

OUR NEWS LETTER



Caregivers need government help or they'll go broke

By Gail Sheehy, USA TODAY

Family caregivers are the largest caregiver group in the workforce — 65 million Americans who provide unpaid care for a chronically ill, disabled or aged family member. The value of the services they give free to our society is estimated to be \$375 billion a year. That is almost twice as much as the government spends on home care and nursing home services combined (\$158 billion).

I spent last week at the annual Aging in America conference, where 3,700 professionals in the field of aging gathered to exchange ideas and information. These are all passionate advocates for older Americans and their adult children, but nowhere did I hear new hope for easing the financial burden of working caregivers.

Three-quarters of caregivers work for a living as well as look after family members who are chronically or seriously ill or lingering with dementia. How do they manage this most challenging and extended passage?

They give up their savings, sell their homes, often move into the same home with their frail loved ones to cut expenses, and face the constant danger of being fired for their divided concentration between family and work.

Will family caregivers get government help before they go broke?

We know that 47% of working caregivers say the increases in caregiving expenses have caused them to use up all or most of their savings, according to the 2009 Survey of the Economic Downturn and Its Impact on Family Caregiving by Evercare and The National Alliance for Caregiving (NAC). Women who are family caregivers are 2½ times more likely than non-caregivers to live in poverty and five times more likely to receive Supplemental Security Income (SSI).

But it's the physical toll taken by the stress of unpaid caregiving that may be the greater cost to families and society. The shadow heroes who provide long-term care for their family members by and large don't see doctors for themselves, don't have time to exercise, and develop poor eating habits. Nearly a quarter of family caregivers who look after aging loved ones for five years or more report their health is fair or poor, according to AARP and NAC.

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And 40% to 70% of family caregivers have clinically significant symptoms of depression. Research has shown that the stress of caregiving can trigger an underlying predisposition to depression or other mental illness. Even celebrities with all kinds of resources can be taken down by the shock and sadness of caregiving.

Catherine Zeta-Jones fell into depression when her husband, actor Michael Douglas, went through brutal treatment for stage 4 throat cancer last fall. The actress couldn't sleep or get out of bed even to meet a few friends at a restaurant. She was diagnosed in March with bipolar disorder and checked into a mental-health facility.



The stress of caregiving for a family member with dementia is even more severe. It has been shown to affect a person's immune system for up to three years after their caregiving ends, according to the National Academy of Sciences.

In today's cost-slashing environment, why should corporate America care if family caregivers have to foot the entire bill for keeping Mom and Dad going?

One reason: Caregivers for elderly loved ones cost employers 8% more in health-care costs, estimated to be worth \$13.4 billion a year. And business takes a heavy hit from lost productivity by caregivers.

Kathy Greenlee, President Obama's assistant secretary on aging, addressed the conference without ever mentioning the program that she is charged to implement: The CLASS Act.

A year ago, when Obama signed this into law, it was heralded as a long-term health insurance plan offered by the federal government to working Americans who could voluntarily enroll through their employers. The CLASS plan would provide participants with the cash to help pay for needed caregiving assistance if they become functionally limited.

In other words, they could pay their family caregivers a minimum of \$50 a day. But the budget-cutters in prominence in Congress have put the law through a buzz saw. Greenlee is tasked, by law, to release details of the plan by Oct.1, 2012. She refuses to be interviewed about it. She has said that she won't put forward a plan that is not financially sustainable.

I can't help but wonder, don't the budget-busters have aging parents, too?

Alexian Brothers Health System plans to join Ascension Health's fold of hospitals

Merger will add to nation's largest Catholic-owned provider network

By [Bruce Japsen](#), Tribune reporter

8:22 p.m. CDT, April 27, 2011

The flurry of hospital consolidation continued Wednesday, as Alexian Brothers Health System in Chicago's northwest suburbs announced plans to merge with the nation's largest Catholic-owned provider of medical care.

The parent of Alexian Brothers Medical Center in Elk Grove Village and St. Alexius Medical Center in Hoffman Estates will be acquired by St. Louis-based Ascension Health, which operates 70 hospitals in 20 states and has about \$15 billion in annual revenue. Financial terms of the deal, which executives expect will close by the end of 2011, were not disclosed.

Across the country, community hospitals are looking into partnerships, while others are seeking investors or mergers. The market is demanding economies of scale, and hospitals need to stay competitive by installing new computer systems, electronic record-keeping and the latest developments in medical technology, which need large amounts of capital.

"We believe we bring a lot of intellectual capital in a number of areas," Ascension Chief Executive Anthony Tersigni said of the planned purchase of Alexian Brothers.

In the northwest suburbs in particular, hospitals are spending hundreds of millions of dollars on new facilities and infrastructure to attract patients as far north as Wisconsin. Despite about \$925 million in revenue, Alexian Brothers is not "large enough" to make the investments it needs to be competitive in areas like information technology, company Executive Vice President Mark Frey said.

Sherman Hospital in Elgin, which earlier this year rejected an overture to merge with Centegra Health System, is in discussions with Advocate Health Care, the Chicago area's largest hospital operator. And Centegra is seeking state approval this summer to build a new hospital in Huntley.

Elsewhere in the Chicago area, Loyola University Medical Center in Maywood has signed a deal to join Trinity Health, a large Michigan-based Catholic hospital operator that has said its acquisition of the large teaching hospital is the beginning of its expansion plans here. And Mokena-based Provena Health and Chicago-based Resurrection Health Care are in the midst of due diligence on a recently announced proposal to merge their dozen hospitals.

Alexian Brothers executives said they were attracted to Ascension because the two are Catholic health systems that share similar missions, citing their commitment to the poor and uninsured in the communities they serve.

Ascension said it provided more than \$1.1 billion in care for the poor and community benefits in 2010.

"Alexian Brothers and Ascension Health share a commitment to strengthening Catholic health care nationwide, and we are very enthusiastic about the prospect of helping them continue their vital ministry for generations to come," Tersigni said.

Though hospitals are expected to benefit from an influx of more than 30 million uninsured patients who will gain access to subsidies to pay for their medical care under the health overhaul law, money for that coverage does not kick in until 2014.

In the meantime, hospitals continue to feel the effects of a fragile economy and high unemployment. They continue to see an increasing number of Americans struggling to pay their medical bills, rising numbers of charity-care patients and a dip in elective surgeries, such as knee or hip replacements.

Ascension Health said Alexian Brothers hospitals will retain their name, and executives "don't anticipate any significant layoffs or changes."

