

The Family and Friends Newsletter

221 W Seminary Street
Richland Center, WI 53581

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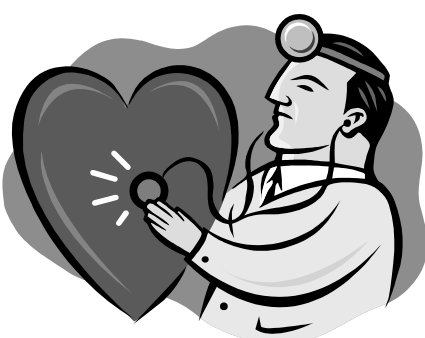
September is Cholesterol Awareness Month

Cholesterol has been in the news for many years. The media talks about cholesterol and how to manage it on an almost daily basis. But what is cholesterol, what do the numbers mean and what are the best ways to treat it?

Cholesterol is a soft, waxy substance found among the fats in the bloodstream and in all your body's cells. It's an important part of a healthy body because it's used to make hormones, form cell membranes and is used for other functions. Cholesterol and other fats can't dissolve in the blood. They have to be transported to and from cells by special carriers called lipoproteins. Two of the best known are low-density lipoprotein and high-density lipoprotein.

Low-density lipoprotein (LDL) is the major carrier of cholesterol. If too much LDL cholesterol circulates in the blood, it can slowly build up in the walls of the arteries that feed the heart and brain. As the build up continues, plaque, a thick, hard deposit, can clog the arteries. A clot that forms near a plaque can block the flow of blood to the heart muscle and cause a heart attack. If a clot blocks blood flow to the brain, a stroke occurs.

A high level of LDL cholesterol (160 mg/dl and above) can cause an increased risk of heart disease. That's why LDL cholesterol is called "bad" cholesterol.



High-density lipoprotein (HDL) carries about one-fourth to one-third of the blood's cholesterol. Experts think HDL tends to carry cholesterol away from the arteries and back to the liver, where

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Wisconsin Home Energy Assistance Program

Administered by Richland County Health and Human Services

Effective 6-1-2004 the Energy Assistance Program will be processed through the Economic Support Unit of Health and Human Services. For several years Richland County has contracted with Southwest Community Action Program to process the program so many of you have applied through them for assistance.

What is the Wisconsin Home Energy Assistance Program (WHEAP) -(some of you may know the program as LIHEAP or as Energy Assistance) and how can it help me?

- 1) It helps you pay for your home energy costs.
- 2) It is a one-time benefit payment for each heating season (October 1 through May 15th). It is not intended to cover the entire cost of heating your home.
- 3) In most cases your benefit will be sent directly to your fuel supplier.
- 4) If your heat is included in the rent you must use it to help pay your rent.
- 5) If you heat with wood your benefit could assist towards your electric bill.
- 6) Non-emergency services may help throughout the year

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it's passed from the body. Other scientists believe that HDL removes excess cholesterol from plaques and slows their growth. HDL is known as "good" cholesterol because a high level of HDL (40 mg/dl or higher) seems to protect against a heart attack. The opposite is also true, as a low HDL level indicates a higher risk for heart attack and stroke.

What are healthy levels of cholesterol?

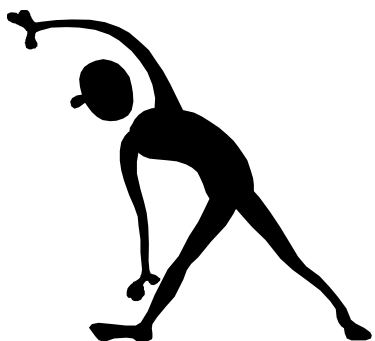
A person's total blood cholesterol will fall into one of these three categories:

- 1) Desirable- Less than 200 mg/dl.
- 2) Borderline High Risk- 200-239 mg/dl.
- 3) High Risk- 240 mg/dl and over.

If your total cholesterol is less than 200 mg/dl, your heart attack risk is relatively low, unless you have other risk factors. Other risk factors could be obesity, high blood pressure, smoking, excess alcohol use, etc. If your risk is low, it's still smart to eat foods low in cholesterol and get plenty of exercise. Have your cholesterol levels measured every five years or more often if you're a man over 45 or a woman over 55.

People whose cholesterol level is from 200-239 mg/dl are borderline high risk for the development of heart disease. You should have your cholesterol rechecked in one or two years. You should also lower your intake of foods high in cholesterol and fats that come from animal sources. The goal is to reduce your blood cholesterol to below 200 mg/dl.

If your total cholesterol level is 240 mg/dl or more, it's high. Your risk of heart attack or stroke is twice as high as people whose cholesterol level is 200 mg/dl. You should consult with your doctor for follow-up testing and advice as soon as possible.



What are the best ways to treat cholesterol? Dietary changes are the first place to start. Eating less cholesterol and saturated fats can reduce your cholesterol level. Lim-

iting foods such as egg yolks, un-trimmed or heavily marbled red meats, poultry with skin, and whole-milk dairy products is helpful. Increasing consumption of foods from plant sources like fruits, vegetables, whole grains, nuts, and seeds is also beneficial. Exercise is another way to reduce your risk

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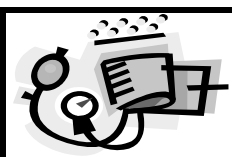
of heart disease. Being active helps control weight, diabetes, and high blood pressure. Physical activity increases HDL cholesterol in some people, too. Stopping smoking is a good idea because smoking lowers HDL cholesterol levels and adds stress to a person's heart.



