



Family and Friends Newsletter

Tip of the Day Stick to Your Meds

If your doctor prescribes medicine for your blood pressure or cholesterol, it's very important that you remember to take them. Sticking to your medication schedule is a lot easier when you understand what you are taking and why.



- Ask your doctor what you are being treated for and how each medicine helps. For example: If you are taking a statin, you should know that it is for lowering your LDL cholesterol to lower your heart disease risk.
- Know the side effects of any medications you are taking. You can find this out by asking your doctor or pharmacist.
- Ask your doctor how your medicine works with your other medications and the foods you eat. For example: Some medicines work best if you take them with food. Others work best if you take them at bedtime.
- Ask your doctor what to do if you miss a dose of medicine or have problems with side effects. It is important that you keep your doctor informed of how the medicine is working for you. It may be useful to ask your doctor to help you create a chart that includes all of your medicines. Include the name of the medication, what the medication is being taken for, when to take it, what side effects to watch for, and phone numbers to call if you have a problem.

Wisdom from Will Rogers

Never slap a man who's chewing tobacco.

Never kick a cow chip on a hot day.

The What, When and Why of Men's Health Screenings

Written by: Karen Barrow - Published on: June 8, 2005 in Healthology, Inc.

Even the most macho of men can turn into big babies when it comes to going to the doctor. But most visits to the doctor are simply uncomfortable, not painful, and routine physical exams and screenings can help men prevent many serious diseases.

Still, with all of the recommendations out there, it is tough to keep the various tests straight. What do you need and when? Here's a guide to explain what all those tests and numbers mean. (Of course, if you are at high risk for a particular disease or have individual health concerns, your doctor may recommend that you begin certain screenings at an earlier time.)

Routine Exams

The good news is that some of the most important recommended screenings are already done as part of a routine visit to the doctor.

Although you may not need certain screening tests every year, health insurance companies typically cover annual exams.

Body Measurement—Just step on the scale, have your weight and height measured and your doctor already knows a lot about your physical condition. Using these numbers to calculate your body mass index (BMI), your doctor will know if you are overweight, an indicator of increased risk for many health problems, such as type 2 diabetes and high blood pressure. This simple tool clues your

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doctor in to look more closely for these other problems. The American Heart Association (AHA) recommends that you have a body measurement every two years after the age of 20.

Blood Pressure—That inflatable cuff placed around your upper arm tells your doctor how much pressure your heart is generating when it is actively pumping, called the systolic pressure (the "top" number), and when your heart is at rest, called the diastolic pressure (the "bottom" number). A blood pressure between the range of 90/60 and 140/90 is considered normal by the AHA. Since high blood pressure is becoming increasingly common in men and puts you at risk for heart attack, stroke, kidney damage and other problems, it should be measured at least every two years.



Cholesterol Test—While a routine blood test may check for various blood components, the cholesterol count is one of the most important. After drawing a vial of blood, a lab will determine the amount of low-density lipoprotein (LDL) cholesterol, high-density lipoprotein (HDL) cholesterol, triglycerides and total cholesterol. High cholesterol, specifically LDL cholesterol, is a direct cause of heart disease, the number-one killer of American men. The AHA considers a total cholesterol count over 200 to be borderline-high and a risk marker for heart disease. High risk for heart disease is considered to be when cholesterol counts rise over 240. However, there has been some recent consideration to make these target numbers even lower.

Triglycerides are a form of stored energy derived from foods that are not immediately used. Normal triglyceride levels range from 45-150. Higher levels of triglycerides can cause pancreatitis, inflammation of the pancreas. Blood tests determining triglyceride levels should occur every five years, but your doctor will probably recommend more frequent testing if anything is abnormal.

Testicular Examination—Since testicular cancer is the most common malignant cancer in American men, your doctor should check your testicles for any change in size or shape, starting in your mid-teens, according to the American Cancer Society (ACS). Monthly self-exams are sometimes recommended by a doctor as well.

Beginning at Age 50

Middle age brings an increased risk for many diseases, especially cancer. It is important that men get screened for these dis-

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eases beginning at age 50 and repeat these tests as recommended.

Colorectal Cancer Screening—There are four tests typically performed to screen for polyps in your colon and rectum, which may become cancerous.

- **Fecal Occult Blood Test (FOBT)**—This simple test chemically checks your stool for blood that may not be visible under a microscope. A fecal sample is smeared onto a card and sent to a medical laboratory to be evaluated for the presence of blood. This test should occur yearly.
- **Flexible Sigmoidoscopy**—A thin, flexible tube is inserted into your rectum and used to look at the lower portion of the colon. More awkward than uncomfortable, this exam takes about 15 minutes and should be done every five years.
- **Colon X-ray**—Sometimes coupled with the sigmoidoscopy, this test involves inserting liquid barium into your colon, which appears white on an X-ray. The barium outlines the inside of your colon to allow your doctor to see anything unusual. This test takes about 20 minutes to complete and should be repeated every five years.
- **Colonoscopy**—You doctor inserts a thin, flexible colonoscope into your rectum to examine the entire length of your colon. Some patients find this procedure uncomfortable, so your doctor may sedate you a little during the 30-minute procedure, which should occur every 10 years.

