

The Family and Friends Newsletter

221 W Seminary Street
Richland Center, WI 53581

Volume III, Number II
March / April 2004

Understanding Alzheimer's Disease & Memory Loss Workshop

WHERE ? Southwest Technical College, Fennimore
WHEN ? Tuesday, March 30th from 8:30 a.m. - 3:30 p.m.
HOW MUCH? \$10 includes lunch, refreshments and handouts
 Scholarships and respite care are available

The Grant County Dementia Care Network, will host the 5th Annual Understanding Alzheimer's Disease & Memory Loss Workshop at Southwest Technical College, Fennimore from 8:30 a.m.-3:30 p.m.

Join us along with other family members, direct care workers and professionals to learn the latest information and resources that can help you face this growing health epidemic.

Presentations will include *The Many Faces of Dementia*, *Public Policy: Advocating for Change* and *It's Better to Crack Up with Laughter than with Stress*. Registration fee is just \$10 and includes lunch, refreshments and handouts. For more information, please call the Grant County Center on Aging at 723-6113 or the Alzheimer's Association at 1-800-428-9280. Scholarships and respite care are available.

Transition Resource Fair

Thursday, March 25
9:15—11:45 AM
at
Southwest Wisconsin
Technical College
Lenz Conference Center

Who Should Attend?

- You should if you are a(n)...
- High School Student with a disability
 - Parent/Guardian of a child with a disability
 - Teacher
 - School Administrator
 - Service Provider
 - Advocate
 - Guidance Counselor
 - Special Education Director
 - School Psychologist

Why Attend?

Students will have the opportunity to learn more about what they will need in order to successfully transition from school life, work, and/or postsecondary schools. Service providers will be present to discuss the services they offer and discuss possible options for you and your students.

Interested in attending or have questions, call Lisa Hebgen at (608) 822-3262, Ext. 2120; or Martha Hestad at (608) 822-3276, Ext. 206.

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FREE Teleconference - Living with Grief: Alzheimer's Disease

WHEN? Wednesday, April 28th, 12:30 - 3:00 pm

WHERE? Pippin Conference Room, Melville Hall, UW-Richland

HOW DO YOU SIGN UP? Pre-registration requested. Call Richland County UW-Extension at 647-6148 or e-mail peggy.olive@ces.uwex.edu



According to the Alzheimer's Association (<http://www.alz.org>), approximately 4 million Americans have Alzheimer's disease. One in 10 persons over 65 and nearly half of those over 85 have Alzheimer's. An estimated 14 million Americans will have Alzheimer's disease by the middle of this century (2050) unless a cure or prevention is found.

Loss and grief are a significant part of dealing with Alzheimer's, from diagnosis until death. In our 2004 Teleconference, we will explore the grief experience of persons in the early stages of Alzheimer's disease, as well as grief issues that are experienced by family members throughout the illness and subsequent death. Hospice can play a significant role in offering end-of-life care to persons with Alzheimer's disease. As in all of our teleconferences, we will provide helping strategies that may be useful in assisting both patients and their families, and the professional caregivers.

At the conclusion of this teleconference, participants should be able to:

- Describe the nature, course, and treatment of Alzheimer's disease;
- Discuss the grief experiences of persons in the early stages of Alzheimer's disease;
- Describe some grief issues that confront family members during the illness and after the patient's death, noting factors that complicate grief;
- Discuss some ethical and legal issues that might emerge during the care and treatment of Alzheimer's patients, and indicate ways in which these concerns might influence grief;
- Discuss helping strategies that can be useful in assisting both patients and their families;
- Discuss the role of hospice in offering end-of-life care to patients with Alzheimer's disease;
- Describe the stressful aspects of caring for Alzheimer's patients, and suggest strategies for self-care that can be used by family caregivers, program staff, nursing home aides, and members of the hospice team.

Now this is LOVE

It was about 8:30 AM on a busy morning when an elderly gentleman in his 80's arrived to have stitches removed from his thumb.

He stated that he was in a hurry as he had an appointment at 9:00. I took his vital signs and had him take a seat, knowing it would be over an hour before someone would be able to see him.

I saw him looking at his watch and decided since I was not busy with another patient, I would evaluate his wound. After examining him, I could see the wound was well healed, so I talked to one of the doctors, got the needed supplies to remove his sutures, and re-dressed his wound.

While taking care of his wound, we began to engage in conversation. I asked him if he had a doctor's appointment this morning as he

was in such a hurry.

The gentleman told me no, that he needed to go to the nursing home to eat breakfast with his wife.

I then inquired about her health. He told me that she had been there for a while and that she was a victim of Alzheimer's. As we talked and I finished dressing his wound, I asked if she would be worried if he was a bit late. He

replied that she no longer knew who he was. He continued saying that she had not recognized him in five years now.

I was surprised and questioned him, "And you still going every morning, even though she doesn't know who you are?" He smiled as he patted my hand and answered, "She doesn't know me, but I still know who SHE is."

True love is neither physical nor romantic.
True love is an acceptance of all that is, has been, will be, and will not be.