If making changes in your lifestyle doesn't work, your physician can prescribe medications to help lower cholesterol. Medications work differently to reduce cholesterol and other fats in the bloodstream. Statins, such as Lipitor, Pravachol, Crestor, Zocor, Mevacor and Lescol, interrupt the formation of cholesterol from the circulating blood and thus reduces LDL levels. Resins such as Questran, Coles-tid, and WelChol, promote the increased disposal of cholesterol from the intestines. Nicotinic acid works in the liver by affecting the production of blood fats. It's used to lower LDL cholesterol and raise HDL cholesterol levels. Lopid and Atromid-S are two more drugs which work to lower blood fat levels and increase HDL levels.

The combination of dietary changes, exercise, and medication can be extremely effective in lowering cholesterol and helping a person become healthier.

Richland County's Health, Aging, and Disability Resource Center can assist you in obtaining more information on cholesterol and how you can live a longer, healthier, richer life!



**FREE
Blood Pressure
Clinics**

Blood pressure clinics will be held on Tuesdays at 11:30 a.m. at the following elderly nutrition sites:

Town and Country Church—Richland Center
September 14th and October 12th

Viola—108 Exchange Street
September 21st and October 19th

Macular Degeneration screens will also be conducted during the October BP screens. For more information on the nutrition site blood pressure clinics, contact the **Health, Aging and Disability Resource Center** at 608-647-4616.

Feeling Stretched Caring for an Older Adult?

Caregiver Classes will be Held in Richland Center

Caring for an ill or disabled family member or friend is often rewarding, but can be very stressful. Research shows that caregivers are at high risk of depression and stress-related illnesses. This six-week education program will give caregivers the skills they need to feel more confident in the care they provide and take care of themselves.

"Taking Care of You: Powerful Tools for Caregivers" is for people who care for loved ones with stroke, Alzheimer's, Parkinson's disease, or similar long-term conditions. Participants range in age and include spouses caring for husbands or wives, adult children caring for parents and friends who help care for neighbors. Classes cover a variety of topics including tools to help reduce stress; how to communicate effectively with other family members, their doctor, and service providers; the importance of self-care; how to reduce guilt, anger, and depression; relaxation techniques; and how to approach tough decisions. Instructors are specially trained leaders and experienced caregivers themselves who have successfully adopted the techniques they teach.

When a caregiver practices self-care, they also benefit, according to UW-Extension Program Specialist in Aging, Mary Brintnall-Peterson. "Taking Care of You: Powerful Tools for Caregivers" cannot take away caregiving problems, but it *can* help caregivers better manage their situations, seek and find solutions and thrive as individuals."

"Powerful Tools for Caregivers" classes will be held Wednesdays, October 13-November 17, 9:30 a.m.-Noon at the Richland County Courthouse (ground floor meeting room), 181 W. Seminary Street. Class Leaders are Patrick Metz, Richland County Health, Aging & Disability Resource Center & Deanna Truedson, Alzheimer's Association.

The cost for the six-week series is \$10, which includes an excellent resource "The Caregiver Helpbook". People may register by contacting Patrick Metz at 608-647-4616 or the Alzheimer's Association at 1-800-428-9280.

Sponsored by Richland County Health & Human Services, Elderly Services Unit, and the Alzheimer's Association.

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to avoid emergencies.

- 7) Emergency services during October 1 through May 15th may also be available.
- 8) Weatherization Services include a package of activities designed for each home and if you are eligible for (WHEAP) you may be eligible for assistance to reduce the home energy use and make the home more comfortable year round.

Be watching the newspaper and listening to WRCO for information about applying this fall. You may also receive additional information on the Energy Web Site at:
www.heat.wi.gov

Richland County Health & Human Services
Economic Support Unit
221 W. Seminary St., Richland Center, WI
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New Study Focuses on the Safety of Internet Pharmacies

On June 17, 2004, the United States General Accounting Office (GAO) released a report based on a study of internet pharmacy web sites. In an effort to study the safety of prescription drugs available over the internet, the GAO obtained 68 samples of 11 different prescription drugs from 68 internet pharmacies in the U.S., Canada, and ten other countries.

The results of this study, performed between January and June 2004, suggest that the safest internet pharmacies are in the U.S. and Canada, while internet pharmacies in countries such as Mexico, Spain, Turkey and Costa Rica raise serious safety concerns. In contrast to the argument that purchasing prescription drugs from Canada is dangerous, the GAO study suggests that Canadian internet pharmacies are as safe as or possibly safer than U.S. internet pharmacies. Some results:

- √ All 18 Canadian pharmacies involved in the study required a prescription from the patient's physician. In contrast, only 5 of 29 U.S. internet pharmacies required a prescription.
- √ None of the 21 foreign pharmacies outside Canada required a prescription.
- √ Although many Canadian pharmacies provided prescription drugs that are unapproved for the U.S. market, the chemical composition of all Canadian samples were comparable to U.S. versions.

The GAO report entitled *Internet Pharmacies: Some Pose Safety Risks for Consumers* is available at www.gao.gov. It is report # GAO-04-820, (June 17, 2004).

Therapy offers Alzheimer's hope to Japan's elderly

By Olivier Fabre

SENDAI, Japan, July 15 (Reuters) - Sachiko Murase is a changed woman.

