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The **Family and Friends Newsletter**

What You Need to Know About Noroviruses

by MaryJane Jacobus, RN Care Manager with Family Care

Noroviruses are a group of viruses that cause acute stomach and intestinal inflammation in humans. You may have heard it referred to as “stomach flu,” but noroviruses are completely unrelated to influenza, a respiratory virus.

Anyone can become infected with noroviruses. The norovirus enters through the mouth, multiplies in the body, and is passed in the highly infectious stool or vomit of an infected person. If you’re not careful about washing your hands, the virus can be carried on your hands and then transmitted to others if you handle food or drink that they consume. Food-associated outbreaks have been linked to cold prepared ready-to-eat food (e.g., salads, coleslaw, sandwiches, or desserts) and shellfish harvested in contaminated waters. Outbreaks have also been associated with drinking water and water in swimming ponds and beaches if that water has been contaminated with fecal matter from an infected person and is then ingested. Direct person-to-person contact or environmental contamination (e.g., exposure to areas where fecal accidents or vomiting has occurred) may also be a route of transmission.

The most common symptoms are a sudden onset of vomiting; watery, non-bloody diarrhea; abdominal cramps; nausea; and headache. Many persons may also experience low-grade fever, chills, muscle aches, and fatigue. The symptoms may appear from 12 to 60 hours after exposure to the virus but usually occur within 24 to 48 hours. The virus is very easily passed from person-to-person from the time of symptom onset and up to 48 hours after diarrhea or vomiting.

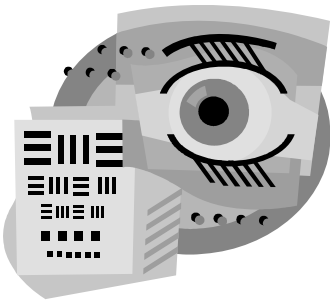
Noroviruses are highly infectious, and it only takes a very small number of virus particles to result in infections. Both stool and vomit are infectious.

There is no treatment for the illness. Most people recover in two to three days after they become ill. Supportive treatment, such as fluid replacement, may be needed to prevent dehydration in severe cases.

The best thing you can do to prevent the spread of these viruses is to wash your hands thoroughly following toilet use and before handling food.

Safeguarding Your Sight

Although aging puts people at greater risk for serious eye disease and other eye problems, loss of sight need not go hand in hand with growing older.



Practical, preventive measures can help protect against devastating impairment. An estimated 40% to 50% of all blindness can be avoided or treated, mainly through regular visits to a vision specialist. Regular eye exams are the cornerstone of visual health as people age. Individuals who have a family history of eye disease or other risk factors should have more frequent exams. Don’t wait until your vision deteriorates to have an eye exam. One eye can often compensate for the other while an eye condition progresses. Frequently, only an exam can detect eye disease in its earliest stages.

You can take other steps on your own. First, if you smoke, stop. Smoking increases the risk of several eye disorders, including age-related macular degeneration. Next, take a look at your diet. Maintaining a nutritious diet, with lots of fruits and vegetables and minimal saturated fats and hydrogenated oils, promotes sound health and may boost your resistance to eye disease. Wearing sunglasses and hats is important for people of any age. Taking the time to learn about the aging eye and recognizing risks and symptoms can alert you to the warning signs of vision problems. Although eye-strain, spending

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Thank You!

The Richland County Care Management Organization wishes to thank all the members who participated in the 2007 Member Satisfaction Survey.

Even though participation is voluntary, you took the time to provide us with your comments. Because of this we're able to evaluate our services and make them better for you.

Your comments are very important to us and are welcome any time of the year. Feel free to contact the Quality Coordinator at the address or phone number below any time you have a concern or even something good to say. We like those comments, too!

Quality Coordinator
Richland County Health and Human Services
221 West Seminary Street
Richland County WI 53581

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We wish all our members a safe, healthy, and happy New Year!

5 Reasons You're Not Losing Weight

Adapted from The TNT Diet, the revolutionary guide to transforming your body — and your life.

By Jeff Volek, PH.D., R.D., & Adam Campbell, M.S., C.S.C.S., Men's Health

Still struggling to lose weight? Here are five mistakes that many people make — and advice to help you shed pounds.

1. You're Following Bad Advice

Sometimes the government goofs. In late 1970s, the United States began advocating a high-carbohydrate, low-fat diet. In the early 1970s, the average daily energy intake was 2,450 calories. By the year 2000, that number had risen to 2,618. Almost all of those extra calories came from carbohydrates, according to the *Nutrition Examination Surveys* (NHANES).

Do this: Eat fewer carbs. People are overeating carbohydrates, not protein and fat. So if you want to lose fat, start by cutting back on carbs. Ask nutritionists what the main purpose of carbohydrates is and they'll say, "Energy." Trouble is, most people are consuming more energy than they can burn..

2. You Eat Fat-Free Foods

Warning: Low-fat foods may make you fat. Cornell University researchers reported that when overweight men and women were told they were eating low-fat M&Ms, they consumed 47 percent more calories than those who were given regular M&Ms (the M&Ms were actually all the same). On average, low-fat foods contain 59 percent less fat, but only 15 percent fewer calories than full-fat products.

Do this: Go ahead and eat full-fat foods — for instance, cheese, sour cream, and a nice, marbled steak. They have slightly more calories than their lower-fat counterparts, but they'll help you feel full longer after you eat. And that'll reduce the number of calories you eat at your meal. In our lab at the University of Connecticut, we've found that people who eat 60 percent of their calories from fat lose weight faster than those who eat just 20 percent of their calories from fat. Moreover, many of [your concerns about saturated fat may be overstated](#).

3. You (Still) Don't Eat Breakfast

Sure, you've heard this one before. But it's important: Researchers at the University of Massachusetts found that people who don't eat breakfast are nearly five times more likely to be obese than those who make it an everyday habit. That's because if you sleep for 6 to 8 hours, and then skip breakfast, your body is running on fumes by the time you get to work. And that sends you desperately seeking sugar, which happens to be easy to find.

Do this: Eat your first meal within 90 minutes of waking. The UMass scientists determined that people who waited longer increased the likelihood that they'd become heavyweights by 147 percent; those that didn't eat breakfast within 3 hours of waking elevated their risk by 173 percent.

4. You're Eating Too Much Sugar

You've stopped drinking regular soda? Great, but your diet is probably still filled with the sweet stuff. Check the label of your breakfast cereal. Some products marketed as healthy are packed with sugar. Case in point: Kellogg's Smart Start Health Heart cereal contains more sugar per serving — 17 grams — than a serving of Froot Loops. The problem: Sugar raises your blood levels of insulin, a hormone that signals your body to stop burning — and start storing fat.

Do this: Carefully read labels — especially when it comes to cereal. Or even better, trade your morning bowl for an omelet. Saint Louis University scientists found that people who have eggs as part of their breakfast eat fewer calories the rest of the day than those who ate bagels instead. Even though both breakfasts contained the same number of calories, the egg eaters consumed 264 fewer calories for the entire day.

