

OUR NEWS LETTER



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Federal program aims to keep seniors out of hospitals and nursing homes

By Susan Jaffe Kaiser Health News
Monday, December 20, 2010

ElderPlus, a day-care program for adults in Baltimore, is part of the Program for All-Inclusive Care for Elderly (PACE), which provides comprehensive medical and social services to frail, low-income seniors with serious health problems.



Several mornings a week, a white van stops at Geraldine Miller's house just east of Baltimore to pick her up for ElderPlus, a government-subsidized day-care program for adults on the campus of the Johns Hopkins Bayview Medical Center.

Because Miller, who is 75 and uses a walker, has trouble getting down the stairs from her second-floor apartment, the driver comes inside to help. When she feels wobbly, he lends her an arm. When she feels strong, he faces her and steps down backward on the steps so he can catch her if she falls. When it rains, he shelters her with an umbrella. This is the sort of extra care that makes ElderPlus different.

ElderPlus is part of PACE, the Program for All-Inclusive Care for Elderly, which provides comprehensive medical and social services to frail, low-income seniors with serious health problems.

More than 23,000 people are enrolled at 166 sites in 29 states, according to the National PACE Association, a trade group. There are no PACE sites in the Washington area now, but Inova Health System plans to open a Northern Virginia location next fall, and seniors' advocates are working to bring a PACE site to the District.

PACE, first authorized by Congress in the 1980s as a pilot project, is intended to help seniors stay in their homes as long as possible. If done effectively, supporters say, the program can reduce costly hospital and nursing home stays. And keeping seniors healthy can save money for Medicare, the federal program for the elderly, and Medicaid, the state-federal program for the poor and disabled.

Seniors like the program because it "honors what the elderly want,

In Our Newsletter

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- OVER 2 MILLION MEDICARE BENEFICIARIES FAILED TO SIGN UP FOR DISCOUNTED DRUG COVERAGE.
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- 8 TRICKS FOR BOOSTING YOUR METABOLISM.
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- ILLINOISANS NOW HAVE 4 ELECTRIC CHOICES.
- THE BENEFIT OF EXERCISE FOR SENIORS.



which is to stay in their familiar surroundings, to be autonomous," says Terry Smith, director of long-term care at the Virginia Department of Medical Assistance Services, which operates the state's Medicaid program.

Miller, the ElderPlus enrollee, says her friends and staff in the program are "like a family." The medical team there spotted her kidney cancer early and treated it successfully. "It's just like you are at home, and if you have a problem, you always have someone you can go to."

Under an innovative financing arrangement, PACE sponsors - for example, Johns Hopkins - get a set monthly amount from the state and federal government to provide seniors with all the medical and other services they need, not just what is covered under traditional Medicaid and Medicare.

For ElderPlus, the payment is an average of \$5,600 per person a month shared about equally by Medicaid and Medicare. In return, ElderPlus, which can serve up to 150 people and has been in operation for 14 years, is responsible for every aspect of participants' medical treatment, including nursing home care and hospitalizations.

ElderPlus operates a clinic, a pharmacy, an adult day-care center, a dining hall and a fleet of eight vans to ferry participants to and from home. Hospital care is provided by Johns Hopkins.

Seniors are served breakfast and lunch in a spacious, L-shaped dining room adjacent to a patio where some grow tomatoes and flowers. Down the hall are a physician, nurse practitioner, social worker, pharmacist and physical therapist, available for regular appointments.

A dentist, an optometrist, an optician, a psychiatrist and a podiatrist visit several times a month. A part-time dietitian tries to persuade participants it's never too late to improve their eating habits and has made a few converts. Participants can get physical or occupational therapy beyond the normal Medicare limits, as well as dentures, eyeglasses and hearing aids - items that aren't covered by traditional Medicare - at no cost.

The extra care extends to home when needed, usually on a temporary basis.

Doctors or nurse practitioners make home visits, and home health

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aides may help with light housekeeping and other chores. When home inspections have found safety hazards, ElderPlus has installed staircase railings, handheld showers and wheelchair ramps. It also has bought home air conditioners for people with breathing problems.

One of PACE's biggest boosters is Donald Berwick, a physician who heads the federal Centers for Medicare and Medicaid Services, or CMS, which oversees the PACE sites.

"I think expansion of PACE is a great idea, and even more important is building PACE principles," he says, adding that its multidisciplinary approach, unified funding stream and other pioneering techniques could help many chronically ill people.

To be eligible for PACE, people must be at least 55 years old and qualify for Medicaid, Medicare or, in most cases, both. They must meet their state's Medicaid criteria for requiring nursing home care, live within the PACE service area and be able to live safely at home with PACE assistance. Since PACE is a managed-care plan, the enrollees must agree to get their medical care only through PACE providers. These requirements may partially explain while the program is still relatively small.

PACE participants are among the most complicated geriatric patients and often suffer from several concurrent chronic conditions such as diabetes, heart disease or hypertension, explains Matthew McNabney, medical director at ElderPlus. They typically also have some kind of physical impairment; more than half of the enrollees have some degree of dementia.

"The beauty of PACE is that the incentives are all right," says ElderPlus Director Karen Armacost. The staff provides aggressive and creative preventive health care to keep seniors healthy and to avoid expensive hospitalizations or nursing home visits, goals that patients say they share.

