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State drug policy makes retirees sick

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State cuts have retirees struggling to pay for prescriptions

By Brian Goslow

BOSTON —

It's no exaggeration to say Jackie's medications — especially the Advair and Spiriva she takes for Chronic Obstructive Pulmonary Disease (COPD) — are what keep the 72-year-old Brockton resident alive.

"Absolutely, those two drugs have really saved my life," said Jackie, who asked that her last name not be used. "I've been on them 24/7 since they went on the market." She also suffers from osteoporosis, lung failure, anxiety and depression, but sounds surprisingly cheerful. She credits that to her medications. "Thanks to them, my life's improved so much," she said. "I can be active and do more or less everything other people do. I can go out and enjoy my garden. As long as I don't try to pick things up, I'm OK."

She's one of the 65,000 Prescription Advantage enrollees who've found it tougher to keep up with their prescription costs since cuts to the program were implemented Jan. 1. The state no longer provides co-payment assistance until Prescription Advantage S2-, S3- and S4-category and Creditable Coverage members' prescriptions reach a total retail cost of $2,700 (to qualify, Creditable Coverage enrollees are required to have prescription drug coverage, normally provided by an employer or union, that is equal to or better than that offered through Medicare). The challenge of covering these additional costs has been compounded by rising health insurance coverage charges.

Things could get tougher for families who depend on Prescription Advantage. At press time the House Ways and Means slashed 40 percent from the program, funding it at 35 million in its FY 2010 budget recommendations. "Prescription Advantage has already taken the biggest hit it can handle," said AARP Mass. State Director Deborah Banda.

Jackie has seen the price of her generic drugs rise $3 and her brand name meds go up $9. Considering she needs 10 prescriptions, and her monthly premium for her Blue Cross Blue Shield HMO Blue for 65+ coverage rose $20 at the start of 2009, that's a huge total increase for a family on a fixed income. The juggling of her medical expenses has only added to her stress level; she doesn't expect to reach her Prescription Advantage donut hole till mid-summer. "I'm already on anxiety medicines for people with lung problems," she said.

To avoid being "whacked" all at once, Jackie alternates the pick-up dates of her medications at three-month intervals. She's not sure if she'll be able to continue doing that. "Today, my visit to the pharmacy was $165," she said. "I have to wait for my Social Security check to get the other refills."

Her husband, Edward, 77, has suffered two heart attacks and undergone bypass surgery; he's got VA health coverage. They haven't had to cut basic living costs — yet. "But I can see it coming," Jackie said.

Banda said her office hasn't heard specific reports of emergency room visits caused by a lack of medication but is afraid that could become the norm as more seniors are faced with difficult budgeting choices. "One of our fears is the cuts to Prescription Advantage will result in emergency room and hospitalization visits for a health issue that could be treated easily with medication," she said.

Priscilla and Robert Rueger

"We know that people are taking prescription drugs for a lot of conditions that a couple of decades ago could only be taken care of in acute care," said Banda, who addressed the state House and Senate Committees on Ways and Means on behalf of AARP March 20, stressing the cumulative effect, both health- and cost-wise, of the cuts to Prescription Advantage coverage.

"We know if they don't get and take their medicine, they will need more expensive acute or hospital care. It's why we tell people to take their medication the way the doctor tells you to. It's better for your health and well-being, and more cost effective."

Mary Smith, 84, of Williamsburg, had been taking three prescriptions for her blood pressure; when she made her first pharmacy visit of 2009, she found that without the Prescription Advantage co-payment, her total out-of-pocket cost had risen $84. Living on a fixed Social Security income with no pension, and having had to utilize her small savings to cover her rising medical costs, Smith knew she had to do something.

Her doctor was able to replace her brand-name high blood pressure medication with generic brands, which lowered her monthly cost by $10. The change in medicines hasn't affected her. "It's not supposed to," Smith said. "It's still doing the same job for my blood pressure."

Banda said doctors and patients share responsibility for having these kinds of conversations. "We encourage them to consider generic drugs," she said. "Most doctors do look at that as a way of keeping costs down."

Smith attended an informational session on the Prescription Advantage changes in January at the Northampton Senior Center. "We all have got less money to deal with because of the price of medication," she said. "I'm not desperate but some people with multiple problems needing multiple medications were."

According to Massachusetts Executive Office of Elder Affairs (EOEA) spokeswoman Kristina Barry, 5,803 Prescription Advantage members, caregivers and health care professionals attended one of the 168 programs held throughout the state on the changes.

"Elder Affairs is very committed to serving the Commonwealth's most vulnerable seniors and has been reaching out to seniors across the Commonwealth in order to make them aware of the benefits changes to ease the transition," Barry said. "Members affected by the change in Prescription Advantage benefits have been referred to their local SHINE (Service the Health Information Needs of Elders) office and to MassMedLine for assistance with researching other Medicare prescription drug plan options that may help reduce their out-of-pocket costs."

Banda encourages affected seniors to explore and take advantage of programs in place to help them with their expenses. "They might have a pharmacy assistance program through the VA or a Medigap or Medicare option," she said. Even though Prescription Advantage began in 2001, AARP finds that some eligible seniors still aren't aware of the program.

"Every situation is different," Banda said. "If you qualify (for Prescription Advantage), it means you make less than $31,000 a year. They don't have much more to go around with the increased heating, gasoline and food prices. Most of these folks are on fixed income. They're not able to move the shells around."

Maurice and Shirley Kriteman of Melrose, who are in their 80s, live on their monthly Social Security checks. Since undergoing cataract surgery last year, Shirley needs two eye drop prescriptions, which initially cost $60 each. "One is good for 30 days, the other for 60 days; we get 90 days at a time," Maurice explained. When he recently went back to refill Shirley's prescriptions, the total cost had risen to $300.

And that doesn't include the two other prescriptions she needs. He's fearful these out-of-pocket costs might triple. "I'm not sure how I'm going to keep filling them," Maurice Kriteman said. The couple's quarterly Blue Cross/Blue Shield premiums have also risen, from $300 to $500 each, for an annual total of $4,000.

The cost of Maurice's prescriptions, which is covered by the United States Department of Veterans Affairs (VA), has risen from $8 to $24 per month. However, the VA program doesn't cover the Lipitor he needs for his high cholesterol levels, so he pays for it out-of-pocket. He's fearful he might have to stop getting Lipitor so he can cover his wife's prescription costs.

In order to cover their rising medical and utility costs, the Kritemans have cut back on their food purchases. "We used to buy enough for a month," Maurice Kriteman said. "Now, we go from week to week. If there's a two for $5 deal, I buy one."

Until the changes went into effect, Prescription Advantage had been a salvation for Priscilla Rueger, 76, of Ashley Falls, and husband, Robert, 79, who had no prior medication coverage. "They've been wonderful," she said. "But it nearly killed us when they didn't pay our deductible the first month (January).

"We've been on a trial with a new medication for my husband's diabetes. Our phar-

STRUGGLING page 7

Lawmakers slash funding for state's most vulnerable

By Al Norman

Human services in Massachusetts rise and fall with the economy. As state revenues shrink, programs like home care for the elderly shrink too. The opposite should be true, because in tough economic times, poverty and ill-health increase.

Editorial

On April 15, tax day, we were reminded of the critical role that revenue plays in helping the needy of our state. The House Ways and Means Committee released its FY 2010 budget. The new House Ways and Means Chairman, Charles Murphy, D-Burlington, is a lawmaker who cares deeply about helping the elderly live independently at home. Yet the budget his committee put out made one of the deepest cuts to home care services in the history of the program.

How could this happen?

We have drained our state of revenue. In 1998, state revenue was around 7.4 percent of our economy, but by 2008, it had fallen to 6.5 percent. According to the Massachusetts Budget and Policy Center, this decline translated into $3.34 billion in lost revenues as of 2008. If we had that money today, I would not be writing to you about the largest home care budget cuts in history.

The 2009 state budget was based on revenues of $21.4 billion, which was lowered to $19.45 billion by January, and

LAWMAKERS page 7

fifty plus advocate

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Read more at www.fiftyplusadvocates.com

Advocate will continue to advocate and educate its loyal readers

By Sondra L. Shapiro

With a sad sense of irony, it's been all over the news these days how newspapers have just about outlived their usefulness. Why pick up paper and ink when it's easier to flip on a computer screen, go online and have access to unlimited information, ask those who are far from enlightened.

The simple reason to not depend solely on online "information" is much of it just doesn't measure up to the reliable, fact checked, mostly unbiased nature offered by serious journalists who work for newspaper outlets.

Many may not be aware that the *Fifty Plus Advocate* is the longest running mature market publication in the country. Because we have faith in our readers' desire to have a hand-held, trustworthy news source on which to depend, we are continuing the good fight. We won't lie: While the Internet has not affected our readership — our statewide circulation still remains at a healthy 80,000, the same as in years past — the economy is presenting more of a challenge.

To our benefit, we fervently buy into the philosophy that out of adversity comes opportunity. So, while our 34-year-old publication is now going to be published monthly, rather than bi-weekly, we decided to take a good hard look at what works and what doesn't work as well any longer, and to add some new features to better meet the evolving needs of our readers.

On the one hand, more baby boomers are picking up the newspaper looking for information regarding finance, caregiving, health care, career and lifestyle. Yet, while their parents' interests often mirror those of their children, the nuts and bolts information differs. We want to make sure we are more inclusive of all generations comprising what we in the industry call the "mature market."

Because we have won countless journalism awards through the years for our coverage on local, state and national issues affecting our market, we will not only continue such reporting, but will expand our focus to include more of how national events impact us here in Massachusetts. And we will continue our watchdog efforts by holding our elected officials accountable to our readers' needs.

We will do our best to not only report the news, but also offer solutions to some of the most vexing problems our readers are facing.

To welcome our baby boomer readers who are facing aging issues and caregiving responsibilities, we will help educate them with our new section, "Spotlight on Senior Services." Each issue will profile businesses that specifically cater to the aging market so our readers can learn about options for themselves or loved ones. And, because we understand the time constraints of our readers, a complete article index and listing of our advertisers can be found on page 3, so readers looking for a particular business or service can easily find what they are looking for.

Also, like any beloved home that we see everyday and so don't always notice the peeling paint or how the shrubs have grown over the windows, we took a second look at our cover and realized it needed some sprucing up. We hope you like our new "paint job."

Sondra Shapiro is the executive editor of the Fifty Plus Advocate.