According to the ACS, screening for colorectal cancer should begin at age 50, unless you have a family history of colorectal cancer or a history of inflammatory bowel disease. If you are at higher risk, your doctor may recommend more frequent screenings.

Prostate Cancer Screening—A digital rectal exam (DRE) is used to detect an enlarged prostate or prostate cancer. While an enlarged prostate is fairly common and generally harmless, it may indicate a more serious condition. During the DRE, your doctor will check the prostate gland for any abnormalities. The prostate-specific antigen test (PSA) is a blood test that measures the amount of a protein secreted by the prostate. If this amount is elevated, it may indicate an enlarged prostate or cancer. However, the accuracy of the PSA test is still un-

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clear and some organizations do not recommend routine screenings. However, the ACS recommends that these screenings begin at age 50, but earlier in African American men and others who are at higher risk for prostate cancer.

Caring for All of Your Parts

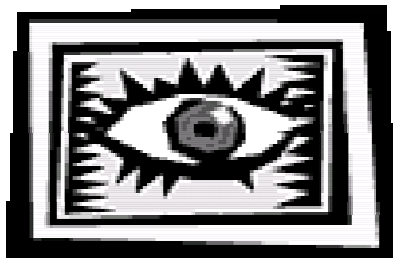
On top of these exams, the American Academy of Ophthalmology recommends an eye exam for men once a year after the age of 20, every two to four years after the age of 40 and once or twice a year after the age of 65. This examination should include a general eye exam to determine if you need glasses or if your prescription is accurate and tests for common eye problems such as glaucoma, macular degeneration and cataracts.

And don't forget about your teeth. Regular dental visits will prevent cavities and keep your chompers clean. Evidence is mounting that shows how good oral hygiene can help lower risk for certain diseases, such as heart disease. Additionally, dentists can detect oral cancer.

Going to the doctor for all of these tests can seem like a pain, especially if you are feeling well. But if you are proactive about your health, many of the most common diseases can be caught early, preventing the need for even more visits to your doctor.

Are You At Risk For Glaucoma?

Glaucoma is a leading cause of blindness in the U.S. But, with early diagnosis and treatment, most people can retain their vision for life.



What is glaucoma? In a healthy eye, fluid is constantly being made and drained through a small drainage canal. When something blocks or prevents this natural drainage, the pressure inside the eye goes up. Glaucoma is often caused by increased pressure that can develop when the fluids in the eye are not draining properly. This condition eventually damages the nerve that connects the eye to the brain and leads to loss of vision.

Am I at risk? While the causes for glaucoma are not completely known, we do know

that risk factors include family history, race and older age. African-Americans, Hispanics and people with diabetes are also at higher risk of getting the disease.

What are the symptoms? Sometimes, the condition may come on suddenly; most cases progress so slowly there are often no warning signs before damage inside the eye has already occurred. In most cases, a person's side vision (peripheral vision) is affected.

How is glaucoma treated? Glaucoma can be treated with any of the following:

- Ø Eye drops that lower eye pressure
- Ø Laser therapy that allows for better drainage of fluids inside the eye
- Ø Eye surgery to create a new drainage canal.

If untreated, glaucoma does lead to total blindness. Glaucoma can be detected with a medical eye exam. Ophthalmologists (medical eye doctors) can measure the pressure inside the eye with a quick and painless office test.

EyeCare America offers medical eye services and free information through its national Glaucoma EyeCare Program. This program offers glaucoma eye screenings and care for those at increased risk of glaucoma. Uninsured patients receive the care at no charge.

The Glaucoma EyeCare Program is designed for people who:

- Ø Are US citizens or legal residents
- Ø Have not had an eye exam in 12 months or more
- Ø Are at increased risk for glaucoma (family history, race, age).

People may call the toll-free help line at 1-800-391-EYES (3937) anytime to see if they qualify for a glaucoma eye exam or to request free eye care information.

EyeCare America's Glaucoma EyeCare Program is co-sponsored by Pfizer Ophthalmics.

Glaucoma doesn't have to interfere with leading a happy, sighted and fulfilling life.

Regular eye checkups can help save your sight and for some people they don't cost a thing.

Wisdom from Will Rogers

There are 2 theories to arguing with a woman...neither works.

Never miss a good chance to shut up.

A Time Of Grief: Moving Away From The Homestead

By Kristine Dwyer, LSW

For decades, a large percentage of the older population has remained on the homestead for nearly a lifetime, in sharp contrast to today's generation that frequently moves or resides in temporary housing. Unfortunately, as our parents and elderly relatives age and their health becomes frail, the agonizing decision to move them to a safe and supportive environment becomes necessary. Resistance and grief are common reactions to leaving the home that is comfortable, familiar and full of treasured memories.