"We pretty much say that PACE covers almost anything," says Smith, the Virginia long-term-care director.

Virginia has six PACE programs, and four more are planned, including the Inova site in Fairfax County. Virginia officials estimate that the cost to the state of a person who has both Medicaid and Medicare through PACE is, on average, \$4,200 less per year than that of a similar person getting Medicaid services either at home or in a nursing home.

Expansion? Not so fast.

Maryland officials aren't looking to expand PACE anytime soon, despite ElderPlus's waiting list - 87 as of last week.

One reason, Maryland officials say, is a dearth of organizations willing to sponsor such a program. To assume that financial responsibility, sponsors must be large health-care organizations, such as Johns Hopkins, or have sufficient resources to form a partnership with a health-care provider, they say.

Mark Leeds, the state director for Medicaid long-term-care services, says ElderPlus is "a good service, and people benefit from their participation," but he adds that before expanding PACE, the state would have "to make the numbers work."

In many parts of the country, PACE seems to be gaining popularity. The National PACE Association reports that 57 percent of sponsors are planning to expand their services. And the health-care overhaul law provides funds to test similar non-institutional alternatives for treating people who need long-term care.

In the District, Capitol Hill Village, which provides services to help its 350 members live independently in their own homes, has enlisted Volunteers of America Chesapeake, a regional human services organization, as a potential PACE sponsor. Washington Hospital Center's Medical House Call program is interested in becoming the medical partner.

In the PACE application that Inova submitted to Virginia officials, the hospital had to provide details about its business plan and medical services. But Inova also had to explain how it will cope with a problem Northern Virginia is famous for: daunting traffic that could complicate getting seniors to a PACE site and back home.

"Someone could spend 50 minutes on a van and only go 10 to 15 miles," says Robert Hager, assistant vice president for long-term services at Inova. Seniors will probably go home early to beat the traffic.

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Medicare launches Web tool to help patients find a doctor .

By Julian Pecquet - 12/30/10

The Medicare agency on Thursday launched an online tool that contains information about doctors and other medical professionals who participate in Medicare, the first step toward rating physicians.

The "Physician Compare" feature was required by Democrats' healthcare reform law. It contains information about physicians' practices and lets patients know whether the doctors have opted to share quality-of-care data with the federal government.

The healthcare reform law also requires the Centers for Medicare and Medicaid Services to expand the feature by 2013 with more information about the quality of care Medicare beneficiaries receive from physicians and the other healthcare professionals profiled on the site. The expansion will include information on quality of care and patient experience that can help consumers learn more about the care provided by physicians who participate in the Medicare program.

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2 Million Medicare Beneficiaries Missing Out On Discounted Drug Coverage.

By Phil Galewitz KHN Staff Writer Jan 04, 2011



In January 2010, Social Security launched a television, radio and Internet campaign with Chubby Checker to promote a "new twist" that made it easier for senior citizens to qualify for extra help with Medicare prescription drug costs.

More than 2 million Medicare beneficiaries have failed to sign up for a program that could save them thousands of dollars a year in drug costs despite government mailings, ads and even pitches from

rock and roll legend Chubby Checker.

The subsidy program, called Extra Help, can provide significant savings on the cost of Part D prescription drug coverage for low-income Medicare beneficiaries. The government estimates Medicare recipients can save an average of \$3,900 a year. The subsidy, which began in 2006, helps reduce prescription drug premiums, co-pays and deductibles and plugs the "doughnut hole" or gap in coverage that starts when beneficiaries exceed \$2,840 in total drug costs. The Department of Health and Human Services and the Social Security Administration jointly oversee the subsidy program.

Nearly 10 million of the nearly 25 million people enrolled in Part D prescription plans received the low-income subsidy this year. Of those, more than 8 million people were automatically enrolled in the subsidy program, mostly because they are on both Medicaid and Medicare or receiving other federal government support.

A study released in September by researchers at Georgetown University and the University of Chicago estimated that 2.3 million people were eligible for the program but didn't apply. The percentage of those not automatically enrolled who do seek the discounts – about 40 percent – has changed little since 2006, the researchers found. The study was commissioned by the Kaiser Family Foundation. (KHN is a program of the foundation.)

"This is a really hard population to reach," said Vicki Gottlich, an attorney with the Center for Medicare Advocacy. She said many low-income beneficiaries may not speak English or have stable housing that makes it difficult to get them to enroll.

Seniors and the disabled are eligible for the subsidy if their income is less than \$16,245 a year for individuals and \$21,855 for married couples living together. The value of their stocks, bonds and bank accounts can't exceed \$12,510 for individuals and \$25,010 for married couples. The income definition doesn't include the value of homes or automobiles.

Over the past five years, both Social Security and the Centers for Medicare and Medicaid Services have run publicity campaigns about the subsidy, including using direct mail and working with faith-based organizations and seniors' groups.

In June 2009, CMS gave states \$25 million in grants to help get the word out about the program. This initiative includes special efforts targeting seniors in rural areas and Native Americans. The grant program continues until June 2011.

In addition, in January 2010 Social Security launched a new television, radio and Internet campaign with Chubby Checker. The theme of the marketing blitz was that Social Security says there is a "new twist" that makes it easier for senior citizens to qualify for extra help with Medicare prescription drug costs.

Mark Hinkle, a spokesman for Social Security, said the agency is doing everything it can to get those eligible to enroll.