5. You Don't Lift Weights

In a study at the University of Connecticut, we put overweight men on a 1,500-calorie-a-day diet, and divided them into three groups — one that didn't exercise, another that performed aerobic exercise 3 days a week, and a third that did both aerobic exercise *and* weight training. Each group lost almost the same amount of weight — about 21 pounds. But the lifters shed 5 more pounds of fat than those who didn't pump iron. Why? Their weight loss was almost pure fat, while the other two groups lost just 15 pounds of lard, along with several pounds of muscle.

Do this: Make three total-body weight training sessions a week a non-negotiable part of your weight loss plan. A study in the *American Journal of Clinical Nutrition* found that lost muscle is replaced by fat over time. This not only makes you look flabby, but it also increases your pants size — even if you somehow manage to keep your scale-weight the same. The reason: Each pound of fat takes up 18 percent more space on your body than each pound of muscle.

Filling Up on Low-Fat Food

Does losing weight seem like pie in the sky?

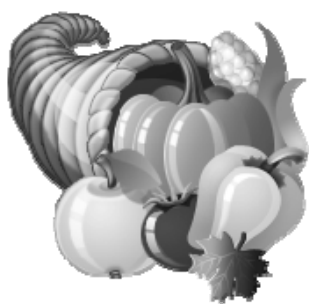
Not so, if you make low-fat food your friend. Luckily, many naturally low-fat foods -- fruits, veggies, whole grains, legumes -- are fully loaded with fiber and nutrients, which makes them great diet foods.



It's the fiber that fills you up, and keeps you from pigging out. "Studies show that if you start a meal with a big salad, you'll end up eating less at that meal," says Kathleen Zelman, WebMD's director of nutrition. It's why these foods help with healthy weight loss.

Will your family switch to low-fat food? Can you entice them to choose carrots over candy? We asked WebMD's community: What are your best ideas for filling up on foods that aren't fattening?

Here are proven ideas from parents trying to eat healthy every day:



I let my kids fill up on fruits and veggies BEFORE dinner.

While I'm cooking dinner, and the kids are hungry, I cut up fresh fruits, veggies, and cheese and let them snack. They are much more willing to eat their veggies that way. I don't care if they are full by

dinnertime, because they've already eaten the healthiest part of the meal!

- The kids see us eat a salad almost every night, so they both love salad, too. Broccoli slaw is also a huge hit. It comes bagged with shredded broccoli, red cabbage, and carrots. They love it with a sweet dressing, like poppy seed or French.
- I do not have a problem getting my kids to eat anything. We've always made it fun, and we started early. We made sure it was colorful -- colorful fruits and veggies in a colorful bowl.
- We keep healthy whole foods in the house! I'd much rather my kids eat an apple than drink the juice.
- I give my kids veggies or fruit to snack on before dinner while I finish preparing the meal. That way, they eat them while they are hungriest -- instead of leaving them on the plate.
- I put unsweetened applesauce instead of syrup on French toast. On waffles, I use low-fat vanilla yogurt in place of syrup. I also use applesauce in place of oil when baking muffins and making pancakes -- or add mashed bananas to the batter for a different flavor.
- I put out fresh fruits and vegetables at every meal -- especially if people are hanging out in the kitchen waiting for their food to be cooked!
- My kids love frozen vegetables. They think it is a treat to eat them still frozen.

Love Those Low-Fat Food Ideas!

These WebMD readers have learned the most important trick -- making healthy foods easy to grab, says Zelman. "Studies have shown that it works, cutting everything up," says Zelman. "If it's easy and right there, they will grab it. Otherwise, they're into cookies, chips, and other junk."

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Here are some high-fiber food ideas to use in your own kitchen:

- **Make your own crunchy granola.** Bake three cups of oats at 350 degrees for 25 to 30 minutes. Stir occasionally, then cool and mix in a variety of chopped dried fruit, nuts, and seeds.
- **Trick your stomach with soup.** Soup is a great filler-upper. You'll eat 20% fewer calories when you start a meal with soup, research shows. Read canned soup labels carefully. Stick to low-calorie, low-fat, high-fiber broth-based soups like vegetable bean or minestrone. Forget the creamy or other high-fat soups! Or, get out the crock pot and make your own -- loaded with high-fiber whole grains, beans, vegetables, and vegetable broth. Lean meat is optional. Soup is super!
- **Experiment with whole grains.** Mix an assortment of grains with sautéed veggies. "It makes a very interesting side dish," says Zelman. "Each grain has a slightly different flavor and color. And the great thing is, these dishes can be served hot, cold, or room temperature."
- **Grill or roast veggies.** Portobello mushrooms, red peppers, zucchini, onions are great for this. Toss with olive oil, sherry vinegar, salt, and pepper (or your favorite vinaigrette). Eat them as a side dish, as a topping on grilled chicken sandwiches, or alone on a bun as a "veggie burger."

To keep things interesting, stay open to new food products, Zelman advises. "Broccoli slaw is awesome! I throw raisins, nuts into it. Mix it with low-calorie dressing. One recipe calls for grilled chicken breast served over broccoli slaw, with Asian dressing over it. It's to die for!"

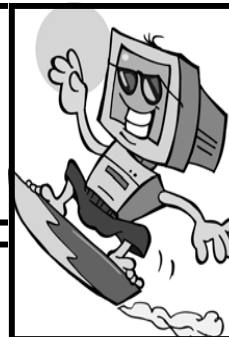
Reviewed By [Brunilda Nazario, MD](#)

By [Jeanie Lerche Davis](#)

WebMD Feature

Published August 14, 2007

Surfing the Web? Here are some friendly sites!



Some websites of interest:

"American Red Cross—Disaster Services" - <http://www.redcross.org/services/disaster/>

The CDC's—Key Facts About MRSA

http://www.cdc.gov/ncidod/diseases/submenus/sub_mrsa.htm

"Harvard Health Publications" - Harvard Medical School—<http://www.health.harvard.edu/>

The CDC's Home Page

<http://www.cdc.gov/>

"Betty Crocker—Recipes"

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

"Walk with GRACE"

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

"National Breast Cancer Foundation, Inc."

<http://www.nationalbreastcancer.org/about-breast-cancer/>

A Summary of Social Security Changes for 2008

By: Ken Hess
Social Security Public Affairs Specialist for Northern Wisconsin

Most of the changes affect people already getting Social Security and Supplemental Security Income (SSI) benefits. But a few affect people who work and pay Social Security taxes.

Beginning with January 2008 Social Security and SSI benefits will go up 2.3 percent. That means the average Social Security retirement benefit will rise to \$1,079 in 2008. Of course, the increase applies to all Social Security benefits, not just retirement payments. For example, the average disability check climbs to \$1004 in 2008. And the average benefit payable to a widow(er) goes up to \$1,041 in 2008.