Watch and wait strategy reduces number of CT scans for kids

By Melissa Healy, Los Angeles Times

4:31 p.m. CDT, May 9, 2011

Children who are brought to a hospital's emergency department after a blow to the head are often rushed into a CT scanner so physicians can rule out dangerous bleeding in the brain. But when emergency doctors wait to see if a child's dizziness, nausea, headache or disorientation subside, they can reduce the use of potentially risky CT scans without raising the risk they will miss a problem requiring immediate surgery, says a new study.

The research, published in the journal *Pediatrics*, comes against the backdrop of two trends: the rising rate of concussion-related ER visits by younger kids, and the exploding use of CT, or computed tomography, scans, despite growing concerns about the high dose of radiation and heightened cancer risk they pose. The number of diagnostic CT scans ordered on patients in the United States-- roughly 70 million per year at last count--has grown more than 23-fold since 1980. A December 2009 study estimated that because the scans often deliver high doses of ionizing radiation, the growth in their use would cause thousands of additional cancers and 14,500 more deaths each year.

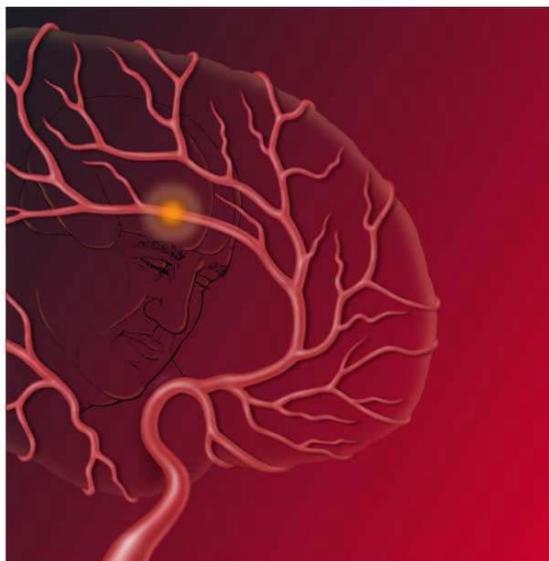
For children, the danger of overusing CT scans is particularly worrisome, because children's tissue is more sensitive to ionizing radiation's effects, and because they have a longer lifespan ahead in which to develop cancers. In ordering a cranial CT scan on a child with apparent concussion, physicians face a particular dilemma: They must weigh the possibility that radiation could sow the seeds of brain malignancies down the road against the more immediate prospect that trauma to the child's brain could cause dangerous swelling or bleeding into the brain that might not be evident without the use of the sophisticated brain imaging technique.

In the latest study, researchers reviewed the clinical records of some 40,000 children brought to 25 different emergency rooms across the country with suspected brain injury. These children were generally alert, but may have lost consciousness briefly, become disoriented, vomited or complained of headache or dizziness. In such cases, physicians' practices varied widely: Some participating doctors immediately ordered CT scans in 93% of such cases; others did so in 71% of such instances.

But in cases where the physician ordered a period of observation before deciding on whether a CT scan should be done, children were 11% less likely to get a CT scan than in cases where the scan was ordered immediately. And children in this watchful-waiting group were no more likely to develop dangerous post-concussion complications than were kids who were sent immediately to get a CT scan. For every 1,000 children being assessed for traumatic brain injury, a period of observation before a decision is made on CT scan could result in 39 fewer such scans--and a lot less radiation for some--the researchers estimated.

"Clinical observation before making a decision regarding CT use seems to be a safe and potentially effective strategy to manage a subset of children with blunt head trauma," the group reported. The researchers cautioned, however, that their research fails to determine how long a young patient should remain under observation by medical staff before he or she is released. The researchers also acknowledged that holding pediatric patients for hours while waiting to see if their symptoms worsened could exacerbate emergency department crowding, a growing problem across the country.

Strokes often occur during sleep. So what do you do when you wake up?



About one in seven strokes occur during sleep. (Custom Medical Stock Photo)

By Shari Roan, Los Angeles Times / For the Booster Shots blog

May 10, 2011

Strokes that occur during sleep are not rare. According to a study released Monday, about one in seven strokes take place during sleep. That high number raises questions about how to best help people who have strokes during sleep.

An emergency treatment can greatly reduce the damage caused by strokes. But the medicine, called tissue plasminogen activator (tPA), must be given at a hospital within a few hours after the first symptoms begin. During the day, it's possible to detect the first signs of a stroke. But people who awaken having had a stroke during sleep are at a big disadvantage.

According to the new study, studies are needed to learn ways to identify which people are mostly likely to benefit from tPA treatment even if their symptoms started during sleep. The study, of 1,854 people who had ischemic strokes, found that 14% had symptoms upon awakening. There were few differences between wake-up strokes and non-wake-up strokes, the authors said. People with wake-up strokes tended to be slightly older and had more severe strokes. But the researchers estimated that many of those people with wake-up strokes could have been treated with tPA.

"This is a group of patients that should be a focus for future studies," said the lead author of the study, Dr. Jason Mackey, of the University of Cincinnati, in a news release. "It's likely that some of these strokes occurred immediately prior to awakening, and people would benefit from treatment."

Do You Understand Your Credit Score?

by Amy Fontinelle
Monday, May 9, 2011

provided by



Talk about credit scores seems to be everywhere -- it's on the 10 o'clock news, your credit card company keeps asking you to sign up for credit monitoring, and a young man with shaggy hair and a guitar is always popping up on your TV whining about driving a used subcompact.

Yet, consumer research conducted by the Consumer Federation of America and VantageScore Solutions shows that many Americans don't really understand their credit scores. Even if you think the hype about credit scores is overrated, you should at least understand the basics -- it can save you thousands of dollars.

The Purpose of a Credit Score

According to the Consumer Federation of America, the primary purpose of a credit score is to help lenders assess individuals' risk of not repaying a loan. It is *not* to assess borrowers' knowledge of consumer credit, their attitude toward consumer credit, their amount of consumer debt or the financial resources they have to repay a loan.



Factors that Affect Your Credit Score

Your credit score is essentially based on five things:

1. *Payment History*

Do you pay your bills on time? If not, how late are you, and how often are you late?

2. *Amounts Owed*

How much total credit do you have available, and what percentage of it are you using?

3. *Length of Credit History*

When did you first start using credit, and what is the average age of all your credit and loan accounts?