A year ago, Alzheimer's disease was so advanced in her that she could hardly recognize a pencil. Now, after having an increasingly popular treatment in Japan called "**Learning Therapy**", her once blank expression is punctuated with smiles.

"You see it's not only me. We're all having fun," said a beaming Murase, 83, at a nursing home in the city of Sendai, 190 miles north of Tokyo.

Alzheimer's, a brain disease whose causes are not fully understood, can start with mild forgetfulness but gradually ravages the memory and makes it hard to think and use language.

Murase is one of an estimated 1.5 million afflicted among the 24 million Japanese over the age of 65.

She is not cured of the disease, however, and no one is pretending to be able to turn back the clock.

But thanks to methods developed by Professor Ryuta Kawashima of Tohoku University in Sendai and backed up by an army of volunteers and textbooks from Kumon Institute of Education Co. -- Japan's largest private education company -- she has regained an ability to communicate and interact with people.

The "**Learning Therapy**" method consists of meeting regularly in classes to perform simple calculations and read aloud passages from essays or novels.

Advocates say it works like a mental exercise to rehabilitate the frontal cortex, part of the brain thought to be important for higher-level functions, memory, reasoning and judgment.

According to Kawashima, who began his research in the Sendai nursing home, a majority of Alzheimer's patients who regularly performed these simple tasks showed improvements in their scores in a test used to determine the severity of Alzheimer's.

Even those who did not improve saw little or no deterioration in their mental state during the time they were tested, he said.

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While a range of remedies from crossword puzzles to berries has been claimed to help prevent Alzheimer's, Kawashima says this is a full treatment that has been thoroughly researched with a salvo of medical tests.

For staff at the Evergreen nursing home, the improvements have been very noticeable.

"In the past we used to have many behavioral problems because many of our patients had severe symptoms," nurse Rika Murakami said as she checked responses from one of the elderly women attending a recent session.

"But what we've seen since is that they've begun smiling more and many have become more serene," she said.

SIMPLE IS BEST

But the course is far from guaranteeing a full recovery, and the spotlight remains on prevention.

"Even after three years we found that there was no way we could return them to their old selves," Kawashima said.

"So the next step then was to think about prevention."

Thus began courses for healthy and less elderly seniors.

These experimental classes began in Sendai, where twice a week some 40 people aged 70 and over gather at a local school to perform tasks that are similar to but slightly more difficult than those done in the nursing home.

"The course would probably be easy even for my grandchildren," grumbled one participant, Takao Kumagaya, 74.

"But that's OK. That's how it should be," he added. "Simple subjects like these are what stimulate the brain to keep it young."

These concepts have caught on in Japan like wildfire, prompting Kumon to set up a company on July 1 to help implement the "**Learning Therapy**" methods in over 200 institutions throughout the country. Kawashima's methods have also been simplified for wider use and edited into a book that has sold over 1.3 million copies.

"Our greatest concern right now is preventing elderly people from being marginalized in our society," said Mari Niimi, head of Shinagawa Welfare and Senior support department.

"So there is great interest in the prevention of Alzheimer's as the care of elderly people with this disease is very difficult," she said.

FAMILY CAREGIVING IS EVERYBODY'S BUSINESS

By: Peggy Olive, Richland County UW-Extension Family Living Agent, (608) 647-6148
peggy.olive@ces.uwex.edu

No matter where you live—in a city, the suburbs, or on a farm—family members step in to care for their spouses or aging relatives. Caring for someone with medical problems takes time away from family activities and can create stress for the caregiver and other family members.

Sometimes family caregiver concerns are invisible in the community. But employers are experiencing first hand that caregiver stress can affect people's performance at work, says Mary Brintnall-Peterson, University of Wisconsin-Extension program specialist in aging.

In 2002, close to half (42 percent) of U.S. workers provided some form of caregiving. In a study of employers, more than two-thirds (70 percent) reported staffing problems related to caregiving increases in the last 10 years. Yet, 40 percent had no plan in place to assist caregivers. This costs U.S. business dearly. Employers lose an estimated \$11 to \$29 billion each year, and attribute this loss to their employees' need to care for family members over age 50.

"When caregiving demands intensify," Brintnall-Peterson says, "caregivers take leaves of absence, reduce their work hours, or quit their jobs. These decisions take a financial toll." One study states that a caregiver can lose more than \$650,000 in wages, Social Security benefits, and pensions during the course of a family caregiving "career".

A caregiving "career" often starts with running errands and helping shop or manage financial affairs. Some may provide 24-hour care in their home, while others provide long-distance, after work, or weekend care. Half of all caregivers provide care for at least eight hours a week and 20 percent provide 40 hours or more per week to those needing long-term care. The rest (30 percent) provide less than eight hours of care per week.

"Aside from a sudden accident or illness, the caregiver career may evolve over time and gradually turn into a major time-consuming responsibility that may be stressful," says Brintnall-Peterson. Nearly one out of every four U.S. households—22.4 million or 23 percent—are involved in caring for a person age 50 or older. By 2007, that number is projected to reach 39

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million households, nearly doubling in less than a decade.

Of older adults living in the community and needing long-term care, nearly two-thirds (64 percent) depend upon informal caregivers—family and friends—as their only source of help. Many women have assumed this informal caregiving along with their family roles. Many female caregivers (40 percent) are raising their own children and two-thirds also work outside the home, mostly full time.