Adult children and other family members are often faced with the reality of their loved one's limitations and inability to safely remain in their current setting due to dementia, progressive disease processes, diminishing eyesight or caregiver fatigue. Other factors that necessitate change are: wandering, confusion, weight loss, falls, medication noncompliance, sleep disturbances, driving accidents, lack of self care and isolation. In addition, finding and financing adequate home care services may present a barrier to remaining at home. This dilemma is difficult for families as they attempt to weigh all of the factors and ultimately prepare for a move away from the homestead. Sadness, guilt, helplessness and anxiety are just some of the feelings that can arise during this time of instability and uncertainty.

As the need for change becomes clearer, a sense of grief and loss can be felt by all members of the family. Just as in death, the five stages of grief can apply to this difficult transition in life.

1) Denial about the reality of the health and safety conditions at home.

2) Anger at the changes that have occurred, at the loss of security of one's personal space and at the family members who may be responsible for this change.

3) Bargaining to remain in the home longer, promises to fix the problems and making deals to avoid a move.

4) Depression that may be present or develop as the result of moving and having to let go of one's current lifestyle.

5) And finally acceptance of the change; a chance to refocus, gain energy and set new goals in a different environment.

Here are some suggestions to help caregivers and family members grieve and

assist in the transition from a lifetime home to assisted living or another care setting:

- Plan a family meeting where all concerned parties can come together and thoroughly discuss needs and moving options. Be truthful and realistic about the need for a loved one to move. Initially, keep emotions to the side and focus on the facts at hand, especially if your loved one is unable to comprehend the situation and see the bigger picture.
- Talk with others who may have already traveled on this journey and learn from their experiences. Find others who can 'walk' beside you during this transition such as a physician, clergy, friend, social worker, caregiver consultant or the care provider of the residence in which your loved one will reside.
- Be prepared for good days and bad days as change and loss are realized by all who are involved. Be aware that decisions and emotions may waiver during this transition process. Remain focused on the risks and facts surrounding the need for change and continue to move forward. Offer reassurance when resistance surfaces and keep a positive attitude about the move and the opportunities that may be available at the new residence.
- Involve the family member or loved one in the planning and preparation to move by touring several housing options and allow choices for items to take along such as antiques, furniture or photos that generate fond memories.
- If a married couple is forced to separate due to differing care needs, allow time to grieve the change in the relationship, address fears, and seek out opportunities for the spouse to spend mealtime, bedtime or other quality times with their spouse on a daily basis. Encourage the spouse who remains at home to seek out new activities, volunteer, return to past hobbies or renew old friendships to help fill the empty hours of the day.
- Since full-time caregiving is no longer needed, time can be spent focusing on rekindling the relationship with your loved one that may have become strained during the caregiving years. Reminiscing, reviewing photo albums or sharing memories

Lightning Safety Awareness

Urged by Electrical Safety Foundation International (ESFI) and Lightning Protection Institute (LPI)

Lightning traditionally causes more deaths than tornadoes or hurricanes and occurs when outdoor activity reaches a peak. The Electrical Safety Foundation International (ESFI) and the Lightning Protection Institute (LPI) are reminding consumers and those who work outdoors of lightning safety guidelines.

Lightning strikes are fatal in approximately 10 percent of victims. Another 70 percent of survivors suffer serious long-term effects.

Outdoors is the most dangerous place to be during a lightning storm. Because lightning can travel sideways for up to 10 miles, blue skies are not a sign of safety. If you hear thunder, take cover.

Follows these guidelines to stay safe during electrical storms:

- ◆ If outdoors, go inside. Look for a shelter equipped with a lightning protection system.
- ◆ Go to a low point. Lightning hits the tallest object. Get down if you are in an exposed area.
- ◆ Stay away from trees.
- ◆ Avoid metal. Don't hold bats, golf clubs, fishing rods, tennis racket or tools. Avoid clotheslines, poles and fences.
- ◆ If you feel a tingling sensation or your hair stands on end, lightning may be about to strike. Crouch down and cover your ears.
- ◆ Stay away from water, including pools, lakes, puddles and anything damp, such as grass.
- ◆ Don't stand close to other people.
- ◆ Once indoors, stay away from windows and doors.
- ◆ Do not use corded telephones except for emergencies.
- ◆ Unplug electronic equipment before the storm arrives and avoid contact with electrical equipment or cords during storms.
- ◆ Avoid contact with plumbing. Do not take baths and showers during electrical storms.
- ◆ Don't forget pets during thunderstorms. Doghouses are not lightning-safe. Dogs that are chained can easily become lightning strike victims.

Victims of lightning strikes should be given CPR, if necessary, and medical attention.

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For homes and building protection, consider contracting with an experienced LPI-certified lightning protection specialist to install a lightning protection system, which can intercept lightning strikes.

LPI recommends contacting lightning protection specialists or visit www.lightning.org for details. For more information on electrical safety, visit ESFI's Web site at www.electrical-safety.org.

QUOTE:

"Should any political party attempt to abolish social security, unemployment insurance, and eliminate labor laws and farm programs, you would not hear of that party again in our political history.

There is a tiny splinter group, of course, that believes that you can do these things.

Among them are a few Texas oil millionaires, and an occasional politician or businessman from other areas. Their number is negligible and they are stupid."