The basic SSI monthly payment rate for an individual rises from \$623 to \$637. The rate for a couple goes from \$934 to \$956. Note that these figures represent just the federal portion of the SSI payment. Wisconsin supplements that federal rate with a separate state payment.

People getting Social Security benefits who are under full retirement age, not disabled, and still working also have new earnings limits to take into consideration. The earnings threshold in 2008 is \$13,560. For every \$2 earned over that limit, \$1 must be withheld from any Social Security benefits due.

If you are reaching full retirement age in 2008, you have a higher income threshold. It is \$36,120. For every \$3 you earn over \$36,120, we must take \$1 from any benefits you are due, for those months leading up to your full retirement age. When you reach your month of full retirement age your wages stop counting against the earnings limit.

An important message for Medicare beneficiaries is that the Part B premium goes up to \$96.40 in 2008.

As I mentioned earlier, some of the annual updates affect people still working and paying Social Security taxes. The major change affects higher-income workers, those making up to \$102,000. Workers will pay into Social Security up to this new maximum taxable limit. The combined tax rate itself does not change. It remains at 7.65 percent for wage earners and 15.30 percent for self-employed people. Of this amount 6.20 percent is the tax rate for Social Security on the wage earner and 14.40 for the self-employed. The Medicare tax rate is 1.45 percent for wage earners and 2.9 percent for the self-employed. There is no earnings taxable limit for Medicare taxes. In other words, all of your wages or self-employment income is subject to the Medicare tax.

The amount of income required to earn one quarter of coverage is \$1,050 in 2008. Once you make \$4,200 you will have earned the maximum of four credits available in 2008. Most people need 40 credits to be eligible for Social Security retirement benefits. (Fewer credits are sometimes needed for other Social Security benefits.)

Ken Hess is the Public Affairs Specialist for Northern Wisconsin. You can contact Ken at 352 Grand Avenue, Wausau, Wisconsin 54403 or via email at Kenneth.hess@ssa.gov.

RESOURCES 4 YOU

Have you ever thought about volunteering? Everyday across America, people just like you volunteer their time and effort to help improve the lives of others. Besides the joy and satisfaction that helping others brings, volunteering offers other benefits in exchange for your time and expertise. For example, if you are retired, volunteering can help you continue to lead an active, meaningful life. It's a good way to meet people and stay connected to your community. If you are young, volunteering is a way to learn about the world around you, learn new skills, gain work experience and build self-confidence. Before you volunteer, think about what interests you and where you'd like to spend your time. For example, if you like animals, you may want to volunteer to help out at the local animal shelter. If you're concerned about the quality of life of the elderly in our community, you may want to become a volunteer visitor at a local nursing home. There is much need and many ways to help, so don't be afraid to get involved. Here are just a few of the volunteer opportunities available in our community:

Partners of Richland Hospital, Inc. – Provides volunteer services and holds fundraising events for the Richland Hospital. Volunteer opportunities for adults and teens include information desk, Lobby Shoppe, delivering mail, restocking supplies, assembling mailings, visiting with patients and much more. For more information contact Deanna Gochenaur at 647-6321, ext. 2474.

Kinship of Richland County – Matches adult volunteers with children who need a positive, supportive role model. For more information contact Jenny Marroquin at 647-5981.

Foster Grandparent Program – Provides tutoring and mentoring to children with special and exceptional needs. Opportunity for persons age 60+ who meet income guidelines. Volunteers receive a tax-free hourly stipend, transportation reimbursement, and lunch allowance. Orientation and monthly in-service is provided. To learn more call Cindy Deckert at 1-608-935-2326, or email her at c.deckert@swcap.org.

Richland County Nutrition Program – Volunteer drivers provide home-delivered noon meals, Monday through Friday, to homebound individuals who are elderly or disabled. For more information contact Linda Rohn at 647-8821, ext. 209.

Stovetop Shepherd's Pie

Ingredients:

- ◆ 2 cups chicken, cooked
- ◆ 16 ounces mixed vegetables, frozen
- ◆ 10 3/4 ounces cream of chicken soup, reduced-fat and reduced-sodium condensed
- ◆ 1/2 cup milk, low fat (1%)
- ◆ 1/4 teaspoon onion powder
- ◆ 1/4 teaspoon pepper, black ground
- ◆ 3 cups mashed potatoes, refrigerated

Preparation:

1. In a large skillet, combine all the ingredients except the potatoes over high heat; mix well. Cook for 5 to 8 minutes, or until heated through, stirring frequently.
2. Remove from the heat and dollop with the potatoes.
3. Serve immediately.

Quick Info:

8 Servings and Diabetes-Friendly

Nutritional Info (Per serving):

Calories: 221, Saturated Fat: 4g, Sodium: 483mg, Dietary Fiber: 4g, Total Fat: 8g, Carbs: 23g, Sugars: 5g, Cholesterol: 46mg, Protein: 14g

Exchanges: Starch: 1.5, Lean Meat: 2, Carb Choices: 1.5

Recipe Source:

American Diabetes Association [Reproduced with permission from "ADA Cookbooks"© American Diabetes Association ®](#)

8 Tips to Ease Neck and Shoulder Pain

Do your neck and shoulders feel stiff when you awake in the morning? Or do they seize painfully with no warning? If so, you have plenty of company. Doctors estimate that seven out of 10 people will be troubled by neck pain at some point in their lives, often causing daily aching in the neck and shoulder area.

Sometimes pain starts with the bang of a rear-end collision, but more often, the neck and its surrounding structures begin to ache after years of normal use, overuse, and misuse. Without knowing it, you may be encouraging neck and shoulder pain by the way you perform everyday activities. In general, try to keep your neck in a neutral position, which means your head balances directly over your shoulders and is not leaning forward or cocked to one side. Here are eight hints for achieving a healthy neck posture while performing everyday activities.

At the computer or desk. When working at the computer or at a desk, keep your head balanced directly over your spine as much as possible. That means setting your chair height so both feet rest on the ground, and sitting with your buttocks far back in your chair, using a small pillow to support your lower back if needed. Properly adjusting the keyboard and monitor may be difficult or impossible with a laptop computer. You can plug a separate, full-size keyboard into a laptop to help you achieve better positioning. But no matter how perfect your office-chair posture, it's important to get up, stretch, and move around every half hour. If you tend to get lost in your work, program your computer to flash a reminder.

Telephone use. If you spend a lot of time on the phone, try to avoid leaning your head to one side. This is also important when you use a cell phone and aren't sitting at your desk while you speak. A headset or speakerphone is a good option to help keep your head in a neutral position for hands-free talking. Headsets are available for both your desk phone and cell phone.

Reading at home. If you are sitting in a chair, try to maintain an upright posture. Hold the book so that you don't have to lean down or forward to see it. A pillow on your lap may help. If you must read in bed, sit up straight or use a specially designed wedge pillow. Or lie on your side with your neck straight and hold the book in front of you.