4. *New Credit*

How much credit have you applied for and taken on recently?

5. *Types of Credit in Use*

Do you have a mix of different types of credit?

Factors That Don't Affect Your Credit Score

Some people think that their credit score factors in their age, marital status, gender, race, nationality or state of residence, but none of these are included in your score. Most of this information doesn't even appear on your report and is prohibited from being used for credit considerations under the Equal Credit Opportunity Act.

Who Checks Your Credit and Why

You probably know that anyone you want to borrow money from is going to check your credit -- this includes mortgage lenders, credit card issuers and car dealerships. Creditors use your credit score to determine whether to lend you money and if so, what interest rate you will get. The higher your credit score, the lower the interest rate you will qualify for, and the less you will pay to borrow that money. It follows, of course, that the lower your credit score, the more interest you will pay, if you can even get a loan or a credit card at all.

But did you know that home insurers, landlords, cell phone companies and electric utilities may also use your credit score? It can be used to determine whether you can get insurance and at what cost, whether to rent you a living space and at what price and whether to require a deposit when you establish cell phone or utility service.

Your Credit Score is Really Three Scores

There are three major credit bureaus -- Experian, Equifax and Transunion -- and each one calculates your score somewhat differently, giving you three somewhat different credit scores. Ideally, you'd like each of those scores to be at least 720 -- this is the score that will usually qualify you for the best interest rates in today's market.

Learn More about Credit Scoring

You are entitled to one free copy of your report every 12 months from each of the three credit bureaus (the easiest way to get it is through www.annualcreditreport.com). Looking at your credit report will help you understand what is on your report and what isn't. It will also allow you to check for any mistakes that could be harming your credit score and check for any signs of possible identity theft (like accounts you don't recognize).

The free credit report does not include your credit score, but unless you're planning on making a major purchase that requires credit (like a mortgage or a new car) in the next six months, or you're having trouble getting approved for a credit card, you don't particularly need to know your score. If you do want or need to know your score, you'll have the option to purchase it while you're obtaining your free report.

You may be able to obtain your score for free by signing up for a credit monitoring service the offers a free trial (though it won't be free if you forget to cancel before the end of the trial period) or by applying for a loan and obtaining your score from the lender. If you don't need to know your actual score and just want to get a general idea, there are websites that will help you estimate it.

The Bottom Line

No matter how much those credit score commercials might irritate you, their underlying message is sound: understanding the basics of credit scoring is essential to managing your finances well. Without that understanding, you could end up wasting money on high interest rates or miss out on achieving goals like home ownership.

Counterfeiting threat looms over drug industry

Lipitor, Procrit, Viagra most copied drugs; FDA says it's a worldwide problem - especially with online drug sellers



The production and sale of counterfeit drugs is a growing problem around the world. Susan Koeppen reports on an investigation into counterfeit drugs and what consumers should avoid when buying prescription drugs.

(CBS News)

Criminals are looking to cash in on some of the most popular drugs on the market by selling counterfeit drugs - and it appears they're putting lives at risk in the process.

"Early Show" Consumer Correspondent Susan Koeppen reported this isn't just a national problem, it's a worldwide problem. Counterfeit drugs, she said, are being produced all around the globe. The pills are often cheaper than the real thing, making them an attractive buy to unsuspecting consumers.

What's worse is counterfeit drugs can be harmful and even deadly for patients. Koeppen said they often lack the active ingredients, or contain dangerous ingredients that can lead to serious side effects. And sometimes the drugs do nothing at all.

The World Health Organization and the Food and Drug Administration (FDA) say it's hard to even put a number on the extent of the counterfeit drug problem. Among the most widely counterfeited drugs are Lipitor, commonly used to treat high cholesterol, Procrit, used to treat anemia and fatigue, and Viagra, an erectile dysfunction.

Ilisa Bernstein, counterfeit drug expert at the FDA's Center for Drug Evaluation and Research, told Koeppen, "Globally, counterfeit drugs are a big concern."

When asked by Koeppen if people are making big money for the pills, Bernstein said, "The counterfeiters prey on the vulnerability of the consumer, and they don't care if they're harming patients."

Getting counterfeit drugs in your local pharmacy is rare, but it does happen, Koeppen said.

More commonly, she reported, fake drugs are bought and sold over the internet. Recently, the FDA accused 294 websites of selling counterfeit drugs to consumers - and demanded they stop.

Bernstein said, "If I were to show you some counterfeit and some genuine, I bet you wouldn't be able to tell the difference."

Koeppen said, "They're that good?"

Bernstein said, "They're that good."

When the FDA bought Tamiflu from a suspicious website, they got what looked exactly like the real thing.

Koeppen said, "The pills look the same, the packages look the same, but one is fake?"

Bernstein said, "Yeah."

Turns out the Tamiflu was really just talc and acetaminophen.

"The Early Show" bought packages of Viagra online, and then had them tested by Pfizer, the company that makes Viagra. One package came back real, but the other was fake.

Last year, Pfizer, working with law enforcement, seized approximately 8.3 million doses of counterfeit pharmaceuticals. Of that, approximately 57 percent was Viagra.

When shopping online for drugs, the FDA recommends consumers only shop at state-licensed pharmacies in the U.S., and look for a seal of approval called VIPPS.

Consumers should avoid websites that offer prescription drugs for sale at cheap prices and without a prescription.

Bernstein said, "If the price is too good to be true, it's a red flag that you're not going to get the real drug."

On "The Early Show," Koeppen added the FDA is working with wholesalers and manufacturers and pharmacies to put a tracking system into place so you can track the drug packages and you can tell what should be in the drug supply chain and what should not be. She said counterfeits are being seized everyday globally.

Health Law to Save \$120 Billion in Initial Years

By Drew Armstrong - May 12, 2011 11:03 AM CT Thu May 12 16:03:55 GMT 2011

Medicare, the U.S. health insurance program for the elderly and disabled, said the health-care law will save the program \$120 billion in the next five years through lower payments to hospitals and insurers.

About \$50 billion of the savings come from reduced payments to insurers including Humana Inc. (HUM), WellPoint Inc. (WLP) and UnitedHealth Group Inc. (UNH), companies that lead the market in enrollees in Medicare Advantage, the privately run, government- subsidized portion of the U.S. health program.

The savings prove the health-care overhaul that Democrats passed last year is working, Medicare Deputy Administrator Jonathan Blum said.

“Savings are happening,” he said by phone. “The program is becoming more efficient. We are promoting payment reforms that are elevating quality, elevating performance and lowering costs.”