Family caregiving is unpaid work and according to conservative estimates, the economic value of this unpaid informal care nationwide is \$257 billion a year. This figure dwarfs annual national spending for formal home health care (\$33 billion) and formal nursing home care (\$83 billion). Wisconsin family caregivers provide almost \$4 billion in caregiving services annually. This ranks Wisconsin 18th in the nation for the dollar value caregivers contribute to the economy.

"In addition to the economic hardship medical care may place on a family, there are other costs to caregivers," Brintnall-Peterson says, "including loss of health and well-being, feelings of isolation and loneliness, and family conflict. Caregiver stress can lead to depression, burnout, self-neglect, excessive use of drugs or alcohol, and even neglect or abuse of the care recipient."

In Wisconsin, an estimated 103,000 adults age 65 and older have some form of dementia, most of whom (84 percent) live in the community. In Richland County, almost 500 adults age 65 and older are estimated to have dementia. Caring for someone with dementia leaves caregivers at a much higher risk for depression than other caregivers.

A growing number of households with fewer family members will be expected to share caregiving as Wisconsin's population ages. According to the 2000 Census, one out of six Richland County residents is age 65 or older. Wisconsin can expect the older adult population to increase rapidly—in 2011, the first post-World War II baby-boomers turn 65. By 2030, more than a fifth (21 percent) of Wisconsin's population will be age 65 or older—meaning one in five people will be retirement age. The 1990 U.S. Census found 11 potential caregivers for each person needing care. By 2050, the number of potential caregivers per recipient is projected to drop to four to one. This shortage of family caregivers will have major ramifications for families, communities and health care providers.

Communities can help support family caregivers in many ways. Individuals can volunteer



“Red Tape Cutter” Pages

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

Wisconsin’s No Call List Still Protecting Consumers

In July of 2004, Dane County Circuit Judge Maryann Sumi ruled that the Department of Agriculture Trade and Consumer Protection (DATCP) had exceeded its authority by establishing fines as high as \$10,000 for violations of Wisconsin’s “no call” telemarketing rules. Judge Sumi also ruled that individuals are not allowed to sue telemarketing violators. DATCP will continue to enforce the no call regulations using provisions of the regulations left intact by the judge’s ruling. Even in light of the decision, Wisconsin’s no call regulations remain some of the strongest in the nation.

For Wisconsin consumers seeking to put an end to intrusive telemarketing calls, the no call list remains an effective tool. To date, more than 1.5 million Wisconsin residents have signed up for this service. To sign up, call toll-free 1-866-9NO-CALL (1-866-966-2255) or visit:

<http://nocall.wisconsin.gov/web/home.asp>

If you sign up before:	You will be on the list by:
December 1 st	January 1 st
March 1 st	April 1 st
June 1 st	July 1 st
September 1 st	October 1 st

Consumers should be aware that their telephone number will remain on the no call list for two years after being placed on the list. For example, if you were first placed on the list in January of 2003, your number will automatically be removed from the list December 31, 2004. In order to avoid being removed from the list, you need to re-enroll two months prior to your removal date. For example, if your removal date is December 31, 2004 you must renew *prior* to December 1, 2004. Renewal is fast and easy and can be accomplished by calling the number or visiting the web site above.

You can play an important role in helping to enforce the no call list by reporting violators. If you get a telemarketing call after registering:

- ✓ and you have Caller ID; write down the phone number from which they are call-

ing.

- ✓ Get the name of the company for which the telemarketer works. Make sure you get the name of the telemarketing company, as well as the name of the company for which they are selling.
- ✓ Ask the telemarketer for their Wisconsin telemarketing license number.
- ✓ Note the date and time the call was made.
- ✓ File a complaint with the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)
- ✓ Report any scams in regard to either of these lists. No private companies or third parties should be contacting you to “pre-register” for the Registry. Phone solicitations that claim they will register your number for you, especially those that charge a fee, are a scam.

Lastly, be aware that, even if you do not sign up for the list, there are other protections against unwanted telemarketing calls. The Telemarketing Sales Rule prohibits deceptive and abusive telemarketing practices and protects consumers from unwanted late-night calls:

- ✓ Calling times are restricted to the hours between 8 a.m. and 9 p.m.
- ✓ Telemarketers must promptly tell you the identity of the seller and that the call is a sales pitch.
- ✓ Telemarketers must disclose all material information about the goods and services they are offering and the terms of the sale.

If you have any questions, contact your Richland County Elderly Benefit Specialist, Joanne Welsh at 647-6226.

Funny Insights—Only in America...

Only in America...can a pizza get to your house faster than an ambulance.

Only in America...are there handicap parking places in front of a skating rink.

Only in America...do people order double cheeseburgers, large fries, and a diet coke.

Only in America...do banks leave both doors open and then chain the pens to the counters.

Medicare Coverage Can Save Your Sight



By: Bruce W. Schultz
Social Security Public Affairs
Specialist

While vision loss is one of the most feared disabilities we can experience, experts say that half of all blindness can be prevented. That's why I'm so pleased that Medicare covers glaucoma screening for certain at-risk people.

Medicare will help pay for an annual eye exam for all Medicare beneficiaries who are at high risk for glaucoma. This includes people with diabetes, those with a family history of glaucoma and African-Americans.

