

The Family and Friends Newsletter

Speed Clean Your House!



Given the choice between spending five hours scrubbing, mopping, vacuuming, and dusting on a Saturday or spending a few minutes a day keeping messes under control, we know what we'd choose - and we bet you'd choose the same. So we consulted with David Bowers,

author of *Dad's Own Housekeeping Book*, and Laura Dellutri, author of *Speed Cleaning 101*, for a foolproof, free-up-your-time guide to getting -- and keeping -- the entire house clean in just minutes a day.

In the kitchen:

Every night, take 5 minutes after dinner to:

- Wipe down counter and stovetop (2 minutes).
Run a damp cleanser-treated microfiber cloth across the counter using horizontal overlapping strokes, and spot-clean spills and grease on the stove (including under the burner rings) and in the microwave.
- Sweep the floor (3 minutes).
Look around: If you spot coffee grounds, cookie crumbs, or pet hair balls on the floor, grab a hand vacuum or flat Swiffer-style sweeper and give the floor a quick once-over, starting in the farthest corner and working out toward the door. Wipe wet spills with a dampened paper towel.

Every 2 weeks, take 13 minutes to:

- Dust walls and cupboards (4 minutes).
Use a half-damp microfiber cloth (Dellutri says H₂O and microfiber are all you need to tackle 90 percent of household surfaces) to spot-dust walls and cupboards as well as door and window frames.
- Clean out the fridge (2 minutes).
Spot-clean mysterious spills on shelves and inside drawers with a damp microfiber cloth.
- Wipe down surfaces (3 minutes).
With a cleanser-treated cloth, wipe down the counter, sink, stove, and fridge (including handle) using overlapping horizontal strokes (no redundant circles!). A grout brush and lime-scale remover will nip grit and grime around the faucet.
- Clean baseboards and floors (4 minutes).
Sweep baseboards with a Swiffer or dry microfiber mop, then sweep the floor, starting in the

farthest corner and working out of the room. Spray cleanser on the mop for an I've-been-mopping- all-day shine.

In the bathroom:

Every day, take 3 minutes after you shower to:

- Spray tub, tile, and shower curtain/doors (30 seconds).
Let a shower spray fight all-over scum while you get on with your day.
- Spruce up the sink (30 seconds).
Grab a paper towel from under the sink and run it across the vanity and sink bowl to clean up toothpaste, powder bronzer, or whatever you may have left behind.
- Wipe down the toilet (1 minute).
If the toilet is showing telltale signs of messy aim, use a disposable disinfecting wipe to give the throne a royal wiping-down.
- Spot-clean the floors (1 minute).
Use a paper towel or rag to wipe around the tub and toilet, and below the sink where dust and drips gather.

Every 2 weeks, take 14 minutes to:

- Disinfect the toilet (1 minute).
Maximize the disinfectant in your multisurface spray by letting the cleanser fight germs and bacteria while you work the room. Spray the toilet - from the commode (don't forget the flusher) to the base.
- Clean the sink (2 minutes).
Again bucking the "spray your cloth" rule, spray sink fixtures and surfaces. Let the cleanser disinfect while you spray a microfiber cloth and

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A healthier, fitter YOU — Simple strength training tips

If you've never lifted weights in your life — and many people haven't — why should you start now? The answer is simple: Muscle tissue, bone density, and strength all dwindle over the years. So, too, does muscle power. These changes open the door to accidents and injuries that can compromise your ability to lead an independent, active life. Strength training is the most effective way to slow and possibly reverse much of this decline.

Having smaller, weaker muscles doesn't just change the way people look or move. Muscle loss affects the body in many ways. Strong muscles pluck oxygen and nutrients from the blood much more efficiently than weak ones. That means any activity requires less cardiac work and puts less strain on your heart. Strong muscles are better at sopping up sugar in the blood and helping the body stay sensitive to insulin (which helps cells remove sugar from the blood). In these ways, strong muscles can help keep blood sugar levels in check, which in turn helps prevent or control type 2 diabetes and is good for the heart. Strong muscles also enhance weight control.

On the other hand, weak muscles hasten the loss of independence as everyday activities — such as walking, cleaning, shopping, and even dressing — become more difficult. They also make it harder to balance your body properly when moving or even standing still, or to catch yourself if you trip. The loss of power compounds this. Perhaps it's not so surprising that, by age 65, one in three people reports falls. Because bones also weaken over time, 1 out of every 20 of these falls ends in fracture, usually of the hip, wrist, or leg. The good news is that the risk of these problems can be reduced by an exercise and fitness routine that includes strength training.

Beginner's simple strength boosting exercises

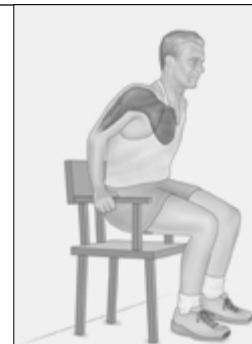
A sturdy chair with armrests and athletic shoes with non-skid soles are all you need for these simple strength building exercises.



Seated bridge—Sit slightly forward in a chair with your hands on the armrests. Your feet should be flat on the floor and slightly apart, and your upper body should be upright (don't lean forward). Using your arms for balance only, slowly raise your buttocks off the chair until nearly standing with your knees bent. Pause. Slowly sit back down. Aim for 8–12 repetitions. Rest and repeat the set.



Standing calf raise—Stand with your feet flat on the floor. Hold onto the back of your chair for balance. Raise yourself up on tiptoe, as high as possible. Hold briefly, then lower yourself. Aim for 8–12 repetitions. Rest and repeat the set.



Triceps dip—Put a chair with armrests up against a wall. Sit in the chair and put your feet together flat on the floor. Lean forward a bit while keeping your shoulders and back straight. Bend your elbows and place your hands on the armrests of the chair, so they are in line with your torso. Pressing downward on your hands, try to lift yourself up a few inches by straightening out your arms. Raise your upper body and thighs, but keep your feet in contact with the floor. Pause. Slowly release until you're sitting back down again. Aim for 8–12 repetitions. Rest and repeat the set.

10 Steps to a pain-free back

Low back pain has many different causes, including the normal wear and tear that comes with aging. While you can't turn back the hands of time or prevent every type of painful back disorder, in most cases there are things you can do to help keep your back healthy.

Stay fit

Staying active and in good physical condition is probably the most important thing you can do to maintain a healthy back. This strategy becomes



strengthening your back and abdominal muscles.

even more important if you want to protect yourself from a relapse following an initial episode of acute back pain. Experts believe that regular exercise helps prevent back pain by

Bicycling (either stationary or regular), swimming, and walking lead the list of low-risk, high-benefit activities for most people's backs. All are low- or minimal-impact exercises that strengthen the erector

November is National Diabetes Month

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Diabetes Statistics

The total annual economic cost of diabetes in 2002 was estimated to be \$132 billion, or one out of every 10 health care dollars spent in the United States.