Helen Boesch of Perry, Mich., said the subsidy helped her parents, Richard, 76, and Daisy Yenson, 68. Both live with her and have cancer. She estimates the subsidy will save each of them at least a few thousand dollars every year. "It's really nice to get some help," she said.

The number of people eligible for the subsidy is expected to rise this year because of two recent changes to the rules. The cash value of life insurance policies is no longer counted toward the asset limit, and assistance received from friends and relatives to pay for household expenses such as food or utilities is also no longer counted as income.

Unlike standard Medicare Part D enrollment – which occurs annually between Nov. 15 and Dec. 31 – seniors can apply for Extra Help throughout the year.

As a result of the HHS campaign about 120,000 people have applied for the Medicare drug subsidy,

according to federal reports. Through the same marketing campaign, about 100,000 people have signed up for the Medicare Savings Plans, which lowers the cost of doctor visits and the Medicare Part B premium.

Results of the \$25 million campaign that provided grants to states varied widely, according to data collected by the National Council on Aging.

For instance, Pennsylvania, which received \$1.1 million grant, has signed up 5,742 people for the two subsidy programs from June 2009 through September 2010. But Texas, which got a \$1.2 million grant, has signed up 2,430 people. Nevada has found the fewest people – 584 – through the grant program while Illinois has signed up the most -- more than 30,000.

States used the grants in different ways to find eligible Medicare beneficiaries. They've given grants to nonprofits to go into homeless shelters, work with religious groups and set up enrollment kiosks in public libraries.

In Wisconsin, the grant money has gone to advocacy groups that have visited senior centers, food pantries and even distributed flyers at trailer parks, said Peg Nugent a Medicare training counselor at the Greater Wisconsin Area Agency on Aging Resources. Using its \$800,000 grant, the state has helped find 7,600 people for the subsidy programs. "There's still a lot more people out there," Nugent said.

But officials have much to overcome in the recruiting effort. They say that in addition to not knowing about the program, some people don't sign up because they think they won't meet the eligibility or are afraid of taking the help. As Elaine Wong Ekin, executive director of California Health Advocates, explained, "It can be a pride issue or the stigma about asking for assistance," she said.

To apply for Extra Help, go online to the Social Security website or the Extra Help website or call Social Security at 1-800-772-1213.

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How much more spending money will you get from the new tax cut.

December 27, 2010

When it comes to paying taxes, do you think you are among the rich or the poor...the people who pay a lot or the people who don't? Take a look at this graph compiled by Kiplinger, and you can see where you rank.

Then, rather than waiting to see what the recent Social Security tax cut passed by Congress will do to you, find out now. Try this calculator to see what your paychecks are about to look like and how much extra spending money you will have.

Finally, do yourself a favor. Decide now what you are going to do with the extra money. How about dividing it in half -- half going to pay down credit card debt if you have it, and half going toward retirement savings. Go right to your benefits office if you have a 401(k) or 403(b) and sign up now to put the extra money into your retirement savings. If you wait until you bring the paycheck home, studies show you will likely spend the extra money and have no idea where it went.

To see what a little extra money will do to your 401(k) savings over a lifetime, use this calculator.

The impact of saving even \$50 more a paycheck can be huge. To see how fast you can pay down your debts by applying a little more money, try this calculator. Upping your monthly credit card payment by even \$10 will make a difference.

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8 Tricks for Boosting Your Metabolism.

By Danielle Braff Woman's Day, on Tue Dec 28, 2010.

8 Tricks for Boosting Your Metabolism

Remember how, during your teens and 20s, you could eat practically anything and not gain a pound? Now that you're hovering around middle age, you've probably found that's just not the case anymore. Part of the problem is that your metabolism decreases as a result of other age-related factors, like decrease in muscle mass. However, there's no need to give in to a bigger pant size just yet! Read on for eight ways to rev up your metabolism and keep those unwanted pounds from your waistline.

Do Intervals

Mixing in fast-paced intervals raises your metabolic rate higher than doing a steady cardio workout, and will continue to do so up to an hour after you're done, says Kristin McGee, a trainer and Pilates instructor whose client list includes Tina Fey and Bethenny Frankel. An Australian study also found that women who did intervals while they were biking lost three times as much fat as those who worked out at a steady pace. If you're a walker, simply walk at your normal pace for 1 to 2 minutes, then speed-walk for 30 to 60 seconds. Repeat the sequence 10 to 15 times.

Opt for Caffeine

It's time to hit Starbucks. A study published in the journal *Physiology & Behavior* shows that coffee drinkers have a 16 percent higher metabolic rate than those who abstain or drink decaf joe, because

caffeine increases your heart rate and stimulates your central nervous system. Spread out the cups over your entire day to keep your metabolism running at a boosted rate—just be sure to have your last cup by early afternoon so you can hit the pillow with no problems later on.

Add Some Ice

Though the increase is modest, there is some evidence that drinking cold water can cause a slight surge in metabolic rate. Since your body maintains a core temperature around 98.6°F, cold water will be brought to that temperature after being consumed and calories are burned during the warming process. Discovery Health deduced that you can burn up to 70 extra calories a day if you follow the common rule of drinking eight 8-ounce glasses of cold water per day. Need another reason to up your water intake? Researchers at the University of Utah found that participants who drank half of the recommended amount of water per day (four 8-ounce glasses), not only showed signs of dehydration, they also experienced a 2% decrease in calories burned per day.

