it's a secondary effect."



Many older residents' homes have safety issues caused by clutter.

Well-meaning family members and friends, seeing only piles of junk, want to help and will go to a hoarder's house intending to try to toss out whatever they can. In most instances, Frost said, this can cause conflict and hostility that leads to a separation of the parties. "If you're caught (throwing something away), you're never trusted by that person again," Frost said. "They like being in a position of control with their saving behavior."

Any long-term solution is personal. Frost has found showing hoarders a picture of their home when they're outside the house can inspire action. "It's as if we're giving them a different lens on their home," he said. "They don't see the clutter when they're in the house. When we visit them in their homes, they tell us, 'When you're here, I see it. When you're not, I don't.'"

Many Americans have become aware of hoarding and the problems it can cause in a person's life through the A & E Network program, *Hoarders*. Laura Moore, M.Ed., owner of ClutterClarity at Home, based in Concord, finds the program

is pure voyeurism and distorts the complexity of the problem and solution. "It teaches people that it has to be that bad before you need help," she said. Moore, a therapist and professional organizer with a master's degree from the Harvard Graduate School of Education, believes that people prone to cluttering may not always be suffering from a mental illness, rather they are engaging in "unclear thinking."

"Everyone's overwhelmed in one capacity or another and doesn't have the time to take care of their home the way they did 25 years ago," she said. "We're overworked; we're overscheduled; we're over stuffed," she said.

"Your life changes," Moore said. "When you get married, and at every major life change, your needs and the items you require change. You have to clean up and make room for the new. Every life transition — losing your job or having a pending divorce, for instance, is an opportunity to clean out (your home).

The thought of getting rid of things can be as much of a roadblock as actually starting the decluttering process. "When I work with someone, we determine a strategy," Moore said. "I ask them, 'How are you going to let go?' You have to put effort into finding a solution."

There are different levels to that end solution: emotional (whether a person truly needs to hold onto an item), economic (is it worth the person's time to sell the item?) and charitable (do they want to donate their items and if so, to whom?). "It takes money, time and energy to make those decisions," Moore said.

Not only are many overtaken by possessions, but paperwork. If all those bills, bank and loan statements and documents essential to your life aren't in one place, you can end

CLUTTER page 12

Deciding if you or a loved-one has a compulsive hoarding problem

The Anxiety Disorders Center at the Institute of Living at Hartford Hospital in Hartford, Conn. shared these questions to consider in deciding whether you have a compulsive hoarding problem and tips on how to overcome it, some of which are adapted from the book *Buried in Treasures: Help for Compulsive Acquiring, Saving and Hoarding* (Oxford University Press).

A problem with hoarding may exist if you or a loved-one:

- Regularly hangs onto a large number of possessions that most other people would not consider to be very useful or valuable. For example: junk mail, old newspapers and catalogs, broken things you might want to fix some day.

- Finds the home is so cluttered that individuals can no longer use those parts of the home for the intended purpose. For example: beds that can't be slept in; kitchens that can't be cooked in; chairs, sofas or tables that are unusable.

- Finds the clutter is so bad that it causes significant distress or impairment. For example, many people with compulsive hoarding problems report that they: cannot have friends or family over because they are so embarrassed; cannot let maintenance

professions in because of the clutter, thus leaving items unfixed; are at risk of fire, falling, infestation or eviction.

Some tips for overcoming compulsive hoarding:

Just because you have a use for an object, doesn't mean you need to keep it. A good rule of thumb is if you haven't used an object in over a year, you can probably live without it. There really is no need for most of us to have two microwave ovens or three bicycles. Try to get rid of the extras.

Categorize items into piles: items you want to keep, items to give to charity, items to sell and items to throw away.

Don't over-think: Most decisions are not that complicated. If you find the decision takes more than a few minutes, you are probably making it too complicated.

Follow the "OHIO" rule: Only handle it once. If you find yourself handling things again and again, moving things from one pile to the other, stop yourself. Refocus and move on. Know when to ask for help. Compulsive hoarding is a potentially serious mental health issue. For more information: www.instituteofliving.org/advc. — BRIAN GOSLOW

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Who is really benefiting from Medicare Advantage?

MIAMI — Insurers constantly caution seniors that their Medicare Advantage perks such as hearing aids, dental payments and even gym memberships will fizzle if Democrats get their way and cut government subsidies for them.

But tens of billions of Medicare dollars funneled through insurers also pay for extras that never reach beneficiaries: multimillion-dollar salaries, executive retreats in Hawaii, Scotland and Cancun, and massive expenditures on marketing to lure more customers to the privately administered Advantage plans that serve as an alternative to government-provided Medicare.

The government-subsidized benefits that seniors on Advantage plans receive — often at premiums lower than Medicare premiums — are real, and are legitimately in danger in some cases if Democrats succeed in their health care overhaul.

Medicare Advantage subsidies are on the chopping block to pay for the overhaul. Though there are marked differences between House and Senate versions, both bills would lower payments to private Medicare Advantage plans, which on average cost the government 14 percent more than traditional Medicare.

The harshest critics of the Advantage program say patients are exchanging hassle-free coverage for a plan with cheap perks that may ultimately deny them necessary treatment.

Despite the belief that Advantage plans offer broad savings for seniors, a Government

Accountability Office (GAO) report last year found wide differences depending on the plan, including home health service costs that could be up to 84 percent more than traditional Medicare.

A half-million Advantage enrollees were in plans with no co-pay for hospital stays. But a roughly equal number were in plans with high hospital co-pays and no limits on out-of-pocket inpatient expenses, potentially costing patients thousands more.

The disparity was greatest for some of the sickest seniors, those who return to the hospital within 60 days of discharge, the GAO found. Under traditional Medicare, those patients would not pay any deductible. Under many Advantage plans, the deductibles can be steep.

Insurers participating in the Advantage program responded to inquiries by Senate Democrats that led to a report providing some fuel in their fight against the subsidies. The companies reported, on average, spending more than 15 percent of premium revenues on profits, marketing and corporate expenses, nearly 10 times the rate of traditional Medicare.

Meanwhile, Advantage companies were paying for multimillion-dollar corporate retreats in exotic locales and hundreds of their executives were being paid more than \$500,000 annually. Government reports have shown Medicare Advantage providers continually outpace profit projections. The congressional review showed 34 Advantage companies devoted \$27 billion in government subsidies from 2005 through 2008 to

profits, marketing cost and other corporate expenses.

Still, Advantage enrollment has burgeoned, doubling to nearly 11 million people in the six years since Congress approved lucrative subsidies to insurers that allowed them to expand their reach. About one in four seniors are now on private plans.

Provisions were added to the Senate legislation to grandfather in beneficiaries in some areas and to provide emergency funds to others to avoid disruptions. The insurance industry still contends the majority of Advantage enrollees remain in danger.

“Seniors are going to lose many of the ben-

efits that seniors like and rely on today,” said Robert Zirkelbach, a spokesman for America’s Health Insurance Plans, an industry group. “And in some parts of the country, seniors will lose access to their Medicare Advantage plan altogether.”

Private plans have existed under Medicare since the 1970s and many have persisted through previous cuts. Plans shuttered after reductions in funding during the Clinton administration. And changes approved by the Obama administration last year are at least in partly responsible for the 18 percent fewer plans operating in 2010 and higher premiums system-wide. — AP

AARP Foundation establishes fund for older Haitian disaster victims

WASHINGTON, DC —

The AARP Foundation has established the AARP Foundation Haiti Relief Fund to aid relief efforts aimed at older earthquake victims in Haiti. One hundred percent of contributions will go directly to help those most in need and AARP CEO Barry Rand announced that the organization will match donations up to \$500,000.

The AARP Foundation Haiti Relief Fund gives AARP members and others who are concerned a way to contribute quickly and safely. Funds will go directly to help those most in need,” Rand said.

Haiti is the poorest country in the Western Hemisphere and approximately 800,000 Haitians are over the age of 60. Most of these older people live in extreme

poverty, have mobility challenges and cannot reach emergency aid stations. Many also are the primary caretakers of their grandchildren. Immediate needs for older Haitians and their families include shelter, food, water and medical attention — including measures to prevent the spread of infection due to the hot temperatures on the island.