Based on death certificate data, diabetes contributed to 224,092 deaths in 2002. Studies indicate that diabetes in general was under-reported on death certificates, particularly in the cases of older persons with multiples chronic conditions such as heart disease and hypertension. Because of this, the toll of diabetes is believed to be much higher than officially reported.

Total prevalence of diabetes by age group and gender is:

Under 20 years of age: 176,500 or 0.22% of all people in this age group have diabetes. About one in every 400 to 600 children and adolescents has type 1 diabetes.

Two (2) million adolescents (or 1 in 6 overweight adolescents) aged 12-19 have pre-diabetes.

Although type 2 diabetes can occur in youth, the nationally representative data that would be needed to monitor diabetes trends in youth by type are not available. Clinically-based reports and regional studies suggest that type 2 diabetes, although still rare, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latino Americans.

Age 20 years or older: 20.6 million or 9.6% of all people in this age group have diabetes.

Age 60 years or older: 10.3 million or 20.9% of all people in this age group have diabetes.

Men: 10.9 million or 10.5% of all men aged 20 years or older have diabetes although nearly one third of them do not know it.

Women: 9.7 million or 8.8% of all women aged 20 years or older have diabetes although nearly one third of them do not know it. The prevalence of diabetes is at least 2 to 4 times higher among non-Hispanic Black, Hispanic/Latino American, American Indian, and Asian/Pacific Islander women than among non-Hispanic white women.

Total prevalence of diabetes by race/ethnicity

Non-Hispanic whites: 13.1 million or 8.7% of all non-Hispanic whites aged 20 years or older have diabetes.

Non-Hispanic Blacks: 3.2 million or 13.3% of all non-Hispanic blacks aged 20 years or older have diabetes. After adjusting for population age differences, non-Hispanic blacks are 1.8 times as likely to have diabetes as non-Hispanic whites.

Hispanic/Latino Americans: After adjusting for population age differences, Mexican Americans, the largest Hispanic/Latino subgroup, are 1.7

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times as likely to have diabetes as non-Hispanic whites. If the prevalence of diabetes among Mexican Americans was applied to the total Hispanic/Latino population, about 2.5 million (9.5%) Hispanic/Latino Americans aged 20 years or older would have diabetes. Sufficient data are not available to derive estimates of the total prevalence of diabetes (both diagnosed and undiagnosed diabetes) for other Hispanic/Latino groups. However, residents of Puerto Rico are 1.8 times as likely to have diagnosed diabetes as U.S. non-Hispanic whites.

American Indians and Alaska Natives: 99,500, or 12.8% of American Indians and Alaska Natives aged 20 years or older who received care from IHS in 2003 had diagnosed diabetes. 118,000 (15.1%) American Indians and Alaska Natives aged 20 years or older have diabetes (both diagnosed and undiagnosed diabetes). Taking into account population age differences, American Indians and Alaska Natives are 2.2 times as likely to have diabetes as non-Hispanic whites.

Asian Americans and Pacific Islanders: The total prevalence of diabetes (both diagnosed and undiagnosed diabetes) is not available for Asian Americans or Pacific Islanders. However, in Hawaii, Asians, Native Hawaiians, and other Pacific Islanders aged 20 years or older are more than 2 times as likely to have diagnosed diabetes as whites after adjusting for population age differences. Similarly, in California, Asians were 1.5 times as likely to have diagnosed diabetes as non-Hispanic whites. Other groups within these populations also have increased risk for diabetes.

To kick off National Diabetes Month, the WRCO morning show will have a feature segment with JoEllen Frawley, the Diabetes Educator from the Richland Hospital, Dr. Barry Rich, Pediatric Endocrinologist with the Richland Medical Center, and Stacy Hach, a diabetic and employee of Richland County Health and Human Services. This segment is scheduled for November 1, 2007 at 9:00 a.m.

Surfing the Web? Here are some friendly sites!



Some websites of interest:

“American Diabetes Association”

<http://www.diabetes.org/home.jsp>

The CDC’s—Key Facts About Seasonal Flu Vaccine

<http://www.cdc.gov/flu/protect/keyfacts.htm>

“Back Care” - The Charity for Healthier Backs

<http://www.backpain.org/index2.php>

“Organized Home.com”

<http://organizedhome.com/>

“Betty Crocker—Recipes”

<http://www.bettycrocker.com/Recipes/>

“Walk with GRACE”

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

Wisconsin Home Energy Assistance Program (WHEAP)

Need Help with Energy Bills?



You may be eligible for Energy Assistance and Weatherization services if your gross income for the last three months is less than the amount shown below for your family size.

Family Size	3 month Family Income
1	\$ 3,828.75
2	\$ 5,133.75
3	\$ 6,438.75
4	\$ 7,743.75
5	\$ 9,048.75
6	\$10,353.75

Wisconsin Home Energy Assistance provides assistance for heating costs, electric costs and energy crisis situations. For most families, the heating/electrical assistance payment will be sent directly to the fuel supplier. The amount of the assistance benefit varies according to the household size, income level, and household heating costs.

To make an appointment or requests a mail-in application contact 647-8821 ext. 250. There are also information sheets available at the front desk of Health and Human Services, Community Services Building which includes the required verification to process your application. **If you applied with an early application in August or September you will not be eligible for another benefit.** Households that are eligible receive one payment each heating season thus for the current season it goes through May of 2008.

Take a Five-Minute Stress Break!

by Denise Austin

Having one of those days where everything seems to be going wrong?

Why not take a five-minute stress break — instead of hitting the fridge. It's easy:



- ◆ Lay on your back with your feet a hip's-width apart and your palms facing up.
- ◆ Close your eyes, focus on how your body feels, and allow it to become "heavy." Breathe deep.
- ◆ As you exhale, imagine tension leaving your body. Focus on taking slow, controlled breaths.
- ◆ Relax every part of your body, starting with your 10 toes. Visualize and let go as you relax your feet, ankles, calves, thighs, and buttocks. Breathe.
- ◆ Release your lower back, middle back, abdomen, chest, and shoulder blades. Breathe.
- ◆ Let go of your arms, hands, and fingers. Breathe.
- ◆ Relax your neck, jaw, lips, cheeks, nose, eyes, forehead, and scalp. Breathe.
- ◆ Feel your entire body melt into the floor. Remain resting for five minutes.

Guidelines for eating well when you have diabetes

1 - There are neither magic bullets nor forbidden foods in a diabetic diet--it's about making educated choices, practicing portion control and moderation and choosing nutritious foods the whole family can enjoy. Every day, include a variety of fruits and vegetables, lean proteins, healthy fats, and high-fiber whole grains and beans.



2 - Carbohydrates are the primary fuel for your body and brain. They also contribute most to your blood sugar and glucose levels. They're found in breads, grains, beans, fruits, vegetables and dairy products, as well as in table sugar, cakes, cookies, ice cream, and other sweets. Adults should aim for 50 to 60 grams of carbohydrates per meal, and 10 to 30 grams per snack.