- 1. Walking.** Avoid high heels, which change the alignment of your body from the ground up, characteristically ending in a head-thrust-forward position that stresses neck muscles. This may be one reason women have neck pain more than men do.
- 2. Carrying a bag.** Choose a lightweight purse or backpack, and don't overload. Don't sling a backpack over one shoulder. Try switching to a fanny pack or a backpack designed to put weight on the hips instead of just the upper

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- back.
- With heavier loads, use a wheeled pack or briefcase. If you must hoist a purse on your shoulder, alternate which shoulder you use.
- 3. Driving.** Posture is a factor in whether a collision will cause whiplash. Your headrest should be high enough and close enough to catch your head in a rear-end collision. Position the seat so you can sit up straight with your head no more than two to four inches in front of the headrest. Adjust the headrest so its upper edge is level with the top of your head: the back curve of your skull should meet the cushion of the headrest.
 - 4. Lifting.** Improper lifting techniques put stress on the neck as well as the lower back. Bend your hips and knees instead of your back. Keep the object close to you while straightening your legs. When lifting something over your head, don't tilt your neck backward. Strengthen your arms to make proper lifting easier.
 - 5. Watching TV.** Sit far enough from a TV or movie screen that you can watch without tilting

Isometric neck strengthening



This exercise can also be done in a sitting position—at the office, for example, or lying down with your knees bent and feet flat on the floor. Place your palm on your forehead and press gently as you try to bring your chin to your chest—your neck muscles will tighten without your head moving. Hold for a count of 3 to 5 seconds. Repeat 10 times.

your head back. Don't sit off to the side, forcing you to turn your neck for long periods.

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Geezer Quiz

- 16. What comic used to say, "I'm a BAAAAAAD boy!"**
 - a. Lou Costello to Abbot, after a lecture by Bud Abbot, telling Lou how he screwed up
 - b. The Lone Ranger to Tonto every time the masked man gave away a phony silver bullet
 - c. Fibber McGee to Molly when she would open their closet door and 50 tons of junk came tumbling out.
- 17. Who or what was Sparkle Plenty?**
 - a. The second engagement ring Richard Burton gave Liz Taylor
 - b. A character in the Dick Tracy comic strip
 - c. A constellation in the Milky Way discovered in 1849 by A. J. Plenty
- 18. "Praise the Lord, and pass the _____?"**
 - a. Meatballs
 - b. Dames
 - c. Ammunition

Quiz answers in the middle of Page 9

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many hours in front of a television or computer screen, or working in poor light do not cause harmful medical conditions, they can tire the eyes and, ultimately, their owner (see below). The eyes are priceless and deserve to be treated with care and respect — and that is as true for the adult of 80 as it is for the teenager of 18.

5 common eye myths dispelled

1. **Myth:** Doing eye exercises will delay the need for glasses.

Fact: Eye exercises will not improve or preserve vision or reduce the need for glasses. Your vision depends on many factors, including the shape of your eye and the health of the eye tissues, none of which can be significantly altered with eye exercises.



2. **Myth:** Reading in dim light will worsen your vision. **Fact:** Although dim lighting will not adversely affect your eyesight, it will tire your eyes out more quickly. The best way to position a reading light is to have it shine directly onto the page, not over your shoulder. A desk lamp with an opaque shade pointing directly at the reading material is the best possible arrangement. A light that shines over your shoulder will cause a glare, making it more difficult to see the reading material.

3. **Myth:** Eating carrots is good for the eyes. **Fact:** There is some truth in this one. Carrots, which contain vitamin A, are one of several vegetables that are good for the eyes. But fresh fruits and dark green leafy vegetables, which contain more antioxidant vitamins such as C and E, are even better. Antioxidant vitamins may help protect the eyes against cataract and age-related macular degeneration. But eating any vegetables or supplements containing these vitamins or substances will not prevent or correct basic vision problems such as nearsightedness or farsightedness.

4. **Myth:** It's best not to wear glasses all the time. Taking a break from glasses or contact lenses allows your eyes to rest. **Fact:** If you need glasses for distance or reading, use them. Attempting to read without reading glasses will simply strain your eyes and tire them out. Using your glasses won't worsen your vision or lead to any eye disease.

5. **Myth:** Staring at a computer screen all day is bad for the eyes. **Fact:** Although using a computer will not harm your eyes, staring at a computer screen all day will contribute to eyestrain or tired eyes. Adjust lighting so that it does not create a glare or harsh reflection on the screen. Also, when you're working on a computer or doing other close work such as reading or needlepoint, it's a good idea to rest your eyes briefly every hour or so to lessen eye fatigue. Finally, people who stare at a computer screen for long periods tend not to blink as often as usual, which can cause the eyes to feel dry and uncomfortable. Make a conscious effort to blink regularly so that the eyes stay well lubricated and do not dry out.

Six steps to ease painful, achy knees

The achy, balky knee:

Everyone seems to have one at some time or another. To make sure you know what to do if your knees act up, here are six tips on how to prevent knee problems or treat them while they're mild.

1. **Stay active.** The knee was made to bear weight, but wasn't designed to go it alone. Strong, flexible leg muscles take a great deal of pressure off this joint. That means exercise is key to healthy knees. And there's a bonus — exercising your knee causes synovial tissue in the joint to produce synovial fluid, which lubricates the knee and nourishes cartilage.

2. **Easy does it.** Take it slowly when starting an exercise program. Too many people try to reform overnight, only to injure themselves or get discouraged when the exercise seems too difficult or boring. They stop and are right back where they started — sitting around getting creaky.

3. **Simple is the solution.** You don't need to buy expensive treadmills or contraptions. To get started, all most people need is a good pair of walking shoes, a level surface (the mall, a high school track, a well-maintained sidewalk), and — the hardest part of all — some willpower.

4. **Walk in water.** Especially if you have osteoarthritis, walking in water is a great way to exercise your knee without putting too much weight on it. Chest-high water reduces the weight on your knee by about 75%. Biking also exercises knees — and the quadriceps — without putting weight on them.

5. **Price is right.** The traditional recipe for treating a knee that swells up and gets sore is RICE: rest, ice, compression (wrapping it in an elastic bandage, but not too tightly), and elevation (which drains away fluid and blood). Physical therapists have added protection as a first step, so RICE becomes PRICE. Physical therapists can help you identify activities that contribute to the problem and show you ways to avoid injuries in the future.

6. **Do the homework.** If you try physical therapy, you'll probably be put on an exercise program — and get coaching to help you stick with it. Physical therapy works best if the patient follows through by learning the exercises and doing them at home.

Understanding Common Knee Problems

Bursitis. Bursae are thin sacs that pad your joints and bony outcroppings, reducing friction between the movable parts. You can get bursitis from banging your knee or putting pressure on it. Bursitis is best treated with PRICE and pain relievers.

Tendonitis. Tendons attach muscle to bone. They're designed to move and stretch, but if overused or stretched too far, they become inflamed.

