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HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING

Land of the mouse encouraging, rewarding volunteerism

By Sondra L. Shapiro

I did a day of volunteer work at my local food pantry, so I'm going to Disney World!

Once a month, I take time out of my busy work and personal schedule to supervise the flow of individuals who, without the extra food, would not get proper nutrition and, in some cases, would go hungry.

I have been a volunteer at that food pantry for more years than I can remember. Though I am not looking for any kudos, I graciously accept Disney Parks' decision to celebrate people like me through "Give a Day, Get a Disney Day." Even the biggest cynic would have difficulty criticizing a campaign that will most certainly give a very necessary boost to the ranks of national service. "A company like Disney has the ability to make big shifts with people," said Brad Baker, manager of marketing strategy at Walt Disney World, during a recent phone conversation. "When we go out with a message like this, people listen and people react."



Just My Opinion

As a volunteer, the payback for me is a sense that I am helping improve the quality of life for someone who needs a break. But I have to admit a day at one of those parks, compliments of Walt Disney, makes me feel a little more special.

"Volunteerism isn't something you want to pat yourself on the back for," said Baker. "We want people to take the initiative and go out and do it. We felt that would be worth celebrating."

The first 1 million individuals who sign up through the program and complete a day of volunteer work, will get a free one-day admission, worth \$79, to a Walt Disney World Resort or Disneyland Resort theme park.

Every moment I spend at the food pantry is a soul-enriching experience for me, even while it is heart breaking to meet some of the people that come through the doors — frail widows whose Social Security checks don't stretch enough to afford basic necessities, the newly unemployed struggling to put food on the table for the family, people whose handicaps preclude them from regular employment.

I end my shift feeling I should do more because I am so blessed to have so much. Even as my own family has felt the impact of this recession, my troubles don't even register compared to the misfortunes I see each month.

So, if folks are offered motivation to volunteer once, they will surely want to



ORLANDO, Fla., Feb. 11 — Disney Parks unveiled this canned food structure comprised of 115,527 cans and featuring Disney characters during a special event for the new Give a Day, Get a Disney Day volunteer initiative. Hundreds of volunteers, including Fifty Plus Advocate Executive Editor Sondra Shapiro and her husband, David Budnik (pictured), then dismantled the structure and boxed the cans for shipment to food banks in Orlando, Fla., Miami and Atlanta. *(photo by sondra shapiro)*

make it a part of their regular routine.

The nation — more than at any other time in recent history — needs to count on volunteers to attend the less fortunate; "Give a Day, Get a Disney Day" is responsible for already helping to spur individuals into action.

Though Disney does not give numbers, Baker said there has been "a really positive reaction."

While the initiative began in January, news items across the country report a huge influx of interest, with some agencies saying that hundreds are knocking at the door. So far, more than 600,000 individuals have signed on.

When I perused local opportunities online through the Disney program I found positions for food pantry volunteers, meals on wheels drivers, positions at the Animal Rescue League, Habitat for Humanity, Heifer International, Ocean Explorium and various openings at my local councils on aging.

A recent survey, conducted by New York-based Kelton Research in November, found that 59 percent of Americans plan to volunteer in 2010. Survey results also showed that 41 percent of Americans would rather pledge to help others, such as volunteering, than resolve to do something that is purely self-serving. That information coincides with what Disney found when it surveyed its visitors.

"This is something that our guests were interested in. We delved a little deeper to find out the kinds of things they want to celebrate and volunteering came out of that," said Baker.

So the Give a Day program became a natural outgrowth of the company's recent "What Will You Celebrate?" campaign that acknowledged milestones in people's lives such as birthdays, anniversaries or running that first marathon.

Could this campaign be more fortuitously timed? The recession has taken a toll on employment and state budgets. Never has the need been greater among average citizens, with programs, agencies

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Dr. shortage leaves country unprepared for 'Silver Tsunami'

By Brian Goslow

Like many of his fellow geriatricians, Dr. Gary Blanchard of Saint Vincent Hospital in Worcester has been keeping a leery eye on Jan. 1, 2011. That's when the "Silver Tsunami" of baby boomers first hits the United States' Medicare/Medicaid system with over two and a half million Americans turning 65 in the following 12 months alone.

With only 100 or so students graduating nationwide with a geriatric degree from medical school each year, it's easy to imagine the challenges ahead for both the medical profession and those who will need their services.

A 2008 study by the National Academy of Sciences, "Retooling for an Aging America: Rebuilding the Health Care Workforce," warned, "Recruitment and retention of all types of health care workers is a significant problem, especially in long-term care settings. Unless action is taken immediately, the health care workforce will lack the capacity (in both size and ability) to meet the needs of older patients in the future."

Should you be worried?

"In a word, yes," said C. Seth Landefeld, M.D. of the University of California, San Francisco. "They should be especially worried as they become sick or frail. Most people at 65 are still pretty robust. I'm more concerned about the ability (to access proper care) for folks as they slow down and become less able to do everything they were used to doing in their 50s and 60s. Generally, with people, when they reach their 70s, 80s and 90s, they begin to slow down. They may not be able to do the chores they used to do or they become forgetful."

When that occurs, more than likely, it's not a single health issue, but a combination of them affecting one's health. "It's a collection of diseases that make treatment complex," Landefeld said.

"The health care system is set up for a kidney replacement, a PET (Positron emission tomography) Scan or to fix someone's cataracts.

"But they're not ready for when somebody falls or becomes a bit more forgetful than they used to be," he continued.



Landefeld

"Traditionally, treatment has been organ specific — something's broken, we can fix it. That doesn't work in these instances."

While it may be easy to find a neurologist or a cardiologist, said Landefeld, it's harder to find somebody to talk about such issues as what memory problems mean and whether an elderly person should be driving. "Finding good care for those who become frail is really hard," he said.

Blanchard, a *Fifty Plus Advocate* contributor, hopes to help alleviate the shortage of geriatricians by sharing his knowledge through a chief resident immersion program in geriatrics and geriatric principles for those in a position to influence the greatest number of students at the UMass Medical School in Worcester.

Of the 100 or so doctors who enter the field of geriatrics each year, Landefeld noted that not all of them remain in the United States. Those who do, he said, "have to take care of tens of millions of people."

Almost everyone will eventually find this shortage affecting the care of loved ones. "The shortage of geriatricians comes home to roost when you're 40 or 50 and you can't find someone to care for your parents," Landefeld said. "And if you do find someone, the treatment can cost six figures."

Carol Grannick of Wilmette, Ill., is grateful for a friend's



referral that enabled her to find an area geriatrician to look after her mother during the final 15 years of her life. Annette Coven had begun to be confused about her medication in her early 70s and had moved closer to her daughters. "She didn't have Alzheimer's," Grannick said. "It was just complicated."

Grannick said her mother's main complaint was seeing lots of specialists and doctors who weren't sensitive to her needs. "They'd say, 'That's because you're old,'" Grannick said. "That's not the best way to do it. Older bodies don't metabolize medicine and food the same way and if doctors aren't sensitive to that, it's a real issue."

She couldn't say whether Coven's doctor's sensitivity was due to his training as a geriatrician; what made him stand out was his ability to address each medical issue on its own merit. "His attitude was let's take this person where she's at in every way in the context of her life — not just how she was living that day, but where she wanted to live and how she took care of herself," Grannick said. "He was always kind and caring and sweet to her. He was always patient with her, even when she was feisty, which she could be. But he didn't let it bother him."

That turned out to be a good thing because when it came to following a healthy diet, Coven wasn't always on her best behavior. "She was a non-compliant diabetic; she didn't want to be told how to eat," Grannick said. "Her doctor adjusted her medication accordingly. If she ate sugar-containing ice cream, which she shouldn't have done, he gave her medicine to offset that. He put her on a low-salt diet for a week. She tried it, but knew it wouldn't work. So he adjusted her medicine."

The doctor not only worked with his patient, but with Grannick and her sister, who had a hands-on partnership in looking after their mother. All three agreed the doctor had the final word on treatment. "They (the doctor and Coven) had a strong bond that helped him care for her and helped by being our lynchpin when she didn't want to take her meds. We'd say, 'Your doctor wants you to take them.' She respected him enough that she'd take them. Only at the end of her life, the last month when she was in hospice at home, did he agree she could stop taking her medication (because

it was so difficult for her)."