3 - Sugar and sweets can be part of a diabetic diet, but should be combined with other foods to lessen their impact on blood sugar. If you choose to have dessert, plan ahead, substituting it for other carbohydrates in the meal (like pasta, rice, or bread). When preparing desserts, reduce the sugar, when possible, to about 1/3 to 1/2 of the original amount, or use sugar substitutes.

4 - High-fiber foods help stabilize blood sugar and lower cholesterol. Aim for 25 to 35 grams of fiber per day. High-fiber foods include oats and barley, whole grains, beans, nuts, fruits, and vegetables.

5 - For protein, select lean meats, seafood, low-fat dairy, 1 egg per day, or legumes (which includes beans, soy products, and peanut butter). Aim for 15 to 20% of your daily calories to be from protein (or 75 to 100 grams daily on a 2000 calorie per day diet). Any extra protein will be used as calories or stored as fat.

6 - Fats are a necessary part of any diet. With diabetes, excess weight and risk of heart disease are concerns, so managing fat intake is especially important. Avoid saturated fats, like those found in full-fat dairy, red meat, and chicken skin -- and also trans fats, found in commercially fried and processed foods. All fats, even the healthy ones, are high in calories, so use them sparingly.

7 - Water and other low-calorie beverages are the best ways to quench your thirst without adding excess calories and carbohydrates.

8 - If you drink alcohol, limit drinks to 1 per day for women and 2 per day for men, and always consume it with food.

9 - Weight loss and daily exercise lower blood sugar, blood pressure and cholesterol -- which in turn may lower amount of medication you need.

10 - Managing your diabetes is crucial. Work closely with your health care team, and if they have a Certified Diabetes Educator (CDE), sign up for classes. Schedule a session with a Registered Dietitian to work out an eating plan and to stay current on the latest research. And involve your family -- research shows that family support is one of the strongest predictors of successful management of diabetes.

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tor spinal and abdominal muscles and stimulate secretion of endorphins (hormones that act as the body's own painkillers). None involve awkward or stressful actions that are detrimental to back muscles — for example, requiring them to exert a lot of force. Since they put little burden on your back, these exercises also offer activity's other benefits without placing your back at undue risk.

Maintain a healthy weight

Although carrying too much weight per se has not been proven to be a primary cause of back pain disorders, being overweight or obese can slow your recovery. Those extra pounds also increase the risk that back pain will return. The heavier you are, the greater the load your spine must carry. To make matters worse, if the bulk of your weight comes in the form of abdominal fat, rather than muscle, your center of gravity can shift forward — a condition that puts added pressure on your back. By maintaining a healthy weight, you can ease the burden on your spine.

Kick the habit

In addition to contributing to a host of other health hazards, research has shown a link between smoking and back pain. Scientists believe that the nicotine in cigarettes contributes to low back pain in two ways. First, nicotine hampers the flow of blood to the vertebrae and disks. This impairs their function and may trigger a bout of back pain. Second, smokers tend to lose bone faster than nonsmokers, putting them at greater risk for osteoporosis, another common cause of back pain.

Lighten your load

An overstuffed backpack can signal more than a healthy workout at the gym: It can be a harbinger of back pain. If you use a backpack, you can take steps to protect yourself. For starters, use both the pack's straps instead of slinging one strap over a shoulder, try to carry only the essentials, and lighten your load whenever possible. Opt for backpacks that have different-sized compartments to help distribute weight more evenly. And look for wide, padded straps, as well as a padded back.

When carrying a heavy load, put the heaviest items as close as possible to the center of the back, and use the hip strap for support. For very heavy loads use a backpack with wheels. Above all, remember to bend from your knees when picking up your pack.

Develop back-saving habits

You can take some of the pressure off your back by following these simple tips:

1. While standing to perform ordinary tasks like ironing or folding laundry, keep one foot on a small stepstool.
2. Don't remain sitting or standing in the same position for too long. Stretch, shift your position, or take a short walk when you can.
3. When bending from the waist, always use your hands to support yourself.
4. When sitting, keep your knees a bit higher than your hips and bend them at a 90-degree angle. Sit with your feet comfortably on the floor. If your feet don't reach the floor, put a book or a small stool under them.
5. Because vacuuming can take a toll on your

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back, tackle rooms in chunks, spending no more than 5–10 minutes at a time doing this task.

6. Choose an office chair that offers good back support (preferably with an adjustable backrest, lumbar support, armrests, and wheels) and set up your workspace so you don't have to do a lot of twisting.
7. Try not to overload briefcases or backpacks (see "Lighten your load").
8. Make frequent stops when driving long distances.
9. While driving, sit back in your seat, and if your seat does not provide sufficient support, place a rolled blanket or some towels behind your lower back. Try to shift your weight occasionally. If you have cruise control, use it when you can. Also consider using a foam seat cushion to absorb some of the vibration.
10. Sleep on your side if you can, and curl your body up a bit. Also, choose a pillow that keeps your head level with your spine; your pillow shouldn't prop your head up too high or let it droop. Choose a mattress that's firm enough to support your spine (so that it doesn't sag into the bed) and that follows your body's contours.

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RESOURCES 4 YOU

While some change in memory is normal as we grow older, memory loss that disrupts everyday life is *not*. It may be a symptom of dementia, a gradual and progressive decline in memory, thinking and reasoning skills. The most common cause of dementia is Alzheimer's disease. It's important to talk to your doctor about memory changes. There are medical conditions that can mimic Alzheimer's, such as depression, urinary tract infection, poor nutrition and others which need to be ruled out and treated. Also, there are medications that can help slow the progressions of dementia, and they are *most effective if started early*. Here are some resources for individuals and their families who would like to learn more, are concerned about memory loss, or who are dealing with dementia and need some support.

Richland Area Geriatric Assessment Clinic – Provides comprehensive assessment, diagnosis and treatment recommendations for elderly individuals with memory loss. Clinic staff will recommend effective treatments, provide education on coping with memory loss, connections to community resources, and ongoing monitoring and support. Call Philomena Poole at 647-6161 for an appointment.

Alzheimer's Association – Provides supportive counseling, information and referral, education, lending library, advocacy and quarterly newsletter to individuals and families impacted by Alzheimer's disease. Also offers a 24/7 memory loss helpline at 1-800-272-3900. Check out their website at www.alz.wisc.org.

Caregiver Support Group – Local support group for family caregivers and others touched by Alzheimer's disease and related dementias. Ask questions, share problem solving techniques and caregiving ideas, discover helpful resources, and give and get needed support. For more information call Ryan Elliott at 647-2138.

Ageing & Disability Resource Center – Provides free memory screening, information about Alzheimer's Disease, and connections to community programs and services. Provides funding for respite care through Family Caregiver Support Program so family caregivers can have time away from their caregiving responsibilities. For more information call 647-4616.

clean the bathroom mirror using horizontal overlapping strokes to prevent streaks. Then, use the cloth to wipe down the sink.