--President Dwight D. Eisenhower, 1952

Seniors Surfing the Web? Here are some senior friendly sites!

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>

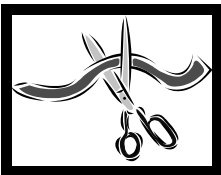
The Eldercare Locator, a nationwide public service of the U.S. Administration on Aging.
<http://www.eldercare.gov>

Welcome to Richland County Government Online
<http://www.co.richland.wi.us/>

WELCOME To The CITY OF RICHLAND CENTER!
450 South Main Street - Richland Center
<http://www.ci.richland-center.wi.us>

Wisconsin AARP Home Page
<http://www.aarp.org/states/wi/>

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“Red Tape Cutter” Pages

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

Should I Enroll in SeniorCare?

The new Medicare Part D prescription drug benefit could make mailboxes of many seniors busier than usual this summer. Some seniors may receive letters concerning prescription drug programs from the Social Security Administration, the Centers for Medicare and Medicaid Services (CMS), and the State of Wisconsin.

- ◆ Beginning in June, those who receive both Medicare and Medicaid will receive a letter from CMS informing them that they will be eligible for assistance with Medicare Part D premiums and co-payments.
- ◆ Beginning in May, other seniors may receive a letter from Social Security inviting them to apply for assistance with Medicare Part D premiums and co-payments.
- ◆ Seniors who are participating in SeniorCare may also receive their annual SeniorCare renewal application from the state this summer.
- ◆ Later in the year all seniors will receive basic information on Medicare Part D and the prescription drug plans available in Wisconsin.

The pending implementation of Part D has left many seniors wondering about the future of SeniorCare, the state's prescription drug plan for those over 65, and whether they can or should enroll or re-enroll in 2005. Prescription drug benefits under Part D will not begin before January 1, 2006. SeniorCare will continue to provide prescription drug benefits *at least* through December 31, 2005. Therefore SeniorCare participants should not hesitate to re-enroll in the program when their re-enrollment applications arrive in the mail. Participating in SeniorCare will provide prescription drug coverage at a moderate cost and will not prevent you from enrolling in Medicare Part D if you chose to do so.

Seniors not yet participating in SeniorCare should be aware that SeniorCare is still taking new applications, and that they may enroll at any time.

If you would like more information on Medicare Part D or Senior Care you may contact, Joanne Welsh, Richland County Benefit Specialist at 647-6226.

Social Security and Children



By: Bruce W. Schultz
Social Security Public Affairs Specialist

The other day, I was wrapping up a speech to a group of senior citizens when an older gentleman asked me a question. Actually, it was part question and part commentary. Here's what he asked and said:

“When did Social Security start paying all these benefits to little kids? I was in the Social Security office the other day, and the waiting room had far more children than it did senior citizens. I think that's what's wrong with Social Security. If we stopped paying benefits to all these kids and took the program back to the way it was in the beginning – something only for seniors – then Social Security would have no problems!”

Actually, I've heard similar questions and comments many times before, so I was ready with some answers.

First, I explained that the majority of those children he saw in the waiting room probably were not there to apply for benefits. A parent or parents had brought them in to get a new or replacement Social Security card. Children need Social Security numbers for a variety of reasons. The most important is so that the parents can claim the child as an exemption on their tax return. Because we have worked out agreements with most hospitals and bureaus of vital statistics in the country, many parents are able to apply for a baby's Social Security number shortly after birth while mom is still in the hospital. Others complete the process by phone and mail by calling 1-800-772-1213. But some parents either have to, or choose to, get a Social Security number for their child in person at a local Social Security office. They can speed up the process by downloading the application form and instructions at www.socialsecurity.gov/online/ss-5.html.

Second, I explained that some children do qualify for Social Security benefits and that this is nothing new. Social Security has paid benefits to the minor children of re-

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tired and deceased workers since 1940 and to the minor children of disabled workers since 1958. Those benefits generally continue until the child reaches age 18 (or 19 if still in high school). If the child is disabled, those benefits can even continue into his or her adult years.

Finally, I explained that some of those children he saw in the waiting room might have been there to apply for Supplemental Security Income disability benefits. Children with disabilities whose parents have limited means might qualify for monthly benefits under this needs-based program that is run by the Social Security Administration. And I also stressed that SSI payments are financed by general tax revenues, not by Social Security taxes.

So there are a variety of reasons you might find a child in a Social Security office waiting room. To learn more about Social Security numbers and children, read our publication, *Social Security Numbers for Children* at www.socialsecurity.gov/pubs/10023.html. To learn more about benefits for children, read our publication, *Social Security: Benefits for Children with Disabilities*, at www.socialsecurity.gov/pubs/10026.html.

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

Medicare Beneficiaries To Receive Letters Regarding New Medicare Drug Benefit

Beginning January 1, 2006, Medicare will expand to include prescription drug coverage, to be known as "Part D." Understandably, Medicare beneficiaries want to know how much they will have to pay for this new Medicare prescription drug benefit. Most Medicare beneficiaries will have to pay a monthly premium for Part D coverage, a deductible, and other out-of-pocket costs. Certain Medicare beneficiaries of limited financial means will qualify for assistance in meeting these costs. Individuals who qualify for assistance may not have to pay a monthly premium or deductible and will have lower over all out-of-pocket costs.