Report offers answers to retirement financial insecurity

By Brian Goslow

WALTHAM ——

The social contract of the 20th century that promised citizens a secure retirement in the later stages of their lives is threatened with becoming a thing of the past. Fundamental changes in the lives of older Americans, including increasing longevity, weakening of pension incomes, and dramatically rising expenses for healthcare and housing have eroded the financial stability of the three-legged stool of retirement security.

That is the warning of the authors of "Living Longer on Less: The New Economic (In)security of Seniors in Massachusetts," released recently by the Institute on Assets and Social Policy at Brandeis University. In their findings, the authors stated societal shifts will make it more difficult for seniors to enter retirement with economic security.

While that's not breaking news to those dealing with financial hardships caused by the current economic downturn, it's surprising to learn many seniors were already looking at tough times in 2004, the time the research used for the study was compiled.

"Even then, seniors weren't faring too well," said Tatjana Meschede, the report's research director.

The main goal of the study was to develop a measuring standard to determine what seniors would need to live comfortably throughout their lifetime.

Meschede

The Massachusetts Senior Financial Stability Index (MSFSI) developed by the Brandeis researchers considered housing costs, healthcare expenses, household budgets, home equity and household assets. The MSFSI complements the Massachusetts Elder Economic Security Standard Index report of 2007.

The MSFSI data was compiled before last fall's market crash. "The economic downturn has made it dramatically worse for everyone," Meschede said. However, the prognosis wasn't good for seniors beforehand either. "Pension plans, employer contributions to retirement accounts and 401(k)s and other security measures have (taken a beating) over time," she said. "Now it's much more evident they're not filling the need. The need to define positive solutions is so much more pressing."

The Brandeis report offers a series of suggestions on how the long-term livelihood of state seniors could be improved:

•Encourage businesses in Massachusetts to create adaptable working environments for seniors, including flextime and bundled workdays, job-sharing options and career flexibility with various points of entry, exit and re-entry over a working career.

•Strengthen programs and policies for vulnerable seniors by preventing further cuts in senior services and ensure housing options and access to subsidies for renters. Counter-cyclical spending cuts are forcing vulnerable seniors to pay for new expenses formerly covered by the state just at a time when their household finances and retirement savings are facing greater uncertainty due to the economic crisis.

"In order for the seniors and the state's residents to be able to get by in these tough economic times, the state must resist the urge to further burden families with the new costs," the report said.

The study's analysis found a significant gap in terms of security between the state's older homeowners and renters. In the coming years, many existing subsidized rental units could have their rents raised to market rate levels as the 30-to-40 year term restrictions on federally-assisted project-based rental assistance units built in the 1970s are reached.

According to the Massachusetts Senior Action Council's Expiring Use Handbook, third edition, 5,416 of the more than 83,000 privately owned and publicly funded units in the state were lost to the open market as of June 2008. After the conversion to market rates, some rents more than tripled from $600 to $2200 a month. Another 2,500 of these units are expected to go on the open market by 2010 and 6,000 more by 2015. The majority of the residents — 85 percent — are seniors or people with disabilities.

•Help prepare seniors for retirement by instituting financial education programs for all ages; special focus is needed to prepare singles for later life. To better prepare for retirement years, these programs would teach households of all ages how to manage their finances and find

REPORT page 8

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Plan mentally for retirement not just financially

By David Pitt

DES MOINES, Iowa —

Many people entering retirement envision a life of fun and relaxation, but the opposite can be true. Without the social contacts that come from reporting to an office everyday, some retirees feel isolated. Others feel depression from an emptiness that comes with sudden idle time.

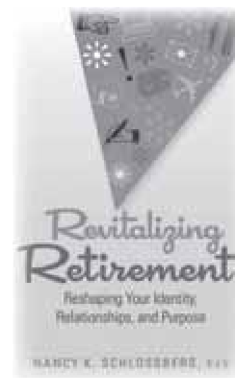
Psychologist Nancy Schlossberg's latest of nine books, *Revitalizing Retirement: Reshaping Your Identity, Relationships, and Purpose* says you should spend as much time preparing your psychological portfolio as you do your financial one. In today's recession, which is leaving millions of workers suddenly jobless, her tips also can help unemployed workers develop a plan for moving on.

Schlossberg is professor emeritus of the College of Education at the University of Maryland and co-president of TransitionWorks, a consulting company that focuses on helping people adjust to life changes in Adelphia, Md.

Q: Your book discusses the need to develop a psychological portfolio for retirement. What exactly does that mean and why is it important?

A: For many workers, the psychological adjustment to retirement is as difficult as the financial one. I make the case that people go to a financial adviser and consult often yearly, sometimes more frequently. They go to a physician to get a checkup. But no one is checking up on their psychological portfolio because they didn't really have one. It's important, not just for retirement, but for every major change in life — career changes, marriage, divorce. Those things change the way you define yourself, your relationships and often change your sense of purpose.

The more people I interviewed, the more I began to realize three common issues — identity, relationships and purpose — arise when people retire. These issues make up the psychological portfolio that I refer to and should be honestly assessed and managed if one is to be happy.



Q: For many people psychological issues aren't as concrete as financial decisions. Can you explain how to go about assessing these areas and managing them?

A: The major thing people realize after they retire is that their identity has been compromised. While working, they knew who they were — a roofer, a bricklayer, a college professor, an accountant. They had a tag, an identity. People don't think about that. They don't realize that after retirement, the issue of identity is critical.

Finding interests that help you focus on who you are is the key. The book illustrates points with real life examples including a police officer who couldn't figure out who he was after retirement. He was divorced and directionless until he agreed to work in a temporary job helping a family member manage a hotel. The job gave him a new identity and new working relationships. He remarried and 10 years later is still doing the job.

Q: How about relationships and finding a new purpose in retirement. Why are these important issues?

A: Many people feel an intense vacuum after leaving the workplace because their social network of co-workers is gone. They need to find a substitute for work colleagues. Many people find a part-time job that gives them interaction with others. Some find fulfillment in volunteering with a community organization or becoming involved with a church group. They must be sure to find some community of people.

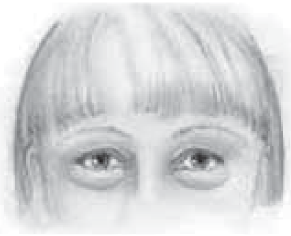
It's also likely that they'll have to renegotiate the relationship with their spouse or life partner. Many men and women find it very trying when they first retire because they're not ready to be with one another 24 hours a day, seven days a week.

Finding a new purpose is integral to the happiness of many retirees. Many people must feel as if they matter and often lose that sense when they no longer work every day. They must place themselves in situations in which they feel appreciated and depended upon. People need to look in their communities for places where they feel they matter. Giving back is one of the best ways to do this — working at a soup kitchen or in some other capacity in which they're helping others. — AP

Why do eyelids sag with age?

Many theories have sought to explain what causes the baggy lower eyelids that come with aging, but UCLA researchers have now found that fat expansion in the eye socket is the primary culprit.

As a result, researchers say, fat excision should be a component of treatment for patients seeking to address this common complaint.



"A common treatment performed in the past and present is surgical excision of fat to treat a 'herniation of fat' — meaning that the amount of fat in the eye socket does not change but the cover that holds the fat in place, the orbital septum, is weakened or broken and fat slips out," said lead author Dr. Sean Darcy, a research associate in the division of plastic and reconstructive surgery at the David Geffen School of Medicine at UCLA.

"Our study showed there is actually an increase in fat with age, and it is more likely that the fat increase causes the baggy eyelids rather than a weakened ligament," Darcy said. "There have been no studies to show that the orbital septum weakens."

The study looked at MRIs of 40 subjects (17 males and 23 females) between the ages of 12 and 80. The findings showed that the lower eyelid tissue increased with age and that the largest contributor to this size increase was fat increase.

Currently, many plastic surgeons performing procedures to treat baggy eyelids do not remove any fat at all. They reposition the fat or conduct more invasive tightening of the muscle that surrounds the eye, or they tighten the actual ligament that holds the eyeball in place. These procedures are performed despite there being no data indicating that these structures change with age.

"Our findings may change the way some plastic surgeons treat baggy eyes," said study co-author Dr. Timothy Miller, professor and chief of plastic surgery at the Geffen School. "Our study showed that a component of a patient's blepharoplasty procedure should almost routinely involve fat excision rather than these procedures." — Newswise

Taking B vitamins can prevent vision loss

Taking B vitamins can prevent a common type of vision loss in older women, according to the first rigorous study of its kind.

Age-related macular degeneration (AMD) is the leading cause of blindness in people 65 and older, with nearly 2 million Americans in the advanced stage of the condition. It causes a layer of the eye to deteriorate, blurring the center of the field of vision and making it difficult to recognize faces, read and drive. There's no cure, but treatment, including laser therapy in some cases, can slow it down.

Preventing it has been more elusive.

"Other than avoiding cigarette smoking, this is the first suggestion from a randomized trial of a possible way to reduce early stage AMD," said William Christen of Harvard-affiliated Brigham and Women's Hospital in Boston, who led the research. He said the findings should apply to men as well.

The women in the study who took a combination of B vitamins — B-6, folic acid and B-12 — reduced their risk of macular degeneration by more than one-third after seven years compared to women taking dummy pills.

The study involved more than 5,000 women ages 40 and older at risk for cardiovascular disease.

It's too soon to recommend B vitamins to people who want to prevent age-related vision loss. But people who already have the disease should talk to their doctors about over-the-counter eye-protecting supplements, including vitamins C and E and zinc, which prior studies have shown slow the disease.

Christen and others recommended food sources of B vitamins and folic acid such as meat, poultry, fortified cereals, beans, nuts, leafy vegetables, spinach and peas. — AP

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➤ Struggling

Cont. from page 4

macist said it would cost the same (as the old medication) when we brought it to be filled."

She made out the check in advance, but the amount she had written wasn't even close.

Before Jan. 1, the Ruegers were paying no more than $30 per prescription. This time, her longtime pharmacist told Priscilla that the regular three-month supply of her husband's diabetes pills would cost $400. Without the immediate funds available to cover that amount, she inquired about a month's supply. "He said the cost for 30 was $170," Priscilla Rueger said. "Then he had another medication, Flomax, that he's been taking since having radiation treatment for prostrate cancer. The cost for that was $90. I was pretty devastated."