- Shape up the shower (5 minutes).
Spray tile with multisurface cleanser. Let it eat away lingering soap scum while you quickly scrub the tub (target the sides and the floor) with a scrub pad and a dab of cream cleanser (like Soft Scrub). Wipe shower tiles with a clean, damp microfiber flat mop, then clean shower door with a microfiber cloth.
- Finish cleaning the toilet (3 minutes).
Sprinkle a mild powder cleanser inside the bowl. (Never mix cleansers in the bowl or on surfaces - this may cause noxious fumes.) Use a damp microfiber cloth to wipe away the cleanser and buildup on the surfaces you sprayed seven minutes ago. Now, grab your brush - the two minutes you spent shining up the john just shaved off half your scrubbing time.
- Sweep and mop floor (3 minutes).
Tackle dirt in hard-to-reach areas - behind the toilet, under the sink - with a microfiber cloth. On entire floor, do a dry, then a wet, once-over with a flat microfiber mop. No scrubbing necessary!

In the living room:

Every night, take 3 minutes before bed to:

- Clear away clutter (2 minutes).
Tie up newspapers for recycling; stash magazines and remotes.
- Spot-clean the floor (1 minute).
If the day brought tracks of debris through the room (leaves, pretzel crumbs), use a hand vac to get rid of messes.

Every 2 weeks, take 12 minutes to:

- Dust ceiling fans, bookshelves, walls, and windowsills (2 minutes).
Use a microfiber extendable duster or an ostrich-feather duster (ostrich feathers are dirt-trappers too) to dust ceiling fans, blinds, light fixtures, and bookshelves. Then swipe walls and windowsills with a damp microfiber cloth.
- Tidy the tables (5 minutes).
Swipe coffee tables and other surfaces with a damp microfiber cloth. (Keep a dusting cloth tucked away in a drawer in an entertainment center or an end table so it's easy to find.) Straighten surfaces as you go; whenever you pick up an item, dust the surface where it sat, then the spot that you're moving it to, before you set it down.
- Sweep baseboards; vacuum or sweep floor (5 minutes).
Run a dry microfiber mop along baseboards to remove dust and pet hair. Continue sweeping non-carpeted floors with the microfiber mop. For carpets, vacuum the room. Employ the golden cornrowing rule: Push the vacuum all the way up one side of the room, turn, and walk back down the next row - it covers more carpet area in less time.

In the bedroom:

Every day, follow basic living-room maintenance plus take less than 2 more minutes to:

- Make the bed (1 minute).
Pull up the covers and fluff the pillows.
- Unclutter the dresser or bureau (30 seconds).
Straighten up dresser top, then use a microfiber cloth to pick up any errant dust or hair.

Every 2 weeks, take 6 minutes to:

- Change the bedding (3 minutes).
Wash sheets in at least 130-degree water (set dial to "hot") or pour in a detergent additive (Dellutri recommends De-Mite Laundry Additive, \$13.99, natlallergy.com) to kill invisible dust mites lurking in your linens.
- Vacuum or sweep the floor (3 minutes).

The 5 Golden Rules of Speedy Cleaning

1. Spend 5 minutes a day tidying the main rooms of your home. A day's worth of dirt is easier to tackle than a week's accumulated mess. Then, every two weeks, do a quick, deep clean.
2. Keep your cleaners handy and organized. Stash a set of tools and cleaners under the bathroom and kitchen sinks, so you don't have to lug them around for quick touch-ups.
3. Embrace microfiber technology. The intricately woven fibers trap fine dirt and liquid - rather than pushing it around like other cloths.
4. Work efficiently. Apply cleansers to your mop or cloth, rather than directly to floors or counters, so you don't spend more time cleaning up product than spills. And use long side-to-side strokes (cornrowing) with your mop, vacuum, or cloth on floors and surfaces to avoid repeat cleaning (which happens when you move in circles), says Dellutri.
5. Clean each room from top to bottom, dry to wet. Knock dust and dirt from high places down to low places. And always dust before mopping and dry-wipe before cleansing. (You'll just be moving debris around if you wet-clean first.)

CMS ANNOUNCES MEDICARE PREMIUMS, DEDUCTIBLES FOR 2008

The standard Medicare Part B monthly premium will be \$96.40 in 2008, an increase of \$2.90, or 3.1 percent, from the \$93.50 Part B premium for 2007. The 2008 amount is the smallest percentage increase in the Part B premium since 2001 and is \$2.10 less than the increase in the premium for 2007.

The 2008 Part B premium of \$96.40 is equal to the amount projected in the 2007 Medicare Trustees Report issued in April. This monthly premium paid by beneficiaries enrolled in Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. Several factors account for the 3.1 percent increase in the premium.

Growth in certain areas of Medicare's fee-for-service program, including growth in home health services, physician-administered drugs, ambulatory surgical center services, durable medical equipment, independent lab and physician's office lab services, as well as growth in the Medicare Advantage program and a rise in other Part B services contributed to the increase. In particular, increases attributed to the Medicare Advantage program reflect the increase in the average risk of enrolled beneficiaries as well as the impact of fee-for-service cost growth on Medicare Advantage county benchmarks.

In addition, a portion of the Part B premium increase resulted from a need to raise the contingency margin in the Part B trust fund to a more adequate level. Since 2003, statutory changes have resulted in higher than expected Part B expenditures. Accordingly, while Part B trust fund assets increased from 2005–2007, the asset level continues to remain lower than intended for contingency purposes.

The planned increase in contingency reserves for 2008 is intended to restore these reserves to a fully adequate level defined as the upper end of the asset range recommended by the Medi-

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care Board of Trustees. If actual Part B expenditures are higher than estimated when the program financing is set, the assets in the contingency reserve can be drawn down to make up the shortfall. For example, current law requires reductions in physician fees of approximately 10 percent in 2008 and another 5 percent per year for approximately ten more years. In each of the last five years, Congress has acted to prevent physician fee reductions from occurring, and there is a strong possibility that this pattern will continue. In recognition of the higher probability of increases in Part B expenditures that result from such legislative intervention to override the statutorily mandated decreases in physician fees in 2008 or later years, it is appropriate to maintain a somewhat larger Part B contingency reserve than would otherwise be necessary. However, it should be noted that the Administration supports reforms in physician payments that do not increase costs for taxpayers or for Medicare and its beneficiaries.

The increase in contingency reserves is somewhat offset by the correction of an accounting error. Beginning in May 2005, expenditures for certain Part A hospice benefits were inadvertently drawn from the Part B account of the Supplementary Medical Insurance (SMI) trust fund, rather than from the Hospital Insurance (HI) trust fund. Correction of this error will reduce Part B outlays in 2008 and later years. It will also result in adjustments to the HI and SMI trust funds to account for the misallocated hospice expenditures during fiscal years 2005 through 2007.