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Arthritis: Keeping your joints healthy

In the United States, nearly one in three people have either been diagnosed with arthritis or are living with undiagnosed chronic joint pain and other symptoms. If you have arthritis, there are steps you can take, starting today, to protect your joints, reduce pain, and improve mobility. This report describes how arthritis affects the joints and other structures and how to minimize the impact of arthritis in your life.

Exercise Rx for osteoarthritis

Osteoarthritis is a chronic and progressive disease characterized by loss of the cartilage that covers and protects the ends of the bones where they meet at a joint. Without this protective coating, bone rubs against bone, causing irritation and inflammation. The result is pain and stiffness in the joint and often pain in the surrounding muscles and ligaments.

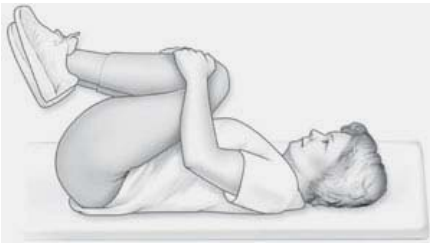
Effective treatment includes exercise

While you can't cure osteoarthritis, there is a lot you can do to slow its progression, reduce pain, and maintain or improve function. Although exercise may be the last thing you want to do when joints are stiff and achy, if you have osteoarthritis, exercise is just the thing to help ease pain and stiffness and maintain mobility. Exercise also strengthens muscles and improves flexibility, balance, and overall health—and can keep weight in check. Excess weight is strongly linked to osteoarthritis.

The exercise prescription should include activities that improve flexibility, muscle strength, and endurance. Start with an evaluation by a physician, physical therapist, or other health professional experienced in the management of osteoarthritis. The activities your clinician recommends will depend on which joints are involved, the severity of your pain, your fitness level, and other medical conditions you may have. We've included sample exercises below. Your physician or health professional can help recommend more.

Flexibility (range-of-motion) exercises

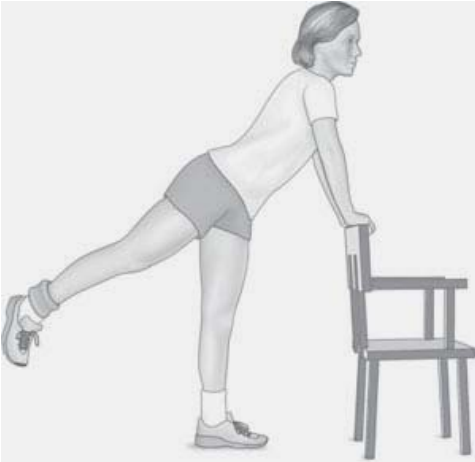
The first step is flexibility exercise to improve joint mobility, reduce stiffness, and help prevent tightening of the tissues around the joint. Perform these exercises when you are feeling the least pain and stiffness — for example, after a warm shower or at the end of the day. If you take a pain reliever, do your stretching when the drug is having its strongest effect. You can start with just one or two exercises a day, three times a week, but try to work up to performing several, at least once a day.



Hip and lower back stretch. Lie flat on your back with legs extended. Keep your neck on the floor but look down toward your chest. Bend both knees and clasp them with your hands, pulling your knees toward your shoulders as far as they will comfortably go. Breathe in deeply and exhale, bringing the knees closer as you breathe out. Hold for 20 to 30 seconds while breathing normally.

Strength (resistance) training

By strengthening muscles, you protect and support affected joints and improve overall function. Your clinician can recommend specific exercises based on the condition of your joints and your level of pain. If you have joint pain that lasts more than an hour after you exercise, you're probably overdoing it. You should not do strength training more than two days per week.



Hip extension. Holding onto the back of a chair for balance, bend your trunk forward and slowly raise your right leg straight behind you. Lift it as high as you can without bending your knee or pitching forward. Pause. Slowly lower the leg, returning to the starting position. Do four to six repetitions. Repeat with the left leg. Build up gradually to eight to 12 repetitions. For added resistance, wear an ankle weight on the leg you are lifting.

Endurance (or aerobic) exercise

Low-impact aerobic exercise improves cardiovascular and overall function, contributes to your sense of well-being, helps control weight, and builds muscles while protecting joints. Good choices include bicycling, walking, swimming, rowing, and the use of an elliptical trainer. Avoid activities that put too much strain on the joints, such as running and sports that involve jumping, quick turns, or sudden stops — tennis and basketball, for example. Swimming and pool exercises have several advantages for people with osteoarthritis. Warm water is soothing to

muscles and joints. The buoyancy of water reduces the load on your joints, and water provides resistance, which adds to muscle strength. Try to work your way up to 30 minutes of low-impact aerobic exercise at least four times a week.

For more information on irritable bowel syndrome, order our Special Health Report, *Arthritis: Keeping your joints healthy*, at www.health.harvard.edu/A.

Continued from bottom of previous page

Bursitis and tendonitis feel much the same. But the location of the discomfort is different and bursitis, unlike tendonitis, hurts even when you aren't moving your knee. The treatment for the flare-ups is the same — PRICE.

Osteoarthritis. Cartilage covers the end of the thighbone (femur) and the back of the kneecap. The two crescent-shaped menisci that provide the padding between your femur and your shinbone are made of fibrocartilage, which is tougher and more rubbery than the hyaline cartilage that covers the ends of bones. When that cartilage starts to break down, pit or decay, the result is osteoarthritis. If pain from osteoarthritis flares up, follow PRICE.

For more information on knee pain, order our Special Health Report, *Knees and Hips: A troubleshooting guide to knee and hip pain*, at www.health.harvard.edu/KH.

Methicillin Resistant Staphylococcus Aureus (MRSA)

Although Methicillin Resistant Staphylococcus Aureus infections first appeared in the 1960’s in hospitals in the United States, MRSA infections have drawn national attention recently due to some highly publicized cases including the outbreaks among athletes and deaths in young adolescents from serious MRSA infections.

Staphylococcus aureus is a bacterium normally found in the nose or on the skin of about 20-30% of the US population. Infections caused by *S. aureus* include mild to severe skin and soft tissue infections, blood stream infections, pneumonia, and toxic shock syndrome.

Methicillin resistant *S. aureus* (MRSA) is a form of *S. aureus* that is resistant to certain antibiotics. It is usually acquired in the hospital or long term care setting, occurs more often in older persons, those who have been on antibiotics, have had surgery, or have an indwelling device such as a ventilator, urinary catheter, or intravenous catheter. This form of MRSA is referred to as healthcare associated, or HA MRSA. About 15% of the US population carries healthcare associated MRSA.

Beginning in the 1990s the number of MRSA infections diagnosed in persons with no typical health care associated risk factors began increasing. These community associated MRSA strains typically affect younger people (children under age 2 are especially susceptible) while healthcare associated MRSA infections are more often found in older persons. Most community acquired MRSA infections are mild skin and soft tissue infections while most healthcare associated MRSA infections are more serious and invasive. Most Community acquired MRSA strains are more susceptible to antibiotics than healthcare associated MRSA strains and there are more choices for treatment of community acquired MRSA infections.