Eat a Big Breakfast

It's time to nix the oatmeal with skim milk. Instead, start your day with a fatty breakfast, including eggs and even a piece of bacon, suggests Molly Bray, PhD, lead author of a recent study showing that a fat-filled morning meal will jumpstart your metabolism for the day faster than a lowfat, low-calorie breakfast. Another study published in the American Journal of Epidemiology found that people who eat 22 to 55 percent of their total calories at breakfast gain 1.7 pounds over four years. That's not bad considering those who eat 0 to 11 percent of their calories in the morning gain nearly 3 pounds.

Drink Green Tea

Not only does green tea contain enough antioxidants to keep colds and the flu at bay, but it also does wonders for your metabolism, according to a study published in the journal *Phytomedicine*. Researchers found that people who drank the equivalent of three to five cups daily for three months shaved 5 percent off their body weight. Green tea contains ECGC, a plant compound that stimulates your metabolism, says Rania Batayneh, MPH, a nutritionist in private practice in San Francisco and Portland, Oregon, and founder of Essential Nutrition consulting.

Don't Skimp on Dairy

Calcium-rich foods and drinks, including milk, yogurt and cheese, increase the rate at which fat turns into waste, says a study by researchers at the University of Copenhagen published in the *The Journal of Nutrition*. It doesn't matter what form of dairy product you're consuming as long as the serving size is adequate (keep it lowfat!)—either a full glass of lowfat milk or 6 ounces of yogurt is perfect. Also, the study noted that you have to actually ingest the calcium in its natural form; supplements don't work due to differences in the chemical makeup.

Build More Muscle

Gaining lean muscle mass boosts your metabolism and makes losing weight much easier, McGee says. If you add just 5 pounds of muscle to your body, you'll burn up to 150 more calories per day

without even working out those muscles. And, you can burn an average of 600 calories per hour during your cardio workout thanks to that extra muscle mass. "Muscle burns more calories than fat does, even at rest, so any strength-training activities to build lean muscle are excellent," McGee says. The key is to challenge all your muscles and do a full-body strength-training workout, hitting your core, arms, legs, back and chest.

Pick Up Heavier Weights

By using heavy weights at a very slow rate—twice as slow as would feel natural—you break down your muscles (you'll know the weights are heavy enough and the workout slow enough if you start to shake after just a few lifts or squats). Researchers at Wayne State University found that when your body repairs those overworked muscles, it causes your metabolism to increase for up to three days after the workout.

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Walgreen aims to fill more 90-day prescriptions.

By Reuters January 2011.

Walgreen Co. wants more customers to fill 90-day prescriptions in its stores, a move it says will make it easier for patients to stick to their drug regimens and save millions of dollars in healthcare costs.

The move would also help Walgreen's bottom line, as 90-day prescriptions are more profitable to fill than monthly ones.

Many insured Americans receive prescriptions for chronic conditions through the mail, since filling prescriptions via the mail cuts down on costs for insurers.

Now Walgreen — the largest U.S. drugstore chain with 7,655 stores — is showing off new data suggesting that companies can save money if people fill such prescriptions at stores, getting three months' worth of drugs at a time.

Walgreen saved Navitus Health Solutions, a Wisconsin-based pharmacy benefit manager, \$3.3 million in seven months with a plan that offered 90-day prescriptions at its stores, Walgreen Chief Innovation Officer Colin Watts said in an interview.

"It's much cheaper for a plan to keep somebody adherent with their medications than to pay for the hospitalizations and other issues that can pop up when somebody is not adherent," Watts said.

Walgreen has seen up to a 15 percent improvement in compliance to medication when someone moves from a 30-day prescription to a 90-day one, he said.

The majority of prescriptions Walgreen fills are maintenance prescriptions for conditions such as diabetes or high blood pressure, so moving more customers to 90-day refills could have a big impact on its pharmacy profits. Plus, people coming into the store to pick up a prescription could also buy

other items, boosting sales growth.

“We think this is going to be one of the fastest growing parts of the Walgreen’s pharmacy business for several years to come,” Watts said.

Aging baby boomers, in particular, are expected to drive the growth of maintenance medications.

The plan, which will be discussed Wednesday at Walgreen’s annual meeting, is not an entirely new push for the company. Walgreen launched a 90-day refill program in late 2009 and signed up Caterpillar Inc as the first client in a direct-to-employer drug pricing program.

Walgreen continues to feel the heat from CVS Caremark Corp , which has given pharmacy benefits customers the option of picking up drugs in its stores at their mail-order price under its popular Maintenance Choice program.

Walgreen’s historical growth of 90-day prescriptions has basically been in line with market growth, Watts said. Now the Deerfield-based company is making a concerted effort to grow its piece of the business.

After discussing the “Go 90” program with employers and other payers for a year, it is taking its pitch to the public. “Get three refills in one, and for three months you’re done,” the company says in advertising that will debut in the coming weeks.


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WHAT DOES 67% TAX HIKE MEAN TO YOU? Determining the new income tax rate.