Coven passed away just short of her 91st birthday last fall.

When Saint Vincent Hospital's Blanchard graduated from Tufts University in 2004, he had only received two weeks of geriatric training, at most. That's slowly changing for med school students. "I'm optimistic the interns of today have a better mindset (toward older patients than when I was a student)," he said. "When it comes to geriatric patients, interns now consider the (overall) effect of a medication, maybe giving a smaller dose."

A huge barrier in attracting current doctors and medical school students to becoming geriatricians is the pay tends to be less than in a general practice. In most instances, Medicare and Medicaid, which many older Americans depend on for their medical coverage, reimburses at a much lower fee. That's unappealing for a student looking at thousands of dollars of college loans to pay off. Six years after graduating, Blanchard still finds himself saddled with a quarter of a million dollars of student loan debt.

"Medical school students don't want to go into geriatrics," he said. "You have to get extra schooling to become board certified, but even with the extra schooling, geriatricians make less money."

Blanchard said a financial incentive might help turn things around. "It's not motivated by greed or design to do more procedures and make money," he said.

Blanchard said most Americans are used to their annual checkup taking 15 to 30 minutes, followed by the suggestion they lose some weight and perhaps start taking a medication to alleviate high blood pressure. "It's not that simple when you walk in with an array of health issues and a failing body," he explained. "Primary care physicians don't have the time (to address them all properly). They only have a half-hour to cover 12 medicines and six problems."

Also, some physicians have an age bias and haven't acknowledged the expanding lifespan, now 78.3 years for the average American, a good 10 plus years longer than when most doctors entered the medical profession. "It's about a mindset," Blanchard said. "I can see a hearty 91-year-old with the protoplasm of a 73-year-old."

Geriatricians don't need to be a person's primary health care provider, Blanchard said. "They can set up the system of care and provide the expertise," he noted, adding, the shortage in the field means there isn't a huge pool of geriatricians available to share that knowledge.

That's what University of California's Landefeld is doing. He contributed to the compilation of "Care of the Aging Patient: From Evidence to Action," an ongoing series of articles in *JAMA*, the journal of the American Medical Association, that began in January. It's aimed at educating physicians on the differences between geriatric and primary care and how to go about learning how to care for those 60 and older.

"A lot of people (physicians) assume they can take care of older patients but it is a little different," Blanchard said. "It's up to physicians already in the medical field to educate themselves on and keep up with trends in the geriatric field."

When might the public start clamoring for the shortage of geriatricians to be addressed? "They'll feel it when they become frail and have to see eight different specialists," Blanchard said. "Then the chorus will grow louder."



Blanchard

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Read more at www.fiftyplusadvocates.com

New publication offers guide to healthy, happy old age

By Brian Goslow

BOSTON —

A new U.S. Department of Health and Human Services-funded publication is aimed at making Massachusetts families aware of the long-term needs they will face in the years ahead. It gives plenty of ideas on how to make those years as healthy and enjoyable as possible.

Gov. Deval Patrick, Secretary of Elder Affairs Ann L. Hartstein and Undersecretary of Consumer Affairs and Business Regulation Barbara Anthony announced the release of the 44-page *Embrace Your Future* planning guide in late January. The governor's Office sent out 400,000 letters and brochures to state residents encouraging them to mail the enclosed pre-paid reply postcard to receive a free copy.

The guide encourages state residents to begin thinking about and planning for the future they want for themselves and their loved ones and provides an array of step-by-step resources for that purpose.

"We wrote it in such a way as to have those

conversations (people normally avoid)," Hartstein said. "It's a pretty non-threatening conversation they can have about things that are important in their lives. Parents can talk with their family members about the roles they want them to play (in addressing potential health and financial issues)."

For still-working baby boomers, there are tips from increasing the amount they put in their retirement savings and finding out whether their employer offers long-term care insurance, to staying physically active, to considering physical modifications to their home that could enhance their senior years.

The increasingly clear message is that adopting a healthier, more active lifestyle — eating more nutritional food and volunteering time so as to

stay active and engaged in the community, for instance — can lower the risk of becoming disabled in later years. "People are starting to understand they have a role to play in how they function in life and that how they live today can play a role in their avoiding disabilities later in life," Hartstein said.



Gov. Patrick during event unveiling *Embrace Your Future* guide

GUIDE page 6

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Senator Scott Brown on taxes, entitlements and social issues

By Rochelle Sharpe

Massachusetts' new senator, Scott Brown, is a self-described "new breed of Republican" — and an unknown quantity on many issues of interest to people over 50.

AARP BULLETIN: MASSACHUSETTS NEWS

The truncated campaign created a shorthand description of a handsome man who drove a GMC Canyon pickup truck and vowed to vote against health care reform — and little else. But an AARP review of Brown's voting record and public statements shows a senator who is open to tough scrutiny of Medicare and Social Security, adamantly opposed to tax increases, and a hardliner on terrorism and immigration.

Deborah Banda, state director for AARP Massachusetts, called Brown "a bit of a blank slate on national issues," noting that he had declined to answer questions for the AARP voters' guide for the special election. Brown was elected Jan. 19 to succeed the late Edward M. Kennedy, the liberal senator who held the seat for nearly half a century.

"He's been invisible on senior issues," said Al Norman, executive director of Mass Home Care, an association of 30 nonprofit groups that help older residents

with home and community care. Norman said he tells people Brown has no record on issues important to older people.

"No agenda could be a bad agenda," he said.

Norman said he was alarmed by a remark that Brown made in the middle of the final Senate debate. When asked whether he would consider cutting entitlement spending, Brown at first said that he would favor the creation of a commission to study the issue. But then Brown said: "You have to do a top to bottom review of every federal program. ... Of course, you need to look at entitlements and you need to look at every other program and project in Washington."

The Republican senator would never raise taxes to help rescue Medicare or Social Security, said Robert Blendon, a Harvard professor of health policy and political analysis. Instead, he would likely find other ways to reform the programs. About 1 million Massachusetts residents receive Social Security and Medicare.

A three-term state senator and one of only five Republicans in the 40-person state senate, Brown did not wield much power on Beacon Hill. Many lobbyists would not naturally seek Brown's support on legislation, simply because he was a

Republican in a staunchly Democratic legislature.

"We've never turned to him for help," Norman said, and "he's never reached out to elderly groups."

Since so many legislative changes get passed through the state budget, Brown's voting record in the legislature isn't easy to pin down. Brown's online biography states that he supports a tax credit of up to \$1,500 a year to help older people with prescription drug costs. And it says he supports legislation to provide tax assistance to offset the cost of caring for older family members in their homes — a bill that Norman calls "a non-starter" because it has been repeatedly introduced in the legislature since 1986.



Brown voted to eliminate the offset that reduced unemployment checks to people who also receive Social Security benefits. And he voted to ban gifts to doctors from pharmaceutical companies and makers of medical devices.

Brown made it clear throughout his campaign that he opposes high taxes. And he wrote in an op-ed in the Boston Globe: "My plan for the economy is simple: an across-the-board tax cut — in the tradition of John F. Kennedy."

He has said tax increases will hurt the nation's economic recovery, and he does not want another stimulus bill because he thinks it would increase debt and fail to create jobs. He opposes the White House plan to tax banks that received federal bailout money, saying that the banks would pass their higher costs on to consumers by increasing service fees.

While Brown supported Massachusetts' universal health care law in 2006, he now says the state must turn its attention to controlling costs. He framed his opposition to nationwide health care reform in terms of how the legislation would

raise taxes. After the election, Brown said each state should be able to pass health care plans of its own. "The one-size-fits-all plan that's being pushed nationally doesn't work," he said.

On other issues: Brown opposes the national cap-and-trade proposal to limit greenhouse emissions because of the cost to families and businesses. He approves of waterboarding, the simulated drowning of terrorism suspects that is now banned as torture. And he wants suspected terrorists to be tried in military tribunals rather than criminal courts.