Alzheimer's study offers insight into wandering

More intensive search patterns could be the difference between life and death when an Alzheimer's patient wanders away from home.

That's the principal finding of a new University of Florida (UF) study of U.S. newspaper reports from 1998 to 2002 that described 93 incidents in which people with dementia died as a result of becoming lost.

Most of the victims were found dead no farther than a mile from their home or living facility after becoming lost and confused, yet in many cases it took days or weeks to locate them, according to the study.

UF nursing researchers have identified distinct patterns in these cases, yielding new insights likely to provide more efficient strategies for rescuers searching for those who wander.

"These (dementia-related) searches can vary greatly from a search for a healthy missing adult or even a child because of the dementia patient's tendency to stick close to home in an isolated spot," said Meredith Rowe, the study's principal investigator and an associate professor at UF's College of Nursing.

"Thus, law enforcement officers must conduct repeated searches that comb nearby areas thoroughly," Rowe said.

Those who roamed not only stuck surprisingly close to home but also tended to hide and wouldn't respond when searchers called out for them, Rowe said.

"There were no reports of these individuals responding to calls of searchers looking for them, even though searchers often were very close to where the individual was eventually found," Rowe said. "The problem-

solving skills of these individuals are impaired, so when they become scared, they may try to find protection from the outside world instead of responding to aid."

An estimated 4.5 million people in the United States suffer from Alzheimer's disease, or to bring that number closer to home, an estimated 16,000 residents in the 11-county North Central Florida area have the illness, according to the Alzheimer's Association.

The disease is the leading cause of dementia, and is marked by a gradual loss of memory, problems with reasoning, disorientation, difficulty in learning, loss of language skills and a deteriorating ability to perform the most routine tasks.

Most people with Alzheimer's will wander at some time during their illness.

In a previous study of wandering dementia patients who were found dead or alive, those who were found dead shared a number of characteristics, Rowe said.

"It was interesting that the few individuals found dead all were found in natural unpopulated areas, where it would be difficult for law enforcement to rescue and assist them," Rowe said.

Eighty-seven percent of those in the current study were found in unpopulated natural areas around their homes, such as woods, bodies of water, fields, ditches, brush, wetlands, ravines or canals. Most left areas where they could be easily seen and secluded themselves, where they remained until they succumbed to the elements. Most often, the cause of death was exposure, with drowning as the second most frequent occurrence.

"Since most patients are found alive, the first 12 hours of a search should focus on populated

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FREE Blood Pressure Clinics

Blood pressure clinics will also be held throughout the County at the nutrition sites at 11:30 a.m. on the following dates:

Gotham	March 9th	April 13th
Richland Hills	March 12th	April 8th
Viola	March 16th	April 20th
Boaz - Karen's Supper Club	March 17th	April 21st

For more information on the nutrition site blood pressure clinics, contact the **Health, Aging and Disability Resource Center** at 608-647-4616.

March is National Nutrition Month! Eat Smart, Stay Healthy

The American Dietetic Association's National Nutrition Month campaign reinforces the importance of nutrition as a key component of health, along with physical activity.

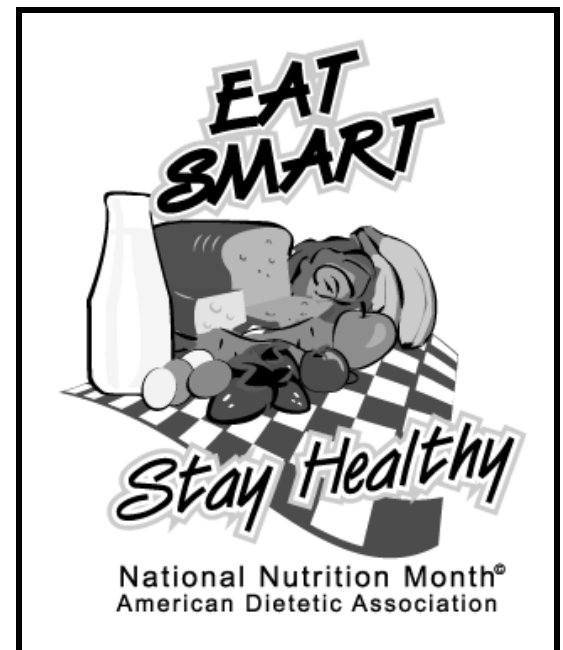
Healthy eating helps you get the most out of life. A healthy lifestyle is the key to looking good, feeling great and being your best at work and play. It all starts with a healthy eating plan.

Individual needs and preferences determine your personal food choices. Match your food choices to your lifestyle and individual requirements, choosing enough to achieve and maintain a healthy weight.

Actively pursue variety. Expand your range of choices and explore new tastes, within and among food groups. Eating a wide variety of foods not only promotes optimal nutrition, it provides the pleasurable aspects of eating.

Make moderation your goal – you decide how much and how often. Healthy eating doesn't mean feeling deprived or guilty. Look at the big picture, it's what you eat over several days – not just one day or one meal – that's important.