Community acquired MRSA strains generally spread more rapidly in the community than do hospital acquired MRSA strains. Healthcare associated MRSA strains are confined to healthcare settings.

Community acquired MRSA strains cause about 20% of all MRSA infections; healthcare associated MRSA strains cause about 80% of all MRSA infections. Although only about 1% of the US population carries community acquired MRSA, it is now the leading cause of purulent skin and soft tissue infections among adults.

Community acquired MRSA is spread primarily by direct person to person contact but can also be transmitted indirectly through contaminated objects, surfaces, and equipment. Tears or cuts in the skin serve as entry points for the organism to invade and potentially cause skin and soft tissue infections.

Although community acquired MRSA can cause serious, life-threatening illness, and in some cases death, these outcomes are relatively uncommon events, and the vast majority of community acquired MRSA infections are skin and soft tissue infections from which people recover. Community acquired MRSA strains are resistant to some antibiotics but remain susceptible to many antibiotics which can be used to successfully treat community acquired MRSA infections.

There are steps everyone can take to help reduce the chances of acquiring a community acquired MRSA infection:

- ◆ Keep skin clean—wash hands often with soap and water or use alcohol gel, and shower or bath routinely, especially after athletic activities.

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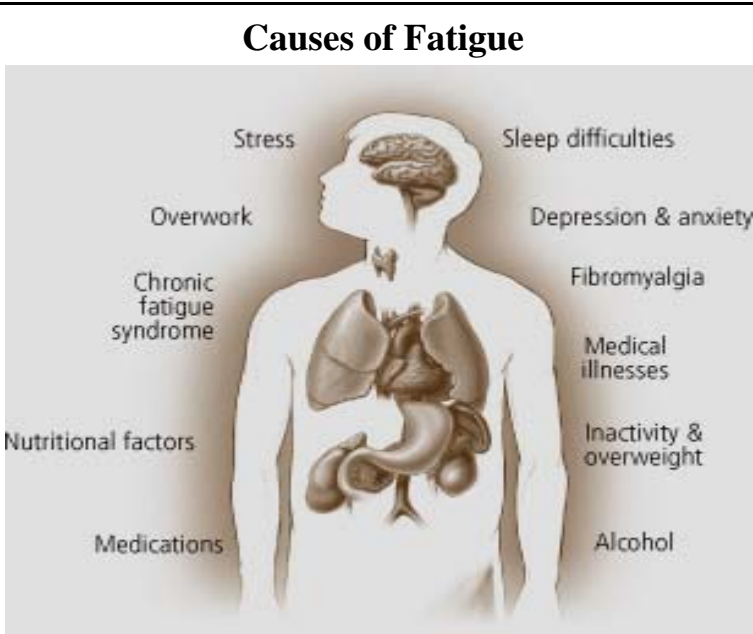
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- ◆ Keep skin healthy—wear protective clothing and gear during contact sports activities, wear gloves to protect skin on hands when gardening, use lotions to keep skin moist and sun screen to prevent blisters due to sunburn.
- ◆ Do not share towels, razors, bars of soap, water bottles, or other personal items.
- ◆ Cover cuts, scrapes, and tears in the skin with a protective bandage or dressing.
- ◆ Do not go to school, work, day care, or participate in sports activities if wound drainage cannot be covered and contained with a bandage or clean, dry dressing. Once drainage can be contained, it is permissible to resume activities and return to work or school.
- ◆ Clean and disinfect environmental surfaces and items contaminated with wound drainage. Practice routine cleaning and disinfection of sports equipment, wrestling mats, locker rooms, shower rooms, and weight rooms.

The Wisconsin Division of Public Health has Guidelines for community acquired MRSA and patient education pamphlet at <http://dhfs.wisconsin.gov/communicable/resources/HlthProvider.htm>

Tired of Being Tired? Tips for Fighting Fatigue

Feeling tired all the time? You’re not alone. In fact, fatigue is one of the most common complaints that bring adults to doctors’ offices. Numerous studies indicate that people who see their doctor about fatigue have generally experienced it for a considerable length of time — anywhere from six months to several years!



Some causes of fatigue are obvious, such as lack of sleep or a medical illness, but many others are harder to pinpoint. Depression or anxiety, overwork, sedentary living, nutritional factors, or even a medication could contribute to fatigue or cause a feeling of low energy.

Fatigue can be due to numerous causes, such as medical conditions like congestive heart failure, hypothyroidism, or diabetes. It can also be a result of sleep disturbances brought on by menopause, or by physical changes that accompany aging. But while fatigue may be an inescapable part of life, there’s no need to take it lying down. Your body is geared toward generating energy as well as expending it. And there are numerous strategies to help regain the physical and mental energy needed to enjoy life to its fullest.

Eat for energy

The tried-and-true advice for healthful eating also applies to

(Continued from middle of previous page)

keeping your energy level high:

- **Eat a balanced diet** that includes a variety of carbohydrates, proteins, and fats with an emphasis on vegetables, whole grains, and healthy oils. Taking a daily multivitamin will ensure that you get the vitamins and minerals you need, but taking extra amounts of individual nutrients won't give you more energy.
- **Eating certain types of foods** in particular amounts can help prevent fatigue. Because different kinds of foods are converted to energy at different rates, some — such as candy and other simple sugars — can give you a quick lift, while others — such as whole grains and healthy unsaturated fats — supply the reserves you'll need to draw on throughout the day.
- **Eat small, frequent meals.** Where energy is the issue, it's better to eat small meals and snacks every few hours than three large meals a day. This approach can reduce your perception of fatigue because your brain, which has very few energy reserves of its own, needs a steady supply.

Reduce stress

The most common cause of persistent fatigue is stress and the emotional response to it. People who feel fatigued most of the time don't necessarily have more stress in their lives than other people, but they may be more sensitive to its effects. Stress-induced emotions consume huge amounts of energy. Relaxation therapy can be an effective tool for reducing stress and naturally boosting your energy, particularly when used in combination with cognitive behavioral therapy. Meditation, self-hypnosis, yoga, and tai chi are all relaxation techniques. One of the easiest techniques to use is progressive muscle relaxation, which involves systematically tightening and releasing sets of muscles, beginning with your toes and progressing up your legs, torso, hands, and arms. You might also consider other relaxation therapies, including aromatherapy and massage. No matter what age you are, there are things that you can do to feel more energetic. Harvard Health Publications' *Boosting Your Energy* report will help you take the first steps toward discovering the causes of your fatigue. This Special Health Report provides you with the latest information about fatigue and offers strategies to help you regain your physical and mental energy. The report discusses medical conditions that may be the cause of your fatigue as well as ways to naturally boost your energy.

Quiz answers from page 5

- 16.** a) Lou Costello to Bud Abbot, after Abbot would tell Costello how he screwed up again.
17. b) A highlight of Chester Gould's Dick Tracy was the birth in 1947 of a beautiful daughter to the characters B.O. Plenty and Gravel Gertie, named Sparkle Plenty.
18. c) Ammunition, and we'll all be free.