Priscilla Rueger, who's had both her hips and knees replaced and who has her own prescriptions for arthritis and spinal stenosis pain to fill, started investigating the couple's options. "I called the doctor and said we can't continue if it stays like this," she said. "The doctor gave us some samples." Meanwhile, it didn't take long for Robert Rueger, who needs 19 prescriptions, to reach his Prescription Advantage deduction donut hole. "Now it's the same as it had been, but needless to say, I panicked," she said.

Getting to that $2,700 mark was a hardship for the couple, whose monthly $1,960 Social Security checks go right toward paying their bills and prescription costs. "We're hanging in there but you don't sleep well at night when you're thinking about this," Priscilla Rueger said. "We still have a small mortgage on our home. There's no public transportation to get around, so we need to have a car."

Each has threatened to stop taking medication so the other could continue. "When Robert heard about the $400 prescription cost, he said, 'I'm not going to take it,'" Priscilla Rueger said. "I think I could survive and live without mine but I'd feel worse. I'd definitely do without those before letting him go without."

AARP Massachusetts has been encouraging its members to contact their elected state legislators at 800-575-7971 to advocate for the restoration of funding for the program. "Some of the most important steps people can take in influencing legislators is making sure their individual voices are heard by their local legislators," Banda said. "If they've been impacted or know someone who's been affected, pick up the phone and call your legislators and let them know we need these programs funded."

For more information: Prescription Advantage — www.800ageinfo.com or 800-Age-Info; SHINE and Massachusetts Medicare and Medicaid Outreach and Education Programs — www.MedicareOutreach.org or 978-683-7747; MassMedLine: www.massmedline.com or 866-633-1617.

➤ Lawmakers

Cont. from page 4

lowered again since then. On April 14 — the day before the House budget came out Gov. Deval Patrick said the 2009 budget still had a budget gap that could be as much as $556 million by the end of June.

One of the major reasons why state taxes have declined as a share of the economy is what we have done to our income tax. Our income tax rate was cut from 5.95 percent to 5.3 percent, costing us $1.3 billion in lost revenues. The tax rate on dividend and interest income was reduced from 12 percent to 5.3 percent, costing $720 million. The personal income tax exemption was raised from $2,200 per person to $4,400 per person, costing $440 million. In 2002 the state repealed the capital gains tax cuts enacted in 1994, which increased revenue by $1.1 billion.

Today, Massachusetts has an income tax rate of 5.3 percent. Forty-three states have an income tax, with rates as high as 9.5 percent. Of the states with an income tax, Massachusetts is one of only seven states that does not have a higher income tax rate for higher income earners. If the income tax were increased to its 1999 rate of 5.95 percent, it would raise approximately $1.4 billion in additional revenue. The Mass Budget & Policy Center has pointed out that if the income tax rate was raised back to 5.95 percent, but at the same time the personal exemptions were raised to $7,500 for single filers and $15,000 for joint filers, the state would have $800 million more in revenue. However, no married couples with a joint taxable income of less than $65,123 would receive a tax increase.

Instead of having this tax debate, we are cutting low-income women in their 80s off of home care. The $14 million cut in the home purchased services program reduces home care to its level of operation 11 years ago. Home care was funded in FY 2009 at $106.7 million. Gov. Patrick cut home care to $102.7 million last October. The House Ways & Means budget has now dropped the FY 2010 home care appropriation to $18 million below the original FY 2009 level. This cut will force home care caseloads to drop an average of 4,382 elders per month. The FY 1999 budget for home care services was $88.7 million — almost identical to the House Ways & Means number for FY 2010. A caseload of 27,744 will be the lowest caseload for home care since 1980 — almost three decades ago.

Rep. Alice Wolf, D-Cambridge, the new chair of the Elder Affairs Committee, is filing an amendment to restore the $14 million for home care. But it's time for the General Court to admit that the income tax cuts of the last decade are now hurting the poorest among us. Without more revenue, the pain and hurt will only grow worse. It's time to stop the revenue bleeding.

Al Norman is the Executive Director of Mass Home Care. He can be reached at 413-773-5555 x 295, or at info@masshomecare.org.

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Monks put faith in wrinkle-cream to raise funds

By Stephanie Reitz

WORCESTER — A few years ago, members of the Teresian Carmelites monastery had nearly run out of ways to raise money for their charitable work.

Hopes of getting permission from Trappist monks in Belgium to produce the Trappists' beer in central Massachusetts were on hold. Another idea to erect windmills to generate and sell power had stalled.

Donations were the only income that kept the operation running on bare bones, but they weren't enough to fund the members' mission of helping poor people in the region.

The future was so bleak that last summer, the Worcester Diocese withdrew official Roman Catholic recognition of the community, saying it was too small to sustain itself and showed little potential to grow.

For a group whose members pray up to six hours daily, the worries prompted a lot of extra supplication.

That's when one of what Brother Dennis Wyrzykowski calls "God-incidences" connected them with a local scientist, whose work included patented research into a compound in the human heart that has been found to also fight wrinkles.

With the scientist's blessing, the religious community recently started selling a high-end skin cream online based on the compound.

Its three consecrated members and approximately 30 lay members hope it's the answer to their prayers — not just to keep the community afloat financially, but to prove its viability to the diocese and fund programs for homeless and disadvantaged people throughout the region.

"My first thought was, 'What are people going to think about nuns and monks making cream for your face?'" Sister Nancy Connors said. "But it's a good product, I use it every day and I believe it will help people."

The $65-per-tube face cream, called Easeamine, is a far cry from the more traditional offerings that some monasteries sell, such as homemade jam and cheeses.

After the Carmelites pay off their launch costs, the profits will be used for grants to Worcester-area agencies serving poor and homeless people, and to support the tiny religious community — which has existed on donations since it was founded in 1971.

"I did worry initially about offering a so-called beauty product, but monks and nuns have always had a long tradition of making health care products and food products," said Brother Solomon Balban, one of two consecrated monks in the independent religious community who live at the monastery in the Worcester suburb of Millbury.

The startup costs, which the monks did not disclose, came from investments and donations of money and in-kind work from supporters of the religious community. It needs to sell about 32,000 tubes to break even, Brother Dennis said.

"Right now, it's all been word of mouth. We don't have the revenue to do anything more than that in terms of advertising," he said.

Easeamine started in a lab at the University of Massachusetts Medical School, where Dr. James Dobson Jr. has spent years studying a biological substance known as adenosine.

While researching how the heart ages, Dobson and colleague Michael Ethier discovered several years ago that adenosine — a natural substance that's plentiful in older hearts — triggers the skin's dermis to produce more elastin and collagen. Though that discovery was irrelevant in their cardiovascular studies, they recognized its potential value in skin care products and patented the technology.

Dobson's wife, Susan, was the link between the monastery and the moisturizer. She first met Brother Dennis when she contacted his monastery's prayer line, leading to a close friendship between its members and the Dobsons.

The Teresian Carmelites' link to the cream is not immediately obvious on Easeamine's white plastic tube, but its website — currently the only way to order it — says proceeds benefit "their work serving the needs of the poor and marginalized."

Dobson describes the cream as "a skin health product that has cosmetic advantages."

Brother Dennis and the other Teresian Carmelites say they recognize the potential disadvantage of trying to sell high-end face cream in the tight economy. But some studies suggest their potential buyers haven't closed their wallets on luxury personal care products.

The monks envision Easeamine profits eventually helping set up housing for homeless people, classes to help poor youths catch up in school and myriad other offerings to benefit disadvantaged people in central Massachusetts.

"We have a lot of hopes and dreams to help a lot of people by ending the cycle of poverty, and that begins with food, clothing and housing," Brother Dennis said. "There are men and women who want to take care of their skin and may want this cream, and there are people in need, and perhaps money from this will bring them together."

On the Net: www.TeresianCarmelites.org; www.easeamine.com.

➤ Report

Cont. from page 5

resources for long-term financial stability. "We're trying to put these whole issues into a life course perspective starting with younger adults," Meschede said. "It's not just an issue for older Americans, it's an issue that affects everyone. Savings should start early on."

Single seniors, especially older women, are most at risk for not having long-term economic security, especially after a spouse or partner dies. "It's really important for older couples to plan together," Meschede said. "Often, the husband dies before the woman. Single senior women are the poorest among seniors."

•Improve the quality of data sources at the state level; agencies depend on the accuracy of this information when advocating for state and federal funding and in requesting grants for their programs. "There are so many organizations that keep some kind of information," Meschede said. "We are all collecting data. What is needed is coordination of this information and data sharing. There has to be some way to get all this information into our databases."

•Collaboration with federal policymakers is needed to strengthen Social Security and pension provisions, address the Medicare crisis and institute long-term care insurance for state seniors. "Social Security is one of the strongest programs we have," Meschede said. "We need to build on that strength and not look to dismantle it. If it can provide 70 to 80 percent of the living benefits for everyone, we should keep it the way that it is."

She warned that the country's health insurance system won't be supported much longer and that we should look outside the United States, especially Germany, for examples of programs that would give us better outcomes at less cost.

While stating it's hard to avoid the doom and gloom currently threatening state seniors, Ann Hartstein, executive director of Massachusetts Association of Older Americans (MAOA), a Boston-based statewide advocacy group, said one of the benefits of reports such as the Brandeis study is that it gets people thinking about the reality of their situation and hopefully, taking action to improve it.

One of MAOA's goals, in putting the findings of the Massachusetts Elder Economic Security Standard Index (EESI) report of 2007 into action, has been to convince all eligible state residents to utilize the Supplemental Nutrition Assistance Program (SNAP) so they can apply the money they've been spending on food towards other life necessities.

"We do know there has been a huge up-tick in those taking food stamps and a backlog in processing food stamp applications," Hartstein said. She couldn't say whether that's because of the recession or getting the word out about the SNAP program. "They go hand in hand," she said. "As more people are affected, the stigma is less, so the message we put out becomes more palatable. Anything that has people asking for help is very useful."

This month, the MAOA, in conjunction with the Gerontology Institute, John W. McCormack Graduate School of Policy Studies at the University of Massachusetts Boston, is releasing the follow-up to its initial EESI report, "Lifelines for Elders Living on the Edge: How Elder Support Programs Compare to Living Costs."

For more information: www.iasp.brandeis.edu.

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President expands community service programs

WASHINGTON —

Tens of thousands of Americans, from teenagers to baby boomers, soon will get a fresh chance to lend a helping hand in a time of need.

The president recently signed a $5.7 billion bill sent to him by Congress that triples positions in the Clinton-era AmeriCorps program, its largest expansion since the agency's creation in 1993, and establishes a fund to help nonprofit organizations recruit and manage more volunteers. AmeriCorps offers a range of volunteer opportunities including housing construction, youth outreach, disaster response and caring for the elderly.