Develop a personal fitness plan that fits your lifestyle. The key is to find a variety of activities you enjoy. You don't need expensive equipment or complicated fitness programs.



National Nutrition Month® 2004 Quiz



1. Keeping a daily food record of what you eat is a good weight management strategy. **True or False**

2. Margarine contains fewer fats and calories than butter. **True or False**

3. Forty percent of American adults are overweight or obese (with a BMI of 25 or above). **True or False**

4. Soy products are a good source of protein. **True or False**

5. Fruit drinks count as a serving from the fruit group in the Food Guide Pyramid. **True or False**

6. While you are shopping, it is okay to leave your groceries in the car more than 2 hours. **True or False**

7. Drinking bottled water is healthier for you than tap water. **True or False**

8. Nuts are okay to eat as part of a low-fat diet. **True or False**

9. You don't need to eat fruits, vegeta-

bles or whole grain foods to get your daily requirements for fiber.

True or False

10. Kids that eat breakfast are more likely to keep their weight under control.

True or False

11. When you eat a meal it takes about ten minutes for your brain to get the message that you are full.

True or False

12. Making time for family meals means children and teens need to eat more nutritious foods. **True or False**

Answers:

1. **True.** This has been shown to be a very powerful behavior modification technique for weight management to help you decrease calories and lose weight. Keeping a food record for a week or two can give you insight into your eating habits, and help identify areas you might need to change. It can help you think twice before indulging in a high fat snack.

2. **False.** Ounce for ounce, the calorie and fat content of regular margarine and butter are the same, about 35 calories and 4 grams of fat per teaspoon. Both are fat, but the source differs. Butter contains more saturated fat than margarine. Because margarine is made from vegetable oil it has no cholesterol. Choose soft tub or liquid margarines

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rather than stick margarines, which have more saturated fat and trans fats.

3. **False.** According to the Centers for Disease Control and Prevention 61 percent of American adults are overweight or obese. Successful weight management strategies include keeping food logs, watching portions sizes, being active, and choosing healthy foods from the Food Guide Pyramid.

4. **True.** As a source of protein, most soy products like tofu, soy milk, whole soybeans and tempeh are good alternatives to meat, poultry and fish. Look for calcium-fortified soy milk and tofu. Soy milk is cholesterol-free, but the fat content is similar to 2 percent cow's milk; also look for low fat versions of soy milk.

5. **False.** No, not even if fruit juice is one of the ingredients. Many fruit-flavored drinks fit at the top of the Food Guide Pyramid because they are mainly water with fruit flavor and added sugars. Look for a 100 percent fruit juice, which is a good source of vitamin C.

6. **False.** Discard all perishable foods like milk, meat, soups and leftovers that have been at room temperature for more than 2 hours to avoid the risk of food borne illness. Remember, when in doubt throw it out!

7. **False.** Both bottled and tap water is monitored carefully for quality and safety. The only real nutritional differences may be the fluoride and lead. Both tap water or bottled water may or may not be fluoridated. You need to check. In places where lead content of water is a concern, bottled water may be a good choice.

8. **True.** Although they are high in fat, nuts contain mostly unsaturated fat (a good fat), and are good sources of protein, magnesium and the antioxidants vitamin E and selenium. Nuts have many healthy benefits and can be included in a low fat diet as long as the portions are small.

9. **False.** To meet the 20 to 35 gram daily target for fiber, eat at least five serving of fruits and vegetables a day, plus three servings of whole grain foods like whole wheat breads and cereals. Dietary fiber plays a variety of roles in maintaining good health.

10. **True.** They are also more likely to have lower blood cholesterol levels, meet their daily nutritional needs, attend school more frequently and make fewer trips to the school nurse's office complaining of a tummy ache.

11. **False.** It takes about 20 minutes for your brain to get the message that you are full. To avoid overeating, eat slowly

and take time to enjoy your food.

12. **True.** Kids consume more nutritious meals if they eat an evening meal with their parents. In a recent study, kids who ate an average of six to seven family meals weekly, had higher intakes of dairy foods, fruits and vegetables than those who ate three or fewer family meals per week. Parents can be positive role models and help their kids adopt healthier eating habits.

Senior Dining in Richland County



Tired of eating alone?

Are you finding that you eat the same thing every day?

Do you ever wish there was some place to go that didn't cost an arm and a leg for lunch and that you could just sit and talk with people and have some fun?

Well...do we have the answers for you!

The Richland County Nutrition Program offers a well-balanced, hot noon meal at 6 locations. Our goal is to provide seniors and other interested individuals with a chance to socialize and enjoy a healthy and delicious meal.

Each menu is developed by a Dietician and provides our diners with a unique variety of foods throughout each month.

To reserve your meal, call the site of your choice below.

Richland Center/ Richland Hills Apartments
Serve at **11:45 am** 647-2323

Germantown/ St. Anthony's Catholic School
Serve at **12:00 pm** 983-2786

Viola/ Old United Methodist Church
Serve at **11:30 am** 627-1869

Gotham/ Buena Vista Senior Center
Serve at **12:00 pm** 583-2763

Boaz/ Wednesday Only Karen's Supper Club
Serve at **11:30 am** 536-3792

Hub City/ Thursday Only The Home Plate
Serve at **12:00 pm** 647-6566

Reservations MUST be made the day prior by calling between 10am - 1pm at the meal site of your choice.