January 13, 2011

Three scenarios under new income tax rate

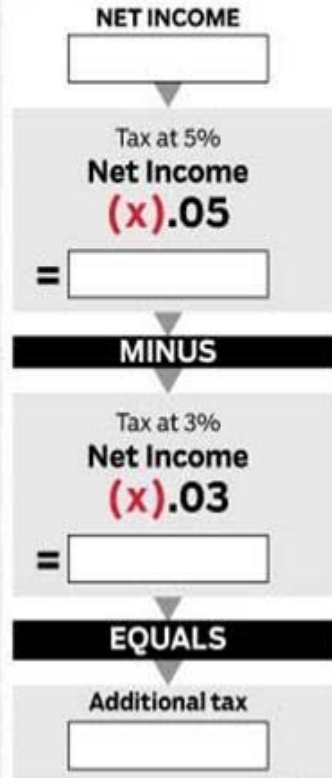
The tax hike expected to be signed by the governor increases the individual income tax rate from 3 to 5 percent until 2014. Below are examples of how the increase would affect a single person, a family and a retiree. Any applicable tax credits — for property taxes paid or education-related spending, for example — are not included.

		
<p>SINGLE ADULT, NO CHILDREN</p> <p>Base income* \$40,000</p> <p>Exemptions: \$2,000 Net income: \$38,000</p>	<p>MARRIED COUPLE, TWO CHILDREN</p> <p>Base income* \$100,000</p> <p>Exemptions: \$8,000 Net income: \$92,000</p>	<p>SENIOR CITIZEN, NO DEPENDENTS</p> <p>Base income* \$25,000</p> <p>Exemptions: \$3,000 Net income: \$22,000</p>
<p>Tax at 5% \$1,900</p>	<p>Tax at 5% \$4,600</p>	<p>Tax at 5% \$1,100</p>
<p>Tax at 3% \$1,140</p>	<p>Tax at 3% \$2,760</p>	<p>Tax at 3% \$660</p>
<p>Additional tax \$760</p>	<p>Additional tax \$1,840</p>	<p>Additional tax \$440</p>

SOURCE: Tribune analysis

*From line 9 of state income tax form

TO CALCULATE HOW MUCH MORE YOU'LL PAY:
Find your **net income** (line 11 of your state income tax form)



TRIBUNE

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The Eight States Running Out of Homebuyers.

by Douglas A. McIntyre, Michael B. Sauter and Charles B. Stockdale

Tuesday, January 18, 2011

provided by 24/7 WALLST

THE EIGHT STATES RUNNING OUT OF HOMEBUYERS

The Eight States Running Out of Homebuyers

by Douglas A. McIntyre, Michael B. Sauter and Charles B. Stockdale

Tuesday, January 18, 2011

provided by

The single biggest problem in the U.S. real estate market is simple: There are very few homebuyers.

That seems obvious, but the "buyers' strike" has caused house prices to drop, along with an epidemic of foreclosures. What's worse, the long depression in real estate is probably not over. S&P has forecast that home prices will drop by 7% to 10% this year. The S&P Case-Shiller Index has dropped for most of the 20 largest real estate markets over the last several months. RealtyTrac recently reported that more than 1 million homes were foreclosed upon in 2010.

Many economists argue that the housing market may take four or five years to recover. Even if that's proven to be true, the all-time highs of 2006 may never be reached again.

The devastation in some regions will never be repaired. Parts of Oregon, Georgia and Arizona have become progressively more deserted. Since jobless rates may never recover, there is little reason to hope that the populations in these areas will ever rebound. Some homes will be torn down in these pockets of high foreclosures in the hopes that reducing supplies will boost prices. Whether that idea will work in hard-hit areas such as Flint, Mich., and Yuma, Ariz., remains to be seen.

24/7 Wall St. looked at a number of the standard measures to find the housing markets facing the biggest problems attracting buyers. After a detailed examination, six metrics were chosen: (1) vacancy rates for 2010; (2) foreclosure rates for 2010; (3) November 2010 unemployment rates; (4) change in building permits from 2006 to 2010; (5) change in population from 2005 to 2010; and (6) price reduction by major cities for 2010. Taken together, they create a strong statistical base to describe markets which buyers have largely abandoned.

Several states nearly made it onto the list, such as Colorado and South Carolina, but did not get poor enough marks across all of our measurements. Each was among the 10 worst for declines in building permits. Colorado had one of the worst foreclosure rates, and South Carolina one of the worst vacancy rates. However, the populations in both states have rebounded enough to make a strong case that their housing markets may recover moderately over time.

The review of the data raises several public policy issues. The most important of these is whether the federal focus on reviving the housing market should be concentrated in the hardest hit regions. The counter to that point of view is that some cities, such as Flint, or states like Nevada are in such bad shape that they are beyond assistance. Unemployment rates are too high in these areas, and perhaps the number of homes on the market is too large.

One thing is certain. The housing recovery will be wildly uneven. A city like New York, which has a dense population and large numbers of middle class and upper class buyers who will wait until they believe prices hit bottom, will have a rapid recovery soon. Building permits granted in New York City over the last four years have been very low. The supply of apartments is also low. Those forces taken together with an even modest economic recovery will help push real estate prices higher in New York and regions with similar characteristics.

The real estate crisis has gone on for four years. In the states 24/7 Wall St. has chosen here, the crisis

will go on much longer.