The AARP Foundation is working with HelpAge USA and its international parent organization HelpAge International to rush emergency relief to older earthquake victims. HelpAge has on-the-ground experience in Haiti and is the only international relief agency that focuses on the unique needs of older people in an emergency. For more information go online at www.aarp.org/foundation.

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Health bills nudge U.S. on long-term care insurance

Most people don't buy long-term care insurance. They simply don't want to think about moving into an assisted living center or hiring a stranger to bathe them.

Seven years ago, Robert Myers of suburban Chicago did buy long-term care insurance. Myers' wife, who died in December 2008, needed care as she fought cancer.

"It was a godsend," Myers, 64, an Episcopal priest, said of the insurance. "It didn't cover everything, but it broke the back of the bills."

Unlike Myers, most people may want to plan for the future, but they need a nudge to overcome their avoidance and laziness. At least that's the assumption behind a program tucked into the health care overhaul legislation emerging from Congress.

The program would create a voluntary long-term care insurance program to be run by the government.

Voluntary, yes. But workers at participating companies would be automatically enrolled — critics say "tricked into" enrolling — unless they opted out. People would see a deduction for the program from their paychecks — estimates range from \$160 to \$240 a month — unless they signed a form or clicked a box saying they wanted to keep the money.

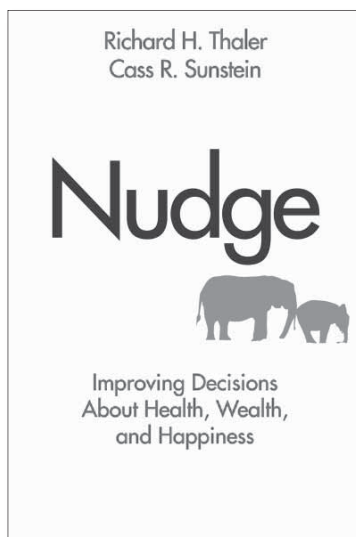
The proposed program would help shift the financial burden of an aging population from Medicaid, now the largest funder of long-term care, to individuals. The federal-state health insurance program for the poor is straining state budgets.

"The caregiving burden in this country will be huge" as baby boomers age, says Dr. Robert Butler, who heads the International Longevity Center and favors the long-term care insurance proposal.

Governments and the private sector can and should nudge people into doing what's best for them, some economists say. A best-selling book, *Nudge: Improving Decisions About Health, Wealth and Happiness*, made the notion popular. President Barack Obama named *Nudge* co-author Cass Sunstein to an Office of Management and Budget post.

"No one thinks they need long-term care until two years after they need it," says Richard Thaler, the other co-author of *Nudge*. "The theme of our book is we should try to help people make decisions without telling them what they have to do."

Automatic enrollment in 401(k) retirement savings plans has succeeded in increasing enrollment to more than 90 percent at some companies. But people can more easily picture themselves retiring than becoming incapacitated by illness, and they know they can get their savings back — if the stock market cooperates — when they do retire and start withdrawing



from their 401(k).

Long-term care insurance may look like a gamble because any individual may never need the benefit.

The long-term care insurance program is detailed in the CLASS Act, or Community Living Assistance Services and Support Act, which is part of both the House and Senate bills.

It would work like this:

Any actively working American could participate, but would have to

pay premiums for at least five years before being eligible to make a claim. Premiums would be stable over a person's life, unless the government had to raise them to keep the program solvent.

Benefits would be at least \$50 a day once a person became seriously cognitively

impaired or unable to perform at least two or three daily activities, such as dressing and eating, without assistance. Students and the poor would be able to enroll for \$5 a month, which would mean other participants would subsidize them.

The program is meant to be self-supporting, without government subsidies. But some worry too few healthy people would enroll, leaving a group of enrollees at higher risk for needing long-term care — and not enough money in the program to care for them.

"If premiums are \$2,000 a year, some people are going to look at that and say, 'Boy, that's pretty steep. ... I'll worry about that risk some other time,'" said Allen Schmitz, an actuary with the independent consulting firm Milliman Inc.

Schmitz said automatic enrollment might help increase sign-ups, but Medicare's chief actuary has predicted enrollment as low as 2 percent. That could require raising premiums, which would mean even fewer people would participate. — AP

Drug benefit expanded to 1 million more seniors

WASHINGTON —

In case the prospect of nearly \$4,000 in prescription assistance isn't enough to perk up low-income seniors, the government is using '60s singer Chubby Checker to publicize "the twist" in the Medicare drug program.

As of Jan. 1, more than 1 million low-income seniors are newly eligible for more generous prescription drug benefits under the "extra help" program. Benefiting from the new law are those with life insurance policies and those who regularly get money from relatives to help pay household expenses but were previously disqualified because of too many assets or too much income.

"The safety net is frayed and this is a way to start stitching it back together again," said Hilary Dalin, associate director for benefits at the National Council on Aging.

Income limits are \$16,245 a year for singles and \$21,855 for married couples living together. Assets such as stocks, bonds and bank accounts must be limited to \$12,510 for singles and \$25,010 for married couples. The value of homes and automobiles are excluded.

Under the old law, applicants had to include the value of life insurance policies

in calculating their assets. They also had to include as part of their income money received on a regular basis from relatives and friends to help pay household expenses.

As of Jan. 1, life insurance policies are no longer counted as assets and money received to help pay household expenses is not counted as income.

Social Security Commissioner Michael J. Astrue urged seniors who were rejected for the program in the past to reapply.

To help promote the new twist in the law, Astrue enlisted Chubby Checker, who danced and sang *The Twist* to the top of the pop charts in the early 1960s. Those too young to remember Checker probably don't qualify for the 65-and-up health care plan.

Benefits vary by income. For many, the extra help program eliminates premiums and annual deductibles and charges copays as low as \$1.10 for generic drugs and \$3.30 for brand names.

The average annual benefit for the program is \$3,900. — AP

On the Net: Extra Help program: www.ssa.gov/prescriptionhelp; Medicare Rights Center: www.medicarerights.org

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Don't bank on weekend to make up for sleep loss

WASHINGTON —

Sleeping in on Saturday after a few weeks of too little shuteye may feel refreshing, but it can give a false sense of security. New research shows chronic sleep loss can't be cured that easily. Scientists teased apart the effects of short- and long-term sleep loss and found that the chronically sleep-deprived may function normally soon after waking up, but experience steadily slower reaction times as the day wears on, even if they had tried to catch up the previous night.

The findings have important safety implications in our increasingly 24/7 society, not just for shift-workers but for the roughly

one in six Americans who regularly get six hours or less of sleep a night.

The National Institutes of Health says adults need seven hours to nine hours of sleep for good health. Regularly getting too little increases the risk of health problems, including memory impairment and a weakened immune system. More immediately, too little sleep affects reaction times; sleepiness is to blame for car crashes and other accidents.

The new work shows how two different sleep drives impact the brain, one during the normal waking hours and the other over days and weeks of sleep loss. — AP

Bill seeks to ease cost of prescriptions in Mass.

BOSTON —

A bill to help ease the costs of prescription drugs had a public hearing on Beacon Hill last month. The bill, would establish a commission to study a range of cost-cutting options, including whether Massachusetts should enter into bulk purchasing agreements with pharmaceutical companies to help drive down the cost of drugs. The commission also would look into a program to let everyone have access to drugs at the lower prices negotiated by the commonwealth. — AP



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10 ways to be happy and healthy in 2010

1. It's easy being green — Whether you are a vegetarian, vegan, carnivore or pescetarian, vegetables should be a central part of your diet. Often referred to as a "protective food," dark green foods provide essential vitamins and nutrients to your body that protect you from many of life's worst diseases.

The Food and Drug Administration recommends three to five servings a day for pristine health. This is not as hard to accomplish as it sounds. Examples of one serving include: two broccoli spears, three tablespoons of green beans or three sticks of celery.

2. Get on your feet — If you're a biker or a swimmer, you may need to add an additional element to your workout regime. Dr. Warren Levy, Ph. D., of Unigene Laboratories reminds people that, "when it comes to the risk of thinning bones, it's the weight bearing nature of exercise that signals bones to create more mass. Without such stress, bones do not get stronger, and become more prone to injury."

There is still a lot to learn about bone health, but in the meantime, it is important for both men and women to partake in exercises that get you up on your feet. This is a fact. If you are a biker or a swimmer, squeeze in some walking or a run a couple of times a week.