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

Editor: Patrick Metz.

All questions regarding this newsletter should be addressed to:
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Richland Center, WI 53581
(608) 647-6384
metzp@co.richland.wi.us

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.

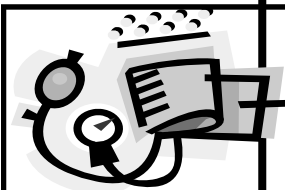
Location:
RCHHS Public Health
Community Services Building
221 West Seminary Street
Richland Center, WI 53581

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.—12:30pm on the following dates:

Richland Center Meal Site
Town and Country Church
January 8th—February 12th

Viola Meal Site
Old Grade School
January 15th—February 19th

Rockbridge Meal Site
Elementary School Building
January 11th—February 8th

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.

Tips for Picking the Right Skin Care Products

Your skin reveals a lot about you. It can tell the world whether you're hot or cold, tired or rested, sick or healthy. As you age, your skin changes in response to the elements that assail it, particularly the sun. On the inside, you may feel as good as ever, but the toll of years on your skin may send a different message. Cosmetic changes in the tone and contour of your skin may begin to appear and medical conditions ranging from dryness to skin cancer become more likely.

The skin is the body's largest organ, weighing about nine pounds. It carries out a number of functions that help maintain health. Skin helps control your body temperature by sweating and dilating its blood vessels to cool you down. When you're cold, those blood vessels constrict to conserve heat deep inside your body.

In addition, the skin helps ward off infection by way of its Langerhans cells — part of the immune system that fights off foreign invaders such as bacteria and viruses. Skin also uses the sun's energy to make vitamin D, which is essential to strong bones.

To some extent, your genes determine how well your skin stands the test of time. But environmental factors play a big role as well. Each year, physicians diagnose more than one million cases of two highly curable forms of skin cancer — basal cell carcinoma and squamous cell carcinoma. But for nearly 45,000 people, the diagnosis will be melanoma, a potentially deadly form of skin cancer. That's why it's so important to take steps to prevent skin cancer by avoiding the sun's ultraviolet rays and to know how to spot suspicious areas on the skin — and get them evaluated promptly.

When it comes to skin's appearance, effective techniques that rejuvenate the skin are rapidly entering the market. But you'll want to choose treatments with care. Check and double-check the reputation and accreditation of clinicians performing invasive skin procedures. Some procedures that affect only a superficial layer of skin can be performed by nurses or skin aestheticians, while others require the skills of a dermatologist or other physician. While less invasive procedures such as microdermabrasion can be performed by cosmetology professionals, cutaneous (skin) surgeries, including laser procedures, are performed by physicians from a number of specialties: dermatologists and dermatologic surgeons, plastic surgeons, facial plastic surgeons (otolaryngologists), oculoplastic surgeons (ophthalmologists), and other cosmetic surgeons.

Choose skin care products wisely. There are no government standards for the use of words on cosmetic labels such as "dermatologist-tested," "allergy-tested," "hypoallergenic," "non-irritating," "herbal," "natural," or "cruelty-free, non-animal tested." These terms are often employed solely for marketing purposes. The ingredient list on the label is the only source of reliable, government-required information.

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Q and A On Breast Cancer Screening

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.

Decrease your daily fat intake - especially saturated or hydrogenated fats.

Eat leaner meats and limit red meat. Reducing your fat intake helps prevent other health problems such as heart disease and stroke and may reduce your chance of developing breast and colon cancers.

Increase fiber in your diet. Fiber is found in whole grains, vegetables, and fruits. This type of diet is beneficial for your heart and can help prevent other cancers such as colon cancer.

Eat fresh fruits and vegetables. In addition to their fiber content, fruits and vegetables have antioxidant properties and micronutrients that may help prevent some cancers.

Limit alcohol. Evidence suggests that a small increase in risk exists for women who average two or more drinks per day (beer, wine, and distilled liquor).

Stay active. The U.S. Surgeon General has recently reported that you can help prevent many health problems by engaging in a moderate amount of physical activity (such as taking a brisk, 30-minute walk) on most days of the week. Strive to maintain the body weight recommended by a health professional, since excess fat may stimulate estrogen production.

Don't smoke. Although smoking doesn't cause breast cancer, it can increase the chance of blood clots, heart disease, and other cancers that may spread to the breast.

For additional information on risk factors, access the American Cancer Society Website, www.cancer.org, Breast Cancer Facts and Figures, 2006.

Screening

For more information about mammography screening, please refer to American Cancer Society's Website at www.cancer.org.

Q: Is mammography reliable as a screening tool for breast cancer?

A: Mammography screening remains the best available method to detect breast cancer early. In 1992, the U.S. Congress passed the Mammography Quality Standards Act to ensure that mammography facilities throughout the country are of high quality and reliable. To lawfully perform mammography, each facility must prominently

display a certificate issued by the U.S. Food and Drug Administration (FDA). This certificate serves as evidence that the facility meets quality standards.

Q: Is mammography screening the only way to detect breast cancer?

A: Other screening tests, such as magnetic resonance imaging (MRI) are available, but mammography screening remains the best available method to detect breast cancer early. However, no medical test is always 100 percent accurate, and mammography is no exception. Research is under way to improve the technology to lead to better accuracy and to create new technologies.

Q: What is an MRI and isn't this test more effective than mammography?

A: Magnetic resonance imaging tests, or MRIs, are more thorough than mammograms and can better spot some cancers, but they also detect more growths that look suspicious but are actually benign. They're also much more expensive and may not be covered by insurance. In addition, MRI-guided biopsies are not widely available. In short, case-by-case decisions make the most sense.

Q: What should women expect when they have a mammogram?

A: A woman who still menstruates should schedule the mammogram for one week after her menstrual period begins, when the breasts will be the least tender. Women are asked to avoid using deodorant and lotions on the day of the mammogram and should wear two-piece clothing to make undressing more convenient. A specially trained radiologic technologist will perform the mammogram. The woman will be asked to undress from the waist up only and stand next to the x-ray machine. Two flat surfaces will compress one breast first, then the other for a few seconds. Compression is necessary to produce the best pictures using the lowest amount of radiation possible.

Q: What barriers keep women from getting mammograms on a routine basis?

A: Studies have identified a number of barriers to mammography screening. Some can be overcome with health education; others require programs to make mammography more accessible for women. The top barriers, in women's words, are:

1. "I don't need a mammogram because my doctor has never recommended I have one."
2. "I've never thought about it."
3. "I have no breast problems, so mammography isn't necessary."
4. "I don't have enough time."
5. "I have had a mastectomy (double mastectomy, radical mastectomy) and don't have breasts."
6. "I don't have a family history of breast cancer"

Other barriers include:

Fear about pain from the procedure.
Fear of a diagnosis of breast cancer.
Concerns about screening costs.
Concerns about the financial burden of diagnostic procedures and treatment, if needed.
No recent clinical breast examination or Pap test.
No routine source of health care.
Difficulty taking time off from work to be screened.
Living a far distance from the screening site.