Brown opposes amnesty for immigrants and supports the death penalty. On abortion, he said, "This decision should ultimately be made by the woman in consultation with her doctor," but he supports parental consent and opposes so-called partial birth abortion.

Married and the father of two daughters, one of whom was a semifinalist on the American Idol television show, Brown had a difficult childhood. His mother was on welfare for a while and his parents were divorced, causing him to live at times with an aunt and grandmother. He was arrested for shoplifting when he was 12 and he posed nude for Cosmopolitan magazine's "America's Sexiest Man" feature to help pay his law school bills.

He practices real estate law and became a state legislator in 1998.

In his victory address on election night, Brown conceded that he had a lot to learn in the Senate.

"I go to Washington as the representative of no faction or interest, answering only to my conscience and to you the people," Brown said. "But I know who I am, and I know who I serve. I'm Scott Brown. I'm from Wrentham. I drive a truck. And I'm nobody's senator but yours."

Reprinted from AARP Bulletin Today. For more news and information, visit AARP Massachusetts online at www.aarp.org/ma

► Guide

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However, as people live longer and healthier lives, the likelihood they will need long-term supports at some point also increases. Long-term supports are services designed to meet health and or personal care needs over an extended period of time. Most include assistance with daily activities including shopping, laundry, preparing meals, and personal care including bathing, dressing or eating. This isn't just a senior health issue, Hartstein pointed out, noting that nearly 40 percent of residents receiving long-term support are between the ages of 18 and 64.

With statistics predicting that more than two-thirds of state residents will need long-term support at some point in their lives, Hartstein said, it's essential that planning for that likelihood begin as soon as possible.

Medicare and Medicare supplemental insurance generally do not pay for long-term support services and MassHealth (Medicaid) only pays for long-term supports for those

with limited means. Many state residents only qualify for MassHealth after long-term support expenses have drained their financial resources.

A checklist at the end of the *Embrace Your Future* guide will serve as an icebreaker and a reminder of important things each resident should do for their long-term health planning, from eating healthier diets and exercising, learning about Medicare and Medicaid (MassHealth), advanced health directives, exploring new housing options and looking after their financial affairs.

"The checklist is definitely a roadmap on how to proceed," Hartstein said. "People can work on each item on a one-by-one basis. (After looking at it) there will be a lot of discussions on how each thing on the list will affect them."

The *Embrace Your Future* guide includes phone numbers and website links to Massachusetts-specific and national health and finance resources.

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Questions? Contact Vanessa Oliveira at 617-438-7503 or vanessao@bu.edu



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Restaurant food has more calories than advertised

BOSTON —

Dieters can't believe everything they read: The food at many popular chain restaurants and in the freezer section of the supermarket may contain a lot more calories than advertised.

A study of 10 chain restaurants, including Wendy's and Ruby Tuesday, found that the number of calories in 29 meals or other menu items was an average of 18 percent higher than listed.

And frozen supermarket meals from Lean Cuisine, Weight Watchers, Healthy Choice and South Beach Living had 8 percent more calories than the labels said, according to the newly published study.

The researchers and other experts aren't accusing restaurants and food companies of trying to deceive customers. They said most of the discrepancies can be explained by variations in ingredients, portion sizes and testing methods. For example, the teenager behind the counter might have put too much mayonnaise on one sandwich.

Still, "if every time you eat out, you get a couple of hundred calories or more than you think, that can add up really easily," said lead researcher Susan Roberts, a professor of nutrition at Tufts University. "There's a big drumbeat for people putting calories on menus, but that's only useful if

the calories are right."

The study said most of the packaged food tested fell within the 20 percent margin of error allowed by the Food and Drug Administration.

Some items, like Domino's large thin-crust cheese pizza, came in low. It had one-third fewer than the reported 180 calories per serving.

Wendy's Ultimate Chicken Grill was found to have 9 percent more calories than the reported 320. P.F. Chang's large Sichuan-style asparagus had more than double the 200 calories it was supposed to have. Ruby Tuesday's baked potato with butter and sour cream came in on target, but researchers measured 3 percent more calories in McDonald's McChicken sandwich, which is said to have 360 calories.

Wendy's spokesman Bob Bertini said: "Since our food is prepared to order by restaurant teams, there can be small variances in the calorie count. For example, one sandwich might have a bit more mustard or ketchup. The next sandwich, the customer might choose to leave off the lettuce and tomato."

As the nation grapples with staggering obesity rates, local and state officials around the country have considered

requiring chain restaurants to post nutrition information about their food. New York City, neighboring Westchester County and King County in Washington state already have such regulations.

Despite the inaccuracies, Nestle said she believes nutrition information is useful. But she said people need to realize that a bagel listed at 303 calories could contain dozens more, or dozens fewer.

Researchers used a calorimeter to test food from Boston-area restaurants and grocers. They compared their results with calorie counts available from the companies in 2007 and 2008.

In a statement, a Denny's spokeswoman said variations in portion sizes can occur from restaurant to restaurant. The company also said it uses local vendors for bread, dairy and produce, each of which could have different product formulations and sizes.

Denny's questioned the study's contention that its grits and butter had three times the 80 calories listed on the menu — the largest fluctuation of all foods tested. Denny's said the researchers tested a 9.5-ounce serving instead of the 4-ounce one used in its own analysis. — AP



Leading expert says healthful aging depends on current daily habits

When it comes to healthful aging, a preventive approach is the key to success. By implementing some simple healthy habits today, individuals can achieve a healthier future. "Our bodies' health — particularly as we age — requires



that we take precautionary measures to strengthen ourselves," said Donnica L. Moore, MD, women's health expert and advocate, and editor in chief of *Women's Health for Life* (DK 2009). Consider

her tips for healthful aging as part of an improved wellness plan.

Lather Up: Warm weather entices many people outdoors, but sun safety is essential. Aside from same-day dangers, like sunburn and heat exhaustion, over-exposure to the sun can cause premature aging and, in some cases, skin cancer. To safely enjoy the outdoors, apply — and reapply — an oil-free, anti-aging sun block

every day for skin that is properly moisturized and protected from damaging UVA and UVB rays. Also, remember to wear a hat and sunglasses to help protect the scalp and eyes.

Shield Your Smile: The health of your smile is influenced by daily dental health routines, as well as dietary factors. Enamel loss can occur when acids from everyday

food and beverages, such as fruit, yogurt, salsa, orange juice and sports drinks, attack the tooth surface. If left untreated, the result can be irreversible enamel loss, which can lead to larger issues such as cavities, sensitivity, veneers, dentures and even oral surgery.

Exercise and Energize: People who exercise frequently not only look better, but

they feel better too. The short-term effects of exercise include better stress management and increased energy. Long-term benefits include easier weight control, stronger bones and muscles and a decreased risk of developing heart disease and diabetes. Consider tennis, golf, yoga and walking as these activities can be catered to any fitness level and age. — ARA

Study finds risk from popular heart bypass method

A common method used in heart bypass surgery spares patients pain and problems upfront but seems to raise their risk of dying or suffering a heart attack over the next three years, a worrisome new study finds.

The results could have a big impact — about 450,000 bypass operations are done each year in the United States and 70 percent of them use the method at issue.

It involves the way doctors remove a leg vein that is cut up and moved to the chest to create detours around clogged heart arteries.

For decades, this was done with a long incision — sometimes groin to toe. That was painful, left a big scar and often led to infections and longer time in the hospital.

About 13 years ago, doctors started trying a new way: making small "porthole" cuts and using a tiny scope and tools to tunnel along the vein and pull it out through the small openings. This quickly became popular as part of a big push toward less invasive surgery.

The study found that people who had the small-incision method were significantly more likely to die, suffer a heart attack or need another artery-opening procedure in the following three years. The likely reason is that the vein suffers damage from being pulled out and doesn't hold up well over time.

More research is needed to confirm the results.

The research involved 3,000 patients at more than 100 sites around the country who had been part of another study testing an experimental drug. Because its primary aim wasn't to evaluate the leg artery removal technique, the results are not considered definitive.