3. Brush your teeth — We are all aware of the cosmetic benefits of keeping those pearly whites, well, pearly, but there are additional benefits hidden between the bristles of

your brush.

Brushing and flossing your teeth not only prevents tooth decay, but it prevents gum disease, which has been linked to heart attacks and strokes. Healthy gums are one more way to keep that heart pumping strong.

4. Hear ye, hear ye — Pick up your local newspaper once in a while. There is more information out there than you can imagine. Sift through the bounty of news because when it comes to your health and healthcare, no one is more responsible for their management than you are.

5. Be a small fry — Don't try to deny it. Everyone has something they can't get enough of. Whether it's ice cream, cheddar cheese or dinner out, take the opportunity to start the new decade off with a little less on your plate.

You don't have to deprive yourself, just regulate. By ordering small fries from McDonald's versus large, you save yourself from 270 calories and too much artery-clogging grease, but are still left with the sweet nectar of a delicious fried food.

6. Give yourself a break — Not only are vacations an important part of maintaining your sanity, but there are many other positives about sneaking away for a week or two. Studies have proven that employees come back to work post-vacation more creative and productive.

7. Scrub a dub dub — The easiest way to avoid infectious

diseases such as a common cold, or the H1N1 virus, is by hand washing. According to the Mayo Clinic, it is important to lather up and wash for at least 20 seconds, but don't use antibacterial products. Antibacterial soap is no more effective at killing germs than regular soap. Even worse, using antibacterial soap may even lead to the development of bacteria that are resistant to the product's antimicrobial agents — making it harder to kill these germs in the future.

8. Lend a hand — A study at Vanderbilt University found that volunteer work was good for both mental and physical health. People of all ages who volunteered were happier and experienced better physical health and less depression. Other studies have found the volunteering has even helped alleviate chronic pain. Not to mention the benefits of volunteering to society.

Think about something you like to do in your spare time anyways — running, cooking, shopping — and there will be an easy way to incorporate volunteering into your lifestyle. Visit www.volunteermatch.org to find an appropriate match.

9. Treat yourself! — It's just as important to help yourself, as it is to help others. Think about something you have always wanted and start the decade off with a plan in mind to have it in your grasp before year's end. Whether it's a nice bottle of wine, a new suit or a fresh hairdo, rewarding yourself with a treat shouldn't be just for little kids.

10. Start with a clean state — Finally, position yourself to be on the upward climb at the beginning of the new decade. Rather than thinking about mishaps of the past 10 years, focus on your goals for the next 10. — Newswise



Daily physical activity helps lessen the severity of arthritis

More than 46 million people of all ages in the U.S. have arthritis. A recent study from the Centers for Disease Control and Prevention (CDC) found that arthritis is the nation's most common disability.

The same CDC study showed that the number of people who report arthritis as their primary cause of disability has grown by more than 3 million since 1999. What's more alarming — with the aging of baby boomers, the prevalence of arthritis is expected to increase 40 percent by the year 2030.

Given the pervasiveness of arthritis, many Americans understand that it is a serious health problem. However, some are unaware that physical activity can actually help lessen the severity of arthritis. In fact, increased daily movement or exercise is one of the best approaches to helping reduce stiff, achy joints caused by arthritis.

"Physical activity, including stretching

and strengthening, is crucial to improving joint pain and mobility and reducing fatigue often associated with arthritis," said Dr. Patience White, chief public health officer for the Arthritis Foundation. "Moving just 30 minutes daily, even 10 to 15 minutes at a time, can reduce the impact of arthritis on a person's daily activities and help to prevent developing more painful arthritis."

The Arthritis Foundation has created a program, Let's Move Together, which is designed to inspire people to move every day to prevent or treat arthritis. Its website offers helpful tips for increasing movement, including:

- Take a hike. Walking is one of the easiest, safest and most beneficial forms of exercise. It helps keep your weight in check

and strengthens muscles, which reduces pressure on the knees and decreases pain. Walking just fast enough so that you're slightly short of breath is a good pace. The goal is to strengthen the muscles in your legs and around your knees and hips.



- Go for a spin. Stationary cycling strengthens your heart, hips and knees — with less impact on joints than other forms of cardiovascular exercise, such as running. For those new to stationary cycling, start slowly with a five-minute session at a comfortable pace three times per day.

- Make a splash. Using a combination of soothing warm water and gentle movements helps increase joint flexibility and range of motion. Studies have shown aquatic-based

exercise helps to restore and maintain muscle strength and relieve pain and stiffness for people with arthritis.

- Go with the flow. Tai chi is a noncompetitive, self-paced system of gentle physical exercise and stretching. Participants in a tai chi program follow a series of postures or movements in a slow, graceful manner. Each posture flows into the next without pausing. Experts agree that tai chi may improve mobility, breathing and relaxation. Plus, the movements don't require deep bending or squatting, which makes it easier and more comfortable to learn.

"Without regular exercise, muscles become smaller and weaker, and weakness and weight gain from inactivity puts stress on weight-bearing joints such as the hips, knees and ankles," said White. — ARA

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'Invisible bracelet' for emergency health alerts?

WASHINGTON —

Emergency health alerts for the Facebook generation? The nation's ambulance crews are pushing a virtual medical ID system to rapidly learn a patient's health history during a crisis — and which can immediately text-message loved ones that the person is headed for a hospital.

The web-based registry, invisibleBracelet.org, started in Oklahoma and got a boost this fall when the state's government made the program an optional health benefit for its own employees.

Now the Invisible Bracelet attempts to go nationwide as the American Ambulance Association begins training its medics, who in turn will urge people in their communities to sign up.

For \$5 a year, basic health information and up

to 10 emergency contacts are stored under a computer-assigned PIN number that's kept on a wallet card with your driver's license, a key fob or a sticker on an insurance card.

It's a complement to the medical alert jewelry that people with diabetes, asthma and a host of other conditions have used for decades to signal their needs in an emergency.

And it comes as the American College of Emergency Physicians is trying to determine

just what information is the most critical for medics and ER doctors to find when you're too ill or injured to answer questions, so that competing emergency-alert technologies don't miss any of the essentials.

"Too many times, we don't have the information to help us treat the patients correctly," said James Finger, president of the American

Ambulance Association, the largest network of emergency medical service providers.

Not everyone who should wear a medical alert bracelet does, costing EMS workers precious minutes determining, for example, if someone's incoherent because he's having a stroke or because he's a diabetic with dangerously low blood sugar.

Even someone too healthy for those bracelets may have some condition

that could help emergency workers make a faster diagnosis, avoid a medication reaction, or track down their next-of-kin faster.

The question is how to make sensitive medical data easily accessible to emergency workers without violating federal health-privacy laws. Options range from simple bracelets to pricier key-chain flash drives, implanted microchips — and call-centers that relay stored health records and notify relatives when an alarm or medic's phone

call activates the system.

Rapid family notification is crucial, said Stephen Williamson, president of Oklahoma's Emergency Medical Services Authority — and one reason his EMS provider recently trained to use the new Invisible Bracelet.

A medical alarm necklace Williamson bought for his mother promptly called an ambulance when she fell, but didn't alert him as promised until 11 hours after he learned of her hospitalization on his own.

And when his wife suffered a brain aneu-

rysm a year ago, Williamson called 911 and got her in the ambulance — only to freeze, unable to remember how to contact their daughters.

Enter the Invisible Bracelet. Only authorized medics can access a website that reads the PIN and opens the health info they use to treat a patient. Then, with a push of a button, the medic chooses an area hospital for transport. Simultaneously, the up to 10 people listed to be notified by text or e-mail get that message. — AP



Less sleep causes high blood pressure in midlife

Middle-aged adults who sleep fewer hours appear more likely to have high blood pressure and to experience adverse changes in blood pressure over time, according to a report in the *Archives of Internal Medicine*.

Almost one-third of Americans have hypertension or high blood pressure, a condition that contributes to 7 million deaths worldwide each year.

Sleep deprivation is associated with increased activity in the sympathetic nervous system, which controls the body's stress response. Over time, this activation could contribute to high blood pressure.

Researchers at the University of Chicago studied 578 adults who first had their blood pressure and other clinical, demographic and health variables measured between 2000 and 2001. In 2003 and 2005, sleep duration was measured using surveys and wrist actigraphy, in which a sensor is

worn on the wrist to record periods of rest and activity. Blood pressure, demographic and self-reported sleep information were measured again in 2005 and 2006.