Because the president often cites his years as a Chicago community organizer for giving him his political start, he has made national service programs a high priority. His budget proposal calls for more than $1.1 billion for the programs, an increase of more than $210 million.

With the nation plunging deeper into a recession, Obama and backers of the effort see it as a way to channel a rising desire among Americans to help their neighbors.

"History has ... shown that in time of crisis, Americans turn to service and volunteering for healing, for rebuilding and for hope. The spirit of generosity in the American people is one of the greatest assets of our nation," Rep. George Miller, D-Calif., chairman of the House Education and Labor Committee, said during debate on the bill.

Applications to AmeriCorps have exploded with the plunging employment market. In February, there were 9,731 applications submitted to the AmeriCorps online system, more than triple the 3,159 submitted in February 2008. In the AmeriCorps program, 75,000 people spend 10 months to a year helping build affordable homes or responding to disasters. Most receive an annual stipend of slightly less than $12,000.

The law provides for gradually increasing the size of AmeriCorps to 250,000 enrollees over eight years.

The law outlines five broad categories where people can direct their service: helping the poor, improving education, encouraging energy efficiency, strengthening access to health care and assisting veterans. People working in these new corps would provide such services as weatherizing homes or teaching computer skills to seniors or the unemployed.

People 55 and older could also earn $1,000 education awards by getting involved in public service. Those awards can be transferred to a child, grandchild or even someone they mentored.

"Millions of boomers and older Americans want to increase their volunteer service within the next five years," said Deborah Banda, AARP Massachusetts state director. "They want to help improve their communities and our world," she added.

To learn more about volunteer opportunities:

•In your neighborhood, go to www.volunteer.gov. The website, run by the federal government, gives Americans a way to search for service opportunities within a ZIP code or state.

•Ask religious leaders or faith-based organizations about ways to help others.

•Seek out Senior Corps, a government-run program, which gives people 55 and older a chance to conduct safety patrols for local police departments, participate in environmental projects or help tutor children. To join, visit www.getinvolved.gov or call 800-424-8867.

•Search for other opportunities through AARP's website at www.aarp.org/createthegood.

•Visit AmeriCorps at www.americorps.gov or call 800-942-2677.

The bill is named for Sen. Edward M. Kennedy, D-Mass., who with Sen. Orrin Hatch, R-Utah, has been its champion. Kennedy is being treated for brain cancer but returned to Washington in late March to vote for the legislation.

AP wire and other organization information was used in this report.

Study finds one in five Medicare patients readmitted

NEW YORK —

One in five Medicare patients ends up back in the hospital within a month of discharge, a large study found, and that practice costs billions of dollars a year.

The findings suggest patients aren't told enough about how to take care of themselves and stay healthy before they go home, the researchers said. A few simple things — like making a doctor's appointment for departing patients — can help, they said.

The study found that half of the non-surgery patients who returned within a month hadn't seen a doctor between hospital stays.

"Hospitals put more effort into the admission process than they do into the discharge process," said Dr. Eric Coleman, one of the study's authors from the University of Colorado in Denver.

Coleman, who runs a program to improve communication between healthcare systems, said patients often have a honeymoon notion about how things will be once they're home. Then when they become confused about how to take their medicine or run into other problems, they head back to the hospital because they don't know where to turn, he said.

More attention is being paid now to readmissions and their cost because President Obama's budget calls for reducing spending on Medicare readmissions to pay for healthcare reform.

For their study, the researchers looked at Medicare records from late 2003 through 2004. They found about 20 percent of 11.9 million patients were readmitted to the hospital within a month of discharge; about one-third were back within three months. — AP

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A glorious day in Venice, on a budget of $40

By Betsy Vereckey

VENICE, Italy — For centuries, Venice has captivated travelers with an array of romantic images: gondola rides through glistening canals at sunset, homes painted in vibrant hues of periwinkle and plum.

Cicchetti bars offer munchies and a glass of wine for a couple euros.

It's also known as an expensive city. But you can see the basic sights on a budget. For a little over $40, a friend and I spent a glorious day in Venice sampling food, streetscapes and architecture.

There's no better way to start your day in Venice than with an Illy or Lavazza espresso, which will leave you charged for hours. No one in Europe enjoys their coffee quite like the Italians, who huddle around the barista's counter and yell "Buon giorno!" to one another while sipping their high-octane espressos.

I tried a frothy cappuccino from Brek Ristorante — an inexpensive Italian chain — on Cannaregio for $1.60, and picked up a bag of fresh fruit from nearby vendors as we made our way to Piazza San Marco, or St. Mark's Square.

Skip the pricey gondola ride and hop on the No. 1 waterbus. For around $8.75, the bus-boat (called a vaporetto) takes about 45 minutes to traverse the Grand Canal, the main waterway that winds through Venice. The waterbus offers the same views of the city that the gondola ride does.

We found St. Mark's Square a bit lonesome since officials passed an ordinance banning tourists and locals from feeding the pigeons that used to flock to the piazza by the thousands. Still, no visit to Venice is complete without a stop here.

Next, we made our way to St. Mark's Basilica for a free self-guided tour. The marble floor is decorated in beautiful, intricate mosaics. St. Mark the Evangelist is buried underneath the altar.

A word to the wise: Many churches in Italy have a dress code and won't let you in unless you are dressed appropriately. Count on getting stopped if you're showing too much skin.

From there, we wandered to the Bridge of Sighs, which connects an old prison to Doge's Palace, the seat of Venice's government for many centuries. According to legend, criminals traveled over the enclosed bridge on their way to prison. Before arriving at their cells, they would get one last look at Venice in all its beauty before heaving a breathtaking sigh.

It's not uncommon for Venetian visitors to let out their own sigh of pleasure over the city's marvelous food and drink.

One of the best things about Venice is its cicchetti bars, where you can get munchies and appetizers alongside a glass of wine for a couple euros. It's a great way to sample a bit of this and that without spending a fortune. Plus, it's how the locals do it. Just be advised that many cicchetti bars close in the early evening.

The No. 1 waterbus is an economical way to traverse the canals.

We tried Cantina do Mori, a speakeasy-looking joint west of the Rialto Bridge popular with locals since 1462. Dozens of old brass pots and bottles of wine decorated the walls, and a blackboard behind the counter displayed red and white wines by the glass. We showed up just as the bartender was closing shop, but he still welcomed us with a half-smile and offered wine. The cost? About $4.50 a glass. We closed the door behind us as we left.

St. Mark's Square banned tourists and locals from feeding the pigeons.

We found a handful of similar establishments nearby, including Osteria ai Storti, which has a fun area for mingling outdoors, and Antica Osteria Ruga Rialto, affectionately known as "the Ruga."

Not wanting to call it a night, we headed toward the Grand Canal. A crowd of young, good-looking Italians were drinking outside in a fairly crowded square near Muro Vino e Cucina, a chic wine bar with a restaurant upstairs. I couldn't muster the "when in Rome" attitude to try a cocktail infused with Campari and prosecco, but opted for more wine, this time two glasses for under $6.

As dusk approached, we slowly wandered back to our hotel near Ferrovia to experience Venice at night. With most of the tourists and vendors in for the night and not a car or Vespa in sight, the only sound was the click-clack of our shoes against the cobblestone streets as we navigated the labyrinth of narrow alleyways. Warm light emerging from windows illuminated balconies with flowerpots and clotheslines, introducing a more romantic, peaceful side of the city.

Near the hotel, we stopped for a slice of pizza at L' Angolo Della Pizza on Cannaregio. For $3.65, I sat at the counter, and ate a margherita-style slice — with red sauce, white cheese and green basil leaves, the colors of the Italian flag — in honor of my Italian grandfather and Queen Margherita, for whom the pizza is named.

Dessert was a couple of scoops of gelato — dense, richly flavored Italian ice cream. With options like strawberry, tiramisu and coconut, the decision wasn't easy. For under $3, I got a couple scoops of stracciatella — vanilla ice cream with chocolate shavings — and hazelnut-flavored Nutella. I wasn't sure the flavors would go well together, but one taste quickly proved me wrong and had me thinking I couldn't have picked a better way to say "Ciao!" to Venice. — AP

If You Go...

Getting there: Venice is easily reached from other points in Italy by train or bus. Venice's Marco Polo Airport also offers direct flights to and from many cities. You take water taxis between Venice and the airport, but a cheaper, though longer option is the Alilaguna waterbus, www.alilaguna.com, which leaves about once every hour from the airport.

Getting around: Venice is shaped like a fish with canals as the major thoroughfares. Landmarks will help you find your way and your hotel may have a free map. Make sure you get lost at least once. A serendipitous moment is sure to follow.

Weather: Bring rubber boots and carry an umbrella as downpours and street flooding is not uncommon. Venice is less busy in the fall than in summer or around Christmas, but November is the city's wettest month, with fall temperatures in the 50s and 60s.

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Recession hits Social Security cost of living increases

WASHINGTON — The recession is projected to wipe out annual cost-of-living increases for 50 million Social Security beneficiaries for the next three years, something that hasn't happened since automatic adjustments were adopted in 1975.

The Congressional Budget Office (CBO) said in its latest budget estimates that inflation will dip so low that Social Security recipients will not qualify for annual increases in 2010, or for two years after that. In 2013 through 2019 — when projections are less reliable — CBO estimates annual increases of 2 percent each year, which would be among the lowest.

David Certner, director of legislative policy for the AARP, said many recipients rely on those increases to help pay for rising health care costs, which tend to outpace inflation.

If the projections hold true, Social Security recipients would forgo a total of $378 billion in increased payments through 2019, according to the CBO estimates.

The Social Security Administration will set next year's cost-of-living adjustment in October, based on inflation over the previous year, as measured by the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), spokesman Mark Lassiter said.

The Congressional Budget Office projects that consumer prices will drop this year by 0.7 percent, a slightly bigger drop than projected by the Obama administration, but smaller than some private projections.

Since 1975, when automatic increases were adopted, the smallest cost-of-living increase for Social Security was 1.3 percent, in 1986 and 1998. In 2008, the increase was 5.8 percent, according to the Social Security Administration.

The estimates were included in the CBO's recent 2010 budget projections. In the report, CBO projects that the Social Security trust funds will collect just $3 billion more in cash receipts than they will pay out in benefits in the 2010 budget year that starts in October. A year ago, before the economy slipped into recession, the CBO projected an $86 billion cash surplus for the same year.