Aging is the single largest risk factor for developing glaucoma, the leading cause of preventable blindness in the U.S. The eye disease affects about two million Americans who are age 65 or older, and about 120,000 Americans now are blind as a result of glaucoma.

At one time, Medicare paid for routine testing for glaucoma only after a patient was identified as having symptoms of the disease. But early detection and treatment made before there are noticeable symptoms can be critical to helping people keep their eyesight.

The Glaucoma Research Foundation reports that blindness due to glaucoma costs the U.S. government more than \$1.5 billion annually in Social Security benefits, lost income tax revenues and health care expenditures. But a glaucoma screening costs Medicare only about \$35.

Medicare Part B, covers 80 percent of the approved amount for glaucoma screening, after a person has met the \$100 deductible.

The need for glaucoma screening will only become more important in the future as the baby boomer generation ages and the number of Americans who are at risk for age-related eye disease increases. People should take whatever steps they can to protect their eyesight.

If you are eligible for Medicare and qualify, you should take advantage of this yearly benefit. Just check with Medicare at 1-800-MEDICARE (1-800-633-4227) for specific coverage information for glaucoma screening.

Bruce Schultz is the Public Affairs Specialist for Northern Wisconsin. You can contact Bruce at 352 Grand Avenue, Wausau, Wisconsin 54403 or via email at bruce.schultz@ssa.gov

Nutrition Assistance Now More Widely Available!

A new Food Stamp Program policy now allows more individuals to qualify for nutrition assistance. If you have previously applied for nutrition assistance through the Food Stamp Program and were found ineligible because you own assets worth more than \$3,000, you may now qualify. You must however still meet other eligibility requirements. For instance, your income must fall below a certain level.

- √ If you live by yourself and have annual income of \$18,620 or less, you may be eligible for nutrition assistance through the Food Stamp Program regardless of the value of your assets.
- √ If you live with just one other person and your combined annual income is \$24,980 or less, you may be eligible for nutrition assistance through the Food Stamp Program regardless of your assets.

Please contact your local benefit specialist if you are interested in nutrition assistance. Your benefit specialist can let you know whether you would be eligible for nutrition assistance through the Food Stamp Program, the amount of benefits you would likely receive if you applied, how to go about filing an application, as well as other types of nutrition assistance available in Richland County. Please contact your local benefit specialist, Joanne Welsh at 647-6226 for more information.

Informational Series on Alzheimer's Disease & Other Dementias

An informational series is offered for anyone interested in Alzheimer's disease or a related dementia. Each month a different topic will be discussed. Meetings will be held the 4th Wednesday of each month (next meetings 9/22 & 10/27) from 6:00-7:00 p.m. at Brewer Library, 325 N. Central Ave in Richland Center. No registration required, just drop in. Call Ryan or Linda at Pine Valley Healthcare at 608/647-2138 or the Alzheimer's Association at 800/428-9280 for more information.

Only in America...do they have drive-up ATM machines with Braille lettering.

Only in America...do we buy hot dogs in packages of ten and buns in packages of eight.

The Toll Caregiving Takes on Caregivers

By Claudia Kalb
Newsweek—May 31 issue

When she's not working as a naturalist leading tours through the Minnesota woods, Pat Rummenie takes care of her husband, Mike, 62, who was diagnosed with Alzheimer's four years ago. She helps him get dressed, she cooks his meals, she monitors his medications. Her mom, Lorraine Rains, is doing pretty well at 81, but she needs a hand with chores. On top of all that, Rummenie, 56, has diabetes and arthritis. Last week the stress got so bad that a counselor prescribed a mandatory vacation. "Sometimes I feel like a walking dead person," she says, "but I wouldn't change anything."

More than 20 million households contain Americans who look after loved ones, donating an estimated \$250 billion a year in free care. While caregiving can offer enormous rewards providing a sense of fulfillment, deepening lifelong loves new research increasingly links it to deleterious health effects, including a weakened immune system, depression and even premature death. In one landmark study, Richard Schulz, of the University of Pittsburgh, found that elderly caregivers who said they felt physically or psychologically strained by their responsibilities were 63 percent more likely to die early than non-caregivers. With an aging population expected to double by 2030, researchers are alarmed about a caregiver crisis in the making. "It's an issue of such great public-health significance," says Schulz. "It boggles the mind as to how we're going to handle it in the future."

Caregiving takes a toll on the body in very tangible ways. Lifting a frail senior out of bed can injure the shoulders and back. The symptoms of arthritis or high blood pressure can worsen as caregivers neglect their own health. Kathie Crombie, 52, spent more than a year looking after her husband, Pete, who had stomach cancer. Before he died last month, she went to the ER with chest pains, a racing heart and nausea. Tests showed no serious maladies, leading her doctor to conclude it was caregiver stress. "Even when you think you're able to handle everything," she says, "you're being torn up inside."

Scientists are now zeroing in on what may be happening at the molecular level. At Ohio State University, Janice Kiecolt-Glaser and her husband, Ronald Glaser, have been studying the effect of caregiving on the immune system for more than a decade. Compared with

a control group, caregivers of spouses with dementia have weaker responses to pneumonia and flu vaccines, and their wounds heal more slowly. Over a six-year time frame, the researchers also found that the stress hormone Interleukin-6, linked to heart disease, diabetes and arthritis, was four times higher in caregivers.