Still, it is the largest study, with the longest follow-up, to look at this method, and the results are a surprise, doctors said. More than 9 percent of people whose veins were removed with the newer small-incision method died or suffered a heart attack in the following three years, versus fewer than 8 percent of those who had the traditional big incision. — AP

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Make an educated choice: Home agency or private caregiver

By Jeannette Sheehan

Are you at home and not able to do it all anymore? There are options for you to get assistance and remain at home. We all know most prefer to live at home. These familiar surroundings provide comfort, security and stability. Not only do people recover more quickly at home, there is less chance of acquiring a super germ in one's own kitchen. Friends and relatives can drop in when they like without having to adhere to visiting times that some other settings impose.

HOME CARE TIPS

So when you make the choice to remain at home with some assistance, make sure to find the services that will meet your needs. The best way to ensure this is through a dependable, knowledgeable and experienced caregiver that is assigned to you, and is there to keep you safe and comfortable in your own home. So how do you find that person? Do you hire privately or do you use an agency?

How do I find a caregiver?

In tough financial times like these, we all want to save money. While on the surface hiring a caregiver directly may seem less expensive there are things you might want to consider. If you hire directly make sure you understand your responsibilities:

Conduct a hiring interview, check employment references and conduct a criminal background check.

- Conduct a hiring interview, check employment references and conduct a criminal background check.

- Withhold all mandated taxes on wages.

- Purchase liability insurance, worker's compensation, unemployment insurance and non-owned automobile insurance if your caregiver is driving the client.

- Understand your needs and the level of skill required for the caregiver.

- Provide supervision to the worker.

- Develop a back up plan when the worker is not available.

What are the benefits of using a home care agency?

When you work with a home care agency, the agency will be responsible for the hiring process, which includes reference and criminal background checks, and employment authorization. The agency is also responsible for paying worker's compensation insurance, taxes (social security, federal and state) and professional/general liability bonding.

Most important, the agency will send a skilled nurse to develop a customized care plan to meet the client's needs, supervise

and train the caregiver. Some agencies with nursing staff can provide case management services, coordinate services with other providers, and change the plan of care as the client's needs change. In addition the agency will handle the caregiver's schedule including replacement coverage for sick/vacationing workers.

The agency works for you and should anything come up, the agency should be available by phone 24-hours a day/365 days a year.

What to look for in a home care

agency?

As each situation is different, only you can decide what is right for you and your family. For more information visit the National Private Duty Association at www.privatedutyhomecare.org.

Jeannette Sheehan, MSN, RN, Board Certified Nurse Practitioner is founder and owner of ABC Home Healthcare Professionals, 233 Albion Street, Wakefield. She can be reached at 781-245-1880. Visit their website at www.abchhp.com.

Hormone pills may make lung cancer more deadly

ORLANDO, Florida —

There is more troubling news about hormone therapy for menopause symptoms: Lung cancer seems more likely to prove fatal in women who are taking estrogen-progestin pills, a study suggests.

Hormone users who developed lung cancer were 60 percent more likely to die from the disease as women who were not taking hormones, according to the results.

The new findings mean that smokers should stop taking hormones, and those who have not yet started hormones should give it careful thought, said Dr. Rowan Chlebowski of Harbor-UCLA Medical Center in Los Angeles, who led the analysis.

It's the latest finding from the

Women's Health Initiative, a federal study that gave 16,608 women either Prempro or dummy pills. The study was stopped in 2002 when researchers saw more breast cancers in those on Prempro, the estrogen-progestin pill made by Wyeth Pharmaceuticals. They continue to follow what happens to women in the study.

The new analysis looked at non-small-cell lung cancer, by far the most common type. It found no big difference in the number of lung cancers that developed in hormone users after five years on the pills and more than two years of followup.

However lung cancer proved fatal in 46 percent of hormone users who developed it versus 27 percent of those given dummy pills. — AP

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Museum hopping in the Windy City

By Victor Block

During past visits to Chicago, I discovered its magnificent architecture, wandered through neighborhoods, enclaves of cultural diversity, and waited as my wife took advantage of the city's reputation as a shopping mecca.

Which is why during my most recent trip there, I focused on a different way to experience the Windy City. I sampled more than 40 museums that serve as another claim to fame.

The natural place to begin is the lakeside campus that is home to three world-class institutions. A fearsome dinosaur and creepy mummies are among

more than 22 million displays at The Field Museum. Sue, a 42-foot-long T. rex dinosaur that roamed the Earth 65 million years ago, stands just inside the museum's entrance door, her razor-sharp teeth fixed in a permanent grin. She is the largest, most complete T. rex skeleton in the world.

Elsewhere in the museum, the story of ancient Egyptian mummies is among films presented in the recently opened big screen, high-definition 3-D theater.

A stroll through the Ancient Americas exhibit leads past an early re-created pueblo household, a life-size reproduction of an Eskimo semi-subterranean house, and introductions to the awe-inspiring Inca, Mayan and Aztec empires. A full-size replica of a 22-ton "sun stone" recalls the Aztecs' very advanced understanding of the universe.

Not to be outdone in size and scope, the nearby John G. Shedd Aquarium houses the world's largest indoor collection of sea life, including aquatic mammals, reptiles and amphibians. The recently renovated Oceanarium immerses visitors in the coastal ecosystem inhabited by beluga whales, dolphin, sea otters, sea lions and other fish and invertebrates.

A Caribbean reef and Polar Play Zone are two of several realistically created environments. The Amazon

Rising room dramatically demonstrates the change in water level, up to 30 feet, that alters the landscape and lifestyle of people who live in the vast rain forest.

After explorations of the Earth's oceans and land, the Adler Planetarium & Astronomy Museum transports visitors to far reaches of the universe. The Night Sky Live presentation offers a virtual trip through the skies, while 3D Universe is a musical journey to distant galaxies as you're surrounded by soaring classical music.

Exhibits scattered helter-skelter throughout the museum combine fascinating factoids with fun. In the former category is a sign announcing that our galaxy contains about one trillion stars, and that of the dozen Martian meteorites known to have struck the Earth, two are at the Adler.

The enjoyment category includes an opportunity to "drive" a model of the Adler Rover, which explored the surface of Mars in 1997. I also got a kick out of a wall-size image of the Milky Way with an arrow near one edge and the rather droll message, "You are here."

Returning from the Milky Way to the local setting, a stop at The

Chicago History Museum provides a sometimes offbeat introduction to the city's past and lifestyles. The collection boasts something-for-everyone. A timeline of economic activity in Chicago ranges from early fur trading to the famous stock yards to its current role as a major center of business activity. Among dramatic displays recalling the Great Fire of 1871, are household objects that were fused by the heat of the flames.

Visitors may sit at tables in a colorful re-creation of a jazz nightclub to watch videos and hear music played by some of Chicago's most famous musicians of the past. Not far away stand the Pioneer locomotive, the first train engine in Chicago when the railroads made the city a hub of manufacturing and trade in the mid-19th century, and "L Car No. 1," built in 1892 and the only remaining example of the original fleet of elevated cars.

Two ethnic groups are highlighted at much smaller museums. The Spertus Museum explores Jewish culture



Sue at Field Museum

through artifacts that are imaginatively displayed on floor-to-ceiling shelves. This "open depot" arrangement is meant to resemble vaults in which many museums store most of their items, hidden from visitors.

Many objects, including prayer shawls and an elaborately carved Torah ark, have direct religious significance. One area holds Holocaust material, much of it from concentration camps, and another displays objects related to the city's Jewish immigrants. Viewers of all ages are delighted by an intricate dollhouse made as a token of thanks for the daughter of a woman who helped displaced persons in Eastern Europe after World War II.

It's not surprising to find the Polish Museum of America, since the city is home to the largest population from Poland outside of Warsaw. I learned that Polish immigrants arrived as early as 1608 to serve as instructors in the manufacture of glass and other goods.

A number of exhibits are devoted to leading Polish actors, military figures and politicians. An entire section is devoted to Pope John Paul II, with emphasis on his October 1979 visit to Chicago. Among displays from the Polish Pavilion at the New York World's Fair in 1939 are 120 delicately hand-painted Easter eggs, each an art treasure in itself.