The federal government is planning to send two mailings to certain Medicare beneficiaries to let them know that they will be or are likely to be eligible for assistance in meeting the out-of-pocket costs they will incur

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for prescription drugs under the new Medicare Part D benefit rules. Not all Medicare beneficiaries will receive these letters. In addition, a Medicare beneficiary who does not receive either letter may still be eligible for assistance and is entitled to apply for that assistance. More specific information about each of these letters is provided below.

- o Although Medicare Part D does not begin until January 1, 2006, the Social Security Administration will be mailing letters from late May through mid-August of *this year* to Medicare beneficiaries who may be eligible for assistance in meeting Part D out-of-pocket costs once the benefit begins *next year*. The letter from the Social Security Administration will be accompanied by an application to receive assistance in meeting Part D out-of-pocket costs and a pre-addressed envelope. Although the Social Security Administration encourages beneficiaries to return the application promptly, beneficiaries do not need to return it immediately. If you receive a letter and application from the Social Security Administration regarding assistance with Part D costs and you have questions regarding how or whether to complete the application, you can certainly take the time to contact Joanne Welsh, the Richland County Elderly Benefit Specialist. Also, please contact your Benefit Specialist if you do not receive one of these letters and want to know if you will be eligible for assistance in meeting Part D costs.

The Centers for Medicare and Medicaid Services (CMS), the federal agency that runs the Medicare and Medicaid programs, will send letters beginning in June of this year to Medicare beneficiaries who will be automatically eligible for assistance with out-of-pocket Part D costs. Since individuals who receive this letter are automatically eligible for assistance in meeting Part D costs, they will not have to apply for assistance. Medicare beneficiaries who will be automatically eligible for this assistance and who should therefore expect to receive a letter from Medicare include Medicaid beneficiaries whether they live in their homes or in a nursing home, as well as individuals who receive assistance in paying their Medicare premiums, deductible or coinsurance. If you receive one of these letters and have any questions or if you have any other questions regarding assistance that will be available to meet Part D costs, please contact Joanne Welsh, Richland County Elderly Benefit Specialist at 608-647-6226.

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Employer/Retiree Group Health Plan Prescription Coverage: Is it "as good as" Medicare Part D?

With the increased mailings and news releases about Medicare's new Prescription Plan, many employees and retirees alike will be asking themselves the question of "do I enroll into the Medicare Prescription Drug Plan (Part D) or is my current Employer or Retiree Group Health Plan with Prescription coverage good enough?" The decision that you make could impact on future coverage and costs so don't make this decision lightly.

The Medicare Prescription Drug Plan (Part D) will be available to all Medicare beneficiaries on 1/1/06. The initial open enrollment period runs thru May 15, 2006. If enrolled after this date, you may have to pay more for the Part D premium, based on if current prescription coverage is considered "at least as good as" the Medicare Prescription Plan. Briefly, the standard Part D plan has a \$250 deductible, the beneficiary then pays 25% of the next \$2,000 worth of covered prescriptions before entering the "gap in coverage" or "donut hole". Here, the beneficiary pays 100% of the cost of the next \$2,850 worth of covered prescriptions before the Plan begins to pay 95% of the cost of the prescribed medications. At this point \$3,600 has been paid out of pocket for \$5,100 worth of prescriptions.

So back to the question at hand, "is my current coverage at least as good as" Medicare Part D? Employers are required to notify individuals for whom they provide health insurance benefits with prescription coverage whether or not their current prescription plan meets the definition of "as good as" or "actuarially equivalent to" the federal Part D plan. If the employer plan meets the definition, then the individual may choose not to enroll in Part D and will not have to pay more premium if they choose to enroll in Part D at a later date. If the employer plan is not "as good as" Part D and the individual delays enrolling into Part D beyond the open enrollment period, they may be paying a higher premium (1% per month they delay enrollment). Understanding the out-of-pocket costs of each option will help in determining which plan is better. For those individuals with limited income and resources, "extra help" may be available in the Part D plan to cover the plan's out of pocket costs which could offer a better value over the employer-sponsored plan. **Remember**, once an employer-sponsored plan is dropped, the individual may not be able to get back into it.

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Beneficiaries need to contact their Employer/Retiree Group Health Plan Administrator if notice is not received by mid-November of this year. Some employer plans which may not be "as good as" Part D may elect to "wrap-around" Part D in order to help employees/retirees in paying the out-of-pocket costs for Part D. Some employer sponsored plans may decide to discontinue any prescription coverage at all.

The Medigap Helpline at (800) 242-1060 can continue to answer questions regarding employer sponsored insurance and prescription coverage with relation to Medicare Part D. The Prescription Drug Helpline at (866) 456-8211 can assist with questions on the Medicare Prescription Plan (Part D) and which plan would best suit each individual's needs.