1. Michigan

Vacancy Rate: 15.98% (9th Worst)

Unemployment: 12.4% (Tied for 2nd Worst)

Population Change 2005-2010: -2.05% (Worst)

Michigan is one of only two states whose population has decreased in the last five years. The state has lost more than 2% of its population since 2005. Most of this population loss was undoubtedly due to the depression in the car industry that led to the bankruptcies of GM and Chrysler. Flint, once one of the largest car manufacturing cities in America, has lost more than 10% of its population in the past 10 years. The state has the second-worst unemployment rate in the country at 12.4%. Michigan has a home vacancy rate of 15.98%, the ninth-worst in the U.S. There are large neighborhoods in Detroit that are vacant.

2. Nevada

2010 Foreclosures: 9.42% (Worst)

Unemployment: 14.3% (Worst)

Decrease in Building Permits 2006-2010: -84.39% (Worst)

In 2010, an incredible 9.42% of all housing units in Nevada were foreclosed upon. This is by far the highest foreclosure rate in the U.S., and is nearly twice that of the next-worst state. Nevada also has the highest unemployment rate in the United States, at 14.3%. The recession undermined profits in the gaming industry. Between 2006 and 2010, the state had an 84.3% decrease in building permit requests, the largest drop in the country. This has resulted in the loss of tens of thousands of construction jobs.

3. Arizona

Vacancy Rate: 17.3% (5th Worst)

2010 Foreclosures: 5.73% (2nd Worst)

Decrease in Building Permits 2006-2010: -81.36% (4th Worst)

Arizona is among a handful of states most deeply wounded by the real estate collapse. Some 5.73% of properties in the state have been foreclosed upon, the second highest rate in the country, and 17.3% of homes are vacant, the fifth greatest rate in the country. Also, Mesa, Phoenix and Tucson, the state's three largest cities, are all among the top five American cities with the greatest percentage of price reductions for homes in 2010, along with Minneapolis and Baltimore. As of December 2010, these cities had 43%, 42% and 38% of their listings with price reductions, respectively.

4. California

2010 Foreclosures: 4.08% (4th Worst)

Unemployment: 12.4% (Tied for 2nd Worst)

Decrease in Building Permits 2006-2010: -74.7% (6th Worst)

California's impact on the housing market is huge. The state is the largest among the 50 in total GDP and housing units. California's unemployment rate of 12.4% is now tied for second place with Michigan, once the jobless capital of the nation. In 2010, the state had one of the highest foreclosure rates in the country, at just over 4%. New construction has dropped off dramatically as well, with a 74 % decrease in new building permits between 2006 and 2010.

5. Illinois

2010 Foreclosures: 2.87% (9th Worst)

Decrease in Building Permits 2006-2010: -81.32% (5th Worst)

Population Change 2005-2010: 1.23% (8th Worst)

Although Illinois has a relatively low residential vacancy rate, finding people to buy homes can be difficult. The state's population only grew 1.23% between 2005 and 2010. This is the eighth worst growth rate in the country. Furthermore, the number of building permits issued since 2006 decreased 81.32%, the fifth greatest drop in the nation. The collapse of the state's industrial base has been so great that its economy will not recover anytime soon.

6. Georgia

2010 Foreclosures: 3.25% (6th Worst)

Unemployment: 10% (9th Worst)

Decrease in Building Permits 2006-2010: -82.29% (2nd Worst)

The number of building permits issued in 2006 in Georgia was 92,541. In 2010 that number dropped to 16,391. This is the second greatest decrease in the nation during that time. The state's unemployment rate, at 10%, is above the national average of 9.4%. Also in 2010, there were 130,966 foreclosures in Georgia, 3.25% of the state's properties. This is an increase of 53.62% since 2008.

7. Oregon

Unemployment: 10.6% (Tied for 5th Worst)

Decrease in Building Permits 2006-2010: -74.08% (7th Worst)

Number of Listings With Price Reductions (Portland): 35% (Tied for 8th Worst Among 50 Largest U.S. Cities)

Oregon's real estate market has suffered the double blow of a sharp drop in both building permits and price reductions on existing homes. Unemployment is 10.6%, the fifth worst rate in the country. The number of new building permits decreased by 74% from 2006 to 2010. In December 2010, 35% of listings in Portland, the state's largest city, had price reductions.

8. Florida

Vacancy Rate: 21.03% (2nd Worst)

2010 Foreclosures: 5.51% (3rd Worst)

Decrease in Building Permits 2006-2010: -81.37% (3rd Worst)

Unemployment in Florida is 12%, the fourth worst in the country. Approximately 1.1 million residents are out of work. Statistics show that 21.03% of the state's housing units are vacant. Furthermore, 5.51% of homes have been foreclosed upon. Florida was among five states that had the largest real estate booms from 2000 to 2006. Residential prices in some waterfront areas like Miami and Palm Beach rose by much more than double during that period. New home and condominium construction soared. Many of those residences have never been occupied and are still part of the inventory of homes for sale.

Sources:

- 1) Vacancy rates for 2010 -- American Community Survey (Census Bureau)
- 2) Foreclosure rates for 2010 -- RealtyTrac
- 3) November 2010 unemployment rates -- Bureau of Labor Statistics
- 4) Change in building permits from 2006 to 2010 -- Census Bureau
- 5) Change in population from 2005 to 2010 -- Census Bureau
- 6) Price reduction by cities for 2010 - Trulia

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Making Alzheimer's patients comfortable.

Dawn Turner Trice January 24, 2011



At Maryhaven nursing home in Glenview, administrator Sara Szumski joins in a drumming circle with residents living in The Glen, a section of the home reserved for residents with dementia. (Chris Walker, Chicago Tribune / January 12, 2011)

Nursing home tries easing rules to improve lives of those with dementia.