Despite its variety, my itinerary merely scratched the surface of museum experiences available to visitors to Chicago. Time didn't allow stops at some of the leading art museums in the world, or other small but captivating neighborhood museums devoted to Mexican, Lithuanian, Swedish, Greek and Ukrainian cultures.

Yet I came away with new-found knowledge not only about our world and the universe, but also of a metropolis that often is said to be in many ways the most American of cities.

For more information about visiting Chicago, call the Office of Tourism at 877-244-2246 or log onto www.explorechicago.org.



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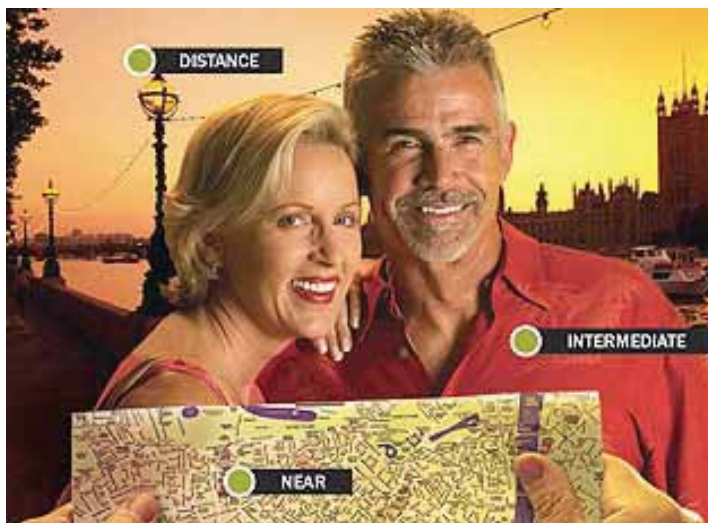
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Social activities key to physical wellness among older adults

Loss of muscle strength, speed and dexterity is a common consequence of aging and a well-established risk factor for death, disability and dementia. Yet, little is known about how and why motor decline occurs when it is not a symptom of disease.

Now, researchers at Rush University Medical Center have found that, among the elderly, less frequent participation in social activities is associated with a more rapid decline in motor function.

"It's not just running around the track that is good for you," said Dr. Aron Buchman, associate professor of neurological sciences at Rush University Medical Center. "Our findings suggest that engaging in social activities may also be protective against loss of motor abilities.

"If the causal relationship is confirmed by others, the implications are enormous for interventions that can help the elderly. Our data raise the possibility that we can slow motor decline and possibly delay its adverse health outcomes by supporting social engagement — a relatively low-cost solution to a very large public health problem."

The researchers recruited 906 older individuals from retirement facilities, subsidized housing complexes, church groups and social service agencies in northeastern Illinois who had no signs of dementia or history of Parkinson's disease or stroke.

At the outset of the study, the participants filled out a survey indicating their level of participation in a variety of activities involving social interactions, such as doing volunteer work, visiting friends or relatives, or attending church or sporting events. Frequency of participation in these activities was measured using a five-point scale, with one indicating participation in a particular activity once a year or less; two, several times a year; three, several times a month; four, several times a week; and five, every day or

almost every day. Demographic information, weight, height and disabilities were also recorded.

The researchers then annually assessed the participants'

basic motor function, including muscle strength in the arms and legs and motor performance, including walking and balance. Participants were followed for an average of five years.

The study found that motor decline was more rapid in those who less frequently participated in social activities, with each one-point decrease in a participant's social activity associated with an approximate 33-percent more rapid rate of decline.

A one-point decrease on the social activity scale was equivalent to being approximately five years older at the start of the study, according to Buchman. — Newswise



Socializing can help elderly women lift spirits and stay sharp

Socializing with friends and family can do more than lift the spirits of elderly women — it can improve cognition and might help prevent dementia, according to a new study.

The study began in 2001 and included women at least 78 who were free of signs of dementia. Researchers conducted follow-up interviews between 2002 and 2005.

Women frequently experience increas-

ing social isolation as they age, but it has been difficult to make a solid connection between this social separation and cognitive function and dementia.

For this study, researchers pooled data from 2,249 members of a health maintenance organization, comparing health conditions and demographic information for women with and without dementia at follow-up, at which time they identified 268 new dementia cases in the previously

screened women.

The researchers rated each woman's social network by asking about the number of friends and family members who kept in regular contact, and of these, how many she felt she could rely on for help or confide in.

Of the 456 women with low "social network" scores, 80 women (18 percent) had developed dementia. Of the 1,793 women with stronger social networks, 188 (10

percent) had developed dementia.

"Finding ways to help older adults remain engaged in productive and enjoyable activities is an important component of successful aging," said Cathleen Connell, Ph.D., head researcher at the Center for Managing Chronic Disease at the University of Michigan. "Not only have social networks been linked to positive physical and mental health outcomes, but also to quality of life." — Newswise

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New technology allows macular degeneration sufferers to read

By Eliza J. Anderson

Ella M. has surrounded herself with books her entire life. A graduate of Hunter College in 1938, she went on to work as an editor, writer and book designer — a vocation she didn't fully let go of until she was 80 years old. Then, like millions of older Americans, macular degeneration began taking her eyesight, eventually leaving her unable to read.



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Macular degeneration is damage to or breakdown of the macula of the eye. The macula is a small area at the back of the eye that allows us to see fine details clearly. Macular degeneration makes close work like threading a needle or reading a book,

difficult or impossible. When the macula doesn't function correctly, we experience blurriness or darkness in the center of our vision.

There are two forms of macular degeneration and medical treatment is available for some people. However, there is no treatment that will stop the progression of the disease.

It was depressing, Ella admitted. "I couldn't do anything! I was very, very down. My vision was getting worse, but to not be able to read, that was the killer." Ella needed to explore other options in order to be able to continue her passion for books.

There are any number of devices on the market to aid with age-related macular degeneration. Most of them are video readers, magnifiers or digital book players. But none seemed to be a good fit for Ella.

Three months ago the facility where Ella and her husband live organized a day for residents to learn about and try out some of the latest assistive technology for low vision. A staff member told Ella about a new standalone reader. She heard it was simple to use, required no computer or computer skills, and could read printed text

on everything from books and junk mail to a frozen TV dinner.

The portable device has everything Ella needed. Place some text under the camera, a picture is taken, and the device starts reading. Wave your hand (or remove the text) and the device stops reading. Wave your hand again, and it will start where you left off. For Ella this was helpful because it has been years since she'd used a computer, and because the reader fits neatly on her desk.

"It doesn't sound like a robot. And it has saved my life! Now I can read what I wrote."

At 91, Ella said, "Now, every day, I find another way I can use it. And, really it's

the little things that matter the most, like reading phone numbers. It's not so much about books. Yesterday I read the details of our cable contract. So it goes from the big to the small."

According to Ella, "I have had to give up a lot of things, both physically and mentally, and this brings me back to really living."

Eliza Anderson can be reached at (eliza@elizajanderson.com). Eye-Pal SOLO is made in Acton, Mass. by ABiSee, Inc. For a free in-home trial or to hear Eye Pal SOLO read out loud to you over the phone please call Anna at 800-681-5909. Visit www.abi-see.com.

Eat fruits and vegetables for better vision

CHICAGO —

Carotenoids, found in green leafy vegetables and colored fruits, have been found to increase visual performance and may prevent age-related eye diseases, according to a study in the *Journal of Food Science*, published by the Institute of Food Technologists. Authors from the University of Georgia compiled the results of multiple studies on the effects of the carotenoids lutein and zeaxanthin on visual performance. These carotenoids play an important role in human vision, including a positive impact on the retina.

After reviewing the various studies, the authors concluded that macular pigments, such as lutein and zeaxanthin do have an

effect on visual performance. Lutein and zeaxanthin can reduce disability and discomfort from glare, enhance contrast and reduce photostress recovery times. They can also reduce glare from light absorption and increase the visual range.