The development will have little practical effect on the program's short-term operation, thanks in part to an additional $116 billion in interest income, as well as a $2.4 trillion balance in the Social Security trust funds. Most of that balance is on loan to the government to pay for other federal programs.

The smaller cash surplus would reduce the government's ability to borrow more from the trust funds, by about $83 billion. But that represents only a small portion of the more than $1 trillion the government is expected to borrow next year.

The Social Security Administration projected last year that that the trust funds will begin paying out more than they collect in payroll taxes in 2017.

By 2041, the balance will be exhausted unless major changes are made. — AP

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Caring for elderly needs more monetary incentive

By Laura Giovanelli

WINSTON-SALEM, N.C. — Dr. Deanna Mangieri slid into a chair and shuffled through Nancy Reeser's chart. There were the expected questions about prescriptions, cholesterol and mammograms. But today, on this check-up, Mangieri also wanted to know what kind of exercise the trim 72-year-old was getting. How was her appetite? (Too good, Reeser joked.) How was she sleeping? (Well.)

Then she asked Reeser to get up from the exam table with her arms crossed, her hands cupping her elbows, and walk to the door and back. It was a simple test that didn't take much time or involve any high-tech machines.

But it could tell her if Reeser was having problems with balance and strength.

Geriatricians are primary-care or internal-medicine physicians who have received additional training — including a fellowship after medical school and residency — and certification caring for the elderly.

But in the United States, there's a growing shortage of doctors specializing in such care, even as the population of older people grows faster than any other age group.

Mangieri is one of two fellows training at Wake Forest University Baptist Medical Center. The medical center has room for four fellows in its one-year geriatrics program; on average, they produce three, said Dr. Hal Atkinson, the program director for the geriatrics fellowship.

Wake Forest's experience is similar to fellowship programs across the country, said Dr. John Murphy, the president of the American Geriatrics Society. "Many programs at good places are unable to fill fellowships.

About one-third of geriatrics fellowships across the country are currently going unfilled, Murphy said.

For such doctors as himself — physicians who have made caring for the elderly their avocation — that's a problem.

America is aging, and fast, as millions of baby boomers head for retirement.

Currently, there are about 7,000 geriatricians in the United States. The need is more than five times that, Murphy said. Fewer geriatricians are renewing their certification, too.

Experts say that a range of issues are to blame, from a health-care market that compensates specialties, such as cardiology, more, to a society that worships youth, to lower Medicare reimbursements, to the complexity of caring for people who have multiple health problems.

"We do deal in complexity," Atkinson said. "So the average patient that a geriatrician sees will have multiple issues, be on multiple medications and have multiple doctors ... coordinating all that care and working with patients and their families. I think a lot of trainees shy away from that."

Still, here geriatricians and clinic staff spend as much as an hour with each patient, who are, on average, about 83 years old.

The older we get, chances are, the more complex our health becomes, and it's not always intuitive. Confusion can be a symptom of infection in an older person, rather than the expected fever. Treat the infection, and the confusion can improve. But it takes health-care workers who know what to look for.

Geriatricians often see frail patients who are dealing with cognitive impairment, falls, instability on their feet, incontinence and dizziness. Geriatricians work with social workers, home-health aides and caregivers in ways that younger patients might not need.

Dr. Sakeitha Crowder, the other fellow studying at Baptist, became interested in the specialty after a rotation through the hospital's elderly, acute-care unit. She was a resident. Mangieri got turned on to the field when she was in medical school and made regular visits to a nursing home.

But up-and-coming geriatricians still face financial realities. Reimbursements drive doctors' compensation, but they do not pay for spending more time with a patient. Procedures and surgeries are more lucrative. "Restructuring Medicare reimbursements is key. Geriatricians are paid the lowest," Murphy said.

Wake Forest's fellows are paid $45,000 a year, and most of the financing for them comes from Medicare.

Both Crowder and Mangieri don't have major debt to worry about when they finish their training. They will likely be paid much less than their medical-school colleagues.

The trade off to Mangieri is that she thinks that geriatrics is a more flexible field. That's important to her because she wants to have a family.

Programs that forgive medical-school debt can help, Murphy said, though he thinks they should be expanded to a kind of national, medical-service corps for doctors who care for the elderly.

Experts say that part of the solution is also training all doctors in geriatric care. — AP

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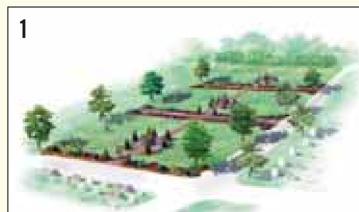

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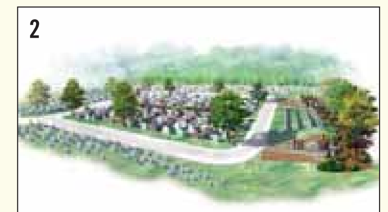

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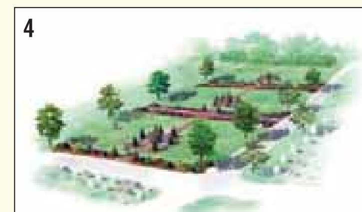

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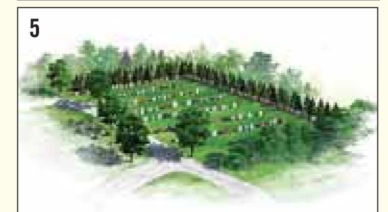

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How to save on your health in an ailing economy

By Candice Choi

NEW YORK — Even in an ailing economy, the one budget item you shouldn't scrimp on is your health. It's an oft-repeated sentiment, but easy to forget when copays for doctor visits and medical procedures are piling up. In some cases, past frustrations with the medical profession's often confusing billing process might make you reluctant to throw any more money its way.

Whatever the reason, the numbers show more people are postponing care amid the deepening recession.

In a recent poll by the Kaiser Family Foundation, 53 percent of respondents said they or a family member cut back on health care because of costs.

The most common actions reported were relying on home remedies and over-the-counter drugs rather than visiting a doctor, according to the national poll. Other actions included not filling a prescription or skipping a recommended medical test or treatment.

Improve your prognosis — financial and medical — by knowing how to navigate the system. Here are a few tips.

Save on co-pays: To cut down on repeated office visits and copays, don't walk into a doctor's office unprepared. Go armed with any past medical records your doctor might want to see.

If it's a significant medical issue like a heart attack, it doesn't matter if it was five or 10 years ago,.

Start collecting your records a month before your appointment, because getting paperwork from hospitals and doctor offices can be a slow process. You might even want to request records now even if you don't have any plans to see your physician, so that you'll be ready when the time comes.

Jot down how you've been feeling recently, too. Make a note of any changes in your weight, energy and overall well being in the past six months. Write down any questions you have so you don't forget anything once in the exam room.

Another way to keep down costs is to follow up on test results over the phone. Most doctors shouldn't have any problems with this arrangement. The doctor should let you know if there is any pressing need to return to the office. Some doctors also give out their e-mail address.

Lastly, remember that you can get the most from your health plan by seeing an in-network doctor. If you go to an out-of-network doctor, copays can be up to 50 percent higher.

Tap flexible spending accounts: Consider starting a flexible spending account for health care costs during the next open enrollment period. This lets workers set aside pretax dollars to pay for certain qualified medical expenses, such as copays, deductibles and even over-the-counter drugs.

Transportation expenses are covered for a medical visit in some cases. That includes parking fees, a bus ticket or miles traveled in your car.

Make sure to spend money set aside in the account by the end of the plan year to avoid forfeiting it.

Ask about financial help: Hospitals and clinics usually have formal financial assistance programs. But doctors at small practices might be willing to work with patients one-on-one.

For instance, Dr. Seth Feltheimer of NewYork Presbyterian often reduces his fee to about $50 a visit for the uninsured or out-of-work, down from the usual fee of about $100.

"It's all on a case-by-case basis. But most doctors will work out a payment schedule, so it never hurts to ask," Feltheimer said.

At Westchester Health, Dr. Susan Malley makes it a point to save free medications from drug companies for patients she knows are struggling financially.

Those with chronic, debilitating diseases can tap the Patient Advocate Foundation, which offers help negotiating with insurers. The nonprofit can help patients ensure they're getting the most out of their plan, said Erin Moaratty, a spokeswoman for the group, which is based in Newport News, Va.

There are no financial requirements to qualify for help. Patients can call 800-532-5274 to be assigned a case manager.

Its sister organization, Patient Advocate Foundation Co-Pay Relief, also provides monetary assistance for people with a specific chronic disease, such as diabetes, osteoporosis and rheumatoid arthritis.

Consider store-based clinics: If you don't have insurance, consider a clinic based in retailers such as Wal-Mart or Target. Clinics are staffed mostly by nurse practitioners and treat routine conditions such as colds, bladder infections and sunburn.

They typically charge between $40 to $70 for patients without insurance, according to the Convenient Care Association, an industry trade group.

Doctor visits for the uninsured can easily cost twice that. Most in-store clinics also accept insurance co-payments.

Remember, spending money on care now can stave off more serious, costlier conditions down the road. — AP

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Money's gone: What action can you take?

By Candice Choi

NEW YORK —

Your money is gone. You're ticked off. You want to sue. Even if your adviser wasn't Bernard Madoff, you might be wondering what action you can take after watching your savings take a clobbering.

Last year, the number of cases filed with the Financial Industry Regulatory Authority (FINRA) bolted 54 percent to 4,982. The non-governmental agency regulates U.S. securities firms, including online brokerages, and handles arbitration with clients.

Frequently cited examples of misconduct in filings included misrepresentation about investments and unauthorized trading. The number of cases involving mutual funds nearly tripled to 1,069.

Anyone registered with FINRA — including most brokerages and any financial planner who is also a broker — is subject to the agency's arbitration rules. Here's what you need to know about the process.

When to file a claim

One common reason for filing a claim is that your broker knowingly invested your money in a way ill-suited for your financial situation.

For instance, retirees living on a fixed income shouldn't have their nest egg in speculative securities. Neither should parents who will soon have college bills or anyone else who can't afford to lose big chunks of money.

Other frequent reasons for claims:

•Misrepresentation — If a broker gives false or incomplete facts about an investment. This occurs with riskier securities.

•Churning — When brokers generate commissions through excessive trading.

•Unauthorized trading — Buying or selling securities without the investor's knowledge.

•Cold-calling — Unsolicited phone calls using high-pressure, persistent tactics.

If your losses were the result of the broader market plunge however, that alone won't sustain a case.