“Red Tape Cutter” Pages

Presented by your local Elderly Benefit Specialist—Joanne Welsh with the Richland County Health & Human Services—Elderly Services Unit.

Boost Your Grocery Budget, Enhance Your Nutrition, Help Your Local Economy

Could your grocery budget use a boost? Do you sometimes find it difficult to afford food required by a special diet? Could you use a little extra for your staple food items or ingredients for a special holiday meal?

According to the United States Department of Agriculture (USDA) and the state of Wisconsin, many older people and disabled individuals are not taking advantage of the benefits available to them to boost their grocery budgets and enhance their nutrition. This is of special concern in light of studies showing the reduced effectiveness of prescription medication for individuals who are not adequately nourished. Studies also show that insufficient nutrition in older people can exacerbate chronic medical conditions and create new health problems.

From its inception, the USDA’s food stamp program has had two goals: to ensure access to adequate nutrition for qualifying individuals and to move the country’s abundant food resources efficiently through the channels of commerce in support of our agricultural economy. In Wisconsin, the program is called a Quest account.

The Quest program is an entitlement program funded exclusively by federal tax revenues collected from taxpayers nationwide. It is available for all qualifying households. The USDA and the state are interested in putting the Quest program to work in our community by enrolling more older and disabled individuals so you can utilize the benefits you are eligible to receive. Like Social Security benefits and Medicare or Medicaid coverage, you can receive Quest program benefits without affecting your friends’ or neighbors’ chances of also receiving benefits.

The Quest program is modern and convenient. Using a Quest account is also quite private. Like your Social Security benefits, your monthly Quest benefits are electronically deposited into your

Quest account. You access your account through a magnetic swipe card, just as you would use a credit or debit card to pay at the grocery checkout. You can use the credits in your account to purchase a wide array of items, including seeds and seedlings to raise your own garden-fresh produce. You can use your account as often as you want. You can also use your Quest account as a “nutrition savings” account to ensure that your pantry is well stocked after you pay your other expenses or to spend a little extra on a special meal.

If you are older (age 60+) or disabled, the USDA’s guidelines for the Quest program take into account that you may be living on a fixed income. Special income deductions for medical and shelter expenses and a unique net income limit are designed specifically to encourage you to participate in the program to enhance your nutrition. In this way, a Quest account can supplement your food budget so that you can more easily meet fixed expenses such as housing and health-related costs without sacrificing your nutritional intake. In addition, the Quest program allows you to have up to \$3,000 in liquid assets. This does not include your home and the contiguous land on which it sits, other real property, personal possessions and household goods, vehicles, the value of any life insurance policy and certain burial arrangements. If you are a single individual, you can qualify for up to \$141 per month. A married couple can qualify for up to \$259 per month. The minimum benefit for a qualifying household is \$120 per year. This amount alone will allow you to purchase many breakfast, lunch and dinner servings every month.

Finally, using your Quest account brings federal money in to the state economy to be spent in our community. In the end, this not only helps you maintain adequate nutrition, but it also helps local grocery stores and the farmers who supply us with the fruits of their labor.

To find out more about the Quest program and to see if you are eligible for a Quest account, contact your county benefit specialist, Joanne Welsh at Richland County Health and Human Services - Elderly Services at 647-6226.

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Medicare Reform and You

On December 8, 2003, the President signed the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. This bill has many provisions including a prescription drug benefit (known as Medicare Part D), which will go into effect in 2006. In the coming months, your county benefit specialist will help explain the new Medicare provisions. At this time, the most important change to the Medicare program for current Medicare beneficiaries to understand is the Medicare Prescription Drug Discount Card Program.

The drug discount card program is a temporary benefit that is meant to provide Medicare beneficiaries with immediate assistance with prescription drug costs. The Medicare prescription drug benefit (Medicare Part D) does not go into effect until January 1, 2006. In the meantime, starting in the spring of 2004, Medicare beneficiaries will have the opportunity to use the drug discount card to save about 10% to 15% on covered prescription drugs.

The Drug Discount Card is not a prescription drug benefit. The prescription drug benefit under Medicare, known as Medicare Part D, does not begin until January 1, 2006.

To be eligible for the Medicare discount drug card, an individual must be entitled to or enrolled under Medicare Part A or B and cannot be receiving drug benefits through Medicaid

For those Medicare beneficiaries with income at or below 135% of the federal poverty level, a \$600 credit can be deposited to the drug discount card to help pay for prescription drugs. When using the money deposited on the discount card, beneficiaries with incomes at or below 100% of the federal poverty level will pay 5% coinsurance on the discounted cost of their prescription drugs and beneficiaries with incomes over 100% and up to 135% of the federal poverty level will pay 10% coinsurance on the discounted drug price. Medicare beneficiaries with incomes at or below 135% of the federal poverty level who choose to receive the \$600 deposit cannot receive outpatient drug coverage from a group health insurance plan, other private health insurance, from TRICARE For Life, or from a federal employees benefits program while eligible for the Medicare discount drug card.