Participants (average age 40.1) slept an average of six hours per night; only seven (1 percent) averaged eight or more hours of sleep. After excluding patients taking medication for high blood pressure and controlling for age, race and sex, the researchers found that individuals who slept fewer hours were significantly more likely to have higher systolic (top number) and diastolic (bottom number) blood pressure.

Sleeping less also predicted increases in blood pressure over five years, along with the onset of hypertension. Each hour of reduction in sleep duration was associated with a 37 percent increase in the odds of developing high blood pressure. — Newswise

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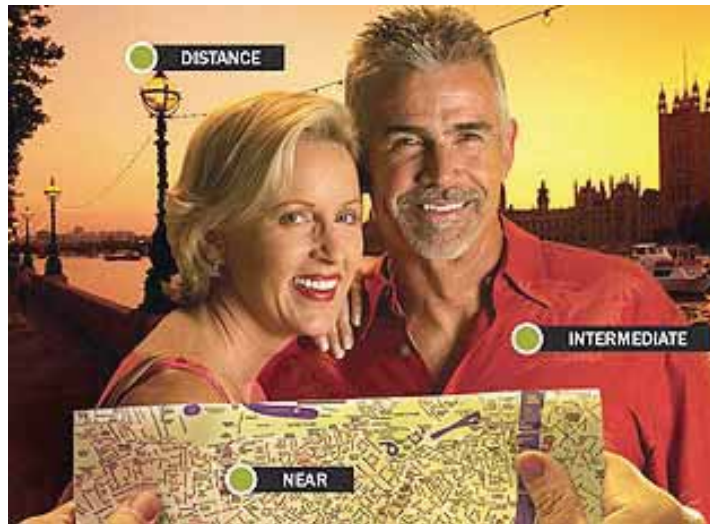
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By Brian Witte

KRALENDIJK, Bonaire —

On a slow ascent to the surface of the water from 60 feet down, the dive master spots something thrilling along the reef and extends her hand with all five fingers wiggling excitedly. It is a signal that can mean only one thing: Octopus!

Scuttling around coral, the octopus quickly scrunches up into an eight-armed torpedo and squirts away. Soon, it stops to unfold itself on a sandy patch of the reef, almost as if to pose the best side of its bulbous, mushy head. Then, it camouflages into the seascape right before our eyes.

It is a surprise to see how quickly the shape-shifter fades into the reef's backdrop. Surprises tend to be the norm in this unique marine park with a plentiful array of coral, fish and sea creatures. It doesn't take many dives to find validation in the words on vehicle license plates back on land, identifying Bonaire as "Diver's Paradise."

With more than 350 species of fish on a reef that circles the 111-square-mile island, divers tend to focus on making the most of water visibility that can extend to about 100 feet in mostly calm waters.

The predominant recreational activity here often requires the silent communication of hand signals, and it is a quiet that also is often present on land. Bonaire lacks loud discos, and there is little demand for 2 a.m. last calls. The island offers some nightlife with waterside restaurants, a small casino with \$5 minimum blackjack, and bars with acoustic guitar players. But the bright lights you will see at night most likely will be coming from underwater, as divers search for small nocturnal sea creatures near shore.

Still, beyond diving and snorkeling, this small sleepy island 50 miles north of Venezuela has plenty of other activities to

Serene Bonaire, a diver's paradise with flamingos



Iguanas sometimes end up in soup back in the capital



Kayakers can take a trip through the island's mangrove forests.

(photos courtesy of tourism corporation bonaire)

enjoy while decompressing for the next dive, or even if you do not dive at all.

Bonaire, which is part of the Netherlands Antilles with Aruba and Curacao, also offers big opportunities for sport fishing. Tuna, marlin and tarpon are among common targets, while fresh wahoo often is advertised on boards outside of restaurants. The island also is famous for its bonefish, a favorite gamefish known for testing anglers with its fight.

Steady winds cool down the hot and sunny afternoons and create excellent windsurfing conditions. The shape of the island is known for shifting the winds into different strengths, creating optimum conditions for both the new and experienced windsurfer.

Unique kayaking trips also are an option. Several dive lodges offer courses, including a full certification course for ocean kayaking. Kayakers can take a more relaxing trip through the island's mangrove forests. The island's Lac Bay area includes four species of mangrove trees, and some guides provide time for snorkeling in the clear waters.

Birdwatching is another island highlight, particularly for flamingos, which breed here. While weather and migration patterns dictate their numbers, the pink stilt-legged birds can outnumber the human population of about 14,000. Lake Gotomeer in the northern part of the island is a flamingo sanctuary, and a road around one side of the lake allows a close look. But it is best to keep your distance or the birds tend to fly away.

The lake is in Washington Slagbaai National Park, where parrots and parakeets also can be found. The park also showcases the tropical desert environment common to the island with tall, thin cacti and iguanas, which sometimes end up in soup back in the capital.

Despite the varied recreational options, let there be no mistake: this place caters to diving in ways few places ever have.

Bonaire is unique for its shore diving, because the reef begins a short distance from land, descending at about a

45-degree angle to about 130 feet. The island has more than 50 easily accessible shore diving sites, marked along roads with yellow-painted stones. Pickups can be rented to drive to sites on your own. Divers can even find drive-through tank service for compressed air refills.

Boats take divers to a small undeveloped sister island nearby called Klein Bonaire for even more dive sites. Guides can enhance a dive greatly, because they often know where small hard-to-find critters like sea horses can be spotted. They also have good eyes for interesting behavior, such as when fish swim up to the reef so that the tiny parasites they harbor can be eaten off by small shrimp at so-called "cleaning stations."

You will see something different on almost every dive.

Corals rise up like candelabra throughout the reef. Bushy clusters of sea plumes and large sea fans are common, as well as colorful sponges, including long purple tube sponges, luminous vase sponges and large elephant ears. Green and spotted moray eels can be seen popping out of reef recesses. Brightly colored Christmas tree worms festoon many corals.

Besides the fish and coral, large creatures also can be found, including sea turtles and stingrays, including eagle rays.

Many hotels along the water heavily cater to divers. Captain Don's Habitat, founded in 1976 by Don Stewart, is a diver's Xanadu, offering diving excursions 24 hours a day, 365 days a year. The habitat provides just about anything a diver could need, short of gills. The resort also is known for using low-impact construction



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If You Go...

Bonaire: High season is Dec. 15-April 14. Departures include service from Miami, Newark, JFK, Houston and Amsterdam, though some flights are offered on a weekly basis or only during peak winter season.

Captain Don's Habitat: www.habitatbonaire.com or 800-327-6709. Sample rates: \$29 for shore diving (covers equipment), \$50 for a boat dive, \$15 for snorkel or boat ride, \$47 for guided cave snorkel tour.



Lake Gotomeer in the northern part of the island is a flamingo sanctuary

guitar players. But the bright lights you will see at night most likely will be coming from underwater, as divers search for small nocturnal sea creatures near shore.

Still, beyond diving and snorkeling, this small sleepy island 50 miles north of Venezuela has plenty of other activities to

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Little-known infection a danger to seniors

WATERBURY, Conn. —

In mid-July, Arthur J. Sommas 86-year-old father fell at his home in Waterbury. He went to Waterbury Hospital for treatment of a compressed disk. After a nine-day stay, he was released to a convalescent home to recuperate.

Within a week, he was back at the hospital, where he died from a *Clostridium difficile* infection.

About two weeks later, Sommas' mother-in-law, Charlotte Davis, 77, of Wolcott, also died from the infection known as C-diff. Davis had gone to Saint Mary's Hospital for lung surgery, then into a convalescent home.

Somma, having lost two close relatives, is trying to alert people to the dangers posed by the little-known infection that killed the couple.

"Here are two different scenarios, different hospitals. Neither passed from the conditions they initially went to hospitals for, but from C-diff," Somma said.

C-diff is a bacteria that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. It is spread by spores in feces and commonly affects seniors in hospitals or nursing homes after the use of antibiotic medicines.

"There have been many episodes of the infection all across the United States,

in Canada and Europe," said Dr. Michael Simms, director of infectious diseases at Saint Mary's Hospital.

Somma found information about the infection on the Internet, but wonders why doctors and nurses in hospitals and convalescent homes are not taking more precautions.