As a result, Part B benefit costs estimated for 2008 are lower than previously projected, and Part B assets available for contingency purposes will be greater. Both factors serve to reduce the level of assets needed to ensure an adequate contingency reserve. Further, the lower anticipated level of Part B outlays in 2008 reduces the premium increase that, together with matching general fund transfers, is needed to finance Part B benefits and administrative expenses.

As required in the Medicare Modernization Act, beginning in 2007, the Part B premium a beneficiary pays each month is based on his or her annual income. Specifically, if a beneficiary's "modified adjusted gross income" is greater than the legislated threshold amounts (\$82,000 in 2008 for a beneficiary filing an individual income tax return or married and filing a separate return, and \$164,000 for a beneficiary filing a joint tax return) the beneficiary is responsible for a larger portion of the estimated total cost of Part B benefit coverage. In addition to the standard 25 percent premium, these beneficiaries will now have to pay an income-related monthly adjustment amount.

An estimated 5 percent of current Part B enrollees are expected to be subject to the higher premium amounts.

The 2008 Part B monthly premium rates to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or who file a joint tax return are:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$82,000	Less than or equal to \$164,000	\$0.00	\$96.40
Greater than \$82,000 and less than or equal to \$102,000	Greater than \$164,000 and less than or equal to \$204,000	\$25.80	\$122.20
Greater than \$102,000 and less than or equal to \$153,000	Greater than \$204,000 and less than or equal to \$306,000	\$64.50	\$160.90
Greater than \$153,000 and less than or equal to \$205,000	Greater than \$306,000 and less than or equal to \$410,000	\$103.30	\$199.70
Greater than \$205,000	Greater than \$410,000	\$142.00	\$238.40

In addition, the monthly premium rates to be paid by beneficiaries who are married, but file a separate return from their spouse and lived with their spouse at any time during the taxable year are:

Beneficiaries who are married but file a separate tax return from their spouse:	Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$82,000	\$0.00	\$96.40
Greater than \$82,000 and less than or equal to \$123,000	\$103.30	\$199.70
Greater than \$123,000	\$142.00	\$238.40

Part B Deductible

The Part B deductible was increased to \$110 in 2005 and, as a result of the Medicare Modernization Act, is currently indexed to the annual percentage increase in the Part B actuarial rate for aged beneficiaries. In 2008, the Part B deductible will be \$135, compared to \$131 in 2007.

Part A Premium and Deductible

Today, CMS is also announcing the Part A deductible and premium for 2008. Medicare Part A pays for inpatient hospital, skilled nursing facility, hospice, and certain home health care services. The \$1,024 deductible for 2008, paid by the beneficiary when admitted as a hospital inpatient, is an increase of \$32 from \$992 in 2007. The Part A deductible is the beneficiary's only cost for up to 60 days of Medicare-covered inpatient hospital care in a benefit period. Beneficiaries must pay an additional \$256 per day for days 61 through 90 in 2008, and \$512 per day for hospital stays beyond the 90th day in a benefit period. This compares with \$248 and \$496 in 2007. Daily coinsurance for the 21st through 100th day in a skilled nursing facility will be \$128 in 2008, up from \$124 in 2007. The accounting error mentioned earlier has no impact on the 2008 Part A premium.

Approximately 99 percent of Medicare beneficiaries do not pay a premium for Part A services because they have at least 40 quarters of Medicare-covered employment. However, other seniors and certain people under age 65 with disabilities who have fewer than 30 quarters of coverage may obtain Part A coverage by paying a monthly premium set according to a statutory formula. This premium will be \$423 per month for 2008, an increase of \$13 from 2007. In addition, seniors with 30 to 39 quarters of coverage, and certain disabled persons with 30 or more quarters of coverage, will pay a premium of \$233 in 2008, compared to \$226 in 2007.

Depression: What You Need to Know

By Barb Harris, CMO RN Care Manager

Clinical depression is a common, real and treatable disease. Each year, more than 19 million Americans are affected by this common mental illness. Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a “normal” part of life, no matter what your age, gender or health situation.



Scientific research has firmly established that major depression is a biological, medical illness. It is a complicated disease that results from many different factors for different people, and sometimes for no apparent reason. People with depression typically have too little or too much of certain brain chemicals, called “neurotransmitters.” Changes in these brain chemicals may cause or contribute to depression. Other factors that are associated with depression include: negative thinking patterns and low self-esteem, side effects of certain medications such as steroids, hormones, or drugs for chemotherapy. Difficult life situations and a family history of depression increase the risk of developing the illness.

People with certain conditions are more likely to present with symptoms that look like depression, but may or may not actually be depression. Those include hypothyroidism, sleep apnea, anemia, dementia, Parkinson’s Disease, Bipolar Disorder and alcohol abuse. People who are more likely to become depressed are those who have survived a stroke or a heart attack; those who have chronic pain, cancer or diabetes; and women, especially women who are experiencing hormonal changes, such as having recently given birth.

Symptoms of depression include a loss of interest or sadness; changes in sleep patterns; changes in appetite and/or weight; difficulty concentrating, remembering or making decisions; fatigue or loss of energy; feeling guilty, hopeless or worthless; thoughts of suicide or death. If four or more of these symptoms are present for two weeks or more, a person may be clinically depressed and should see a doctor or qualified mental health professional.

In older adults, signs of depression can be overlooked for many reasons. Sleep changes, fatigue and a decline in interest in activities such as sex are not necessarily signs of depression in older adults. Depression often coexists with other physical problems and can go unrecognized. However, many older adults are at higher risk of depression due to multiple medical conditions and medications, major life changes such as widowhood. Depression may affect over 6 million older adults but only 10% of them ever receive treatment for it. Depression is not a normal part of aging and should not go untreated.

Regardless of the age or reasons for depression in any individual, treatment is very important. Depression is very treatable, with more than 80% of those who seek treatment showing improvement. The most common treatments are antidepressant medication, psychotherapy (counseling), or a combination of the two. A doctor or psychiatrist can help a depressed person choose the right type of treatment for their depression. Antidepressants usually take at least three weeks before they can begin to improve the symptoms of depression. Therapy with counseling may last a short time or may go on for many months. Cognitive Behavioral Therapy (CBT) is a type of therapy that can help a person change thought processes that lead to depression by replacing negative thoughts with positive ones. The theory behind this type of therapy is that a person’s thoughts influence their emotions more than any other factor, even outside events, and that those thoughts can be changed at will.

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Tips on Giving to Friends and Family Who Receive Supplemental Security Income

Every year, your local benefit specialist receives many questions from county residents about ways in which they can give seasonal gifts or provide special assistance to their friends and family members who receive Supplemental Security Income (SSI) benefits. The SSI rules require that a person’s income and resources stay within specific limits. However, the SSI rules also permit many ways to give gifts or provide assistance to an SSI recipient while minimizing the adverse impact on your loved one’s benefits. Because some of the rules for giving gifts or providing assistance to SSI recipients have changed over the past two years you may have specific questions. Please consult your local benefit specialist to discuss any questions about these changes.

In general, the SSI program allows a recipient to safely receive the following assistance without jeopardizing eligibility.