A mind full of worries can fuel depression: Will I have to move her to a nursing home? Is he in pain? How will I pay for medications? For years Dan Hanley, 71, bathed his wife, Doris, 71, who has multiple sclerosis. He prepared her feeding tube, he put on her favorite soap operas. The two are so close, says Dan, "it's as though we're one." But as Doris's condition worsened and friends withdrew, Dan started feeling helpless and isolated. Soon after surprising Doris with a 50th-anniversary party last year, he was plagued with suicidal thoughts: "My doctor said, 'Either put Doris in a nursing home or you'll wind up in the ground'." Today Dan visits Doris twice a day at a nearby facility, but the depression persists. "I worry about her so much," he says.

Left untreated, depression can lead to rare, but tragic, outcomes. Donna Cohen, of the University of South Florida, found that half the 176 homicide-suicides committed by older people over a six-year period in Florida involved caregivers. Most were men who seemed to be devoted husbands overwhelmed by their inability to look after their spouses, says Cohen: "It's an act of depression and desperation." Gladys Gonzalez-Ramos knows the agony. She saw her father become increasingly sad and frustrated by her mother's Parkinson's and his inability to save her. In the end, he took drastic measures with a handgun, killing his wife and then himself. They had been married for 52 years. "He felt he had lost his teammate," says Gonzalez-Ramos.

There are ways to relieve the burden. Support groups offer lifelines out of isolation. Adult day-care programs provide respite. Regular exercise lowers blood pressure and reduces stress and depression. Most important of all: caregivers must look after themselves without their own good health, their loved ones will suffer, too.

With Joan Raymond

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Only in America...do we leave cars worth thousands of dollars in the driveway and put our useless junk in the garage.

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to help through community organizations or their county or tribal aging office, or they may offer companionship and support directly to family caregivers.

Employers can develop plans, policies, and procedures for family care, such as flexible use of sick leave, vacation and family leave for eldercare crisis and end-of-life situations. They can provide workshops and forums on caregiving issues and resources; and referrals on medical, legal, financial, communication, counseling, or bereavement services. Workplaces can also encourage wellness efforts to ease stress and help caregivers maintain their health.

As Wisconsin's population ages, employers can work to meet the needs of working caregivers, thus creating a win-win situation for employers and employees who are trying to balance their jobs and caring for an older relative.

RECIPE CORNER

Butternut Squash Bisque

- 1 tablespoon canola oil
- 1 tablespoon unsalted butter
- 1/2 cup diced onion
- 3/4 cup diced carrots
- 4 cups peeled and cubed butternut squash
- 3 cups vegetable stock
- salt and ground black pepper to taste
- ground nutmeg to taste
- 1/2 cup heavy cream (optional)

1. Heat the oil and melt the butter in a large pot over medium heat. Cook and stir the onion in the butter and oil under tender.
2. Mix the carrots and squash into the pot. Pour in vegetable stock, and season with salt, pepper, and nutmeg. Bring to a boil, reduce heat, and simmer until vegetables are tender.
3. In a blender or food processor, puree the soup mixture until smooth. Return to the pot, and stir in the heavy cream. Heat through, but do not boil. Serve warm with a dash of nutmeg.

Nutrition Info—(Makes 4 servings)

Amount Per Serving:

Calories: 248 Total

Fat: 18.2g Cholesterol:

49 mg Sodium: 812 mg

Total Carbohydrates:

21.9g Dietary Fiber:

5.9g Protein: 2.7g

Puzzle Corner

Things you may see at the Fair

G S P V T Q U P A X J S K A O
 L J T I Z H U R C W X R L V W
 S E M A G P J I X Z F O U E W
 Q M O W O S S Z O X I T C L G
 F R C F Y G B E J K M C F U R
 P R L X C O W S L P H A R N S
 M N S P S U F Y D A N R L T C
 Y D N A C N O T T O C T I I T
 Z F N A F F E B S K Z B S D U
 C O R N D O G K Q A I U Z K R
 V J Y I P G A U C H M T O I Z
 F P B Q E C T L X I E U D D Y
 D P K V E N T E I S H E S S W
 B R Q V H Y D W S C S C A I L
 P S V P S N W S W I E U N E H

CHICKENS
 COWS
 GAMES
 MUSIC
 RIDES

CORNDOG
 EXHIBITS
 GOATS
 PIGS
 SHEEP

COTTONCANDY
 FRIENDS
 KIDS
 PRIZES
 TRACTORS

EVER WONDER...?

Why the sun lightens our hair, but darkens our skin?

Why is lemon juice made with artificial flavor, and dishwashing liquid made with real lemons?

Why is the time of day with the slowest traffic called rush hour?

Why isn't there mouse-flavored cat food?

When dog food is new and improved tasting, who tests it?

Why didn't Noah swat those two mosquitoes?

Take Steps To End Alzheimer's
**RICHLAND COUNTY
MEMORY WALK 2004**

**Sunday, October 3
Registration: Noon,
Walk: 1:00 p.m.
Krouskop Park, Richland Center**

Join the Alzheimer's Association for Memory Walk 2004. Walk and/or organize a team of walkers. Help raise awareness about Alzheimer's disease and related dementia and at the same time raise funds to support and increase local programs for people with dementia and their family members. Memory Walk is the single largest fundraiser in south central Wisconsin supporting these local programs and services in the eight counties served by the South Central Wisconsin Chapter.



Afraid you will miss the Packer game? Don't worry, we will be tailgating before the walk (the brat stand will open at Noon) and walkers will get regular updates on the score!