Source: The Manual of Intervention Strategies to Increase Mammography Rates, Centers for Disease Control and Prevention with the Prudential Center for Health Care Research.

Q: Will health insurance pay for screening mammograms?

A: Regular screening mammograms are covered by the U.S. government's Medicare and Medicaid programs and other private health insurance plans (women should check their own insurance plans for individual details). Free or low-cost mammograms are available for women without health insurance in many locations. For a program near you, contact the CDC at (888) 842-6355.

Q: Will Medicare pay for screening mammograms?

A: Yes. Medicare covers mammography screening every year for women age 40 and older who are Medicare recipients. Yet, eligible women and their doctors may not now about this important benefit. A series of publications regarding this benefit are available in English and Spanish. For more information about Medicare coverage, contact the Medicare toll-free hotline at (800) MEDICARE or the Medicare Website, www.medicare.gov.

Q: How can women get low-cost or free mammograms?

A: For information on low or no cost mammography screening, contact the Centers for Disease Control and Prevention (CDC) at (888) 842-6355 or visit their Web site at www.cdc.gov. Women seeking mammograms at a reduced rate are urged to make their appointment early in the year, as space may be limited. To find a breast-imaging facility, contact the National Cancer Institute at (800) 4-CANCER.

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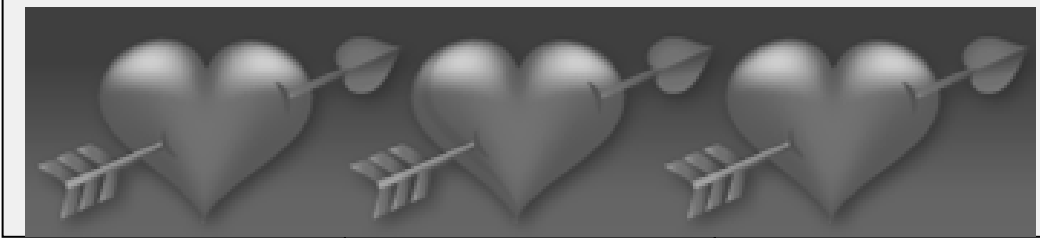
JANUARY, 2008

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 Sites Closed New Year's Day	2 Baked Chicken, Mashed Potatoes/Gravy, Green Beans, Peaches	3 Beef BBQ/Bun, Potato Wedges, Calico Beans, Mixed Fruit, Brownie	4 Pork Chop, Potato Casserole, Squash, Apple Crisp
7 Ring Bologna, Macaroni & Cheese, Mixed Vegetables, Apricots	8 Baked Fish, AuGratin Potatoes, Beets, Lemon Bar	9 Roast Pork, Mashed Potatoes & Gravy, Carrots/Peas, Lime Jell-O w/Pears & Topping	10 Meatloaf, Baked Potato/Sour Cream, Stewed Tomatoes, Baked Custard	11 Chicken Chow Mein, Oriental Vegetables, Rice, Cottage Cheese, Pineapple, Sugar Cookie
14 Ham, Sweet Potatoes, Green Beans, Mixed Fruit	15 Meatballs with Mushroom Gravy, Noodles, Peas, Peaches	16 Roast Turkey, Stuffing, Corn, Cranberry Sauce, Pumpkin Torte	17 Chili w/ Beef & Beans, Cornbread & Honey, Cabbage Salad, Cook's Choice Dessert	18 Pork Chop, Mashed Potatoes & Gravy, Corn, Cake
21 Chicken (Legs & Thighs), Potatoes, Beets, Mandarin Oranges	22 Beef Casserole w/ Tater Tots & Mixed Vegetables, Tossed Salad, Striped Delight Dessert	23 Roast Beef, Mashed Potatoes, Gravy, Peas, Fruit Crisp	24 Pork Cutlet, AuGratin Potatoes, California Blend Vegetables, Applesauce	25 BBQ Ribs, Baked Potato w/ Sour Cream, Sauerkraut, Fruited Jell-O & Topping
28 Chicken & Biscuits, Mixed Vegetables, Pears	29 Salisbury Steak, Mashed Potatoes, Broccoli, Cookie	30 Lasagna, Garlic Bread, 7 Layer Salad, Peaches, Birthday Cake	31 Beef Stew, Baking Powder Biscuit, Cabbage Salad, Tapioca Pudding	

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 – Mon., Wed., Fri. – Juanita Wahl @ 647-9187
Boaz – **Karen's Supper Club** - Serve on Wednesdays only at 11:30 – 536-3792

FEBRUARY, 2008

Richland County Nutrition Program				1 Glazed Ham Loaf, Baked Potato, Sour Cream, Peas, Pineapple Upside Down Cake
4 Hamburger/Bun, Potato Wedges, Baked Beans, Mixed Fruit, Cookie	5 Turkey, Mashed Potatoes, French Cut Green Beans, Cranberry Sauce, Pumpkin Bar	6 <u>Ash Wednesday</u> Baked Fish, Potatoes, Carrots, Bread Pudding with Caramel Sauce	7 Chicken Pasta Dish, French Bread, Tossed Salad, Apricots	8 Roast Pork, Potato Casserole, Corn, Applesauce Gelatin
11 Chop Suey with Meat & Oriental Vegetables, Rice, Pineapple, Fortune Cookie	12 <u>Lincoln's B-day</u> Pork Chop, Sweet Potatoes, Green Beans, German Chocolate Cake	13 Sirloin Tips, Buttered Noodles, Mixed Vegetables , Jell-O with Fruit & topping	14 <u>Valentine's Day</u> Ruby Chicken (Cranberry Glaze), Baked Potato, Sour Cream, California Blend Veg-table, Valentine Cookie	15 Salmon Loaf, Potatoes, Creamed Peas, Peaches
18 <u>President's Day</u> Ham, Scalloped Potatoes, Green Beans, Applesauce	19 Chicken Salad Sandwich, Potato Salad, Baked Beans, Orange Jell-O with Crushed Pineapple & Topping	20 Open Face Hot Beef Sandwich, Mashed Potatoes & Gravy, Carrots, Pudding Torte	21 Spaghetti & Meat Sauce, 7 Layer Salad, Garlic Bread, Mixed Fruit	22 <u>Washington's Birthday</u> BBQ Chicken, Baked Potato, Sour Cream, Corn, Cherry Cheesecake
25 Polish Kielbasa, Macaroni & Cheese, California Blend Vegetables, Mandarin Oranges	26 Chicken ala King, Biscuit, Peas, Cottage Cheese, Peaches	27 Swiss Steak, Mashed Potatoes, Carrots, Birthday Cake	28 Pork Cutlet, AuGratin Potatoes, Beets, Fruit Cocktail Cake & Topping	29 Lasagna, Tossed Salad, French Bread, Fruit