Until Bryan Le Blanc's 93-year-old mother died earlier this month, she had spent the last

four years of her life in the Alzheimer's unit at Maryhaven Nursing & Rehabilitation Center in north suburban Glenview.

Over the last two years, Le Blanc saw changes in nearly every aspect of his mother's daily routine, including how she was given pain medication and the way she slept, dined and watched television. It

was not uncommon for him to walk into the unit and see staffers giving his mother hand and foot massages or treating her with aromatherapy.

"My mother was a very proper English woman. You want your loved one to die with dignity. This type of quality-of-life care is the right approach," Le Blanc said. "When I look at all of my friends who are baby boomers with parents who are still alive, so many are going through this."

Since 2008, Maryhaven has been part of a study to rethink how care is given to residents with Alzheimer's and dementia. The study, which ends in April, advocates chucking many of the old inflexible ways of treating these residents in an effort to make the end-of-life process a more livable and meaningful experience.

This is especially important at a time when the population is graying and the number of Americans 65 and older with Alzheimer's is expected to reach 7.7 million in 2030, a more than 50 percent jump from the 5.1 million age 65 and up already affected, according to the Alzheimer's Association.

One of the study's authors, Jeannine Forrest, a palliative care expert with the association's Greater Illinois chapter, said the goal is to change the culture at nursing homes so that the focus is on comfort care rather than on aggressive treatments that offer minimal to no benefit.

"Alzheimer's is a terminal disease," said Forrest, who co-authored the study with colleague Dan Kuhn. "If your loved one has three months to live and wants to eat chocolate for dinner or sing 'Amazing Grace,' or wake up when they want, why not let them?"

"We'd like to create ways so that we can make the advanced stages of dementia more comfortable and work with state regulators so that regulations aren't so rigid."

For example, she said, state rules may require that a nursing home resident with dementia get a certain amount of calories per day. But if that person's body is shutting down, it may become more difficult to meet the calorie demands by feeding on a traditional schedule and with a conventional diet.

"If comfort is the goal, then you don't have to put 1,200 calories of pureed food and yucky food supplements in front of a frail woman and expect her to eat that," Forrest said. "If she gets the calories by eating macaroni and cheese and chocolate pudding, so be it. If people aren't on a restrictive diet, giving choices and snacks as they are hungry prevents weight loss and diminishes aggressive behavior."

Forrest said that thinking in terms of comfort care requires a shift in philosophy for everyone — from state regulators to nursing home administrators, caregivers and family members.

During the study, health care staff at Maryhaven, Villa Scalabrini Nursing and Rehabilitation Center in Northlake, and Rainbow Hospice and Palliative Care in Park Ridge underwent a six-week training session and received other support. The idea for the study came from a visit to a nursing home in Phoenix, called the Beatitudes Campus, which implemented many of these changes about a decade ago and started getting positive outcomes.

Where the Chicago study deviates from Beatitudes is that at Maryhaven, family members such as Le

Blanc also participated in the training.

"Often family members or some staffers will ask (a resident): 'Don't you remember I told you not to get out of your seat?'" said Forrest. "And the answer is, 'No, residents don't remember, they can't.'" (You can download a free comfort care guide for family members at alz.org/illinois)

The classes covered an array of topics including how to interact with loved ones exhibiting difficult or aggressive behavior; how to communicate on a sensory level (such as through music) versus a cognitive or cerebral level, which may not exist anymore for a dementia patient; and how to identify nonverbal cues for pain, since patients aren't always able to communicate what's bothering them.

In fact, pain management was a big part of the training. Staffers were taught to dispense pain medicines around-the-clock rather than on an as-needed basis, so that pain wouldn't have to a chance to spike. The staff also was trained to better recognize when aggressive behavior was linked to pain. That meant they were able to treat pain with analgesics such as Tylenol and Motrin rather than with psychotropic drugs.

Forrest said that since the study began, both nursing homes have seen a reduction in the use of psychotropic medicines, which can have pretty awful side effects.

Among other changes: Residents were bathed or showered based on their preference — with warm and colorful towels — so that the environment felt more like home. Caregivers often tried to anticipate restroom needs so that diapers could be used less frequently. Background noise, such as from intercom systems, was diminished because it tended to agitate residents. Televisions were turned on for short periods of times and not used as sitters.

Sara Szumski, chief administrator at Maryhaven, said that she, along with more than 80 percent of her 110-member staff, went through the training. Szumski said there was some pushback from workers who worried that the changes would require too much of their time. But they soon came around.

"We believed it was important to change the culture in the dementia unit and beyond because if you did things on the front end, you could prevent some of the things that come from unhappy or frustrated patients later," Szumski said.

"It took (Beatitudes) the nursing home in Phoenix several years to get them where they are. Our focus is to keep getting as far as we can."

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Illinois customers now have four choices for electricity.

More alternative suppliers enter the market

By Julie Wernau, Tribune reporter January 26, 2011

This time last year, Chicagoans had just one choice when it came to their residential electricity supplier: Commonwealth Edison Co. As of this week, they have four choices and could see more, thanks in part to a recent Illinois Commerce Commission decision that enables alternative electric suppliers to bill customers through ComEd.