Please call the Health, Aging and Disability Resource Center at 647-4616 or Elderly Services at 647-6226 for more information.

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**

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>



Seniors Surfing the Web?

Here are some senior friendly sites!

Richland County HHS—Elderly Services

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

State of Wisconsin Prescription Drug Resource Center

<http://www.drugsavings.wi.gov>

Suddenly Senior—A Place Where Everyone Who's Becomes Senior Before Their Time

<http://www.suddenlysenior.com>

Senior Resources—Wisconsin's Complete Senior Resource Listing

<http://magazine.seniorresourcesonline.com>

The Eldercare Locator, a nationwide public service of the U.S. Administration on Aging, releases 5 Basic Tips to Help Dads Maintain an Active, Healthy Lifestyle; New Eldercare Locator Survey Confirms That Men Over 65 Need Guidance on Maintaining Their Health

<http://www.eldercare.gov>

HEALTHOLOGY is a leading producer and distributor of physician-generated health and medical information on the Web. With the largest and most distinguished library of original, streaming health programs and health articles on the Internet, Healthology provides companies with seamless solutions for their online health information and educational needs.

<http://www.healthology.com/>

Wisconsin NO CALL List—For Wisconsin consumers seeking to put an end to intrusive telemarketing calls, the no call list remains an effective tool. To date, more than 1.5 million Wisconsin residents have signed up for this service. To sign up, call toll-free 1-866-9NO-CALL (1-866-966-2255) or visit:

<http://nocall.wisconsin.gov>

The Alzheimer's Store—is the first and only one-stop source for products for people with Alzheimer's Disease and those caring for them.

<http://www.alzstore.com/>

The Comfort of Home—The place for Easy-to-Read Caregiver Training and Support Materials in Multiple Languages.

<http://www.comfortofhome.com/>

Aging in Place with Technology: Study Reveals Older Adults will Sacrifice Some Privacy to Remain in their Homes Longer

Younger adults might cringe at the thought of being monitored in their homes by technology. Yet a new study from the Georgia Institute of Technology indicates that older adults are willing to give up some privacy -- if it enables them to remain independent longer.

"That illustrates how important it is to older adults to stay in their homes rather than move into some type of assisted-living housing," said Wendy Rogers, a professor of psychology at Georgia Tech. Rogers presented preliminary findings of the study at CHI2004, an international conference on computer-human interaction held April 24-29 in Vienna, Austria.

The study, which examined older adults' perception of a technology-rich home environment, was part of the multidisciplinary Aware Home project conducted at Georgia Tech's Broadband Institute Residential Laboratory. The laboratory, funded in part by the Georgia Research Alliance, is a unique three-story house where researchers focus on domestic technologies for the future. The study Rogers presented was funded by the National Science Foundation and the National Institutes of Health.

For this study, researchers invited 44 adults ages 65 to 75 to tour the residential laboratory and view new technologies designed by Georgia Tech College of Computing researchers specifically to help people age in place. These technologies, ranging from low to high levels of intrusiveness, included:

- √ "Cook's Collage," which photographs people during meal preparation and displays the cook's six most recent actions on a flat-panel display mounted over the countertop. The idea is to prevent distracted chefs from forgetting what actions they've already taken. To reduce "Big Brother" appearances, cameras are mounted out of sight and only show the chef's hands.
- √ "Digital Family Portrait" helps out-of-town family members keep an eye on aging relatives. A display monitor hangs in the caregiver's home and displays a static photo of the older relative. The photo is surrounded by a digital-image frame whose icons change daily to reflect information about the older adult's life, such as general activity level.

(Continued from bottom of this page)

- √ "FaceBot" is a communication device that interacts with other home technologies. Designed to create a personality for these technologies, FaceBot features two cameras for eyes, microphones as ears and a speaker as its mouth. Instead of giving voice commands to an empty room, such as "turn up the temperature," residents can talk directly to FaceBot.

Researchers asked participants what they specifically liked and disliked about the technologies. To spark qualitative responses, all questions were subjective in nature, such as: What is your first impression about living in a home like this? How would you feel about living here? Do you think there may be situations in which an Aware Home could invade your privacy?

"Understanding how older adults evaluate technology provides insights into their judgments and decision-making processes, which will help us design tools they will actually use," Rogers said. "Technology in the home is useless if people don't want it."

Unlike younger adults, older people don't care if a technology is the latest thing or a status symbol. Instead, what sparked interest among study participants was the degree to which a particular technology could benefit them.

Another key factor was whether they viewed the technology as a luxury or necessity. "They were more willing to embrace a technology if they perceived a need and if they had some degree of control," Rogers said.

Critics might consider the Digital Family Portrait as a privacy invasion because it monitors residents and transmits that information to someone else. "For younger adults, there would be no trade-off," Rogers said. "Yet some of the older adults who participated in the study said they actually felt more secure if someone was monitoring them."

FaceBot sparked the most divergent comments. Some participants liked it, while others were uncomfortable with the aesthetics of the face, deeming it "creepy."

Participants also envisioned new uses for the technologies. For example, one individual liked the idea of using FaceBot as a robotic butler of sorts to welcome guests into the home. Another person suggested Cook's Collage could be used as a memory aid when taking medications.