Cutting spending in Medicare was a major priority of the health-care overhaul U.S. President Barack Obama signed into law in March 2010. The law is projected by the Congressional Budget Office to reduce U.S. deficits by \$143 billion, partly through almost \$500 billion in cuts and savings from the Medicare program in a decade.

Other major savings in the law come from cutting payments to hospitals and providers of medical equipment like oxygen and wheelchairs.

Blum said the savings were in line with expectations by the Obama administration. “We’re very much consistent with where we thought we would be,” he said.

Finances look worse for Medicare, Social Security

AP Associated Press



AP – FILE - In this May 5, 2011 file photo, Treasury Secretary Timothy Geithner leaves Blair House in Washington, ...

By STEPHEN OHLEMACHER and RICARDO ALONSO-ZALDIVAR, Associated Press Stephen Ohlemacher And Ricardo Alonso-zaldivar, Associated Press – Sat May 14, 12:23 am ET

WASHINGTON – The bad economy is worsening the already-shaky finances of Medicare and Social Security, draining the trust funds supporting them faster than expected and intensifying the need for Congress to shore up the massive benefit programs, the government said Friday.

Both Medicare and Social Security are being hit by a double whammy: the long-anticipated wave of retiring baby boomers and weaker-than-expected tax receipts, according to the annual report by the trustees who oversee the programs.

The Medicare hospital insurance fund for seniors is now projected to run out of money in 2024, five years earlier than last year's estimate. The Social Security trust funds are projected to be drained in 2036, one year earlier than the last estimate. Once the trust funds are exhausted, both programs can only collect enough money in payroll taxes to pay partial benefits, the report said.

More immediate bad news for seniors: After they've gone two years with no cost-of-living increase in Social Security payments, the trustees project a 0.7 percent increase for next year, a raise so small that it will probably be wiped out by higher Medicare Part B premiums for most beneficiaries.

"There can no longer be any doubt or denial: Our nation's Medicare and Social Security programs are unsustainable and will run out of money sooner than expected," said Senate Republican Leader Mitch McConnell of Kentucky.

Congress and the Obama administration are negotiating possible changes to Medicare and other benefit programs as part of a deal to increase the government's ability to borrow. The \$14.3 trillion debt ceiling will be hit Monday, though Treasury officials are taking measures to put off an unprecedented default on government bonds until August, Treasury Secretary Timothy Geithner said.

Congress is putting off changes to Social Security, but Medicare, the government health insurance program for older Americans, is still on the table.

The longer Congress waits to fix the programs, the more likely it is that lawmakers will be forced to impose tax increases, deep benefit cuts, or both, to save them, the report said. By acting sooner, the trustees said Congress can impose gradual changes that reduce the impact on current beneficiaries and give future retirees time to prepare.

"The financial shortfalls confronting both Social Security and Medicare are substantial and — absent legislation to correct them — quite certain," wrote two of the trustees who oversee the programs, Charles P. Blahous III and Robert D. Reischauer. "Elected officials will best serve the interests of the public if financial corrections are enacted at the earliest practicable time."

The weak economy is hurting Medicare and Social Security because fewer people are working and paying payroll taxes that support the programs, the trustees said. Medicare is in worse shape than Social Security, in part because it is also being hit by rising health care costs.

To illustrate the challenges facing the programs, the trustees calculated the tax increases or benefit cuts that would be necessary to make both programs solvent for the next 75 years.

Fixing Social Security would require an increase in the payroll tax of 2.15 percentage points, or an immediate and permanent 14 percent cut in benefits, the report said. Fixing the Medicare hospital fund would require an increase in the payroll tax of nearly 1 percentage point, or a 17 percent cut in benefits.

If benefit cuts are designed to reduce the impact on current beneficiaries, future retirees will face even more significant changes, the report said.

On the other hand, if the Medicare trust fund is allowed to be drained, the program will collect only enough payroll taxes to pay about 90 percent of benefits. If the Social Security trust funds are drained, the program will collect only enough payroll taxes to pay about 77 percent of benefits, the report said.

Nearly 55 million retirees, disabled people and children who have lost parents receive Social Security benefits, which average \$1,077 monthly. More than 46 million people are covered by Medicare.

Even after the economy comes back, Medicare will still be in trouble. Part of the reason is the cost of modern high-tech medicine. And people are living longer, and having complicated procedures such as bypass surgery and hip replacements later in life.

On top of that, financial projections for Medicare rely partly on assumptions that the trustees' report say are obviously unrealistic or questionable. Those include a 1990s law that would require a 30 percent cut in payments to doctors, and is routinely waived each year by Congress.

The report also raised questions about whether Medicare cuts under Obama's health care plan would be politically sustainable over the long haul.

"It is important to note that the actual future costs for Medicare are likely to exceed those shown by the current-law projections in this report," the trustees said.

Six trustees oversee Social Security and Medicare. Besides Geithner, Blahous and Reischauer, the others are Labor Secretary Hilda Solis, Health and Human Services Secretary Kathleen Sebelius and Social Security Commissioner Michael Astrue.

What Your Hands Reveal About Your Health

By Lucy Danziger and the staff at SELF
May 19, 2011

Health Experts Main



Happier, Healthier You

Our bodies are pretty good at sending out red flags when something's wrong with our health—such as a fever due to infection or itchy hives from an allergic reaction. But sometimes the signs are misleading or easy to miss, even when they're on one of the body parts you look at most: your hands! For instance, did you know that the length of your fingers, the state of your nails and even the shade of your palms can help predict you how healthy you'll be in the future? Check out these little hand signals, and if anything sounds familiar, see your doc today—a bright and healthy future is up for grabs!

Swollen Fingers

WHAT THEY MEAN: We all know that salty snacks and PMS can cause bloat. But if you shun the shaker and your rings still don't fit, and if your period isn't due soon, this kind of swelling could suggest hypothyroidism, which means the thyroid gland is underproducing the hormones you need to regulate your metabolism and keep your body functioning properly. Thyroid problems can lead to a sluggish metabolism, weight gain and water accumulation, explains Jenny Kim, M.D., a dermatology professor at the University of California

in Los Angeles. Untreated hypothyroidism can cause fatigue, low libido and even (at extreme levels) heart failure. A simple blood test will show if your thyroid is underperforming, and doctor-monitored synthetic hormone pills can help your hormones—and your fingers—return to normal.