The ruling makes it easier for alternative electricity suppliers to enter the market because they pay ComEd to handle the billing at a much cheaper rate than it would cost them to bill customers directly. Customers who choose to purchase electricity through another supplier receive a single bill that includes both the charges from the supplier as well as ComEd for delivering that electricity.

Illinois opened its residential electricity market to competition in 2002, but it wasn't until May that Chicago-based BlueStar Energy Solutions LLC announced it would serve residential customers in the state.

After the ICC's decision last month, two more companies, Champion Energy Services LLC and Spark Energy LP, both based in Houston, announced they would serve the Chicago residential market. Spark will bill through ComEd.

"Up until now, if you wanted to sell energy to a residential customer, you would have to bill them directly, which meant that the customer would either get two bills, or we had to take the ComEd charges and send them one bill that way. That would have been an expensive proposition," said Hal Poel, director of marketing for Spark Energy.

BlueStar bills its residential customers online.

While all three companies' rates are comparable or better than ComEd's, only 600 residential customers had switched to alternative suppliers as of August, the most recent data available, according to the ICC. ComEd serves 3.4 million residences.

"The jury is still out on whether residential competition is going to bring real value to consumers," said David Kolata, executive director of the Citizens Utility Board, a consumer advocacy group.

Kolata urged consumers to read the fine print before signing a long-term contract with an alternative supplier. A lower price may not seem so low after adding in early termination fees, monthly maintenance fees and other possible charges, he said.

"That having been said, there is a fair amount of headroom right now between the ComEd price and the market price," Kolata said.

ComEd doesn't make its money off the electricity it supplies, which is simply passed through to customers at the same rate ComEd pays to obtain the electricity from suppliers. The money ComEd makes comes from the delivery of the electricity, which consumers pay even if they switch suppliers.

Kevin Wright, president of the Illinois Competitive Energy Association, called consolidated billing a "huge boon to promoting retail electric competition and choice to residential and small commercial customers, which has been stalled for years due to market costs and barriers to entry for retail electric suppliers."

Jon Casadont, chief legal officer for BlueStar, said he expects more residential customers to switch to alternative suppliers because consumer awareness should increase in tandem with marketing and promotional efforts.

"If you've never given any thought to it before, spent your whole life flipping the switch, getting the bill, sending it in, it's really different. It's a matter of recalibrating thought patterns on how you purchase your utilities," he said.

He pointed to Pennsylvania, where Peco Energy Co.'s territory opened to competition three weeks ago. Nearly 10 percent of the utility's customers have already switched.

Pennsylvania utilities and commissioners made a concerted effort through workshops and informational fairs to educate consumers and to address fears that hold many customers from switching, he said.

"One of the biggest worries you hear from people is, 'If I switch, and there's an outage in my neighborhood, are the utilities going to switch my lights off?' Of course, the answer to that is no. The utilities treat everyone the same, for better or for worse," Casadont said.

Poel at Spark Energy agreed.

"It's one of our biggest marketing challenges: 'What do you mean you're supplying electricity, but you're still using ComEd's lines, and I'm getting a ComEd bill?'" he said.

The company said Chicagoans can expect to see Spark Energy's marketing efforts in the coming weeks, with radio and television spots, "tons" of billboards, social media campaigns and events aimed at getting ComEd customers to switch.

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The Benefits Of Exercise For Seniors.



When we select a workout program and try to follow it religiously we tend to ignore the finer points and the import of the workout regimen in its totality. Most people concentrate on losing weight, some try to build muscles, and some would exercise simply to remain fit. What is ignored is that any exercise regime will not be completely beneficial unless it is followed in a manner to derive maximum benefit.

Strenuous exercise by itself does not give optimum results. Any exercise procedure should include a controlled and monitored diet. If you are exercising daily and eating junk food without giving any thought to the calorie intake, the benefits derived from exercise is bound to be nullified. More than that, exercise and healthy diet need to become a way of living rather than means to only build muscles or lose weight.

Exercise will help you to keep fit but it is no guarantee that you will remain fit always. Exercise and diet should go together to make it a lifestyle which can last long. Once that is accomplished, both become a habit and help in old age.

Moreover, as age catches up on us we need different exercises, senior exercises, than what we are accustomed to during our prime years. A regulated diet and a typically supportive lifestyle complement exercise and stand in good stead when it is time to convert to a seniors exercise regimen.

Fact is as we grow older, we need to keep in shape more than the younger generation. With age the capabilities of the entire body system, muscles, organs, and mind, deteriorate and need more care than before. The changed lifestyle that you adopt in younger age comes in handy later in life. It then becomes simply a matter of shifting from the earlier



exercises to a seniors exercise regime.

Many places, like YMCAs have separate sections for seniors exercise. They take special care by providing them with swimming pools, sauna baths, and hot tubs, which are more suitable for seniors than an exhausting workout. Seniors exercise coupled with some multivitamin tablets and sufficient water intake is more than enough for seniors. At their age, seniors cannot be expected to undergo the stress of a 15 mile treadmill run or a bench of 350. The idea of a personal trainer at that age is another option that should be considered if it is affordable. A personal trainer for seniors exercise will guide you through with his expertise.

When we are young we feel that all talk of a regulated diet, change in lifestyle is irrelevant. We ignore it at a great cost to us. The realization comes when, as seniors, we find it difficult to even do the simplest of exercise which appeared mundane earlier.

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