The federal government has stated that Medicare beneficiaries can enroll in the discount drug card program starting in May 2004. Beneficiaries will have a choice between at least two discount drug card programs offered by non-governmental sponsors (such as insur-

ance or pharmaceutical companies). After choosing a program, a beneficiary will fill out an enrollment form provided by the program sponsor of their choice. Drug card sponsors will be able to charge up to a \$30 per year enrollment fee. Medicare beneficiaries with incomes at or below 135% of the federal poverty level, who would like the \$600 credit, will be asked to show information confirming their income. These low-income beneficiaries will not have to pay a program enrollment fee.

Prescription drug discounts begin as early as the first day of the month following the month of enrollment. Those who are found to be ineligible for either the discount card or the \$600 credit will have an opportunity to request a reconsideration of their case.

Since enrollment for the drug discount card is planned to begin in May 2004, Medicare beneficiaries should be able to use their discount cards starting on June 1, 2004. Medicare beneficiaries will receive information about the drug discount program in the mail before May 2004.

Remember: The Medicare Drug Discount Card is a **voluntary** program and it is not a Prescription Drug Benefit

BEWARE— When Applying for Drug Discount Cards

Medicare approved drug discount cards will be available in **June 2004** (sign up will begin in May 2004) to help you save on prescription drugs.

Medicare will contract with private companies to offer new drug discount cards until a Medicare prescription drug benefit starts in 2006. When Medicare does approve a card, the private company will be using an approved Medicare seal. A discount card with Medicare's seal of approval can help you save approximately 10 to 25% on prescription drugs (discounts will vary from card to card).

You can enroll beginning as early as May 2004 and continuing through December 31, 2005. **Enrolling is your choice.** Medicare will send you information soon with details about how to enroll.

Beware of companies that seem to be affiliated with Medicare; ask for proof that they have been approved to offer a drug discount card. The Medicare approved discount cards are not being marketed until May 2004. Do not discontinue your current coverage and assume you are getting a Medicare approved plan.

For the latest information about Medicare, visit www.medicare.gov or call 1 800-Medicare (1-800-633-4227).

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Do You Have Low Vision? Take this Quiz to find out

There are many signs that can signal vision loss. For example, even with your regular glasses, do you have difficulty:

Recognizing faces of friends and relatives?

YES NO

Doing things that require you to see well up close, like reading, cooking, sewing, or fixing things around the house?

YES NO

Picking out and matching the color of your clothes?

YES NO

Doing things at work or home because lights seem dimmer than they used to?

YES NO

Reading street and bus signs or the names of stores?

YES NO

If you answered "yes" to any of these questions, vision changes like these could be early warning signs of eye disease. Regular eye exams should be part of your routine health care. However, if you believe your vision has recently changed, you should see your eye care professional as soon as possible. Usually, the earlier your problem is diagnosed, the better the chance of keeping your remaining vision.

Elderly Benefit Specialist on Cable Channel 12

Over the past few months, the Elderly Services Office and Terra Nova Videos has been presenting Senior Benefit topics on Richland Center's local cable Channel 12. Upcoming topics will include:

- Rural Development Loans and Grants
- Wisconsin Quest Card
- Foster Grandparent Program
- Medicare Fraud
- Medicare Premium Assistance Programs
- Scams and Identity Theft
- Home Energy Assistance Program
- Medicare Approved Drug Discount Cards
- Veterans Benefits

Low Vision Group Meeting By Lois Miller

I would take this time to inform you a little about our Low Vision Support Group at the Elderly Services Unit.

About 15 years ago the Aging Unit started getting questions on where there was a Low Vision Support Group. At that time, the answer was that there was not any in this area of the state. We conducted a survey of some of our elderly folks and decided that there was enough interest to start a Low Vision Support Group in Richland County.

Since the first meeting of the group we have had anywhere from 6 to 25 people in attendance. We have volunteer drivers that offer transportation to those that need it. To set up a ride, call our office and we'll take care of the rest.

The Low Vision Support Group meets every third Wednesday of the month except in the month of July and August when there is no meeting. There is usually a speaker who is presenting a topic on Low Vision or some other topic of interest. We also have Pot Lucks and play Bingo with large numbered cards.

It was soon realized that most of the people attending our meetings needed some sort of Low Vision aid. In the beginning we went to the Thrift Shop Board and asked for some money to buy some of these aids. Now Elderly Services makes these Low Vision aids available to the Low Vision population with funds through an Older Americans Act Preventive Health Grant. It is sometimes simpler to buy or order through our office.

We do not have everything on hand. A sample of items that we do have are; playing cards, check registers, address books, sunglasses, talking clock, talking watch, large calendars, and an assortment of magnifiers. We also have a number of catalogs that you can order from.