Contact: Vickie Buchholz (608) 246-7023
Wisconsin Board on Aging & Long Term Care

MEDICARE PART D WORKSHOPS SCHEDULED

By now most of you have probably heard about the Medicare Part D prescription drug program that starts on January 1, 2006.

Individuals who are enrolled in Medicare Part A and/or Part B with income below 150% of the Federal Poverty Level and have limited resources may be eligible for help paying their Medicare Part D premium and prescription co-pay costs through a Low Income Subsidy. Eligibility for Low Income Subsidy (LIS) also referred to, as "Extra Help", will be determined by the Social Security Administration. Low Income Subsidy benefit applications are available from the Social Security Administration. Application processing and eligibility processing will begin July 1, 2005 and continue throughout the summer and fall.

The Richland County Elderly Service office will be holding workshops to assist beneficiaries with their Low Income Subsidy application.

The workshops will be held in Richland Center on:

Wednesday, August 24th -

9:30 a.m. - Richland Hills - 701 W Seminary St

1:00 p.m. - Ridgeview Commons - 975 W Seminary St

Thursday, August 25th -

1:30 p.m. at Town & Country Presbyterian Church - 345 Cairns Ave

Pre-registration is required to attend one of the workshops. Please call 647-6226 or 647-4616 to sign up.

MyPyramid—The New American Food Guide Pyramid

The USDA released the new food guide pyramid, MyPyramid, this spring. You can get your own personal pyramid plan on the computer at www.MyPyramid.gov. The overall goal of the new pyramid is to encourage Americans to make dietary and physical activity behavior changes. It emphasizes the need for a personal, individual diet and lifestyle plan.



MyPyramid uses the new 2005 Dietary Guidelines for Americans and the latest scientific research. It applies to people over the age of two. The pyramid's main messages are:

- **Personalization:** One size doesn't fit all! Go to www.MyPyramid.gov for your own personal plan.
- **Gradual Improvement:** The slogan 'Steps to a Healthier You' means take small, slow steps to improve your diet and lifestyle over time (not all at once).
- **Physical Activity:** The person climbing the steps stands for the need for daily physical activity.
- **Variety:** The six color bands stand for the five food groups and oils. All groups are needed each day for a healthy balanced diet
- **Moderation:** The color bands get skinnier as you move from the bottom to the top of the pyramid. The wider band stands for foods with less fat and less added sugars. These can be chosen more often than foods at the skinny part of the band that are higher in fat and sugar.
- **Proportionality:** The different widths of the colored bands show how much you should get of a food group. Because you need more of some food groups than others, they are each a different width.

In upcoming articles, we will look at some of the new recommendations for each food group. For more information, please contact Melissa Burke, Richland County UW-Extension Wisconsin Nutrition Education Program Coordinator at (608)647-6148.

To make Roasted Vegetable & Feta Sandwich

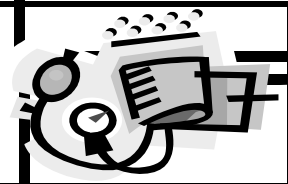
1. Prepare a grill or preheat the broiler. Cut eggplant crosswise into 1/2-inch-thick slices. Brush half the oil over both sides of the eggplant slices. Grill or broil the eggplant until lightly browned and tender, 3 to 4 minutes per side. Let cool slightly. Chop the eggplant coarsely and mix with red peppers. Season with salt and pepper.

2. In a small bowl, mash feta with a fork. Add lemon juice, oregano, crushed red pepper and the remaining oil; blend until smooth and spreadable. Season with pepper.

3. Slice loaf in half horizontally and scoop out about 1 inch of the soft interior from each half. (Reserve for another use, such as breadcrumbs.) Spread the seasoned feta in the bottom half of the loaf. Spoon the chopped eggplant and peppers over the cheese and place the bread top firmly on the bottom half. Cut into wedges. Serve immediately or wrap and store in a cool place for up to 8 hours.

Makes 6 servings.
315 calories per serving: 11 g protein, 7 g fat, 51 g carbohydrate; 597 mg sodium; 17 mg cholesterol.

FREE Blood Pressure Clinics



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

Town and Country Church—

**July 5th
August 9th**

Viola—

**July 12th
August 16th**

For more information on the nutrition site blood pressure clinics, contact the:

**Health, Aging and
Disability Resource Center
at
608-647-4616**

Roasted Vegetable & Feta Sandwich

Inspired by a New Orleans sandwich, the muffaletta, this jazzy vegetarian version is far more healthful.

Ingredients

- One 1-lb. Eggplant
- 1 Tbsp. olive oil, preferably extra-virgin
- 7 oz. jarred roasted red peppers, drained, rinsed and chopped
- Salt & freshly ground black pepper to taste
- 4 oz. feta cheese, preferably imported
- 2 tsp. fresh lemon juice
- 1 tsp. dried oregano
- 1/8 tsp. crushed red pepper
- One 9-inch round loaf country bread

Apricot-Walnut Cereal Bars

Prep time: 30 minutes - **Start to finish:** 2 hours (including cooling time)
To make ahead: Individually wrap in plastic and keep at room temperature for up to 5 days or freeze for up to 1 month.