Under the SSI rules, gifts of non-cash items are not counted as income, as long as the item is not food or shelter, or cannot be used to obtain food or shelter, and as long as the item would be considered a partially excluded or totally excluded resource in the months after receipt. For example, household items such as furniture or appliances or personal items such as clothing or personal jewelry that are not food or shelter would be excluded (and therefore acceptable gifts under the rules). A gift of an automobile is possible if it is the SSI recipient’s only automobile and the recipient or a member of the recipient’s household uses it for transportation. A gift of a second automobile or recreational vehicle can impact the individual’s benefits.

The value of a ticket for domestic commercial travel is excluded from income and resources, as long as the tickets are used and not converted to cash. Thus, giving your loved one an airline ticket would not jeopardize his or her SSI benefits.

In addition, “infrequent” or “irregular” gifts of cash are permitted, within certain guidelines. It is important to note that both the amount and rule for receiving gifts of cash has changed from past years. For the cash to be considered “infrequent income” to the SSI recipient it must meet both of the following rules. First, the amount cannot exceed \$60 per calendar quarter from any one source. Second, the SSI recipient cannot receive another gift of cash from the same source in the month immediately before or after the month in which the recipient receives the gift as “infrequent income.” For the cash to be considered “irregular income” to the recipient, your loved one must not reasonably expect to receive it.

You also can pay certain bills directly to the provider or company on your loved one’s behalf without jeopardizing his or

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Maintaining a healthy lifestyle is key to helping keep depression at bay. Following your doctor’s directions for taking an antidepressant is very important, as well as using the tools learned in counseling. Other important steps to take include: eating a healthy diet, not abusing alcohol or drugs, getting six to eight hours of sleep every night, talking to family and friends often, learning ways to lower stress such as relaxation techniques or breathing exercises, and learning which activities make you feel better and doing them often. Finally, exercise is a very important thing to do to combat depression. Exercise increases the amount of a chemical called serotonin in the brain, which is exactly what an antidepressant does. Exercise is nature’s antidepressant!

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her SSI benefits, as long as your loved one does not receive food or shelter as a direct result of the payment. For instance, you could pay your friend or family member's telephone bill, medical bill, life insurance premium or car payment directly to the provider or company, because your loved one does not receive food or shelter as a result of such payments.

Finally, you can pay for improvements that increase the value of existing resources without adversely affecting your loved one's SSI benefits. For instance, you can help pay to improve the home's weatherization through items such as insulation and storm doors/windows. You could also consider helping to pay for car repairs.

If you have any questions about whether your gift to a friend or family member would affect his or her SSI benefits, please contact your local benefit specialist at the Aging & Disability Resource Center.

Computer Shorthand

If it's been a while since you last spoke a secret language, then chances are, the ever-multiplying acronyms popping up in e-mails, instant messages, and text messages seem like dispatches from Mars. Navigating New-speak or texting with a messenger can make the average person feel UCWAP (up a

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

Editor: Patrick Metz.

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To view this newsletter as well as past editions of this newsletter please visit our website.
<http://co.richland.wi.us/departments/hhs/newsletter/index.html>

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Immunization Clinics
Richland County Health & Human Services,
Public Health
(608) 647-8821

Richland Center

Second Wednesday of the month, 9-12 & 1-4 p.m.
Fourth Monday of the month, 4-6 p.m.
Fourth Thursday of the month, 4-6 p.m.

Location:
 RCHHS Public Health
 Community Services Building
 221 West Seminary Street
 Richland Center, WI 53581

Childhood immunizations and Adult Tetanus are provided at no charge.

Please bring your immunization record to clinic.

Adult Hep B is available at a nominal charge.

Signature of a parent or legal guardian is necessary on our permission form unless child is 18 years of age.



FREE
Blood Pressure
Clinics

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

Richland Center Meal Site
 Town and Country Church
 November 13th & December 11th

Viola Meal Site
 Old Grade School
 November 20th & December 18th

Rockbridge Meal Site
 Elementary School Building
 November 9th & December 7th

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

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
Aging & Disability Resource Center.

For more information, call
608-647-4616.

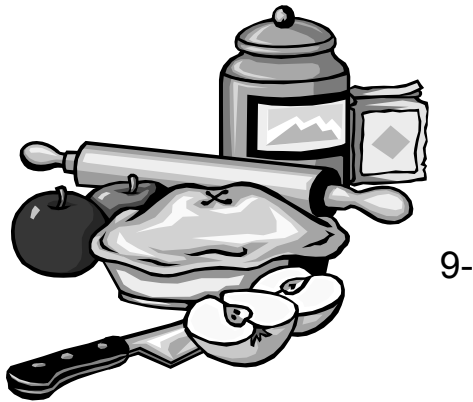
Apple Coffee Cake

Ingredients

5 cup(s) apple(s), tart, cored, peeled, chopped
1 cup(s) sugar
1 cup(s) raisins
1/2 cup(s) nuts, pecans, chopped
1/4 cup(s) oil, vegetable
2 teaspoon vanilla
1 egg(s), beaten
2 cup(s) flour, all-purpose, sifted
1 teaspoon baking soda
2 teaspoon cinnamon, ground

Preparation

1. Preheat oven to 350 degrees F.
2. Lightly oil 13- by 9- by 2-inch pan.
3. In a large mixing bowl, combine apples with sugar, raisins, and pecans. Mix well and let stand for 30 minutes.
4. Stir in oil, vanilla, and egg. Sift together flour, soda, and cinnamon, and stir into apple mixture about a third at a time - just enough to moisten dry ingredients.
5. Turn batter into pan. Bake for 35 to 40 minutes. Cool cake slightly before serving.



20—Servings

Nutritional Info (Per serving):

Calories: 196, Saturated Fat: 1g, Sodium: 67mg, Dietary Fiber: 2g, Total Fat: 8g, Carbs: 31g, Cholesterol: 11mg, Protein: 3g
Carb Choices: 2

Recipe Source: Source: The National Heart, Lung and Blood Institute (NHLBI). The NHLBI does not recommend or endorse any company advertised on this site.

Our House Blood Pressure Clinics

Our House Senior Living offers **FREE** Blood Pressure Clinics. Every Thursday, from 9am – 4pm, you are welcome to stop in and have your blood pressure checked by an experienced professional, receive valuable health related information, and join us for snacks and refreshments. No appointment necessary. If you have any questions, please feel free to contact the Community Relations Specialist, at 604-8940 or 647-4500.

Q and A On Breast Cancer Treatment and Risk Factors

Provided by National Breast Cancer Awareness Month

Q: What is cancer?

A: Cancer is a disease that occurs when cells become abnormal and divide without control or order. Each organ in the body is made up of various kinds of cells. Cells normally divide in an orderly way to produce more cells only when they are needed. This process helps keep the body healthy. If cells divide when new cells are not needed, they form too much tissue. This extra tissue, called a tumor, can be benign or malignant.