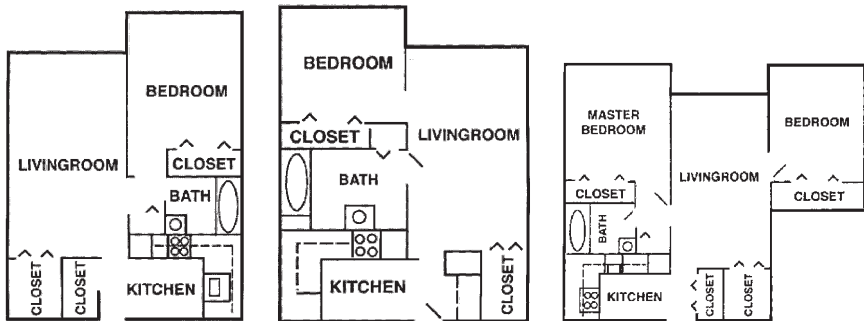
Lead author Dr. Billy R. Hammond Jr. noted that the research of the effects of lutein and zeaxanthin are important because "it is clear that they could potentially improve vision through biological means. For example, a study conducted in 2008 suggests that the pigments protect the retina and lens and perhaps even help prevent age-related eye diseases such as macular degeneration and cataract."

— Newswise

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Older birthdays offer extra reasons to rejoice

By Dave Carpenter

Even if the candles don't all fit on the cake, there's extra reason to celebrate some key older birthdays in the post-meltdown economy.

Hitting certain milestones can provide financial and health-related security that those with their eye on retirement long took for granted but don't any more.

Since the bottom fell out of retirement portfolios in 2008 and early 2009, government entitlements and other protections earned with age have become more essential for the over-50 crowd.

Social Security and Medicare were almost an afterthought in the retirement planning process for many people a couple of years ago, according to Paul Leboeuf, a Houston-based financial consultant for Charles Schwab & Co. Inc. With the stock market booming, his clients weren't concerned with when they qualified for either program. They felt they had saved and planned sufficiently enough that they wouldn't need to rely on government money.

Since then, attitudes have changed because of the increased uncertainty and the entitlements are an underpinning of many retirement plans. Many of his clients are now thankful for the programs and even excited about becoming eligible, Leboeuf said.

"That's not to say that everyone is living

off Social Security, but from a right-brain emotional state it's a security blanket," he said. "They often sleep better knowing it's there."

Harry Lutz, 64, an actuary from Dunwoody, Ga., remembers long ago dreading the time when he would be in his senior years. But he is looking forward to his birthday in June for one reason in particular: becoming eligible for Medicare.

"I'm not necessarily eager to turn 65, but I'll enjoy it when it happens," he said. "My out-of-pocket expenditures for health care will go down."

That used to be his target age for retirement, too, like a lot of other people. But now he'd like to work until he's 69, the year his wife, Rosanne, also is old enough to get into Medicare.

Financial benefits from getting older are first triggered at age 50. That's when workers who are behind in their retirement savings become eligible to make catch-up contributions to their workplace savings plans, such as a 401(k) or 403(b), or individual retirement accounts. In 2010, that's as much as \$5,500 extra. Added to a base contribution limit of \$16,500, that's a maximum of \$22,000.

That's only noteworthy if you can afford to set aside the extra income. Just 13 percent of those eligible to make catch-up contribu-

tions in 2008 actually did so, based on a Vanguard study of more than 2,200 qualified retirement plans.

At 55, you can take money out of your 401(k) without being socked with the 10 percent penalty for early withdrawal.

Though there's a big asterisk attached to that qualification. You have to quit, retire or be fired.

It's really 60-somethings who have the biggest cause for celebration when they hit breakthrough ages. The ones that people get most excited about are when they become eligible for Medicare and, especially,

hit full retirement age as defined by Social Security.

"It's always a great day for people when they can turn in that application and get the full benefits," said Leboeuf.

The first older birthday with significant financial implications for all Americans is 62, the age when everyone becomes eligible to start receiving monthly Social Security benefits.

That doesn't mean you should take the money early. Social Security checks are about 25 percent less for the rest of your life if you retire at 62 instead of full retirement age, which now ranges from 66 to 67 depending

on your year of birth.

Financial planners generally recommend holding off on taking benefits if possible. Drew Denning, a vice president in the retirement services division at Principal Financial Group in Des Moines, Iowa, half-jokingly said people should even lie to themselves about their age, telling themselves they're about three years younger so they won't be tempted to apply early.

There are numerous compelling reasons to wait beyond 62.

Earnings limits on recipients who have not reached full retirement age can hurt them if they decide to work part-time later — they will reduce benefits by \$1 for every \$2 earned over the annual limit (\$14,160 in 2010). Traditional pensions are on the wane, making Social Security more essential for many. And waiting for those bigger monthly checks — for example, \$2,000 or more for someone who would have gotten \$1,600 at 62 — can really add up over the course of 15 or 20 years in retirement.

The economic turmoil has made it necessary for many to take advantage of the opportunity as soon as possible. Applications for benefits in fiscal 2009 were up 21 percent over the previous year, according to the Social Security Administration.

Turning 65 is a welcome event for many



BIRTHDAYS page 15

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Obama makes Auto IRA, retirement savings a focus

President Barack Obama is launching an effort to help Americans save more for retirement, hoping a government nudge or two can get them to do what many are unable to do on their own.

The package includes programs to guarantee all workers access to a retirement plan through their jobs; expand the tax credits that reward saving for retirement; and tighten 401(k) regulations to make them safer and more efficient.

The centerpiece of the push, the so-called automatic IRA, appears to have particularly strong backing. This would require employers who do not offer a

retirement plan to enroll their employees in a direct-deposit individual retirement account unless the employee opts out.

Other elements are sure to run into resistance. The most likely to be controversial is a proposal to encourage people to turn over part of their retirement savings in order to get an annuity or some other form of guaranteed lifetime income. The total costs to the government, not yet known, could be an issue too.

Obama submitted it in his proposed budget, and it could be adopted quickly.

Taken together, the administration believes the measures would dramatically increase retirement savings. — AP

► Birthdays

Cont. from page 14

because of Medicare. Most relieved are those who are retired and either don't have insurance or had no option but to get an expensive plan. That includes millions who have been denied proper health insurance because of preexisting health problems.

Just be aware that Medicare isn't a cure-all for high health care costs. People age 65 and over spent an average of \$4,888 per capita annually out of pocket for expenses not covered by insurance, according to a 2004 study by the National Center for Policy Analysis.

"There's still a misunderstanding about continuing health costs for retirees," said Denning. "A lot of people think, 'Oh, I hit

65, I don't have to pay for medical care now.' No — that doesn't go away."

Perhaps the biggest milestone for older workers is full retirement age, although it's not always on a birthday. It's 66 if you were born from 1943-54 and 67 if you were born in 1960 or later. In between, it's 66 and two months if you were born in 1955, 66 and four months if born in 1956, and so on up to 66 and 10 months for those born in 1959.

While that's worth celebrating, you can afford a bigger birthday party and a more prosperous retirement if you wait until 70.

If you postpone taking Social Security until then, your monthly check will reach its maximum amount. The benefit increases by 8 percent for each year you delay beyond normal retirement age. That could make it close to a third larger taking it at 70 than at full retirement. — AP

Why should you pay more for cremation?

By Joseph Casper

There are two reasons why you are willing to pay more for something. Either you don't know that there are options available to you or you could care less about the cost. In an emergency situation, the pressure to make a quick decision can place you in a difficult position. However, there are always choices and options that may take only a short amount of time to find out, but are well worth the effort.

I don't know about you, but I always get a second opinion. I subscribe to the age old adage: "Measure twice, cut once." In these trying and complicated financial times, spending less for something that costs more, is certainly something to think about.

Every funeral service starts with a basic cost and then the list of extra services begins. Buyer beware of funeral service providers who may charge membership fees; extra for house removals; removal of a pacemaker; mileage charges; sheltering of the deceased and more.

If you or someone you know is faced with a "funeral emergency" and the choice is cremation, how much are you willing to pay? Would you be willing to pay an extra \$1,000, \$2,000 or even more than the lowest cost? Does the final and complete cost for a cremation service matter to you?