How it works

The first steps are hiring an attorney and filing a statement of claim with FINRA, which is based in Washington, D.C. It doesn't have to be on a special form, but be concise and professional in detailing the dispute. Include relevant names, account numbers and dates.

When naming a defendant, it's probably wiser to seek compensation from a firm rather than an individual broker. Your chances of getting an award from a firm are probably greater, Fienberg said. Including both could also complicate the legal issues.

Before proceeding to arbitration, you and the other party can seek a settlement through a FINRA-appointed mediator. You and your broker would work out how to split the fees, which can range between $50 and $300 for clients and $150 and $500 for brokers.

You may also be asked to pay other mediation charges, including travel expenses. Unlike with an arbitration, the mediator's findings aren't binding, but the majority of cases end in resolution.

If you proceed to arbitration, it takes an average of about 15 months from the time of filing for a decision to be issued. Claims for $25,000 or less are generally decided based solely on filed documents and are usually resolved much faster.

Otherwise, a hearing can take several days or even weeks, after which the panel has 30 days to render a decision. Awards must be paid within 30 days.

Either party can make a motion in court to vacate the panel's decision, but this rarely occurs and is granted even more rarely, Fienberg said.

What it costs

Taking your broker to arbitration won't be cheap.

First, you need to hire a lawyer. Bigger claims are usually done on a contingency basis, which can be as high as 30 percent of the award, said Constantine Katsoris, a professor at Fordham University Law School who specializes in securities arbitration.

You'll more likely be charged on an hourly basis for smaller claims of $25,000 or less.

The fee for filing a case ranges from $50 to $1,800 depending on the dispute size.

There's also a hearing fee. The daily rate for hearings ranges from $50 to $1,200 depending on the amount of your claim and whether your case requires one or three arbitrators. It's up to the panel to decide who pays the hearing fee.

Despite the costs, arbitration is quicker and more final than court proceedings.

If you can't afford an attorney or filing fees, you might be eligible for pro bono legal services run by select law schools.

— AP

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Medicare to play critical role in health care overhaul

WASHINGTON —

Older Americans could see big changes in Medicare because of a health care overhaul, lawmakers and experts said as Congress began working on the sweeping legislation.

Medicare should become the test lab for making the entire health care system less wasteful, experts told a receptive Senate Finance Committee. Savings could be used to strengthen Medicare itself, or plowed into covering the uninsured.

Baucus

Medicare covers some 45 million Americans who are elderly or disabled, and its policies set the tone for many private insurance companies. The new approach for seniors would stress close follow-up care by their family doctors and nurses. That's aimed at keeping chronically ill patients from having to be hospitalized repeatedly when problems like high blood pressure get out of control.

Doctors and hospitals would also see big changes. Primary care doctors, the generalists who care for patients day in and day out, would be paid more. Specialists, who tend to order more tests and procedures, would face closer scrutiny of their decisions. Hospitals could be penalized if patients don't get adequate follow-up care and wind up being repeatedly readmitted for the same problems.

Similar changes would be in store for Medicaid, the federal-state partnership that covers some 50 million low-income people.

"Medicare is going to be the driver to achieve quality reforms, in large part because the other players tend to follow Medicare," said Sen. Max Baucus, D-Mont., the Finance Committee chairman. Baucus aims to have a bill on the Senate floor this summer that would restrain costs and cover the estimated 50 million uninsured.

Medicare will cost taxpayers about $425 billion this year. Program spending, however, is not evenly divided among beneficiaries. Instead, the sickest 10 percent of the patients account for just under two-thirds of the cost. Medicare spends about $9,000 a year on the average beneficiary. But care for the sickest 10 percent averages more than six times as much per person, according to the Kaiser Family Foundation. — AP

Charitable giving could be included in your estate plan

Setting money aside through a living trust or provisions in a will is a simple and effective way for people to provide for charities that they have supported throughout their lives. Such planned gifts can be made in the following ways:

•A percentage of the total estate. This is a variable amount that will change as the size of the estate changes.

•The residue or a percentage of the residue of your estate. After your loved ones have been taken care of, you may choose to designate some or all of the remainder of your estate to a charity of your choice.

•A gift of a specific amount. You may leave a specific dollar amount to a charity by simply naming the amount that you would like to give.

When naming a charity in your will or living trust, always use the organization's full legal name and federal taxpayer identification number.

Your gift may go to support the charity's operations or can be earmarked for a specific program or project. For instance, you can restrict your gift to areas such as research, outreach programs or other areas that can be discussed with a representative of the charity. All charities have professionals who are willing to advise and help you.

Using funds from a retirement account to make bequests is often a good strategy. If there is a balance in your retirement account at your death, not only is there a potential income tax burden, but there may be estate taxes as well. Taxes could eat up as much as 75 percent of retirement assets under certain circumstances.

If you are past 70 and want to make a gift for a special charitable project, but your only liquid asset is your IRA, you need to check with your personal advisor on applicable laws and restrictions. It is imperative that you consult with your tax advisor and the charity to make sure it is qualified and that the gift is made in the proper manner.

Donors are often surprised by just how wonderful the giving experience can be. Many who have made arrangements to provide future support to charitable organizations have found their lives enriched by the knowledge that they are leaving a legacy in their names for future generations.

For more information regarding charitable giving, contact The American Heart Association at 508-620-1700.

Intel, GE to spend $250 million on health products

NEW YORK —

Intel and General Electric are jointly investing $250 million over the next five years to develop products aimed at providing personalized home health care technology for seniors.

The companies envision technology that will cut health care costs and help people remain in their homes by allowing doctors to monitor patients remotely.

Announcing the agreement, Intel Corp. Chief Executive Paul Otellini and GE CEO Jeffrey Immelt said their cooperation will help them jump quickly into a market they estimate will grow to $7.7 billion by 2012, from $3 billion this year. — AP

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Wallpaper can pack a lot of punch at low cost

By Melissa Rayworth

Interior designer Mallory Mathison sees it all the time: Clients hear the word "wallpaper" and cringe, fearing it will make their home look dated and boring.

Everything changes when they see the finished product.

"You really don't know how much of a difference wallpaper can make to a room when you're looking at a sample," Mathison said. "When the wallpaper goes up, they're always like, 'Oh my gosh, I love it.' It makes the room more intimate, more special. And it doesn't have to cost a lot of money."

After two decades on the uncool list, wallpaper has made a comeback, said designer Brian Patrick Flynn. There's a huge range of rich textures and striking patterns on the market today that can bring glamour to a room — something that's hard to accomplish with paint alone.

Used wisely, Flynn said, wallpaper is a great tool for giving any room an affordable facelift.

Small cost, big impact

Use wallpaper sparingly and strategically, advises designer Janine Carendi. Bold graphic prints or warmly textured papers are great on a single wall, she said, perhaps in your home's entryway. Papering just one wall — the wall behind your bed, for example — creates a striking focal point without the cost of covering an entire room.

This approach leaves you free to use a pattern that might be overkill if used on all four walls.

Another option that these designers love: Create some drama in a dining room or bedroom by papering only the ceiling. Dining rooms are also great places to install a chair rail and paper only the portion of the wall above or below the rail.

The wallpaper borders of the 1980s are no longer in vogue. But in rooms with molding located about 2 feet below the ceiling, wallpaper works well.

A favorite trick of Flynn's: If your walls don't already have architectural panels, use molding to create rectangular ones, then paper inside them.

Geometric prints and large-scale patterns are popular right now, as are textured wall coverings.

"Lattice prints are huge," Mathison said, "like the Palm-Beach-in-the-'60s, chic kind of look. It can be made to look really modern but have a classic basis."

Bold prints like these work well in tiny spaces, such as powder rooms.

Grasscloth, another item people may consider a relic from the '80s, is getting attention again. On the ABC television series *Brothers and Sisters*, the main floor of the family's sprawling California home is done in grasscloth. "There's been so much buzz about that," Mathison said, from viewers who want to replicate the look.

Grasscloth is great for making formal living rooms feel warmer and more casual, or for adding a fresh look in a home that's otherwise dominated by paint.

Carendi likes using temporary wall coverings, like wall decals (Blik is her favorite brand) and wall tiles made of recycled leather. They're affordable (about $7 per square foot, she said, great for a single wall or to create a headboard) and are easy to glue on.

Should you do it yourself?

These designers are huge fans of DIY projects. But all of them advise getting the experts involved in anything but the smallest wallpapering project.

Mistakes made with paint can usually be fixed with a bit more paint. But with wallpaper, errors are costly — you'll probably have to replace all the paper you've hung incorrectly.

As with any home improvement project, it's best to get several estimates. Mathison said it's likely you'll be quoted a fee between $25 and $75 per roll, though rates can vary widely depending on the paper hanger's expertise and where you live.

If that's too steep and you want to attempt papering on your own, look for classes at home improvement stores. Or, said Flynn, hire an expert to do a small papering job in your home and learn as much as you can from them.

"These people who used to work full-time in the '70s and '80s aren't as busy now," he said. They may be "excited to have people asking about what they do."

Another DIY option that's easier than traditional paper and glue: Try spraying a section of wall with starch and pressing panels of lightweight, cotton fabric onto it, Carendi said. The fabric will stick to the wall and should remain solidly in place once it dries. It may shrink, so put up slightly more than you'll need and trim the edges with a utility knife.

One last bit of advice from Flynn: Don't be afraid to do something bold, but avoid designs that are super-trendy. If you're creating something striking, you want to be sure you'll love it five years from now. — AP

Socially active, not easily stressed? You may not develop dementia

A new study shows that people who are socially active and not easily stressed may be less likely to develop dementia.

The study involves 506 older people who did not have dementia when first examined. The group was given questionnaires about their personality traits and lifestyle. The personality questions identified people with different degrees of neuroticism, a term meaning easily distressed. The questions also measured extraversion, or openness to talking to people. Those who were not easily distressed were calm and self-satisfied, whereas people who were easily distressed were emotionally unstable, negative and nervous. Outgoing people scored high on the extraversion scale and were socially active and optimistic compared to people with low extraversion who were reserved and introspective.

The lifestyle questionnaire determined how often each person regularly participated in leisure or organizational activities and the richness of their social network. Participants were followed for six years. During that time, 144 developed dementia.

The study found that people who were not socially active but calm and relaxed had a 50 percent lower risk of developing dementia compared with people who were isolated and prone to distress. The dementia risk was also 50 percent lower for people who were outgoing and calm compared to those who were outgoing and prone to distress.