"Normal cleaning agents do not clean it," Somma said. "So, when it gets on clothing you can wash it and it could still be on the clothing or in the bedding."



The C-diff. bacteria produce spores that can be ingested or remain in a room for days or months.

The incubation period varies depending on how many spores were ingested.

People can become infected if they touch items or surfaces that are contaminated with feces and then touch their mouth or mucous membranes. The bacteria can be spread by health care workers to other patients, or they can contaminate surfaces.

"Someone who is older, has diabetes, kidney or lung problems, is not likely to survive C-diff," Simms said.

C-diff can grow in people who are taking antibiotics.

Treatment includes stopping the antibiotics and treating with a different antibiotic. A person can get C-diff within seven days from

the time of exposure, or even months later.

It is more often fatal than most infections because two toxins are released that may cause the colon to rupture.

Diagnosing C-diff includes testing for toxins in the stool and performing a colonoscopy.

Treatment can include removing the colon or putting antibiotics in an enema then inserting it in the colon.

There is a new strain of C-diff that does not involve patients having taken antibiotics.

"There have been healthy people not hospitalized, coming in and dying from C-diff," Simms said.

Simms said there has been an increase in the mutation of genes that produce the infection.

Preventing the spread of C-diff means

washing hands with soap and water often, especially after using the restroom and, of course, before eating. Bathroom surfaces must be cleaned regularly using household detergents and disinfectants.

Linda Brown, infection control specialist at Saint Mary's, said patients have to be isolated to prevent the spread of infectious diseases.

"C-diff is a spore-producing organism. So we can't use alcohol-based hand sanitizer, but soap and water," Brown said.

Bleach is used to clean surfaces from bedside tables to bathroom toilets and stethoscopes, she added.

The patient's room is marked so visitors and nurses will know before entering what precautions to take.

Besides caregivers washing hands, visitors also must practice hand hygiene. — AP

► Clutter

Cont. from page 4

up wasting and suffering stressful hours gathering them together, especially at tax time. Moore compiled *Paper Clarity at-a-glance: What to Keep and When to Let Go*, a booklet on managing personal documents, to assist with the problem.

While solving a clutter problem can be part of a mid-life inventory for baby boomers, when it comes to cleaning up

their parents' house, other issues come into play. "A family can be terrified, not just about the person, but what happens after that person dies," Moore said. "When they die, they're responsible for cleaning up the house. They barely have time for cleaning their own house and they resent it."

Whatever it's a loved one's home or their own, everyone will feel much better getting the job done, first through seeing the gradual signs of progress and then, when most, if not all of the clutter has disappeared.

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Senior kegglers mix recreation, technology

By Lisa O'Donnell

CLEMMONS, N.C. —

Helen Hammock gripped a Wii remote and swung her right arm backward and forward, past the wheel of her wheelchair.

On the TV screen in front of her, a virtual bowling ball eased down the lane and struck the center pin.

The pins scattered.
“Is that your first strike?” Julie Daub asked her.

“For today,” Hammock answered with a smile.

Hammock, 79, and about 15 other residents at Clemmons Village I and II are participating in a Winston-Salem State University study that will examine the effects of Nintendo's Wii bowling game on the lives of seniors.

In particular, the study is looking at whether Wii bowling affects the participants' quality of life and social skills and gives them confidence to prevent falls.

Faculty members and graduate students from the school's occupational therapy department are analyzing data gathered the previous semester, said Dr. Cynthia Bell, an assistant professor of occupational therapy.

Wii is a video console that transfers a person's movements onto a screen. Wii games include soccer, boxing, baseball and golf.

In bowling, players press a button on the back of the remote and swing their arms

back as they would a bowling ball. The button is released as the arm swings forward, which puts a virtual ball into play.

Bell said she started hearing anecdotal evidence about the benefits of Wii bowling among seniors in long-term care centers.

“There's not a lot of scholarly research and quantitative evidence out there,” Bell said.



The Clemmons complex was chosen for the study because it didn't have a Wii system. The participants get to play Wii bowling once a week for six weeks. After that, they will be asked about how playing the game affected them socially and physically.

Wii bowling was chosen for the study because it has proven popular with seniors.

“It's something that participants in this age group may have done in the past. For me personally, bowling was never threatening because I didn't take it seriously. I could get a gutter ball one time and a strike the next. It lends itself well to the social aspect,” Bell said. It's a good activity for this age group if your goal is to not tax them too much.

Cindy Rehmeyer, the executive director for the retirement home, said that at least one participant in the study has become more socially engaged.

“He's out of his room a lot more than he was. You can tell a big change, and it's because of having the Wii system back there,” she said.

Sue White, 83, said she joined the study because of the happy memories associated with bowling. She and her husband used to bowl twice a week for several years many years ago.

“We got so we were pretty good,” she said.

The study is another way for White to keep active. She also plays bingo and other games regularly.

Pollution linked to hospitalizations for pneumonia in older adults

Older adults with long-term exposure to higher levels of pollution are at higher risk for hospitalization for pneumonia, according to researchers in Canada.

“Our study found that among older individuals, long-term exposure to traffic pollution independently increased their risk of hospitalization for pneumonia,” said principal investigator, Mark Loeb, M.D., of McMaster University.

In addition to traffic pollution associated with roads, Hamilton, Ontario has a large industrial steel-making complex in the north end of the city, creating a large exposure zone for residents. The researchers recruited 365 older adults from Hamilton, who had been hospitalized with radiologically confirmed pneumonia in one of Hamilton's four emergency departments between 2003 and 2005. Control subjects from the same areas as the patients were enrolled contemporaneously.

The researchers found that long-term (more than 12 months) exposures to pol-

lutants NO2 and PM2.5 were each associated with a more than doubled risk of hospitalization from pneumonia. Individuals with long-term exposure to NO2 had 2.3 times the risk for hospitalization with pneumonia; for PM2.5, the odds ratio was 2.26.

“We cheer each other on,” Hammock said. “And I think that helps a person. It gives them more confidence.” — AP

“We postulate that long-term exposure to air pollution may have increased individuals' susceptibility to pneumonia by interfering with innate immune defenses designed to protect the lung from pathogens; this may have included epithelial cell damage, reductions in bronchial macrophages, or reductions in natural killer cells,” said Loeb.

“Given the large population exposure to ambient air pollution, the results of this study highlight the important health impact that long-term exposure to ambient air pollution can have on respiratory infections,” wrote Loeb. “It also emphasizes the need to monitor emissions from vehicles, given that ground level NO2 is derived predominantly from traffic.” — Newswise

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More Roth IRA conversions allowed

By David Pitt

In retirement, your paycheck might go away, but taxes won't. Still your tax bill can be hard to predict. To have some control over how much you pay the government each year, you should have both taxable and non-taxable accounts from which to draw your retirement income.

Imagine it this way. Perhaps early in retirement you choose to continue to work part time and supplement your income from retirement savings accounts. The combined income may put you into a higher tax bracket. However, if you take some money from a Roth IRA that year, because withdrawals are nontaxable, it could help keep you in the lower bracket.

In later years if you're not working and hitting the next highest tax bracket isn't an issue, you can pull more money from a traditional IRA or 401(k) account.

This type of tax diversification is one of the primary reasons people choose to put some of their money in a Roth IRA, or convert to such an account.

Thanks to a new rule that went into effect in January, more people can convert assets from a traditional IRA or a 401(k) account,

at a former employer, into a Roth IRA.

As of Jan. 1, people making more than \$100,000 are now able to convert to a Roth IRA. Previously, only people who earned less than \$100,000 could convert.

Here's a look at who should consider converting and why.

Q: What are the benefits of converting from a traditional IRA to a Roth IRA?

A: One advantage is that you'll be paying taxes on the account balance now, so that when you need to spend it once you're retired, you won't have to pay taxes. In addition, the money in the Roth IRA is

growing tax-free. An investor converting a \$100,000 account could see the account grow by \$40,000 more in 20 years due to the tax advantage, compared with an unconverted traditional IRA, for example.

Another benefit of a Roth IRA is that you do not have to withdraw the money. Unlike a traditional IRA where you have to begin making withdrawals at age 70 1/2, you can let the Roth account continue to grow because you've already paid taxes. That can be critical now that people are living much longer due to health advances.

Q: What are some of the things I should think about when considering whether to

convert?