Benign tumors are not cancer.

Eighty percent of all breast tumors are benign. They can usually be removed, and, in most cases, they don't come back. Most important, the cells in benign tumors do not invade other tissues and do not spread to other parts of the body. Benign breast tumors are not life-threatening.

Malignant tumors are cancer.

The cancer cells grow and divide out of control, invading and damaging nearby tissues and organs. Cancer cells can also break away from the original tumor and enter the bloodstream or lymphatic system. This is how breast cancer spreads and forms secondary tumors in other parts of the body. This spread of cancer is called metastasis.

Q: What is breast cancer?

A: Breast cancer is cancer that forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). It occurs in both men and women, although male breast cancer is rare.

Q: How many new cases of breast cancer are estimated in the United States in 2007?

A: New cases of breast cancer in the United States are estimated to be 178,480 (female); 2,030 (male). Of these an estimated 40,460 (female) and 450 (male) will die from the disease. (National Cancer Institute figures)

Q: How common is breast cancer in the United States?

A: Breast cancer is the most common cancer in women, aside from skin cancer.

Q: What is advanced breast cancer?

A: Breast cancer is considered advanced when it has spread from its original site to distant areas of the body. Physicians will look at a number of factors to determine the stage of breast cancer, including tumor size, lymph node involvement, and whether the cancer has spread to other areas of the body. Once the stage of the disease is determined, there are two different ways advanced breast cancer can be classified: locally advanced or metastatic.

Q: What is locally advanced breast cancer?

A: The term locally advanced breast cancer indicates that the cancer is large (greater than 2 inches) or may have spread to other nearby tissue, such as underarm lymph nodes. Locally advanced breast cancer is considered Stage III, and if it is operable, it is referred to as Stage IIIA.

Q: What is metastatic breast cancer?

A: The term metastatic breast cancer indicates that the cancer has spread from the breast to other parts of the body such as bone, lung, liver, or brain.

Treatments for Breast Cancer

Q: What are the treatments for breast cancer?

A: The basic treatment choices for breast cancer are surgery, radiation, chemotherapy, and hormonal therapy, which may or may not be included in the treatment regimen, depending

on hormonal involvement in the growth of the tumor. Local treatments such as breast surgery and radiation therapy are focused on the breast itself to remove or destroy the cancer cells confined to the breast. Systemic treatment such as chemotherapy aims to destroy the cancer cells that may have spread throughout the body.

Newer experimental treatments include biologically targeted therapies which currently, are only available through clinical trials. A patient and his/her physician will choose the treatment that is right for him/her, based on the location and extent of the cancer, patient's age and preferences, and the risks and benefits of each treatment.

Surgery may be performed to remove the cancerous tumor, and may also be performed to allow for diagnostic testing of tumor tissue.

Radiation therapy uses penetrating beams of high-energy waves or streams of particles to kill and hinder the growth of cancer cells. In metastatic disease, radiation is most commonly used to treat symptoms in breast cancer that has spread to the bone

Chemotherapy may be used if it is believed the breast cancer will not respond to hormonal treatment. Chemotherapy is the use of drugs that target and destroy rapidly dividing cells, including cancer cells. It is frequently used in metastatic breast cancer and used in locally advanced breast cancer to shrink the tumor and make it operable.

Hormonal therapy can be used to slow the growth, spread, and recurrence of breast cancer. If the cancer is found to be of the type that may be sensitive to estrogen, hormonal treatment may be able to keep estrogen from helping the cancer cells to grow and divide. The presence of estrogen receptors (a message-carrying protein that may stimulate tumor growth) in the cancerous tumor is the best way to predict a woman's response to hormonal treatment.

Biologically targeted therapy covers a range of new options that are to be added to the family of cancer treatments. These therapies target specific features of cancer cells to fight cancer. Since these therapies are specific, they are intended to have less effect on normal cells, which may reduce the chance of possible side effects, like those caused by current cancer treatments. Types of treatment include monoclonal antibodies, which bind to proteins on the cancer cell surface to slow down cancer cell growth; angiogenesis inhibitors, which are intended to prevent the growth of new blood vessels and so cut off the supply of oxygen and nutrients to cancer cells; and signal transduction inhibitors, which block the signals inside the cancer cell that promote the cells to divide and, in turn, cause the cancer to grow. Most of these approaches are still experimental and would likely be offered only as part of a clinical trial.

Risk Factors for Breast Cancer

Q: What are the breast cancer "risk factors"?

A: To predict when and in whom breast cancer will occur, scientists must often think like detectives, looking for clues to signal which women may be more likely than others to develop the disease. These clues are called "risk factors."

To identify risk factors, scientists continually examine various trends and patterns among women worldwide who are diagnosed with the disease. Age, individual and family medical history, reproductive history, genetic alterations, race, economic status, environmental exposures to pollutants, and lifestyle habits are all examples of the factors that can be evaluated. This information tells a scientific story that helps experts predict with some certainty a woman's odds for developing breast cancer. It's important to note, however, that this is not an exact science and that such predictions are not definite.

Having one or two of these risk factors doesn't mean a woman will develop breast cancer. But knowing her personal risk factor profile and understanding what it means will help her and her doctor plan a course of action that may reduce her chances of developing the disease or, at least, to detect it in its earliest, most treatable stages.

The most common risk factors:

Sex—The highest risk factor for breast cancer is being fe-

male; the disease is about 100 times more common among women.

Age—The risk of breast cancer increases as a woman grows older. The risk is especially high for women age 60 and older. Breast cancer is uncommon in women younger than age 35, although it does occur. There is some evidence to suggest young African American women are at greater risk for breast cancer than young Caucasian women.

Personal History—Women who have had breast cancer and women with a history of breast disease (not cancer, but a condition that may predispose them to cancer) may develop it again.

Family History—The risk of developing breast cancer increases for a woman whose mother, sister, daughter, or two or more close relatives have had the disease. It is important to know how old they were at the time they were diagnosed.

The Breast Cancer Genes—Some individuals, both women and men, may be born with an "alteration" (or change) in one of two genes that are important for regulating breast cell growth. Individuals who inherit an alteration in the BRCA1 or BRCA2 gene are at an "inherited" higher risk for breast cancer. They also may pass this alteration on to their children. It is very rare. Scientists estimate that only about 5-10 percent of all breast cancers are due to genetic changes. One out of two women with these changes are likely to develop breast cancer. Women with a family history of breast cancer are encouraged to speak to a genetics counselor to determine the pros and cons of genetic testing.

The next 5 risk factors all involve estrogen, a hormone that naturally occurs in men and women. However, at the time menstruation begins, women start to produce larger amounts of estrogen and will continue to do so until they reach menopause. Estrogen appears to play a key role in breast cancer. Although estrogen doesn't actually cause breast cancer, it may stimulate the growth of cancer cells. Estrogen-related risk factors are:

Having an early menarche (first period or menstrual bleeding) - Women who begin menstruating before age 12 are at increased risk of developing breast cancer. The more menstrual cycles a woman has over her lifetime, the more likely she is to get the disease.