It is estimated that one in seven Americans aged 71 and older has some form of dementia. The number of Americans nearing that age is expected to double by the year 2030. — Newswise

Vision tests for older drivers may not prevent crashes

Recent automobile accidents with tragic results have prompted questions about the eyesight of elderly drivers, but researchers say they are unable to determine whether vision tests actually lead to fewer fatal crashes.

There's an assumption as people get older, there are more eye conditions, said lead reviewer Sayed Subzwari. By this line of reasoning, elderly drivers are theoretically more accident-prone. However, the review found little evidence to make that case.

Subzwari, a family physician, and his team screened more than 4,500 published and unpublished studies. However, none met the rigorous criteria that the researchers had set for review inclusion.

Outside data suggest that advanced age does not necessarily translate into poor driving skills. In December, the Insurance Institute for Highway Safety reported that fewer older drivers died or were involved in fatal collisions from 1997 to 2006 than in past years.

Yet doctors, health advocates and family members routinely debate how long elderly drivers should stay on the road.

Some elderly drivers experience no vision problems...

The recital of letters and numbers from the Snellen Chart of Visual Acuity is a senior rite of passage at motor vehicle departments in many states. Still, Snellen charts are "not that sensitive," Subzwari said, and someone with cataracts might pass the exam. In addition, elderly drivers might suffer other vision-related impairments. For example, the Snellen chart does not measure glare sensitivity, so different tests are required.

Some elderly drivers experience no vision problems and — unlike past generations — American families no longer live in one geographic area. Younger family members are not available to taxi grandparents about town.

Compared to drivers between the ages of 20 and 69, fewer people 70 and older have a license to drive. They drive fewer miles per licensed driver, according to the Insurance Institute. Researchers point out that older drivers have a lower crash rate because they simply do not get behind the wheel as often.

In addition, some states allow mail-in license renewals. When required to come into the motor vehicle department to take an eye exam, some elderly drivers opt out in fear of failing. — Newswise

P&G backs drug in deal to pay insurer

CINCINNATI —

Procter & Gamble Co. is betting that its osteoporosis drug will help reduce bone fractures in a new deal with a Midwest insurer.

The marketers of Actonel will reimburse Health Alliance Medical Plans for the medical costs of some fractures incurred by women who have been taking the prescription drug. The deal involves the insurer's clients in Illinois and Iowa.

P&G officials said the agreement underlines confidence in Actonel's effectiveness in preventing osteoporosis-related fractures for post-menopausal women. They would, for example, pay back the average cost of a hip fracture of $30,000 with rebates and discounts.

Health Alliance, based in Urbana, Ill., said the program will help outcomes and costs for its customers. It plans to pass on some rebates through the program by reimbursing customers for their co-pays on everything from the prescriptions to hospital stays, spokeswoman Penny Ransom said.

P&G sees the program as a showcase for Actonel. — AP

Retirees ill prepared for the long-term costs

By David Pitt

The high cost of long-term health care will drag down the quality of life for nearly two-thirds of today's retirees. It can cost $77,000 a year for a nursing home room and $20,000 for in-home care, expenses that many people are ill prepared to absorb, said the Center for Retirement Research at Boston College.

A new analysis shows that when the cost of health care and long-term care is included, 64 percent of retirees likely will be unable to maintain the lifestyle they had before retirement.

"This is the number one issue staring us in the face over the next decade," said Paul Ballew, a senior vice president at Nationwide Mutual Insurance Co., which provided a grant to fund the study.

The cost of health care will create such an unexpected hardship on unprepared retiring baby boomers that it's imperative to sound the warning now, said Alicia Munnell, director of the Center for Retirement Research.

The stock market collapse that has whacked retirement savings for millions of workers has focused attention on how poorly people are prepared for retirement expenses, she said.

Munnell has been concerned for years about the impending retirement crisis caused by a combination of problems. They include inadequate personal savings, a Social Security system that will likely fail to provide current levels of support and rapidly rising health care costs.

Health care costs rose nearly 7 percent last year after costing a total of $2.4 trillion in 2007, about $7,900 per person, says the nonprofit National Coalition on Health Care.

"My thought was that nothing was going to happen until the first generation of people retired without enough money and congressmen would see their parents living on just too little and people would be motivated to do something," she said. "The financial crisis really accelerated that process."

The study illustrates the harsh reality that spending too much, borrowing excessively and saving too little has left a generation unprepared for retirement, Ballew said.

Options for paying for such care include relying on Medicaid, buying long-term care insurance, selling the family home when long-term care is needed or tapping into the value of the home through a reverse mortgage.

Medicaid is the most likely option for the poorest retirees, Munnell said,

Munnell

although in some cases these individuals may be able to extract some of the value of their home to help pay costs.

People with higher incomes likely would prefer to buy insurance which can cost about $3,500 a year if acquired at age 65. Delaying the purchase increases the price. By age 75, a policy could cost around $600 a month, she said.

About 48 percent of long-term care recipients and their families pay long-term care costs out of their own pockets, says the American Council of Life Insurers. About 41 percent qualify for Medicaid. Another 8 percent are getting temporary coverage provided by Medicare and only 3 percent are paying with private long-term care insurance.

Several factors may play into why so few people buy long-term care insurance. They include the cost and the fact that an insurance industry study found that 20 percent of applicants are denied coverage because of poor health.

Stand alone long-term care insurance policies vary greatly in their features. Some have caps on how much they pay, limits on the length of service and they may not be fully adjusted for inflation, Munnell said.

Other options have been developed by the industry in the past few years including life insurance policies and fixed annuities that carry a long-term health care rider. Those products cost more than straight insurance polices, but offer guaranteed payout to beneficiaries upon death in addition to providing long-term health care coverage if it's needed.

Long-term care for some means in-home assistance with shopping, cooking, housework and other basic duties, but for others in could mean a stay in a nursing home.

Current estimates indicate that one third of people aged 65 today will need to enter a nursing home for at least three months. Some will need to stay for a prolonged period of time. — AP

Medical costs for retirees climb, new study says

As if saving for retirement wasn't enough to worry about, now comes a study that shows a couple retiring this year needs about a quarter of a million dollars to cover medical expenses.

The $240,000 estimate is a 6.7 percent increase from last year's and the cost is expected to keep rising.

The Fidelity Investments study is based on projections for a 65-year-old couple retiring this year with Medicare insurance coverage. It assumes no employer provided insurance and a life expectancy of 17 years for the man and 20 years for the woman.

To paint a full picture, Fidelity also factors in Medicare deductibles, co-payments, as well as certain services that may not be covered.

In just seven years of its annual study, projected medical expenses have increased by 50 percent.

When you retire, health care is likely to be your largest expense and it's one that many people forget to factor fully into their retirement plans, said Sunit Patel, a senior vice president at Boston-based Fidelity.

Medicare pays about half of the health care costs for current retirees and it could be less very soon.

The Medicare trust fund reported last year that it expects to be insolvent in 2019 and needs either a payroll tax increase or a cut in benefits to keep it fully functional. That means Medicare may not provide the same level of support for future retirees, making it more vital to understand the medical costs in retirement.

"There are deductibles and co-payments and things that aren't covered that people aren't aware of until they get there unless they have a parent that they're helping navigate the system," said Paul Fronstin, director of health research and education at the Employee Benefit Research Institute (EBRI).

EBRI has researched the issue of rising health care costs in retirement. It found that just 12 percent of private companies offer insurance for retired workers.

That means most retirees need to buy insurance themselves or pay medical costs out of their own savings.

Patel said it may make sense to start thinking about a savings account separate from your retirement account for health care.

If you've been looking at a ravaged 401(k) balance, you likely don't want to hear that.

Patel said he understands that sentiment, but believes it's better to be forewarned than caught off guard.

Without a plan, you could end up significantly changing your lifestyle from what you had expected or looking for a job to help pay for health costs.

So as you digest what it all means, consider a separate savings account dedicated to health care. Also, research various supplemental health insurance options so you go into retirement informed.

You may want to consider a phased retirement in which you go from full time to part time if your employer offers health insurance for part-time workers. By gradually entering retirement, you delay tapping into savings.

Once you're retired, ways to save money on health care include getting routine screenings to stay ahead of any health issues, selecting quality providers by using the U.S. Department of Health and Human Services website, www.hospitalcompare.HHS.gov and routinely reviewing claims for accuracy to ensure you're not paying more than necessary. — AP

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The recession is bad, but we can still have some fun

By Sondra L. Shapiro

Even before the financial crash put a dent in our retirement portfolio I was adept at living well on less. Actually, I'm not embarrassed to admit I thrive on it. Whenever I get a good deal on something or figured out a way to enjoy social occasions without spending much, my happy meter ticks up.

Just My Opinion

For retirees and those closing in on retirement, the recession is hitting especially hard. It doesn't help that we media folks seem to relish reporting all the doom and gloom.

So I'd like to offer a positive slant by saying I'm living proof that you can still live well and enjoy many happy moments in the midst of economic hardship.

Being frugal doesn't need to mean sacrifice. Rather it can be satisfying and fun.

Ever the bargain hunter, it pains me to pay retail for anything. These days, the recession means finding bargains is even easier since there are discounts and special offers galore found in my daily newspaper and flooding my mailbox and e-mail. This is the first time ever that "junk" mail is actually welcome.

I never enter a supermarket without my cache of coupons. And by carting in my own canvas bags I'm not only living green, but saving it as well since most markets will deduct money for each bag you supply. I fill my cart with generic brands, which 99 percent of the time are as good as name brands. If fish, chicken or meat is on special, I buy it and freeze it for later use.

You would be surprised at how much money you can save by turning out lights when you leave a room or ratcheting down the heat by a few degrees in the winter. For that matter, don't keep your TV on when you step away for more than a few moments. And when you do turn it on, tune into stations like HGTV and the Food Network. Cooking shows can inspire creativity in the kitchen, and lead you to create restaurant-like experiences. Add to the atmosphere by tuning into classical music or soft jazz, light some candles and set the table attractively. You don't even need to be an accomplished cook because such little touches can make a simple spaghetti and meatball dinner magical.

Flea market finds are satisfying and refinishing furniture is a great hobby. Watching home improvement shows and downloading instructions from the Internet — as my husband does when something goes on the fritz — have saved us thousands of dollars over the years. Granted, not everyone is handy, but even fixing small things can save a bundle and also, help build confidence.

As an avid, fast reader, I have always found the library to satisfy my craving. These days I also borrow movies on DVD — and you can keep your TV costs in check by borrowing paid cable shows, without having to subscribe to the channel. That's how I watched *Sex and the City*, *The Sopranos* and *Dexter*.