Red Palms

WHAT THEY MEAN: Itchy, burning red palms may point to eczema, a chronic skin disorder that can worsen when you're stressed; to limit irritation, avoid potential chemical triggers by opting for soapless cleansers and wearing gloves when cleaning or gardening. If those don't help, redness could indicate an allergy to nickel in jewelry, chemicals in products, or antibiotics (and symptoms might show up on other parts of your body beyond the palms of your hands). Such allergies are usually more annoying than ominous, but your physician can tell for sure by doing a patch test and pinpointing what to avoid, Dr. Kim says. One exception: If you're pregnant, don't sweat red palms. During pregnancy, blood flow increases throughout the body, causing temporary redness in more than half of expecting women.

Pale Fingernails

WHAT THEY MEAN: "Nails should turn white when you press on them, then return to pinkish when you release," says Anthony Martinez, M.D., assistant clinical professor of medicine at the University of California in San Diego. "If your nail stays white for more than a minute or two, you may have anemia or low iron." Iron deficiency can lead to fatigue or, in serious cases, heart problems, so you'll want to alert your doctor. To dodge a deficiency, fill up on iron-rich foods (such as lean meats, spinach and other dark green veggies, legumes, and nuts and seeds like almonds and pumpkin seeds) and foods with vitamin C, which aids iron absorption.

Numb, Blue Fingertips

WHAT THEY MEAN: Blue-hued fingers may signal a condition called Raynaud's disease, a temporary blood vessel spasm that constricts blood flow to the fingers (hence the numbness) and occurs in five to ten percent of all people. "It's more common in women and typically triggered by cool temperatures or stress," Dr. Martinez says. Raynaud's is chronic, but it's not a huge health worry unless numbness lasts more than an hour, in which case your fingers are actually imperiled—head to the ER! Stave off a crisis by keeping circulation healthy: Cut out cigarettes and go easy on caffeine, as both constrict blood vessels, and hit the gym regularly to keep your blood pumping.

Discolored Nails

WHAT THEY MEAN: Off-color nails can result from fungus but may also warn of diabetes. "Diabetics' immune and vascular systems can be impaired, creating an environment that allows bacteria and fungi to flourish," Dr. Kim says. Look for green discoloration (yikes!) or thick, dark-yellow nails that detach from the bed (double yikes!). Your M.D. can tell you about habits that keep blood sugar in check, such as swapping out processed foods for healthy complex carbs. If there's fungus, prescription meds can help clear it up; if not, nails might be yellow from dark polish. Applying tooth-whitening products to nails can help.

Short Index Fingers

WHAT THEY MEAN: Women with pointer fingers smaller than their ring fingers may have a heightened risk for osteoarthritis and polycystic ovarian syndrome, a hormonal disorder that can disrupt fertility. The upside? A lower risk for heart disease. "More exposure to testosterone in utero, which relates to skeletal health, fertility and cardiovascular development, may also create longer ring fingers," says John Manning, Ph.D., author of *The Finger Ratio*. "But don't regard your ratio as a definite indicator of risks—or immunity to them." Controlling your weight protects your joints, fertility and heart, regardless of finger length. Aim for a body-mass index between 18.5 and 25 (calculate yours at Self.com.)

10 Free Ways to Speed Up Your PC

By GalTime Nerd Chick Andrea Eldridge



Does it feel like you can make a pot of coffee and clean the kitchen all in the time it takes for your computer system to boot up? Do you find yourself daydreaming of dropping it off the top of your office building while you're waiting for web pages to load? If it seems like your computer is running slower every day, here are some things to do to get your "old reliable" running in tip-top shape. Of course, budget-savvy Nerd Chicks are always looking for ways to save some dough, so we've made sure they are all free.

1. Get Rid of the Nasties

Viruses and spyware don't always break your computer, but they do always slow it down. They're more common than you may think, and can hang out in your system, gumming up the works, without you even knowing it. Microsoft Security Essentials is a great, easy, all-in-one solution to keep your computer healthy and running in top form. [Download it here.](#)

2. Update Your OS

Windows issues updates all the time. These can patch holes in the software, closing vulnerabilities that viruses and spyware exploit, and generally make Windows run better. If you're running Windows XP, right click on the My Computer icon on the desktop, select Properties and click on the Automatic Updates tab. Make sure you set them to download and install automatically.

3. Purge "Bloatware"

Still have that Norton Trial software installed from when you bought your machine three years ago? Get rid of it! Every time it pops up a window "reminding" you to buy it, I'm guessing a little voice in your head mutters unpleasant things. It's also slowing down your system as the antiquated software runs in the background. Search for "Norton Removal Tool" (or "McAfee Removal Tool") to make sure that you get the software fully uninstalled.

4. Speed Your Startup

MSConfig is a tool built in to most versions of Windows. Even novice computer surfers can use this tool to stop programs from starting automatically every time you boot up. While certain things are necessary for Windows to function, if your system is trying to turn on iTunes, your printer, and Adobe every time it boots up, the poor thing's got a lot of things to get going before it can launch your Sudoku. Click the "Start" button. If you have a search option, type "msconfig" into the search field. If you don't have a search option, but have a "Run" button on the startup menu, click that instead. When you do this, a window will appear on screen with the word "Run:" next to a blank text field. Type "msconfig" in the blank text field and press "Enter". Click the "Startup" tab at the top of the menu. Uncheck the boxes next to programs that you don't need during startup – but only programs you recognize! Click the "Apply" button, then select "OK", and restart your computer. I can almost hear your computer sighing in relief from here.

5. Defrag Your Hard Drive

Every time you save a file, or update software, your hard drive stores each new thing in chronological order. This means that when you launch Word, your system has to search all over your hard drive to find all the pieces that have been stored over the months, or years. Defragging simply means that your hard drive will take all the “like” things and put them together, allowing programs to launch and work faster. Windows 7 comes configured to defrag automatically, however Windows XP users will need to start the process manually. From the Start menu, right-click the “My Computer” option. Select “Manage” and choose disk defragmenter under the Storage section. Keep in mind that the process can take several hours, so set it to run at night. Also, remember to disable your system’s hibernate mode & screen saver before starting.