Having a first pregnancy after age 25 or 35—Although early pregnancies may help lower the chances of getting breast cancer, particularly before the age of 25, these same hormonal changes after age 35 may contribute to the incidence of breast cancer.

Having no children—Women who experience continuous menstrual cycles until menopause are at a higher than average risk.

Use of Hormone Replacement Therapy (HRT) - Based on the Women's Health Initiative Study (2002), women do appear to have an increased risk of breast cancer while they are on HRT and a short time thereafter, compared to those who have never used postmenopausal HRT. This is based on a study of 16,000 healthy postmenopausal women aged 50 to 79 who were taking either estrogen plus progestin as HRT or a placebo (an inactive pill).

Use of Oral Contraceptives (OCs) and Breast Cancer—Current or former use of OCs among women ages 35 to 64 did not significantly increase the risk of breast cancer. The findings were similar for Caucasian and African-American women. Data also show that former OC use does not increase the risk of breast cancer later in life.

Other risk factors - and lifestyle choices to avoid them

Common to all women are daily lifestyle decisions that may affect breast cancer risk. These day-to-day choices involve factors such as poor diet, insufficient physical activity, alcohol use, and smoking. Besides possibly reducing breast cancer risk, lifestyle improvements represent smart steps for a healthier life, since they can help prevent heart disease, diabetes, and many other chronic, life-threatening conditions.

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NOVEMBER, 2007


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.

<p>Richland County Nutrition Program</p>				<p>1 Fish, Bun, Tartar Sauce, Baked Beans, Mixed Fruit, Lemon Bar</p>	<p>2 Glazed Ham Loaf, Baked Potato, Sour Cream, Peas, Cookie</p>
<p>5 (1st Anniversary of Rockbridge Meal Site) Baked Chicken, Mashed Potatoes, Gravy, Corn, Dinner Roll, Celebration Cake</p>	<p>6 Chili Skillet (Beef, Beans, Rice) Corn Bread, Mixed Fruit</p>	<p>7 Roast Pork, Potatoes, Cabbage Salad, Apple Crisp</p>	<p>8 Hamburger/Gravy, Mashed Potatoes, Broccoli, Jell-O & Fruit Fluff</p>	<p>9 Lasagna, French Bread, 7 Layer Salad, Peaches</p>	
<p>12 Baked Ham, Sweet Potatoes, Peas, Pineapple</p>	<p>13 Parmesan Fish, Potato Casserole, Beets, Cook's Choice Dessert</p>	<p>14 Roast Turkey, Mashed Potatoes, Gravy, Stuffing, Cranberry Salad, Pumpkin Dessert</p>	<p>15 Meatballs, Buttered Noodles, Mixed Vegetables, Mandarin Oranges</p>	<p>16 Oven Baked Ribs with Sauerkraut, Baked Potato, Sour Cream, Fruited Jell-O w/ Topping</p>	
<p>19 BBQ Beef/Bun, Potato Wedges, Mixed Fruit, Cookie</p>	<p>20 Pork Chop, Hash Brown Casserole, Green Beans, Pears</p>	<p>21 Swiss Steak, Mashed Potatoes, Gravy, Peas & Carrots, Apple Cake & Topping</p>	<p>22 Sites Closed Thanksgiving Holiday</p>	<p>23 Sites Closed Thanksgiving Holiday</p>	
<p>26 Fish, Potatoes, Mixed Vegetables, Peaches</p>	<p>27 Chicken ala King, Baking Powder Biscuit, Peas, Cottage Cheese, Pineapple</p>	<p>28 Roast Beef, Mashed Potatoes, Gravy, Carrots, Birthday Cake</p>	<p>29 Ham Salad on a Bun, Potato Wedges, Cabbage Salad, Brownie</p>	<p>30 Meatloaf, Baked Potato w/ Sour Cream, Stewed Tomatoes, Pudding Torte</p>	

For Information (or reservation) about the Nutrition Program, please call:
Richland Center – Town & Country Presbyterian Church – Paula White @ 647-2323
Viola – Lorraine White @ 627-1869 **Germantown** – Judy Thompson @ 983-2786
Rockbridge – Rockbridge Elementary School Mon., Wed., Fri. – Juanita Wahl @ 647-9187
Boaz – Karen's Supper Club - Serve on Wednesdays only at 11:30 – 536-3792

DECEMBER, 2007

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.

<p>3 Baked Chicken, Mashed Potatoes, Gravy, Green Beans, Applesauce</p>	<p>4 Beef & Tater Tot Casserole, Mixed Vegetables, Dinner Roll, Fruited Jell-O/Topping</p>	<p>5 Pork Cutlet, Cheesy AuGratin Potatoes, Carrots, Molasses Cookie</p>	<p>6 Turkey Noodle Casserole (Tetrazinni), Peas, Cabbage Salad, Garlic Bread, Pumpkin Bar</p>	<p>7 Beef Stew, Baking Powder Biscuit, Tossed Salad, Pears</p>
<p>10 Ham, Scalloped Potatoes, Italian Blend Vegetables, Pineapple</p>	<p>11 Hamburger/Bun, Cheese, Onion, Pickle, Baked Beans, Potato Wedges, Chocolate Chip Cookie</p>	<p>12 Baked Chicken (Legs & Thighs) Mashed Potatoes/ Gravy, Green Beans, Jell-O & Fruit Fluff</p>	<p>13 Beef Stroganoff, Buttered Noodles, California Blend Vegetables, Coleslaw, Tapioca Pudding</p>	<p>14 Roast Pork, Potatoes, Corn, Bread Pudding w/Caramel Sauce</p>
<p>17 Meatloaf, Baked Potatoes, Sour Cream, Carrots, Mixed Fruit</p>	<p>18 Lasagna, Soft Bread Sticks, Cook's Choice Salad & Dessert</p>	<p>19 Swiss Steak, Mashed Potatoes, Gravy, Corn, German Chocolate Cake</p>	<p>20 Chicken, Stuffing, Squash, Applesauce</p>	<p>21 Pork Chop, Potatoes, Beets, Christmas Cookie</p>
<p>24 Sites Closed</p>	<p>25 Sites Closed</p> 	<p>26 Baked Ham, Sweet Potatoes, Peas, Birthday Cake</p>	<p>27 Chicken Filet, Bun, Baked Beans, Cabbage Salad, Fruit Torte</p>	<p>28 Spaghetti w/ Meat Sauce, French Bread, 7 Layer Salad, Peaches</p>
<p>31 Mock Lobster (Cod), Butter, Potatoes, Green Beans, Mandarin Oranges, Cookie</p>	<p>Richland County Nutrition Program</p>	<p>Tip of the Month – Make your own delicious lower-fat blue cheese dressing by combining half a cup of blue cheese with half a cup of low-fat cottage cheese in a blender or food processor and blending until smooth.</p>		