A: You should have enough money in other savings accounts to pay the income taxes you'll incur on the amount you want to convert. You don't want to pay the taxes out of your IRA because it reduces the amount that will go to work for you compounding tax free. One thing to consider is converting only the portion on which you can comfortably pay taxes.

Also, make sure the amount you're converting doesn't put you in a higher tax bracket. The amount you pull out of the IRA or 401(k) to convert will add to your taxable income for the year. To avoid that problem, consider converting some now and some in subsequent years. Another option is to take advantage of an IRS rule for 2010 that allows you to recognize the conversion income over the 2011 and 2012 tax years. This means that you can spread out the tax bill that arises from converting your account.

Also, keep in mind that you should only convert an account balance that you won't need to access for at least five years. Withdrawing the money from the Roth IRA within five years before you're 59 1/2 will result in a 10 percent penalty.

Q: What is the change this year regarding Roth IRA conversions for higher income earners?

A: As of Jan. 1, 2010, people making more than \$100,000 are able to convert

an IRA account to a Roth IRA. Previously, only people who earned less than \$100,000 could convert.

A recent survey by Charles Schwab & Co. Inc. indicates education is needed to inform people about the advantages of a Roth conversion.

Seeking advice of a tax expert or financial adviser is a good idea regardless of income to see if converting all or part of a traditional IRA to a Roth would be beneficial.

Q: What if I do a conversion and my account balance falls due to a market downturn or I decide I made a mistake?

A: You actually get a do-over. The rules regarding Roth IRA conversions permit you to undo the conversion and put the money back. If you do a conversion in 2010, for example, you have until Oct. 15, 2011, to reverse it in a process the government calls a recharacterization, said Stacy McDowell, a senior manager at online brokerage E-Trade Financial Corp. The primary reason a reversal might be sought is if the account value falls significantly after the conversion.

So for instance if you convert an IRA worth \$150,000, and its value drops to \$100,000, you can recharacterize the account and not pay the taxes due on the conversion or you can get a refund if you've already paid Uncle Sam. You won't regain what you've lost in the stock market, but you won't be paying taxes on money you no longer have. — AP



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Not all Veterans are created equal

By Tracey Ingle

Try to remember to thank all veterans for their service to our country. I know the Veterans Administration exists for this same purpose. Unfortunately, under the rules of veterans benefits programs, not all veterans are created equal — eligibility is everything. There are compensation benefits for veterans who are disabled because of their service. There are pension benefits for veterans who are now disabled, but not because of their service.



Veterans Information

The former compensate veterans for their personal, physical sacrifice. The latter are a form of social support for low-income veterans, or veterans facing substantial medical expenses. Regardless of the benefit sought, a veteran must meet certain service requirements.

General service eligibility requirements are the “black and white” tests. A veteran either satisfies the requirements or not. If he does, then we can see if he also meets other eligibility requirements. If he doesn’t, there will be no benefits and nothing the veteran can do about it.

As an elder law attorney, I focus on the non-service connected disability pension benefits. These are the funds earmarked for low-income veterans, and veterans facing

substantial un-reimbursed medical expenses, such as home health care, adult day care or assisted living. But for every benefit I’ve come across, the Veterans Administration (VA) looks first to see how the veteran was discharged. A dishonorable discharge will eliminate a veteran from consideration in almost every instance. The first requirement is an “other than dishonorable discharge.”

Service in any branch of service is sufficient to qualify. This includes the big four: Army, Navy, Air Force and Marine Corps. It also includes the Coast Guard, some Merchant Marines, and some other commissioned officers.

National Guard and Reserve service is more problematic. The VA makes clear that it will only consider active duty service. It also makes clear it will not consider active duty for “training purposes.” So, for National Guardsmen or Reservists, their one weekend a month and two weeks a year of duty do not count. Those are training periods. A Guardsman or Reservist must be called to active duty for service beyond training.

There are also benefits that require service during wartime. For most, service in combat is not necessary. The VA recognizes periods of war for the Mexican Border, World Wars I and II, Korea, Vietnam and the Gulf War.

Next comes the length of time in service. Some benefits have no minimum requirement. Some require at least 90 days of service, one of which was during a period of wartime. But note, these periods might be different depending upon when the veteran served. For non-service connected disability pensions, if

the veteran entered active duty after Sept. 8, 1980 there is a two year requirement.

Finally, there are different requirements for different benefits. I got into a discussion the other day with a veteran about qualifying for Aid and Attendance and his wartime service requirement. He was quite positive that Massachusetts veterans needed only 180 days of service, but that there was no need for any wartime service. Sadly, I had to explain to

him that his years of peace-time service (far more than 180 days) would qualify him for Massachusetts Veterans benefits, but would do nothing to qualify him for the federal VA Aid and Attendance benefit he and his wife so desperately needed.

Tracey Ingle is the Probate Puzzle Person and Principal of Ingle Law. She can be reached at 508-281-7900 or tracey@inglelaw.com

Medicare officials plan for health stimulus funds

WASHINGTON — Medicare officials recently detailed plans to distribute billions of dollars in stimulus to upgrade the nation’s paper medical records to electronic files.

Under the proposal, doctors and hospitals that keep updated electronic medical records of their patients could receive bonus payments for using the software.

Officials for the Centers for Medicare and Medicaid Services (CMS) said the proposal is preliminary and won’t be finalized until spring.

Using electronic records could reduce costly medical errors and duplicative testing, according to Obama administration officials.

Health care providers have been waiting for clarity on who will be eligible for stimulus payments because the law, signed last year, says only that health care providers must show “meaningful use” of health information technology.

Under the proposed rule, health care

professionals who use electronic records for 80 percent of their medical instructions could receive bonus payments. They also would have to provide patients with print-outs of their medical history and use computers to check for potential drug interactions. Hospitals would have to complete 10 percent of their orders electronically.

The payments will be administered through Medicare and Medicaid, the government health care plans for the elderly, poor and disabled.

Improving the nation’s health information technology has been a rallying cry in Washington for years, with little to show. Fewer than 20 percent of U.S. physicians have digitized their records, and many complain about the cost.

The \$17 billion in the stimulus package aims to ease that burden by paying doctors incentives for using the technology beginning in fiscal 2011. The payments will gradually taper off through 2015. Eventually, those not using the technology will be penalized. — AP

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Bathroom renovation key to staying at home

By Ted Bickoff

Every older person would like to stay in their home as long as possible. The thought of moving to a nursing home or any other institution is unthinkable.

When a family is looking for an alternative to having mom or dad move to a nursing home, services like expensive home care or adult day care programs are usually the first to come to mind.

These nursing or day care programs could cost ten of thousands of dollars over just a couple of years.

But in many cases, a much less expensive alternative is available, but flies under the radar screen.

A major reason why elders have to live in a nursing home is that they can no longer bathe themselves. And in some cases they can't. But, in most cases, they can stay in their own homes much longer if their bathroom was restructured for ease of mobility and prevention of falling.

For less than the cost of a month's stay in a nursing (probably more like two weeks) an old-fashioned bathroom can be made into a senior, user-friendly bathroom



in about a week.

So where do we start?

First you take out the tub and replace it with a new barrier free shower with a pull-down padded seat, grab bars and hand held shower providing easy access. The issue of having to step over the edge of the bathtub and possibly slipping or falling is erased. Safety issues are also diminished.

Should someone want a bathtub, there are now walk-in

tubs which also provide the same easy access, grab bars, and safety features.

Another step is to install grab bars next to the toilet. That is the easiest solution to an easily solved problem.

And, with today's designs, people can choose from a variety of colors to match their existing color palette or create a totally new look. The accessories are not only functional, but also look luxurious.

The end result is that the elder can stay in their home for months and possibly years longer. And when the house is eventually sold, the value of the house has gone up with this upgraded bathroom.

This renovation could be life changing for your mom or dad and could give your family peace of mind.

Ted Bickoff is the owner of Safety Baths of New England, a Certified Aging-in Place Specialist and fully licensed and insured. Ted can be reached at his office at 888-607-5550 or at ted@safetybathsne.com. Ted will be glad to bring his mobile showroom to your home at no charge and with no obligation.

Hunting best buys when eating healthy costs more

By Lauran Neergaard

WASHINGTON -

Has the recession cut heart-healthy seafood and leafy greens out of your budget? Are you squeezing boxed meals or fast food between two jobs?