Thaw at room temperature or remove plastic, wrap in a paper towel and defrost according to your microwave's directions.

Crisp and chewy, this bar is a good-for-you alternative to store-bought cereal bars. The secret ingredient, silken tofu, will give your day a protein-packed start. The recipe also works with other fruit-and-nut combinations.

*Let us so live
that when we
come to die,
even the under-
taker will be
sorry.*

Mark Twain

To Make Apricot-Walnut Cereal Bars

1. Preheat oven to 375°F. Coat a large (15 1/4-by-10 1/4-inch) jellyroll-style pan with cooking spray.
2. Spread oats and walnuts on a baking sheet with sides. Bake until fragrant and light golden, 8 to 10 minutes. Transfer to a large bowl and add puffed cereal, dried apricots, flour and salt; stir to combine.
3. Meanwhile, puree tofu, egg, oil, honey, vanilla and lemon zest in a food processor or blender until smooth, scraping down the sides as needed. Make a well in the center of the oat mixture; fold in the tofu mixture until combined. Spread evenly in the prepared pan.
4. Bake until firm in the center and golden brown, 35 to 40 minutes. Let cool completely in the pan on a wire rack before cutting into bars with a sharp knife.

Makes 16 servings.

Per serving: 306 calories; 12 g fat (1 g sat, 5 g mono); 13 mg cholesterol; 46 g carbohydrate; 6 g protein; 4 g fiber; 87 mg sodium. **Nutrition bonus:** Fiber (14% daily value).

Ingredients:

3 cups old-fashioned rolled oats
1/2 cup chopped walnuts (about 2 ounces)
3 cups unsweetened puffed-grain cereal, such as Kashi
2 cups chopped dried apricots
1/4 cup all-purpose flour
1/2 teaspoon salt
12 ounces silken tofu, drained (about 1 1/3 cups)
1 large egg
1 2 cup canola oil
1 cup honey
1 tablespoon vanilla extract
2 tablespoons freshly grated lemon zest

Wisdom from Will Rogers

The quickest way to double your money is to fold it and put it back in your pocket.

There are three kinds of men: The ones that learn by reading. The few who learn by observation. The rest of them have to pee on the electric fence and find out for themselves.

Lettin' the cat outta the bag is a whole lot easier'n puttin' it back.

After eating an entire bull, a mountain lion felt so good he started roaring. He kept it up until a hunter came along and shot him. The moral: When you're full of bull, keep your mouth shut.

Always drink upstream from the herd.

If you find yourself in a hole, stop digging.

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:

Patrick Metz, Elderly Services Supervisor

181 W Seminary Street

Richland Center, WI 53581

(608) 647-6226

metzp@co.richland.wi.us

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**

Sounds of Yesteryear

By Carolyn Kaiser

THE MERCURY THEATRE ON

THE AIR debuted in 1938. Most of us froze when we heard the dire warning that something terrible was about to take place on Mars. We listening, hardly daring to breathe, as the tale, written by H.G. Wells unfolded.



Invading armies of alien forces landed in saucer-shaped craft near Grover's Mill, New Jersey.

Why was this broadcast so memorable?

A. Orson Wells, the shows star, then 22, did such a great acting job, he scared the beejebers out of everyone, making them believe they had tuned into a news broadcast and the invasion was indeed, real.

B. People began talking about building a space ship so we humanoids could get to Mars and invade it too.

C. People all over the world flocked to New Jersey to see the alien beings close up.

Answer: A

WALTER WINCHELL'S JOURNAL debuted in 1932. Gossip, gossip, gossip. This slang-slipping grammar school dropout let us in on all the "secrets" from unnamed sources, among them bank presidents and Hollywood press agents.

In his first year of broadcast, this former newspaper journalist, branded the Nazis "Ratzies" and was also known for his passionate support of president Franklin Delano Roosevelt. In 1947 his new target became Communism.

How did Winchell open each show?

A. "Good evening ladies and gentlemen, let's get right to it. FLASH."

B. "Good evening Mr. and Mrs. North and South America, and all the ships at sea, let's go to press. FLASH!"

C. "Good evening, this just in. FLASH!"

Answer: B

(Continued from Bottom of Page 4)

and family stories can be fulfilling activities for everyone.

- o Join a caregiver support group to share your feelings and receive support from others who have had similar experiences. Write down feelings or ideas in a journal, check out the library for helpful reading material, find information through the Internet or seek support from counselors, professionals or local organizations such as the Alzheimer's Association, Parkinson's Disease Organization or American Cancer Society.

Written by Kristine Dwyer, LSW, and Caregiver Consultant for Carlton County Public Health, Cloquet, Minnesota

Wisdom from Will Rogers

Good judgment comes from experience, and a lot of that comes from bad judgment.

If you're riding' ahead of the herd, take a look back every now and then to make sure it's still there.

Ole and Lena jokes...

Lena called the airlines information desk and inquired, "How long does it take to fly from Minneapolis to Fargo?"

"Just a minute," said the busy clerk.

"Vell, said Lena, "if it has to go dat fast, I tink I'll yust take da bus."