The Low Vision Support Group meets the third Wednesday of the month in the lower level of the Court House at 1:30 to 3:00 P. M. Transportation will be provided when needed. Everyone is welcome to attend. We encourage spouses, relatives, and friends to attend the meeting with the person who has Low Vision.

For more information you may call Lois Miller at Elderly Services on Monday, Wednesday and Friday mornings. Our phone number is 647-6226.

What is low vision? and What can I do about it?

Low vision means that even with regular glasses, contact lenses, medicine, or surgery, people find everyday tasks difficult to do. Reading the mail, shopping, cooking, seeing the TV, and writing can seem challenging.

Millions of Americans lose some of their vision every year. Irreversible vision loss is most common among people over age 65

Is losing vision just part of getting older?

No. Some normal changes in our eyes and vision occur as we get older. However, these changes usually don't lead to low vision.

Most people develop low vision because of eye diseases and health conditions like macular degeneration, cataract, glaucoma, and diabetes. A few people develop vision loss after eye injuries or from birth defects. While vision that's lost usually cannot be restored, many people can make the most of the vision they have.

Your eye care professional can tell the difference between normal changes in the aging eye and those caused by eye diseases.

How do I know when to get an eye exam?

Regular dilated eye exams should be part of your routine health care. However, if you believe your vision has recently changed, you should see your eye care professional as soon as possible.

What can I do if I have low vision?

Talk with your eye care professional

It's important to talk with your eye care professional about your vision problems. Even though it may be difficult, ask for help. Find out where you can get more information about services and devices that can help you.

Many people require more than one visual device. They may need magnifying lenses for close-up viewing, and telescopic lenses for seeing in the distance. Some people may need to learn how to get around their neighborhoods.

If your eye care professional says, "Nothing more can be done for your vision," ask about vision rehabilitation.

These programs offer a wide range of services, such as low vision evaluations and special training to use visual and adaptive de-

VICES. They also offer guidance for modifying your home as well as group support from others with low vision.

Investigate and learn

Be persistent. Remember that you are your best health advocate. Investigate and learn as much as you can, especially if you have been told that you may lose more vision. It is important that you ask questions about vision rehabilitation and get answers. Many resources are available to help you.

Write down questions to ask your doctor, or take a tape recorder with you.

Rehabilitation programs, devices, and technology can help you adapt to vision loss. They may help you keep doing many of the things you did before.

What can I do about my low vision?

Although many people maintain good vision throughout their lifetimes, people over age 65 are at increased risk of developing low vision. You and your eye care professional or specialist in low vision need to work in partnership to achieve what is best for you. An important part of this relationship is good communication.

Here are some questions to ask your eye care professional or specialist in low vision to get the discussion started:

Questions to ask your eye care professional

- What changes can I expect in my vision?
- Will my vision loss get worse? How much of my vision will I lose?
- Will regular eyeglasses improve my vision?
- What medical/surgical treatments are available for my condition?
- What can I do to protect or prolong my vision?
- Will diet, exercise, or other lifestyle changes help?
- If my vision can't be corrected, can you refer me to a specialist in low vision?
- Where can I get a low vision examination and evaluation? Where can I get vision rehabilitation?

Questions to ask your specialist in low vision

- How can I continue my normal, routine activities?
- Are there resources to help me in my job?
- Will any special devices help me with daily activities like reading, sewing,

SO YOU THINK YOU KNOW EVERYTHING?

A dime has 118 ridges around the edge.

A cat has 32 muscles in each ear.

A dragonfly has a life span of 24 hours.

A goldfish has a memory span of three seconds.

A "jiffy" is an actual unit of time for 1/100th of a second.

A shark is the only fish that can blink with both eyes.

A snail can sleep for three years.

Al Capone's business card said he was a used furniture dealer.

All 50 states are listed across the top of the Lincoln Memorial on the back of the \$5 bill.

Almonds are a member of the peach family.

An ostrich's eye is bigger than its brain.

Babies are born without kneecaps. They don't appear until the child reaches 2 to 6 years of age.

Butterflies taste with their feet.

Cats have over one hundred vocal sounds. Dogs only have about 10.

"Dreamt" is the only English word that ends in the letters "mt".

February 1865 is the only month in recorded history not to have a full moon.

In the last 4,000 years, no new animals have been domesticated.

Seniors Surfing the Web?

Here are some senior friendly sites!

<http://www.co.richland.wi.us/departments/hhs/elderlyservices/>

Richland County HHS—Elderly Services

<http://www.cnpp.usda.gov/ihei.html>

USDA offers Interactive Eating Index

In an effort to help Americans calculate the effect of eating and exercise, USDA introduced an interactive web tool. By clicking on the Interactive Healthy Eating Index and Physical Activity Tool, it is possible to record both the food consumed and the amount of physical activity expended. The software then analyzes the information and provides suggestions for improving eating and physical activity habits.

<http://www.NutritionData.com>

Nice site that can give you detailed information on the nutrients in your favorite foods, including brand names.

www.nutrition.gov

Provides access to all online federal government information on nutrition, healthy eating, physical activity, and food safety

www.healthfinder.gov

Healthfinder® links to the best government and nonprofit health and human services information on the Internet from over 1800 health-related organizations.

www.foodandhealth.com/cook/

Food and Health Communications is a private publisher providing fun, engaging nutrition education materials for professionals and their clients.