You certainly can pay lots more if you wish. That is an available option. If the amount you spend for a cremation

service is of no consequence to you, then money doesn't matter.

Funeral service providers can charge you whatever they want for any service they list. By federal law they are required to give you a price list for every service they offer. The difference from what they charge and what you are willing to pay is the question. Think carefully about the choices you make that are over and above the cost of a simple cremation. Do these extra fees add to your feelings, or love for the individual? Is this what your loved one would have wanted?

Once you receive the price list, it's

I don't know about you, but I always get a second opinion.

either good for you or it is not acceptable. Why wouldn't you get a second opinion for a simple cremation? Gone are the days when you walked into a funeral home and they gave you a price and you paid it. There is no reason not to make your own choices be known.

We urge you to always get a second opinion and even a third. These are tough economic times for people with limited funds. When faced with a "funeral emergency" you should demand the best service at the lowest cost.

Joseph Casper is the owner of Casper Funeral Services. Contact him at 617-269-1930 or toll-free at 800-314-1890. Find out more information at www.CasperCremation.com.

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Trend toward smaller homes for thriftier seniors

By Adrian Sainz

Catering to baby boomers and seniors who've lost savings during the recession, retirement-housing designers and developers are shifting to smaller homes that are more energy efficient and maximize space.

When the financial markets swooned last year, many seniors and pre-retirees had to scale back plans for their golden years. More retirees are looking for value and affordability in what may be the last house they buy.

AARP reported that nearly eight in 10 adults have either started to cut back on spending or have started to save more money, with almost three in four doing so in order to save for retirement.

While AARP research also shows that almost 80 percent of baby boomers will choose to stay where they are rather than move, those seeking to downsize, live in a warmer climate or move closer to relatives will have more affordable options as builders and designers create smaller homes for the 50-and-over market.

"The challenge for architects and builders is to produce a home that comes in at a better price, so as a result homes are definitely getting smaller," said Doug Van Lerberghe, an architect with Kephart Community Planning Architecture, which designs adult communities.

The housing boom years of 2002 to

2006 saw a trend toward the sprawling adult community and bigger homes, as builders prepared for buyers from the roughly 75 million baby boomers heading toward retirement.

But because construction financing and buyer demand dried up as the economy slipped into recession, some builders and designers are changing their approach to revive sales.

Also, four-fifths of builders surveyed by the trade group said they were placing an emphasis on smaller homes and lower priced models.

Van Lerberghe said the trend toward smaller homes in the 50-plus market has been apparent for about a year. He's seen floor plans shrink by about 250 to 300 square feet on average.

In addition, as more people choose to entertain at home rather than go out, detailed and wide-open kitchens are becoming more popular, with islands that serve as eating areas. Many buyers are choosing to eschew large, separate dining room or living rooms, Van Lerberghe said.

Some designs call for more windows, which makes smaller homes feel larger and helps save money on heating and electricity bills. Bathtubs often are being left out, with a preference toward flat-floored showers and more storage space.



Designers and planners also are building on smaller lots and increasing density to limit land costs.

Tye Campbell, an engineer who works with nonprofits and religious organizations that sponsor senior development, said floorplans are shrinking by 10 to 15 percent on average.

The more space-efficient design concepts include using less space for hallways, fewer walls to give a more open feel, and more storage under stairways and above

kitchen cabinets.

Among builders, Pulte Homes' Del Webb brand has added a series of flexible home designs for the 55-and-over market.

Without reducing lot sizes, the new designs allow seniors to choose less expensive kitchen appliances, or eliminate granite countertops or fireplaces.

Focusing on efficient construction helps to reduce waste and the time it takes to build a home, said Melanie Hensch, a Pulte spokeswoman.

Meanwhile, home builder KB Home has begun rolling out smaller, more affordable homes for all buyers called The Open Series.

These homes offer more single story designs, are more energy efficient than homes built 10 years ago, and give buyers flexibility on room sizes and other parts of home design, KB Home Chief Executive Jeffrey Mezger said.

It appeals to seniors because of the open floor plans and minimal space used on hallways, for example.

"People that would have bought a larger home with more frills because they could afford it but didn't need it, now will only buy what they actually need," Mezger said. "It is a different mind-set when you're in the economic times that we're in." — AP

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Book profiles furry angel of death: Oscar the cat

PROVIDENCE, R.I. —

The scientist in Dr. David Dosa was skeptical when first told that Oscar, an aloof cat kept by a nursing home, regularly predicted patients' deaths by snuggling alongside them in their final hours.

He's accurate enough that the staff know it's time to call family members when Oscar stretches beside their patient.

Dosa's doubts eroded after he and his colleagues tallied about 50 correct calls made by Oscar over five years, a process he explains in a book he just released, *Making Rounds With Oscar: The Extraordinary Gift of an Ordinary Cat*. (Hyperion, \$23.99) The feline's bizarre talent astounds Dosa, but he finds Oscar's real worth in his fierce insistence on being present when others turn away from life's most uncomfortable topic: death.

"People actually were taking great comfort in this idea, that this animal was there and might be there when their loved ones eventually pass," Dosa said. "He was there when they couldn't be."

Dosa, 37, a geriatrician and professor at Brown University, works on the third floor of the Steere House, which treats patients with severe dementia. It's usually the last stop for people so ill they cannot speak, recognize their spouses and spend their days lost in fragments of memory.

He once feared that families would be horrified by the furry grim reaper, espe-

cially after Dosa made Oscar famous in a 2007 essay in the *New England Journal of Medicine*. Instead, he said many caregivers consider Oscar a comforting presence, and some have praised him in newspaper death notices and eulogies.

"Maybe they're seeing what they want to see," he said, "but what they're seeing is a comfort to them in a real difficult time in their lives."

The nursing home adopted Oscar, a medium-haired cat with a gray-and-brown back and white belly, in 2005 because its staff thinks pets make the Steere House a home. They play with visiting children and provide a welcome distraction for patients and doctors alike.

After a year, the staff noticed that Oscar would spend his days pacing from room to room. He sniffed and looked at the patients but rarely spent much time with anyone — except when they had just hours to live.

He's accurate enough that the staff, including Dosa, know it's time to call family members when Oscar stretches beside their patients, who are generally too ill to notice his presence. If kept outside the room of a dying patient, he'll scratch at doors and walls, trying to get in.

Nurses once placed Oscar in the bed of a patient they thought gravely ill. Oscar wouldn't stay put, and the staff thought his streak was broken. Turns out, the medical professionals were wrong, and the patient rallied for two days. But in the final hours, Oscar held his bedside vigil without prompting.

Dosa does not explain Oscar scientifically



Oscar, an angel of death?

in his book, although he theorizes the cat imitates the nurses who raised him or smells odors given off by dying cells, perhaps like some dogs who scientists say can detect cancer using their sense of scent.

At its heart, Dosa's search is more about how people cope with death than Oscar's purported ability to predict it. Dosa suffers from inflammatory arthritis, which could render his joints useless. He worries about losing control of his life in old age, much as his patients have lost theirs.

Parts of his book are fictionalized. Dosa said several patients are composite characters, though the names and stories of the caregivers he interviews are real and many feel guilty. Donna Richards told Dosa that she felt guilty for putting her mother in a

nursing home. She felt guilty for not visiting enough. When caring for her mother, Richards felt guilty about missing her teenage son's swimming meets.

Dosa learns to live for the moment, much like Oscar, who delights in naps and chin scratches or the patient who recovers enough to walk the hall holding the hand of the husband she'll eventually forget.

The doctor advises worried family members to simply be present for their loved ones.

Richards was at her mother's bedside nonstop as she died. After three days, a nurse persuaded her to go home for a brief rest. Despite her misgivings, Richards agreed. Her mother died a short while later.

But she didn't die alone. Oscar was there. — AP

Study reveals a drop in age-related hearing problems

NEW YORK —

Sweet news for baby boomers: Their generation appears to have better hearing than their parents did, despite all those warnings about loud rock music.

In fact, a new study suggests that the rate of hearing problems at ages 45 to 75 has been dropping for years.