Obesity experts say the lousy economy

threatens to worsen Americans' already bulging waistlines because bad-for-you food happens to be the cheapest. But there are healthy cheap eats, and new research aims to show how to eke the most nutrition out of every buck.

"We wanted to make sure every calorie counted," said Dr. Adam Drewnowski, who

directs the University of Washington Center for Public Health Nutrition and is pushing the federal government to put more affordability into the calculation when it issues new dietary guidelines next year.

No, his plan is not a plea to live on salads. After all, salad greens can cost four times as much as green beans and last not

nearly as long.

Drewnowski is out to rehabilitate the potato, just not the french-fry version. He said it's time to welcome protein-rich eggs back to the table.

Spinach? Excellent if you can afford it. If

HUNTING page 17

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Drug companies threatening to oppose health bill over biotechs

WASHINGTON —

The drug industry is threatening to end its support for President Barack Obama's health overhaul effort because of a rift with the administration over protecting brand-name biotech drugs from low-cost generic competitors.

In an e-mail obtained by The Associated Press, the president of the Pharmaceutical Research and Manufacturers of America told the trade group's board members that "we could not support the bill" if the industry is given less than 12 years of competitive protection for the expensive products.

Obama and House Energy and Commerce Committee Chairman Henry Waxman, D-Calif., are leading the drive to shorten that period, which proponents argue would be a boon to consumers.

The pharmaceutical industry has been a crucial supporter of Obama's health effort, having spent many tens of millions of dollars on advertising and lobbying in support. Drug companies should profit from the millions of additional people who would be able to afford health coverage under the legislation.

It was unclear whether the partnership between drugmakers and the administration was truly in jeopardy, or if the e-mail represented an effort by the industry to

pressure the White House to drop its effort to shorten the period of competitive protection for biotech drugs.

Biotech drugs, manufactured from live tissue, are a fast-growing share of sales for pharmaceutical companies worldwide and are seen as a pivotal part of that industry's future.



The House and Senate versions of the health legislation give biotech drugs 12 years of protection from generic competitors. Brand name companies say they need that period to recoup their investments in the products, which can be very expensive to develop.

The Obama administration has said seven years would be a reasonable compromise. Some lobbyists have said Waxman was pushing to reduce the 12 years to 10 years or less.

A lobbying war on the issue has kicked into high gear. Among groups whose members are calling the White House and congressional leaders in support of the 12 years was the Massachusetts Biotechnology Council.

Senior presidential adviser David Axelrod said that Massachusetts Gov. Deval Patrick called White House officials to raise concerns about shortening the products' protections, "but he did not tie it to the election at all. — AP

► Hunting

Cont. from page 16

not, iceberg lettuce has merit, he insists.

No time to cook from scratch? Or live in a low-income neighborhood where good fresh produce is scarce? Frozen veggies can be better buys anyway, he said, and even canned if you watch the sodium.

"The message is now shifting from the most nutrient-rich foods to the most affordable nutrient-rich foods," said Drewnowski.

Two-thirds of U.S. adults are either overweight or obese. The recession won't help.

"Higher food prices are straining household budgets, especially for low-income families," said Dr. James Marks of the Robert Wood Johnson Foundation, who fears rising grocery bills will outstrip what little progress is being made in encouraging better eating and more exercise.

It's a hard fact: Eating healthier can cost more. When you're hungry, you go for what's most filling, meaning calorie-dense foods with lots of added fat and sugar.

"You tend to go for the value meal at a fast-food restaurant," said Jeff Levi of Trust for America's Health, a health advocacy group.

It's not just the price-tag difference. Drewnowski's research shows education and other demographic factors play a role, too, in whether people have the information to choose more nutritious options — and the extra time it takes to shop and cook for them. In a recent study of the eating habits of 164 Seattle-area adults, he found women with the highest incomes and most education ate the most nutritious fare, with steadily improving dietary quality

for every dollar spent.

Yet when Drewnowski examined what the Agriculture Department calls a "thrifty food plan" for healthy eating, he found it takes between nine hours and 16 hours a week to purchase, prepare and cook, while the average U.S. working woman — still the chief family cook — spends about five hours a week doing that.

So Drewnowski started slicing and dicing federal statistics to compare average national prices per portion with the nutritional value of different foods, per 100 calories. Comparing the two rankings let him find best buys, the middle ground between most nutritious yet expensive and the not-so-healthy in each food group.

"Milk is off the charts," Drewnowski said, especially if people choose low-fat versions over sugar-packed, no-nutrient colas. "It won't be spinach and arugula and poached salmon. It'll be potatoes and beans and (lean) ground beef and milk and yogurt."

On his list, carrots trump peppers, and apples trump strawberries, as cheaper and longer-lasting. Canned tomatoes pack even more of the nutrient lycopene than pricier fresh ones. Canned or frozen corn kernels mean no paying for the cob.

Somewhere between expensive salmon and cheap bacon comes lean hamburger — just drain it well — and chicken that can be quick-cooked many ways besides artery-clogging deep-fried.

Then there's the potato, maligned by the anti-carb movement. It actually has more potassium than a banana, fiber and even vitamin C. Just no fatty fries: Boil or mash or bake, and go easy on the butter. "It got nations through famines," Drewnowski noted. — AP

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A new decade dawns: Urgency builds for leadership on aging issues

By Deborah E. Banda

When 2010 dawned, most of us were eager to turn the page, put the recession behind us, and look forward to a brighter decade. But, the reality is: Tough times remain, and there's hard work to be done.

Over the past few years, the economic freefall wreaked havoc for many, including older persons. In fact, they are among the hardest hit. Rising health care costs coupled with shrinking retirement funds weren't the only sore spots:



Editorial

- While the overall unemployment rate held steady in December, it rose slightly for those workers age 55 and older — a continuation of the recent trend of high rates for older persons, not seen since the late 1940s.

- In 2008, nearly one-quarter of the 1 million Americans who filed for bankruptcy were 55 and older.

- Nearly one-third of those age 45 and over stopped contributing to their retirement accounts, putting their future financial security in jeopardy.

And the bad news doesn't stop there. In Massachusetts, state budget cuts often struck the most vulnerable. About 40,000

older residents lost significant coverage from Prescription Advantage, the state's pharmacy assistance program that works in tandem with Medicare Part D. The program stopped helping with co-payments and premiums, leaving seniors on fixed incomes struggling to afford the medications that keep them healthy and out of more expensive care.

Meanwhile, funding for home- and community-based care took a big hit, resulting in waiting lists for services across the state. As one AARP member with limited mobility shared, "All I wanted was home care. They told me that it may no longer be available due to funding." He now counts on the generosity of neighbors for help with errands and other daily chores so he can stay in his home, rather than a costly institutional setting.

Also under attack: Protective services for elders, including the Massachusetts Money Management Program which helps low-income seniors manage their day-to-day expenses — and remain independent.

Unfortunately, the fiscal meltdown comes amid a diminished view of aging policy that took roots in the last decade. In 2003, then Gov. Mitt Romney (R) stripped the Executive Office of Elder Affairs of its independent, cabinet-level status and put the agency under the purview of the Executive Office of Health and Human Services. Presented as a restructuring that would streamline state business, the shift

actually served to redefine elder needs as medical in nature — an oversimplification, at best.

Let me be clear: health care is critical and should not be understated. But, the experience of aging is much broader, requiring leadership on a wide range of issues:

- We must ensure that our residents have the services and supports necessary to age with dignity in their own homes if that is their choice;

- We must ensure that communities are livable for an aging population by influencing housing industry behavior, increasing walkability, and providing transportation options when driving is no longer the safe choice;

- We must ensure that older persons who want to remain in the workforce have the opportunity to do so, as their numbers will help meet our workforce needs and their paychecks will help fuel the economy.

Both clear need and opportunity exist. The demographics alone paint a vivid picture. By the dawn of the next decade, in 10 short years, Massachusetts' 60-plus population will nearly double, effectively redefining the makeup of our commonwealth.

This aging tsunami, and the changes it will bring, is not unexpected. The sheer number of the Baby Boom population has transformed society throughout its lifespan. In fact, Massachusetts leaders

were among the first to acknowledge the impending impact of the aging of our society when, in 1970, they established the first executive, cabinet-level agency on aging policy.

Weakening the Executive Office of Elder Affairs became the first in a series of back-steps that now must be corrected.