The judge had just awarded a divorce to Lena, who had charged non-support. He said to Ole, "I have decided to give your wife \$400 a month for support."

"Vell, dat's fine, Judge," said Ole. "And vunce in a vhile I'll try to chip in a few bucks, myself."

Lars asked Ole, "Da ya know da difference between a Norwegian and a canoe?"


"No, I don't," said Ole.

"A canoe will sometimes tip," explained Lars.

Ole is so cheap that after his airplane landed safely he grumbled, "Vell, dere gose five dollars down da drain for dat flight inshoorance!"

JULY, 2005

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 Chicken ala King, Baking Powder Biscuit w/Honey, Peas, Cabbage Salad, Butterscotch Torte	
4  Independence Day	5 Hamburger/Bun, Cheese, Tomato, Onion, Pickles, Baked Beans, Potato Salad, Cookie	6 Pork Chop, Au gratin Potatoes, Squash, Applesauce	7 Bar-B-Q Chicken, Baked Potato/ Sour Cream, Green Beans, Blueberry Torte	8 Spaghetti & Meat Sauce, Soft Bread Sticks, 7-Layer Salad, Peaches			
11 Baked Ham, Sweet Potatoes, Italian Blend Vegetables, Pineapple	12 Chicken Salad/Bun, Potato Wedges, Calico Beans, Strawberry Shortcake with Topping	13 Swiss Steak, Mashed Potatoes/ Gravy, Carrots, Fruited Jell-O with Topping	14 Swedish Meatballs, Buttered Noodles, Peas, Pears	15 Pork Chop, Cheesy Au gratin Potatoes, Broccoli, Fruit Crisp			
18 Baked Fish, Potatoes, California Blend Vegetables, Peaches	19 Lasagna, Soft Bread Sticks, Tossed Salad, Mandarin Oranges	20 Roast Turkey, Mashed Potatoes/ Gravy, Green Beans, Cranberry Sauce, Dinner Roll, Pumpkin Dessert	21 Bar-B-Q Ribs, Baked Potato/ Sour Cream, Carrots, Fruited Jell-O	22 Goulash, Corn Bread/Honey, Cabbage Salad, Cook's Choice Dessert			
25 Bar-B-Q Beef/Bun, Macaroni Salad, Baked Beans, Mixed Fruit Cup	26 Meatloaf, Baked Potato/Sour Cream, Stewed Tomatoes, Cookie	27 Pork Chop, Hash Brown Casserole, Corn, Apple Cake	28 Baked Chicken, Mashed Potatoes & Gravy, California Blend Vegetables, Vanilla Pudding w/Bananas	29 Oven Fried Fish, Baked Potato w/ Sour Cream, Beets, Lemon Bar			

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 @ 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

AUGUST, 2005

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 Kielbasa, Macaroni & Cheese, Mixed Vegetables, Pears	2 Beef Stew/Vegetables, Baking Powder Biscuit, Tossed Salad, Cottage Cheese, Peaches	3 Meatloaf, Baked Potato, Sour Cream, California Blend Vegetables, Cheesecake w/Fruit	4 Italian Chicken (Pasta Dish), Soft Bread Sticks, 7-Layer Salad, Fruit Crisp	5 Cook's choice Sandwich & Salad, Baked Beans, Fruit & Cookie
8 Ham, Scalloped Potatoes, Peas & Carrots, Pineapple	9 Roast Turkey, Mashed Potatoes & Gravy, Corn, Cranberry Relish, Pumpkin Dessert	10 Salisbury Steak, Potatoes & Gravy, Corn, Pudding Torte	11 Bar-B-Q Chicken, Baked Potato w/ Sour Cream, Peas, Brownie	12 Spaghetti w/ Meat Sauce, Garlic Bread, 7-Layer Salad, Peaches
15 Baked Fish, Potatoes, Green Beans, Mixed Fruit	16 Hamburger/Bun, Cheese, Tomato, Onion, Pickle, Potato Wedges, Calico Beans, Chocolate Chip Cookie	17 Baked Chicken, Mashed Potatoes/ Gravy, Squash, Fruited Jell-O w/Topping	18 Beef Stroganoff, Noodles, Beets, Cake	19 Glazed Ham Loaf, Baked Potato w/ Sour Cream, California Blend Vegetables, Pineapple
22 Chicken Filet on Bun, Cottage Fries, Baked Beans, Mandarin Oranges	23 Pork Cutlets, Hashbrown Casserole, Mixed Vegetables, Molasses Cookie	24 Roast Beef, Mashed Potatoes, Carrots, Angel Food Cake w/Strawberries & Topping	25 Bar-B-Q Ribs, Baked Potato/ Sour Cream, Carrots, Pears	26 Lasagna, Cheese Bread, Tossed Salad, Peaches
29 Pork Chop, Sweet Potatoes, Peas, Applesauce	30 Baked Chicken, Mashed Potatoes, Green Beans, Fruited Jell-O	31 Roast Pork, Cheesy Au gratin Potatoes, California Blend Vegetables, Applesauce Gelatin	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Richland County Nutrition Program </div>	