This newsletter is prepared and submitted six times yearly to the residents of Richland County by Health and Human Services.

Editor is Patrick Metz.

All questions regarding this newsletter should be addressed to:
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To view this newsletter as well as past editions of this newsletter go to our website.

<http://co.richland.wi.us/departments/hhs/newsletter/index.html>

Do you have a friend who cannot read this newsletter because of poor eyesight?

This newsletter is available on cassette tape and may be borrowed from the Elderly Services Unit.

**For more information, call
608-647-6226**

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areas, such as yards, businesses, highways and sidewalks," Rowe said. "However, after the first six to 12 hours, it is critical for law enforcement to intensively search natural and secluded areas in the one-mile radius of where the person disappeared," she added.

A wandering patient's path doesn't follow any particular logic, but is usually completely unpredictable, Rowe said.

"The most important thing for caregivers to realize is that dementia patients all have the capacity to become lost, even in the best type of care-giving situations," she said. "Registering your loved one with a national database, such as the Alzheimer's Association's Safe Return program, provides a means of possible identification and return in the case that someone does become lost."

Caregivers can register someone with Safe Return through the North Central Florida chapter of the Alzheimer's Association or online at www.alz.org.

FYI: Wandering and Alzheimer's disease

An individual with Alzheimer's is likely to wander at some point during the disease.

Wandering can be caused by several factors, including:

- Medication side effects.
- Stress.
- Confusion related to time.
- Restlessness.
- Agitation.
- Anxiety.
- Inability to recognize familiar people, places and objects.
- Fear arising from the misinterpretation of sights and sounds.
- Desire to fulfill former obligations, such as going to work or looking after a child.

Tips for reducing wandering behavior:

- Encourage movement and exercise to reduce anxiety, agitation and restlessness.
- Involve the person in productive daily activities, such as folding laundry or preparing dinner.
- Remind the person that he or she is in the right place.
- Reassure the person if he or she feels lost, abandoned or disoriented.

To protect a loved one from wandering:

- Enroll the person in the Alzheimer's Association's Safe Return Program, a nationwide identification system designed to assist in the safe return of people who become lost when wandering.
- Inform your neighbors of the person's condition and keep a list of their names

and telephone numbers.

- Keep your home safe and secure by installing deadbolt locks on exterior doors and limiting access to potentially dangerous areas.
- Be aware that the person may not only wander by foot but also by car or by other modes of transportation.

Local resources:

Caregivers can call a 24-hour help line, toll free, at 1-800-464-6266 or

South Central Wisconsin Chapter
of the Alzheimer's Association
517 N Segoe Road, Suite 301
Madison, WI 53705
(800) 428-9280.

Article published Jan 3, 2004 by Diane Chun
<http://gainesvillesun.com/apps/pbcs.dll/article?AID=/20040103/LOCAL/201030314/1007>

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cooking, or fixing things around the house?

- What training and services are available to help me live better and more safely with low vision?
- Where can I find individual or group support to cope with my vision loss?

This information is from the National Eye Health Education Program, sponsored by the National Eye Institute (NEI). The NEI, one of the Federal government's National Institutes of Health, is the major sponsor of vision research in the United States. The NEI was established by Congress in 1968 to discover safe and effective ways to prevent, diagnose, and treat eye diseases and disorders.

Where can I get more information?

For more information about low vision, contact:

Your state or local rehabilitation agency for the blind and visually impaired.

Judy Heiden—Rehabilitation Specialist

Bureau for the Blind

2917 International Lane, Fl 2

Madison, WI 53704-3135

(608) 243-5715

HeideJM@dhfs.state.wi.us

(Continued on top of this Page)

MARCH, 2004

Occasionally, it is necessary to make changes in the menus. All meals are served with bread and milk. Please call the meal site for reservations at least one day in advance.