Scientists are working to find the reasons for that good fortune. Experts say part of it could be less exposure to noisy jobs, or better healthcare, or even a decline in smoking. — AP

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Elderly voters aren't hearing any message from Gov. Deval Patrick

By Al Norman

Let me get this out of the way: I believe that Deval Patrick is one of the most compassionate governors I have ever met (seven governors since 1980). I believe he truly supports efforts to keep seniors living at home. He's had family experience that



I've heard him speak about.

Editorial

Yet for the third year in a row, Gov. Patrick delivered a State of the State Address that largely left the Commonwealth's 872,000 people over the age of 65 out of the agenda.

In 2009, the governor asked citizens to "check on your elderly neighbor when it's cold to make sure the heat is on." That was the only reference to seniors. In his 2008 State of the State, the governor said: "Too many young families and seniors are still being pushed out of their homes by

escalating property taxes."

The governor's January 21, 2010 State of the State also omitted any real reference to seniors. OK, he told one anecdote about a grandmother in Lynn who had to take in her children's family into her home — and then lost her job. There was no mention of the fact that the state has driven down the use of nursing homes by 25 percent since 2000. There was no mention of the fact that the governor has philosophically committed himself to a "Community First" policy — moving people out of institutions and back to the community. There was nothing about the aspirations of seniors to live out their days at home.

To be sure, this past year has not been a strong one for elderly people in Massachusetts. There are 2,300 seniors today waiting to get into home care — the largest waiting list in the 36-year history of the program. The governor blocked \$2.5 million in funds meant to help seniors find alternatives to nursing homes. This nursing home pre-admission counseling program has been a mandatory part of the Equal Choice law for more than three years. But

zation has 250 on-the-ground volunteer action centers across the country and connects volunteers to more than 70,000 nonprofit agencies that need their help.

If you think you don't have enough time to volunteer, think again. I am proof that even an hour or two a month can make a difference.

No one could deny that the Disney company is offering "Give a Day, Get a Disney Day" as part of its marketing plan. However, it deserves a big Mickey applause for helping to make a positive difference in communities during some of the most difficult economic times in re-cent history.

Folks can go to www.DisneyParks.com to search for volunteer opportunities available through HandsOn Network and sign up for a day of volunteer service.

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. She can be reached at sshapiro.fiftyplusadvocates.com

the Patrick administration has chosen not to fund it.

The governor also cut \$1 million from the elder abuse protection program this past year, and his administration canceled plans to submit a "waiver" to expand the number of elders and disabled on the MassHealth program. State officials had been negotiating with the federal government for two years to implement this expanded waiver program. At one point, the governor had asked lawmakers for \$60 million for this new initiative. Now the entire project has been shelved.

The budget the governor just released for

2011 held most elderly programs frozen in their tracks. But at least they did not suffer more horrendous cuts — at least not yet.

By the year 2025, the number of people over 65 in this state will rise to 1.2 million. This is a population that wants to know what the elderly agenda is in Massachusetts. They're not hearing the positive story that Gov. Patrick could tell. That's bizarre — especially in an election year.

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

Obama likely to miss jobs, deficit goals

By Tom Raum

WASHINGTON —

President Barack Obama's new budget sets two major goals: creating jobs and cutting the deficit. But his own budget documents cast serious doubt on whether he'll make much headway on either.

Unemployment will still be near 10 percent by year's end, the administration forecasts.

And any deficit-cutting strides will be modest in light of the administration's intention to spend heavily on jobs, education and other high-priority recession relief programs while shielding the Pentagon, homeland security, veterans, Social Security and Medicare from a proposed spending freeze.

The budget takes a small, but potentially significant, step to improve Medicare quality by launching a series of experiments on how to better coordinate care for seniors with multiple chronic illness. And it adds funds for research into what kinds of medical treatments work best.

Also in Obama's health budget is a crack-down on fraud, waste and abuse in Medicare and Medicaid, which the administration estimates could save more than \$1 billion a year over the next decade.

"It's time to save what we can, spend what we must and live within our means once again," Obama said last month as he unveiled his \$3.8 trillion blueprint for the budget year that begins Oct. 1.

In hard economic times, it's hard for the government to simultaneously create jobs and reduce deficits. In this politically charged midterm election atmosphere, it may be next to impossible.

Obama vows repeatedly to get Americans back to work. But deep in the administration's thousands of pages of budget documents is its forecast for 9.8 percent unemployment by the end of this year — down only slightly from the current 10 percent.

The administration is predicting 8.9 percent unemployment at the end of 2011 and 7.9 percent by the end of 2012 — rates still deemed to be at recessionary levels. And that's assuming all the jobs proposals included in Obama's budget are adopted by Congress — a big assumption.

Even as the president submitted his budget to Congress, arrows were flying from both sides of the partisan aisle and from special interest groups.

Obama's proposal for a three-year freeze

on some government domestic spending drew criticism from some on the left who saw favored programs coming under assault.

Republicans, newly emboldened by a Senate victory in Massachusetts were criticizing other parts of the plan, with some complaining of tax increases on wealthy individuals, banks and some corporations while others suggested Obama's deficit-trimming features did not go far enough.

Obama used his fiscal 2011 budget presentation to underscore his shift in priorities away from health care to job creation, a nod to the economic restlessness among the populace and the changed political dynamics that could signal trouble ahead for Democrats.

Capitol Hill deliberations "will be difficult, will be painful, will be partisan," said Stanley Collender, a longtime staff analyst for congressional budget committees and now a budget expert at Qorvis Communications. "The tension is clearly between jobs and deficit reduction."

Asked whether creating jobs has a higher priority than reducing the deficit, White House spokesman Robert Gibbs said, "In the short term, absolutely."

Most economists say the deepest recession since the 1930s probably ended last summer, but they also note that high unemployment rates often linger long after.

Presidential budgets tend to be like Kabuki dances, the highly stylized Japanese stage plays where the outcome is known well beforehand.

The president proposes and the Congress disposes, a maxim that is seldom truer than in this midterm year. Democrats are under severe pressure and Republicans, eyeing congressional gains in November, are defiant with little incentive to cooperate with the majority.

It is Congress, and not the president, that sets spending and taxing levels. All the president can do is send up a budget blueprint and make it sound like his proposals are the final word. They aren't, not by a long shot.

Also, the worst recession since the 1930s has depressed tax revenues. That, combined with spending on two wars and stimulus programs, has swollen the national debt to a whopping \$12.1 trillion. This leaves little room to maneuver, either for Obama or Congress. They can only nibble around the edges. — AP

AP wire stories were added.

► Volunteerism

Cont. from page 2

and services coping with higher demand and far less money to make a dent. "You could say that was the result of how things are today," said Baker.

Here in Massachusetts, thousands of homebound elderly are on waiting lists for services. Councils on aging are struggling to stay relevant. The unemployment rate as of December was 9.1 percent. And, the food pantry where I volunteer has experienced a huge uptick in clients.

"There have been a lot of people who were interested in volunteering, but didn't know how to tap into volunteerism. Now, since we started, a lot of folks are learning how to do so," Baker said.

HandsOn, the nation's largest volunteer network, is acting on behalf of Disney as a portal to the various volunteer opportunities available. The organi-

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Brigham House is an assisted living community born out of the restoration of a historic schoolhouse located near Watertown Square. Renovated in 2002, the house offers 62 apartments and features a staff of trained professionals and state-of-the-art services.

At Brigham House or Prospect House you're part of a vibrant community of friends, family and staff. You'll enjoy a lifestyle free of household chores and maintenance so that you may pursue lifelong interests or discover new ones. It's why we believe that our communities are not just a place to live, it's a way of life.

Prospect House is an assisted living community located in the oceanfront neighborhood of Revere. Opened in 2002, the house features 109 apartments and features a staff of trained professionals and state-of-the-art services.



Brigham House
341 Mt. Auburn St.,
Watertown, MA 02472
tel 617.923.7779



www.newspringseniorcommunities.com

Prospect House
420 Reservoir Ave.,
Revere, MA 02151
tel 781.853.0005



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- What type of housing is best for my needs?
- Where do I start looking?
- What resources and services are available?
- Which professionals can be trusted?