Ever the clothes junky, years ago I discovered upscale consignment shops that allow me to buy designer clothing for a fraction of the original price. My best find was a pair of never-worn Kate Spade sandals for which I paid $20; they still had the Neiman Marcus price tag of $300.

Savings aside, the best, most unexpected benefit I have found as a result of this recession is a closer bond with family and friends. The enjoyment of simple things such as long walks with my husband and dinner parties with friends, where we take turns hosting and in many cases coming up with dinner themes. We recently held a down-home Southern cooking night with ribs, sweet potato gratin and cornbread.

And for special occasions we don't buy gifts; we give the gift of time, a tradition we began a few years ago, but which has become even more pertinent today.

Simple living is really the best thing that has come out of these difficult economic times. Ironically, it is a state of being embraced by past generations but which had fallen out of favor with the advent of so many outside distractions and the ease with which we came to rely on credit cards.

I've noticed the people who have always lived simply are least bothered by the recession. They seem happiest.

For those of us who rarely used discretion when we desired something, we can learn from the folks who never begrudge themselves, but spend prudently and live simply. That means rather than spending money on any whim, think about spending on one or two things that are most meaningful to you, but of course are still within your budget. For instance, I'm taking my husband to Paris for his 50th birthday. But we are staying at budget hotels and eating at small bistros. We searched online for the lowest plane fares and have cut down on discretionary spending the last few months. We are not charging the trip with money we don't have.

I'm not paying short shrift to these challenging times. But despite the bad news, we are still entitled to moments of happiness. We just have to find it from different sources.

Living frugally but well is the answer. If we can all maintain this philosophy, when the recession is over, we will be a happier, more fulfilled nation.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. She can be reached at sshapiro.fiftyplusadvocate@verizon.net.

National health care: *It is time for real reform*

By Deborah E. Banda

Right now, our health care system costs too much, wastes too much, makes too many mistakes and gives us back too little value for money. There is vast room for improvement — and now is the time for real reform.

Editorial

Skyrocketing health care costs continue to cripple an already troubled economy, and place undue burden on individuals, families, businesses and government. We cannot fix the economy without fixing health care; and the cost of doing nothing is just too great.

But, what will national health reform look like? Many already agree on three key goals: lower the cost of health care for individuals and our nation; improve patient safety and the quality of patients' care; and, provide affordable health care choices to all Americans.

AARP believes our nation can achieve these goals if we work together. That's why we are calling on Congress to find bipartisan, common sense solutions that will lead to comprehensive health reform this year. To start, we have identified steps Congress can take that will help ensure fairness for all generations. AARP members and their families will expect no less. The steps include:

- Make sure Americans age 50 to 64 have a choice of affordable health care plans.
- Strengthen Medicare for current and future generations by lowering health costs and improving benefits.
- Help people get the services and supports they need to stay in their homes and out of costly institutions.

First, we must make health care available for Americans age 50 to 64 by guaranteeing choices of health care plans they can afford regardless of age, health or employment status. This age group faces daunting obstacles to securing coverage, so much so that more than 7 million are uninsured; many were denied coverage because of prior illness.

Even in Massachusetts, where the landmark health reform law reduced the number of uninsured residents to 2.6 percent, people 50 to 64 are often priced out of insurance options. Take Sue Rummel of Danvers. This self-employed, custom drape maker was thrilled to finally have access to health coverage, thanks to the reform law. But, then she saw her insurance premiums skyrocket by 16 percent to over $500 a month, causing her to opt for a plan with less coverage and higher deductibles.

Making access to affordable choices the linchpin for the entire health care system would make for genuine reform. It would also trim health care expenditures in the long run.

Next, we must strengthen Medicare by lowering costs while eliminating waste, fraud and abuse that result in medical errors and low-quality care.

Reform must re-engineer Medicare to be cost-sensitive. Today, people in Medicare spend about 30 percent of their incomes, on average, on out-of-pocket health costs — six times more than people with employer coverage. And, nearly 20 percent of people in Medicare Part D delayed or did not fill a prescription because of costs — a higher percentage than any other insured group.

One way we can reduce costs for people in Medicare and protect the financial health of the program is to lower the cost of prescription drugs, and close the coverage gap — or "doughnut hole" — in Medicare Part D. Ways to lower drug prices include drug price negotiation, safe importation and expanding access to generic drugs.

Pat Liberti of Salem supports reform. She and her husband spend over $15,000 a year on health care, which includes high prescription costs due to the coverage gap. "We worked hard and saved a little. Now, we could end up with nothing."

Finally, we must provide services and support to help chronically ill people stay in their homes and out of costlier institutions. The simple truth is that choice and coordinated care for people with chronic conditions result in fewer unnecessary hospitalizations or emergency room visits, a better level of care, and long-term cost savings.

Nearly 90 percent of older Americans say they want to remain in their homes as they age, yet the majority of Medicaid long-term care spending goes to nursing homes. Health reform should make it possible for individuals to choose to receive care at home.

At AARP, we don't believe there is a "magic bullet" that will decisively resolve our nation's health care crisis. We believe there is a lot of work to be done, and a range of reform strategies ready to implement. We believe the time for reform is now.

Deborah Banda is the state director of AARP Massachusetts.

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Grandpa is … browsing your Facebook page

HAMILTON, N.J. —

When your 88-year-old grandfather sends a request to be your "friend" on Facebook, you have two choices: Either confirm it, then quickly take down all those party pictures you thought were so funny, or plan on never coming home for the holidays.

As someone who lists pinot grigio as a hobby, I was seriously concerned about my grandfather joining Facebook.

I was worried my grandfather would get the wrong idea about me. Or worse yet, he'd find out exactly who I was — not the teetotaling granddaughter I try to portray twice a year when I go home.

And that's just what happened: We got to know each other through a social networking site that many 30-somethings haven't learned to use, let alone octogenarians.

"I don't browse Facebook much, but I see that it is a way to get to the nitty-gritty of a person's character," my grandfather explained. "Also a way to do something late at night when I can't sleep."

Turns out, my grandfather isn't the only one with an AARP card using social networking sites.

Facebook estimates that it has a few million users over the age of 65. MySpace claims to have 6.7 million users age 65 and over on its site. In fact, according to MySpace spokeswoman Jessica Bass, older users are among the site's fastest growing demographic.

Seventy-one-year-old Lynne Bundesen of Santa Fe, N.M., is one of them. Why did she join? "To keep track of what my grandchildren are doing, of course," she said.

Her grandson, 27-year-old Russell Simon, knows that but doesn't mind.

"It keeps her young to be on there, in more ways than one," he said. "She puts these very young pictures of herself up there. She was beautiful. Just seeing her when she was young, out on a boat with her hair flowing, it makes me think of her differently.

"But mostly, it's so she can spy on us, not so we can learn about her," he said half-jokingly.

Simon actually has three grandparents on Facebook. And he admits that having them there has changed his online behavior.

"When you do status updates — sometime I forget that they're on — I have to look at it a different way," he said.

Not everyone is thrilled with the baby boomers' discovery of such sites. Some young people have responded by searching out new ways to stay a step ahead of grandma, moving from Facebook to Twitter, for example.

"I think that these developments might be the death of Facebook," said Simon's friend, Charlie Pabst.

Social networking sites are still predominantly used by a younger population. The median ages of MySpace and Facebook users were 26 and 27 years old, respectively. At the career-focused LinkedIn, it was 40, according to a recent report by the Pew Internet & American Life Project.

But there may be no escaping the onslaught from older relatives. Bundesen also uses Twitter to update her status. "I'm adapting to their lifestyle," she explained.

Like some younger users, my grandfather initially joined looking to connect to old classmates.

He wasn't so successful there. But soon, he found that he could use it to stay in touch with grandchildren near and far.

I spent a fair amount of time around my grandfather growing up in Colorado. But truthfully, I never really knew him — his personality, his war stories, the story of how he and my grandmother met.

After my grandmother passed away last year, my grandfather found himself alone for the first time in 65 years. He was looking for ways to occupy his time.

So this summer, about six months after becoming a widower, 88-year-old Howard Hilt of Pueblo, Colo., joined Facebook and got to know his granddaughter in New Jersey. For better or worse.

When I posted a status update about running my first mile since recovering from ankle surgery, he wrote on my page: "That's the way to go Tiger!"

He learned that I once met Magic Johnson and that that I don't prepare food using fire.

I learned that he used to make spare money as a kid by watering graveyard grass in Brooklyn; he flew B-24 bombers in World War II; and he worked for Anastasio Somoza García, dictator of Nicaragua, as a controller in his steamship agency's New York office.

But his No. 2 random thing was my favorite. It read: "Met my future wife in kindergarten."

Before that, I had no idea how or when my grandparents met.

And despite my initial concerns, he assures me that he hasn't been shocked by what he's seen.

The reason is simple: "At my age, nothing shocks me!" — AP

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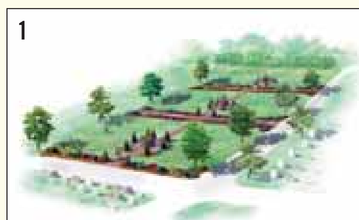

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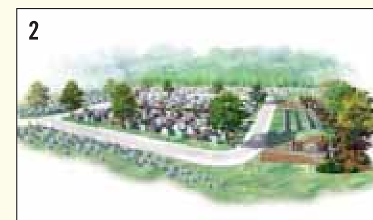

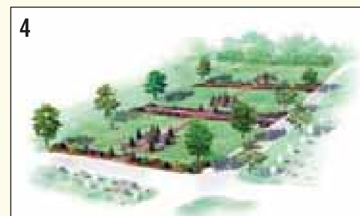

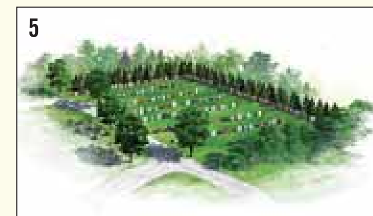

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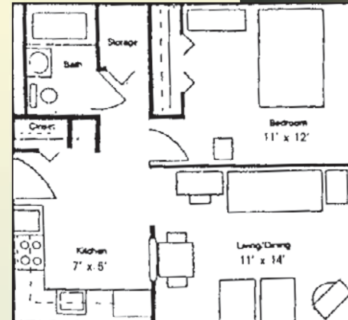

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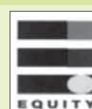

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