1 Chicken Filet on Bun, potato Wedges, Baked beans, Mandarin Oranges	2 Beef Stroganoff, Noodles, Carrots, Cabbage Salad, Whole Grain Bread, Bread Pudding/Sauce	3 Roast Pork, Au gratin Potatoes, Green Beans, Whole Grain Bread, Applesauce Gelatin	4 Baked Chicken, Mashed Potatoes/Gravy, Mixed Vegetables, Whole Grain Bread, Fresh Fruit	5 Fish, Baked Potato with Sour Cream, Beets, Whole Grain Bread, Lemon Bar
8 Ham, Scalloped Potatoes, Squash, Whole Grain Bread, Tropical Fruit Cup	9 Spaghetti & Meat Sauce, Soft Bread Sticks, Tossed Salad, Peaches	10 Roast Turkey, Mashed Potatoes/gravy, Corn, Cranberry Sauce, Whole Grain Bread, Pumpkin Bars	11 Beef Stew/Vegetables, Baking Powder Biscuits with Honey, Cabbage Salad, Pears	12 Salmon Loaf, Potatoes, Creamed Peas, Rye Bread, Angel Food Cake with Strawberries
15 Chili, Corn Bread with Honey, Cottage Cheese, Pineapple	16 BBQ Ribs, Baked Potatoes with Sour Cream, Green Beans, Whole Grain Bread, Chocolate Torte	17 Irish Stew (Corned Beef & Cabbage), Potatoes, Carrots, Rye Bread, Fruited Jell-O with Topping	18 Baked Chicken, Mashed Potatoes with Gravy, California Blend Vegetables, Whole Grain Bread, Applesauce	19 Fish Sandwich with Tarter Sauce on Bun, Potato Wedges, Baked Beans, Cherry Cheesecake
22 Meat Loaf, Baked Potatoes with Sour Cream, Stewed Tomatoes, Whole Grain Bread, Apricots	23 Pork Chop, Hash Brown Casserole, Squash, Whole Grain Bread, Apple Cake	24 Swiss Steak, Mashed Potatoes and Gravy, Corn, Whole Grain Bread, Fresh Fruit	25 Chicken & Biscuits, Mixed Vegetables, Cabbage Salad, Custard	26 Baked Fish, Parsley Buttered Potatoes, Carrots, Whole Grain Bread, Lemon Poppy seed Dessert
29 Ham, Sweet Potatoes, Peas, Whole Grain Bread, Mixed Fruit	30 Lasagna, Garlic Bread, Tossed Salad, Fruit Crisp	31 Roast Beef, Mashed Potatoes and Gravy, Green Beans, Whole Grain Bread, Jello with Pineapple, Carrots and Topping		Richland County Nutrition Program

Richland County Health & Human Services Elderly Services—Nutrition Program

For information (or reservations) about the Nutrition Program, please call:

Germantown - Judy Thompson @ 983-2786 @ 11:45 pm **Gotham** - Tina Shaw @ 583-2763 @ 12:00 pm
Richland Hills - Chris Young @ 647-2323 @ 11:45 am **Viola** - Linda Walker @ 627-1869 @ 11:30 am
Boaz - **Karen's Supper Club** - Serve on Wednesdays ONLY at 11:30 am - 536-3792
Hub City - **Home Plate** - Serve on Thursdays ONLY at 12:00 pm - 647-6566

APRIL, 2004

Occasionally, it is necessary to make changes in the menus. All meals are served with bread and milk. Please call the meal site for reservations at least one day in advance.

Richland County Nutrition Program			1 BBQ Chicken, Baked Potato with Sour Cream, California Blend Vegetables, Whole Grain bread, Tapioca Pudding	2 Tuna Sandwich, Potato Soup, crackers, Cottage Cheese and Pineapple Salad, Brownie
5 Kielbasa, Macaroni & Cheese, Peas, Whole Grain Bread, Mixed Fruit	6 Chicken Pot Pie (Mixed Veg.), Cabbage Salad, Whole Grain Bread, Frosted Cake	7 Meat Loaf, Baked Potato with Sour Cream, Italian Blend Vegetables, Whole Grain Bread, Fruited Jell-o with Topping	8 Roast Turkey, Mashed Potatoes and Gravy, Stuffing, Green Beans, Whole Grain Bread, Cranberry Sauce, Pumpkin Torte	9 GOOD FRIDAY CLOSED
12 Pork Chop, Cheesy Potatoes, Beets, Whole Grain Bread, Pears	13 Hot Beef Sandwich-open face, Mashed Potatoes and Gravy, Carrots Cook's Choice Dessert	14 Roast Pork, Hash Brown Potato Casserole, Squash, Whole Grain Bread, Applesauce Gelatin	15 Chicken and Noodles, Mixed Vegetables, Garlic Cheese Bread, Tossed Salad, Fruit Crisp	16 Hamburger on a Bun, with cheese slice and pickles, Calico Beans, Potato Wedges, Toll house Bar
19 Salmon Loaf, Potatoes, Creamed Peas, Whole Grain Bread, Peaches	20 Chicken, Mashed Potatoes and gravy, California Blend Vegetables, Whole Grain Bread, Strawberry Shortcake	21 Spaghetti w/Meat Sauce, Soft Bread Sticks, Tossed Salad, Fruited Jell-o w/Topping	22 Pork Cutlets, Baked Potato w/Sour Cream, Carrots, Whole Grain Bread, Molasses Cookie	23 Salisbury Steak, Mashed potatoes, Corn, Whole Wheat Bread, Fresh Fruit
26 Ham, Sweet Potatoes, Green Beans, Whole Grain Bread, Applesauce	27 Chicken Ala-King w/Biscuits, Peas, Cabbage Salad, Apricots	28 Swiss Steak, Mashed potatoes w/Gravy, Mixed Vegetables, Whole Grain Bread, Blueberry Torte	29 Cook's Choice Soup, Sandwich, Salad, Fruit, Carrot Cake	30 B-B-Q Ribs, Baked Potato w/Sour Cream, Broccoli, Whole Grain Bread, Pudding w/Bananas