6. Repair the Registry

Your system’s registry is like your hard drive’s table of contents. If there are incorrect entries, it can take your drive longer to find all the pieces of data it needs to launch and run programs. Glary Utilities is a great free application that you can install to quickly and easily fix registry errors and optimize your system’s performance. [Download the free version here.](#)

7. Clear Out the Cookies

Every time you visit a website, it stores little pieces of itself, or programs, on your system. The idea is that the next time you visit the site it will load that content faster. The problem is that it’s rare that we return to the same sites and see the same things over and over again. Instead, the process of digging through several MBs of temporary internet files will lead all websites to load more slowly. Clear out your cache with CCleaner , a top rated free software program for cleaning out temporary files and making your system run at its best. One tip: use the cookies tab to select cookies you want to keep from sites you visit often and/or want to continue to login to automatically (like your email, or your bank).

8. Clean it, No Really!

Your computer has a fan in it that draws in air to cool the CPU and components. If this fan or vent becomes clogged with dust, pet hair, or other nasties, your system can overheat, causing it to run more sluggishly and eventually break. Grab a can of air and take your PC outside for a field trip. Don’t just blow into the intake vent: open the case, don’t blow air too closely at the components, and blow dust away from the case.

9. Ditch Internet Explorer

There are many alternative browsers you can use to access the Internet. Most techies agree that Google’s Chrome is the fastest option that doesn’t compromise compatibility.

10. If all else fails...

A surefire way to ensure that your system is running as close to good-as-new as you can hope to get is to back up your data, format your hard drive, and reinstall Windows. Keep in mind that you will need to reinstall all of your software, including office. Don’t forget to install your anti-virus and anti-spyware before surfing the net!

Getting on a regular maintenance schedule will save you, and your trusty computer, much pain and suffering. Especially if these tips keep you from drop kicking your PC off the roof! If you’re struggling with any of these steps, or want more info, check out my website, www.callnerds.com.

Retirees face squeeze on health care costs

Few know how much they will spend on health care in retirement despite Medicare.

By [Guy Boulton](#) of the Journal Sentinel

May 21, 2011 |

Think you won't have to worry about health care costs once you're covered by Medicare?

Think again.

Women who retired last year will need an average of \$93,000 in savings to pay for health care expenses in retirement, according to an estimate by the Employee Benefit Research Institute. Men will need \$65,000.

That's an average. And that's just for the people who retired last year. The amount will be considerably higher for people retiring in coming years. And these estimates don't include the cost of a nursing home or other long-term care.

Yet few people are aware of how much they will spend on health care in retirement despite being covered by Medicare.

"They don't have a clue," said Jim Fritsch, a retiree. "They're not ready for it."

Fritsch spends a bit more than \$300 a month on supplemental insurance, and he's fairly typical.

Premiums for supplemental insurance, or Medigap, cost \$2,160 to \$2,700 a year in the Milwaukee area for someone who is 75. Medicare Part B, which covers physician fees and other services, runs \$1,157 this year. And Medicare Part D, the prescription drug benefit, averages \$528 this year in Wisconsin.

That works out to \$3,845 to \$4,385 a year - \$7,690 to \$8,770 for a couple - at the age of 75.

That doesn't include deductibles or expenses for dental care, eyeglasses or hearing aids.

The cost can be considerably less for people who opt for a Medicare Advantage plan in place of Medigap insurance. But those plans typically have higher deductibles than Medicare supplemental plans.

"It takes a good chunk out of your savings," said William Reeves, 78.

One in four people covered by Medicare spent 30% or more of their income on health expenses, including long-term care, in 2006, according to a brief by the Kaiser Family Foundation, which does research on health policy.

That percentage is certain to increase as the rise in health care costs continues to outpace incomes.

Median out-of-pocket spending on health care - meaning roughly half will spend more and half less - is projected to reach 19% this year and to exceed 25% of retirees' income in 2020.

Those figures include long-term care, which costs more than \$70,000 a year. It's a cost that few people can bear for long, and that everyone hopes to escape.

Yet an estimated 24% of the people who retired last year will need more than a year of nursing home care, and 9% will need more than five years of care, according to the Center for Retirement Research at Boston College.

Medicare in disrepair

All this awaits retiring baby boomers - a sizable number who haven't saved enough for retirement and who are less likely to have pensions.

At the same time, Medicare is seriously underfunded. And economists across the political spectrum agree that the program in its current form isn't sustainable.

"The fact is the program is not solvent, and there are going to be changes to it at some point," said Paul Fronstin, a senior research associate with the Employee Benefit Research Institute. "The question is what those changes will look like."

House Republicans, spearheaded by Rep. Paul Ryan (R-Wis.), have proposed capping the value of Medicare coverage in future years. That would shift some costs to future retirees, although Ryan's proposal would include subsidies for people with limited incomes.

For their part, Democrats have placed their hopes largely in slowing the rise in Medicare spending through a mix of price controls and reforms to make the health care system more efficient.

What is clear is no one expects Medicare coverage to become more generous. The result could be larger co-pays, higher premiums and fewer benefits.

"One way or another, it comes down to needing more money," said Anthony Webb, a research economist with the Center for Retirement Research at Boston College.

Yet many people already are spending a large share of their income on health care, and that percentage will increase even without significant changes in Medicare.

Little savings

How much more some people can afford is a question.

Half of all Medicare beneficiaries had incomes of less than \$21,000 last year, according to the Kaiser Family Foundation. They also had few assets.

Among those covered by Medicare, half had:

Less than \$2,095 in retirement accounts.

Less than \$60,025 in home equity

Less than \$30,287 in financial assets,

"I don't see how some make it," said Reeves, the retiree.

Reeves, who has a pension, knows he's relatively lucky. But health care costs still are a major expense for him.

"I didn't expect it to be this costly," he said. "And the older you get, the higher it goes up."

What someone will spend on health care in retirement varies wildly and is impossible to predict. For certain, the burden is heaviest for those who are the oldest, in poor health or with modest incomes. But it also depends on when people retire, how long they will live, their health and, to a large degree, fate.

The biggest unknown is how long someone will live. But 50% of the women who turned 65 last year are expected to live to 84, and 25% are expected to live until 90. For men, 50% are expected to live to 81 and 25% to 87.

That complicates projecting future expenses.

"Everybody sort of thinks they are going to do well," said Pamela Herd, an associate professor of public affairs and sociology at the University of Wisconsin-Madison.

Wild card

Most people expect to work longer. But whether they will have that option varies with educational level and health. And Herd noted that studies show that older people face discrimination in the job market.

The biggest wild card is long-term care.

"For most people, long-term care insurance is Medicaid," Herd said.

Roughly two-thirds of the people in Wisconsin nursing homes are covered by Medicaid.