Massachusetts is well-known for its leadership in developing innovative and progressive policies that not only serve its residents — but help pave a path for others to follow. Just look at health care reform. Our state leaders identified a need, developed policy that would address it, and implemented a solution — one that has influenced current efforts at the national level. It wasn't easy, but hard work, dedication, compromise and perseverance prevailed.

Later this year, we will cast our ballots in the first gubernatorial election of the new decade. As the race gears up, we must hear from the candidates about where they stand on elder issues. Better yet, we must hear about their vision — and be assured of their urgent commitment to once again define the Commonwealth of Massachusetts as a leader in aging policy.

Deborah E. Banda is the state director of AARP Massachusetts, serving more than 800,000 members age 50 and older in Massachusetts. Learn more at www.aarp.org/ma.

State must end the elderly waiting lists for home care

By Al Norman

At the end of January, Gov. Deval Patrick presented his 2011 budget to the legislature. This is the kickoff for the next six months of the annual budget debate. The 2010 budget cut millions of dollars from elderly services. But cutting elders is not the only option the governor and the legislature have.

As of early January, there were nearly 2,700 people on a home care waiting list. That's the biggest waiting list since the program was created in 1974. That number

is larger than 72 towns in the state. If the state cuts home care further, the waiting list will increase beyond the current projection of 5,000 elders by the end of June.

Cutting community care makes no sense, because investing in home care saves money. In 2007, nursing home care paid for by MassHealth was 2.78 million days lower than in 2000. The Commonwealth has avoided \$442 million annually because



Editorial

of this drop in nursing home use. Some of these savings should be invested back into community-based care. The governor should have told taxpayers in his State of the State speech that we have cut nursing home use by 25 percent over the past decade.

That's a real milestone — but elected officials never talk about it, or the money it has saved us.

As of 2008, 60 percent of MassHealth money spent on long term care went to nursing homes, and only 40 percent to community care. Massachusetts ranks 20th in the nation in terms of its percentage share of long-term care spending in the community. If these numbers were reversed, and home care got 60 percent of the pie — it would result in nearly \$620 million more for home care — and the waiting lists would be over. We need to 'rebalance' our spending to make home care the care of first resort.

But we need to do more. We need to restore some of the lost revenues our state forfeited during the 1990s when the income tax rate was slashed. We can actually raise the income tax rate, while at the same time raise deductions and exemptions for lower income people, so that more of our taxes come from the upper income folks who have it.

Here are some other ideas the elected officials should explore during budget season:

- Suspend for two years reductions in corporate income tax rates that were quietly

passed in 2008.

- Suspend for two years dozens of corporate welfare breaks found in our tax code. In tough times, everybody needs to chip in, and this corporate welfare is of dubious economic value to begin with.

- Ask Congress to extend its matching funds rate for Medicaid. In 2010, Massachusetts got \$1.4 billion in extra Medicaid money. Such federal spending, which is targeted on the poor, will be spent immediately in the economy by the recipients, and is a form of an economic stimulus to the local economy.

- Vigorously oppose the ballot question which would roll back the sales tax passed last year, and cost the state another \$2.5 billion.

- Extend the ban on new nursing home construction.

A wide-ranging group of human services advocates have formed a campaign called "People First!" The group hopes to influence the governor and lawmakers this spring "to protect essential state services — the safety net for our most vulnerable residents."

We don't have to continue the dollar-foolish policy of cutting preventive care for seniors. It's bad social policy — and it's bad fiscal policy. We will pay more both in the short-run and long-run if we put these seniors on hold.

Al Norman is the executive director of Mass Home Care. He can be reached at 413-773-5555 x 2295, or at info@masshomecare.org.

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Recession sends older Americans to food pantries

Older Americans who were raised on stories of the Great Depression and acquired lifelong habits of thrift now find themselves crowding soup kitchens and food pantries in greater numbers for the first time after seeing retirement funds, second jobs and nest eggs wiped out by recession.

"What we see in line is lots of gray hair, lots of walkers," said Marti Forman, CEO of The Cooperative Feeding Program in Fort Lauderdale, Fla.

The help is crucial for many fixed-income seniors, who can't always keep up with rising food prices.

"It's a lifeline. It just means that you can function," said Ronald Shewchuk of Ithaca, N.Y. "Otherwise we would have to sell our house. I don't know what we would do."

The number of seniors living alone who seek help from food pantries in the United States increased 81 percent to 408,000 in 2008, compared to 225,000 in 2006, according to the U.S. Department of Agriculture. Overall, 4.7 million households used American food pantries in 2008, compared to about 3.7 million in 2006.

"Seniors thought they were OK, but they're not OK," said Virginia Skinner, director of development at The Association of Arizona Food Banks in Phoenix.

Catholic Charities USA, which has 170 agencies across the country helping the needy, issued a 2009 third-quarter report that found

a 54 percent increase in requests for food and services from seniors nationwide compared to the same period last year.

Despite the increased need, it can be difficult for some older people to come forward and seek help.

"They're of a generation that feels they took care of themselves, and now in these desperate straits they don't want to acknowledge it," said Catholic Charities spokesman Roger Conner. They are often very proud and very private, and they want no one to know of the difficulties they might be experiencing."

Shewchuk, a 72-year-old retired technician, said he's been struggling to pay his bills and keep up with rising food costs.

He said he and his wife Helen, 75, never needed charity before and used to volunteer at their local soup kitchen. This year, they started using it five days a week and getting assistance from food banks and the state. They have no children.

"We just have Social Security and a small pension, and we just can't make it with the mortgage payments and the gas and electric and so forth," Shewchuk said.

At St. Mary's Food Bank in Phoenix, 64-year-old Sherry Whittemore was collecting her monthly box of canned juice, pasta, beans and vegetables. She began coming to the food bank last January after losing her customer relations job at a Fry's Electronics store.

"I thought I would be able to get a job soon,

but that's just unrealistic," Whittemore said.

Even with a temporary job helping people with vocational training and unemployment payments, she has had to tap into about \$14,000 in savings.

Hubert Scheid, 76, drives a Lexus and owns a two-bedroom condo in Fort Lauderdale, Fla., but says he has depleted his savings and works part time as a security guard to pay for rent, food and medication.

Cancer patient learns herbals can harm

BRADENTON, Fla. —

Vince Palella's brother got him started on supplements. "His wife is a health food nut," said Palella, 76, who wanted to atone for years of smoking and lunches that were "more drinking than lunch."

He subscribed to a chiropractor's newsletter they recommended. Each issue focused on a topic, such as osteoporosis, and Palella wrote to the guy about his back problems.

"He even wrote back to me and recommended what products I should use and how much of them," Palella said. "I just kept reading his newsletters and he'd recommend certain supplements to take for this problem and certain supplements to take for that problem."

When Palella learned he had cancer, he added the chiropractor's "prostate cancer protocol" to the other combos he was taking. He had no idea what they contained. He swallowed more than three dozen pills

"I owned a Porsche. I had all the trimmings, the way you want to live when you're young and successful," Scheid said. "I went from rags to riches and from riches back to rags. You can't get help because you have it too good, but you don't have it good enough."

Older people also have the added disappointment of no cost-of-living increase in Social Security checks last year. — AP



each day his ex-wife, also a chiropractor, could get them for half price instead of the \$700 they would have cost him.

Then a dietitian at Tampa's Moffitt Cancer Center asked if he were taking any supplements. He had always said 'no' when doctors asked about medication use.

"I didn't think they were medications. They're not prescription. This is all natural substances, made from natural products," he explained.

But he told the dietitian the truth. She was alarmed, and at his next visit, "she had a file ready for him." She said that some of his herbal pills could interfere with hormone treatments for his cancer, and showed him a recent medical study raising concern about that.

"It scared the hell out of me," Palella said.

He cleaned out his medicine cabinet.

"I thought I was really doing a great thing and strengthening my immune system," he said. "I feel so stupid." — AP

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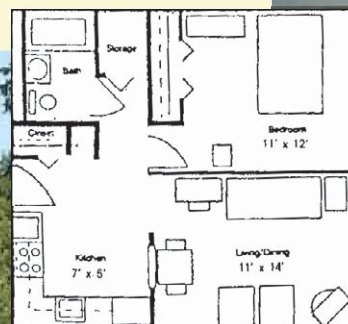
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