RESEARCH NEWS & PUBLICATIONS OFFICE
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Atlanta, Georgia 30308 USA

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SEPTEMBER, 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 Beef Pot Roast with Potatoes, Carrots, & Celery, Tossed Salad, Whole Grain Bread, Jell-O w/ Fruit & Topping	2 Bar-B-Q Beef on a Bun, Baked Beans, Potato Wedges, Pickled Beets, Toll House Bar	3 Baked Fish, Baked Potato with Sour Cream, Green Beans, Whole Grain Bread, Cheesecake
6 SITES CLOSED LABOR DAY	7 Lasagna, Soft Bread Sticks, 7 Layer Salad, Mixed Fruit	8 Roast Pork, Cheesy Au gratin Potatoes, Squash, Whole Grain Bread, Apple Crisp	9 Chili (Goulash), Corn Bread/Honey, Cheese Slice, Tossed Salad, Cook's Choice Dessert	10 Ham, Scalloped Potatoes, Italian Blend Vegetables, Whole Grain Bread, Pineapple
13 Meatloaf, Baked Potato/Sour Cream, Stewed Tomatoes, Whole Grain Bread, Pears	14 Pork Chop, Hash Brown Casserole, Mixed Veg., Whole Grain Bread, Peaches	15 Swiss Steak, Mashed Potatoes/Gravy, Corn, Whole Grain Bread, Fruited Jell-O with Topping	16 Turkey Noodle Casserole, Peas, Tossed Salad, Cheese Bread, Fruit Cobbler	17 Liver & Onions, Potatoes, Carrots, Whole Grain Bread, Pudding Torte
20 Kielbasa, Macaroni & Cheese, Green Beans, Whole Grain Bread, Mixed Fruit	21 Crispy Baked Fish, Baked Potato/Sour Cream, California Blend Veg., Whole Grain Bread, Lemon Bar	22 Baked Chicken, Mashed Potatoes/Gravy, Beets, Whole Grain Bread, Fruit Crisp	23 Swedish Meatballs, Noodles, Peas & Carrots, Whole Grain Bread, Cook's Choice Fruit	24 Ham, Sweet Potatoes, Broccoli, Whole Grain Bread, Pineapple Upside Down Cake
27 Salmon Loaf, Creamed Potatoes, Peas, Whole Grain Bread, Mandarin Oranges	28 Pork Chop, Au gratin Potatoes, Squash, Whole Grain Bread, Gingerbread Cake with Topping	29 Spaghetti with Meat Sauce, 7 Layer Salad, Cheese Bread, Peaches	30 Roast Turkey, Mashed Potatoes, Gravy, Stuffing, Carrots, Cranberry Sauce, Angel Food Cake	Oct. 1 BBQ Ribs, Baked Potato/Sour Cream, Corn, Whole Grain Bread, Jell-O w/Fruit & Topping

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;

Richland Center—Town & Country Presbyterian Church - Paula White @ 647-2323 @ 11:45 am;

Viola - Anita Perkins/Lorraine White @ 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

OCTOBER, 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 Ribs, Baked Potato/Sour Cream, Corn, Whole Grain Bread, Jell-O with Fruit and Topping
4 Baked Chicken, Mashed Potatoes, Gravy, Carrots, Whole Grain Bread, Mixed Fruit	5 Beef/Vegetable Stew, Baking Powder Biscuit with Honey, Cabbage Salad, Cook's Choice Dessert	6 Roast Pork, Hash Brown Casserole, California Blend Vegetables, Whole Grain Bread, Applesauce Gelatin	7 Ham, Scalloped Potatoes, Peas, Whole Grain Bread, Peaches	8 Oven Fried Fish, Potato Wedges, Italian Blend Vegetables, Rye Bread, Sugar Cookie
11 Hamburger/Bun/Cheese/Tomato/Onion/Pickles, Baked Beans, Potato Wedges, Pears	12 Chicken & Hash Brown Potato Bake, California Blend Vegetables, Cranberries, Whole Grain Bread, Pumpkin Torte	13 Roast Beef, Mashed Potatoes, Gravy, Corn, Whole Grain Bread, Apple Cake	14 Breaded Pork Cutlet, Potato Casserole, Squash, Whole Grain Bread, Pudding Torte	15 Lasagna, Soft Bread Sticks, Tossed Salad, Jell-O with Fruit and Topping
18 Baked Fish, Parsley Buttered Potatoes, Beets, Whole Grain Bread, Melon	19 Ham, Sweet Potatoes, Green Beans, Whole Grain Bread, Apple Crisp	20 Meatloaf, Baked Potato/Sour Cream, Stewed Tomatoes, Whole Grain Bread, Brownie	21 Creamed Chicken, Baking Powder Biscuit, Peas Cottage Cheese, Pineapple	22 Open Face Hot Beef Sandwich with Mashed Potatoes & Gravy, Carrots, Whole Grain Bread, Fresh Fruit
25 Salmon Loaf, Creamed Potatoes, Peas, Rye Bread, Peaches	26 "Cook's Choice" Sandwich, Soup, Salad, and Dessert	27 Spaghetti & Meat Sauce, Cheese Bread, Tossed Salad, Mixed Fruit	28 Baked Chicken, Mashed Potatoes/Gravy, Squash, Cranberry Relish, Whole Grain Bread, Cook's Choice Cake	29 Beef & Tater Tot Casserole with Mixed Vegetables, corn Bread & Honey, Cabbage Salad, Chocolate Chip Cookie