That's not a heartening prospect. People must deplete their assets, and any income from Social Security or a pension goes toward the cost of their care. They are allowed to keep \$45 a month for personal expenses.

"That's the biggest financial risk for a senior," said William Kravit, president of FHK Senior Insurance Services in Milwaukee.

Long-term care insurance is an option, but the policies are expensive and complicated.

Even people lucky enough to avoid the cost of long-term care are likely to find themselves spending more on health care in their retirement than they ever expected - and the expense is almost certain to be a lot more in coming decades.

"To make it, you are going to have to have a lot of money in that bank when you retire," Reeves said.

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America's Best Affordable Places, 2011

By Venessa Wong and Jennifer Prince, Bloomberg Businessweek

May 27, 2011

Provided by:

**Bloomberg
Businessweek**

As the old saying goes, you get what you pay for. Unfortunately in real estate, value is a trade-off. Someone in Manhattan is willing to pay \$2,200 per month to rent a studio apartment so as to be near jobs and cultural amenities, sacrificing square footage. For someone in Las Vegas, where housing is inexpensive—the city's median home value is about \$115,000, according to real estate site Zillow.com—and the labor market is tough, the reverse is true. What if you could have both proximity to work and quality of life at an affordable cost?

While this may sound too good to be true, it's the status quo in some places.

In an exclusive ranking for Businessweek.com, Bloomberg Rankings analyzed government-gathered data on more than 3,000 counties across the U.S. to select the best affordable place in each state. We then scored each county by state. Next we tallied the top-ranked county in each state to arrive at a national ranking. Factors that were most heavily weighted include housing cost, crime, unemployment, and educational attainment in the county, in addition to such other metrics as family income, poverty, commute time, air quality, diversity, and share of families with children.

The Midwest made out well in the ranking. No. 1 on Bloomberg's list: North Dakota's Cass County, home to Fargo and West Fargo.

Other areas with high scores include Brown County, S.D., Cleveland County, Okla. (in the West South Central region), Story County, Iowa, and Olmsted County, Minn.

Coastal states with high unemployment such as California, Florida, and Rhode Island ranked lower, as did states with a generally high cost of living, such as Hawaii.

Job Opportunities a Big Lure

Housing is a major factor in making a place affordable—and attractive. According to recently released results from the Census Bureau's 2010 Current Population Survey, housing is the main reason people relocate: Of people who moved in 2010, 43.7 percent did so for such housing-related reasons as finding a new or better home, cheaper housing, or a neighborhood with less crime.

That's just part of the picture. "People follow jobs and not low-cost housing," says Lawrence Yun, chief economist and senior vice-president of research at the National Association of Realtors. "North Dakota has been doing well because of job growth while Las Vegas and Cleveland continue to struggle—all [are] very affordable markets," he says.

About 16.4 percent of people in the U.S. who moved in 2010 did so for employment-related reasons, says the Census Bureau's survey.

Even in these best affordable places, it's wise not to expect Utopia. In Cass County, for example, flooding is common in the Red River Valley. This year, the river crested in the Fargo area at 38.75 feet in April, according to the National Weather Service, making it the fourth- highest flood on record. It has since declined slowly.

Still, when it's not flood season, Cass County can be an attractive place to live. Unlike many places with nice homes, clean air, low crime, and a strong job market, it's accessible to the average income earner, too.

Here are the 10 American best affordable places to live:



No. 10 - Cumberland County, ME.
Photo: Getty Images

No. 10: [Cumberland County, Maine](#)

Population: 276,529

Median family income: \$68,707

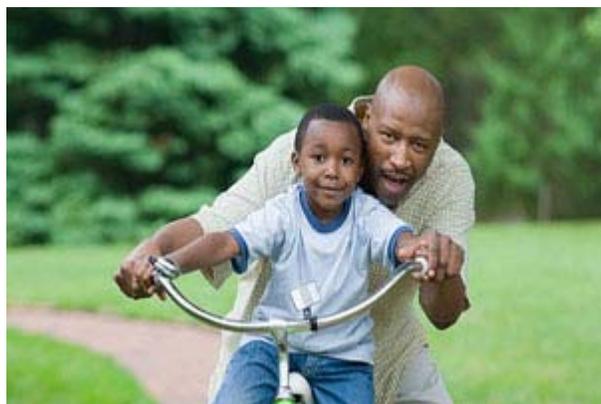
Households spending more than 30 percent income on housing: 37.3 percent

Unemployment: 6.4 percent

Adult population with bachelor's degrees: 38.3 percent

Major cities: [Portland](#), [South Portland](#), [Yarmouth](#)

Luxury homes can be found in Cumberland County areas such as [Freeport](#), [Falmouth](#), and Yarmouth, shows a search on luxuryportfolio.com, but Zillow.com estimates the median list price in the area is about \$250,000. The Portland area is the state's main economic hub and provides high-quality, affordable housing and excellent school systems, according to Maine Medical Center. It also has a low violent crime rate—not to mention great shopping: Freeport is home to L.L. Bean and numerous outlet stores.



No. 9 - Lafayette Parish, LA.
Photo: Getty Images

No. 9: [Lafayette Parish, Louisiana](#)

Population: 212,684

Median family income: \$59,910

Households spending more than 30 percent income on housing: 25.4 percent

Unemployment: 6.6 percent

Adult population with bachelor's degrees: 27.7 percent

Major cities: [Lafayette](#), [Scott](#)

The population of Lafayette Parish has expanded quickly, growing by 16.3 percent from 2000 to 2010, above its 15.6 percent growth rate from 1990 to 2000, according to U.S. Census Bureau data. The area has several communities that have been recognized for quality of life, including [Youngsville](#), Lafayette, and [Broussard](#).



No. 8 - Pulaski County, AR.
Photo: Getty Images

No. 8: [Pulaski County, Arkansas](#)

Population: 383,347

Median family income: \$57,324

Households spending more than 30 percent income on housing: 26.2 percent

Unemployment: 7.3 percent

Adult population with bachelor's degrees: 31 percent

Major cities: [Little Rock](#), [North Little Rock](#), [Jacksonville](#)

The Arkansas River runs through Pulaski County, providing opportunities for boating, fishing, and hiking. U.S. Census data show that the health-care and retail sectors are major employers in the area, which is located in the geographic center of Arkansas. According to the county website, medical facilities and practices employ more than 34,000 people in Pulaski County. Little Rock is home to such major health facilities as the University of Arkansas for Medical Sciences, Baptist Medical Center, John McClelland Veteran's Affairs Hospital, St. Vincent Infirmary Center, and the Arkansas Heart Hospital.



No. 7 - Yellowstone County, MT.

Photo: Getty Images

No. 7: [Yellowstone County, Montana](#)

Population: 146,576

Median family income: \$60,630

Households spending more than 30 percent income on housing: 28.6 percent

Unemployment: 6.3 percent

Adult population with bachelor's degrees: 27.7 percent

Major city: [Billings](#)

Home to Montana's largest city, Billings, Yellowstone County was named for the Yellowstone River that runs through it. The area has many natural park areas, including Pompeys Pillar National Monument, a sandstone rock formation, and Nez Perce National Historical Park, which spreads into Montana, [Idaho](#), [Oregon](#), and [Washington](#). Billings is known for its quiet neighborhoods and business districts, the city website states.



No. 6 - Onondaga County, NY.
Photo: Getty Images

No. 6: [Onondaga County, New York](#)

Population: 455,912

Median family income: \$65,458

Households spending more than 30 percent income on housing: 26.4 percent

Unemployment: 8.2 percent

Adult population with bachelor's degrees: 31.5 percent

Major cities: [Syracuse](#), [Salina](#), [Clay](#)

With a cost of living about 18 percent below the U.S. average, according to Sperling's BestPlaces, Syracuse is an affordable city. While its population shrank slightly in the past 10 years, according to 2010 U.S. Census data, other areas in the county have grown, including [Pompey](#), [Cicero](#), and [Lysander](#). Upstate University Health System and Syracuse University are among the area's major employers, according to the county website.



No. 5 - Olmstead County, MN.
Photo: Getty Images

No. 5: [Olmsted County, Minnesota](#)

Population: 145,269

Median family income: \$79,458

Households spending more than 30 percent income on housing: 25.6 percent

Unemployment: 5.9 percent

Adult population with bachelor's degrees: 39.3 percent

Major cities: [Rochester](#), [Marion](#)

The largest city in Olmsted County is Rochester, home to the Mayo Clinic, earning the area the title, Med City. According to greatschools.org, Century Senior High School, Washington Elementary School, and Friedell Middle School are among the city's most highly ranked. The median home list price in Rochester was \$145,900 in April, according to Zillow.com.



No. 4 - Story County, IA.

Photo: Getty Images

No. 4: [Story County, Iowa](#)

Population: 87,699

Median family income: \$73,702

Households spending more than 30 percent income on housing: 21.1 percent

Unemployment: 5 percent

Adult population with bachelor's degrees: 45.4 percent

Major cities: [Ames](#), [Nevada](#)

Story County, north of Des Moines, is home to Iowa State University in Ames. Education, health care, and government are the largest employers in the county, show U.S. Census data. Ames also has several highly ranked public schools, according to greatschools.org, including Ames High School, Ames Middle School, and Fellow Elementary School.



No. 3 - Cleveland County, OK.
Photo: Getty Images

No. 3: [Cleveland County, Oklahoma](#)

Population: 248,408
Median family income: \$64,350
Households spending more than 30 percent income on housing: 23.3 percent
Unemployment: 5.7 percent
Adult population with bachelor's degrees: 30.1 percent
Major cities: [Norman](#), [Moore](#)

Cleveland County is Oklahoma's third-largest in population and second-fastest-growing county, according to the Greater Oklahoma City Partnership. Farming, oil production, and horse breeding are important area industries, according to the county. The cost of living in Norman, the area's largest city and home to the University of Oklahoma, is 15 percent below the U.S. average and the district has several good schools, according to greatschools.org.



No. 2 - Brown County, SD.

No. 2: [Brown County, South Dakota](#)

Population: 35,779
Median family income: \$57,264
Households spending more than 30 percent income on housing: 23.4 percent
Unemployment: 4.2 percent
Adult population with bachelor's degrees: 24.1 percent
Major city: [Aberdeen](#)

Brown County, in northern South Dakota, has a very low unemployment rate and the cost of living is among the country's lowest, at 23 percent below average, according to Sperling's BestPlaces. Hunting, fishing, camping, boating, cross-country skiing, bird-watching, biking, and snowmobiling are popular outdoor activities in Aberdeen, the county's largest city.



No. 1 - Cass County, ND.
Photo: Getty Images

No. 1: [Cass County, North Dakota](#)

Population: 145,303

Median family income: \$67,120

Households spending more than 30 percent income on housing: 23.6 percent

Unemployment: 4.2 percent

Adult population with bachelor's degrees: 34.7 percent

Major cities: [Fargo](#), [West Fargo](#)

Cass County is No. 1 in this year's ranking of best places. The cost of living in the area is about 12 percent lower than the U.S. average, according to Sperling's BestPlaces, the crime rate is low, and the job market is strong. The Greater Fargo-Moorhead Economic Development Corp. states on its website: "North Dakota boasts the lowest overall crime rate and the lowest violent crime rate in the nation. The air and water are clean, it's easy to navigate, housing is plentiful and affordable, and schools and medical facilities are outstanding." ACT scores in Fargo public schools are consistently higher than state and national averages, according to Fargo School District No. 1.

Loading up on calcium won't eliminate osteoporosis risk, study says



A study suggests that adult women may not need as much calcium as is currently recommended. (Los Angeles Times)

By Shari Roan, Los Angeles Times / For the Booster Shots blog

1:16 p.m. CDT, May 26, 2011

Calcium is important for bone health, but medical experts have long debated how much calcium people should consume to reduce the risk of osteoporosis later in life. A new study suggests that the U.S. recommendation for adult women may be unnecessarily high.

The recommended dietary allowance for women ages 51 and older in the United States is 1,200 milligrams a day -- compared with the recommendation in the United Kingdom of 700 milligrams per day. The new study, published online Tuesday in the British Medical Journal, suggests that consuming more than 700 mg a day won't help.

Researchers looked at medical records from 61,433 women who were part of the Swedish Mammography Study. Some of the women also completed questionnaires about their diet and calcium intake. The researchers then looked at the women who had fractures or developed osteoporosis in a 19-year follow-up period. They found that the women with the lowest risk of fracture consumed about 750 mg of calcium per day. Fracture risk did not decrease among women who began taking more calcium as they got older.

"Our observational data suggest that in the prevention of osteoporotic fractures emphasis should be placed on individuals with a low intake of calcium rather than increasing the intake of those already consuming satisfactory amounts," the authors wrote.

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