

**Volume VII, Number II ~ March / April 2008**

# *The* Family and Friends Newsletter

## **Building on Strengths** *Social Workers : Help Starts Here*

Who do you consider to have strength? Every individual, family, and community has strengths that can help them face life's difficulties. Social workers help build upon those strengths.

**Richland County Health and Human Services, along with the National Association of Social Workers, proudly announces National Social Work Month 2008.**

This year's theme—*Building on Strengths: Help Starts Here*—focuses on the important strengths inherent in each individual, family and community. Understanding and utilizing these strengths are essential to improving the emotional health and well-being of society.

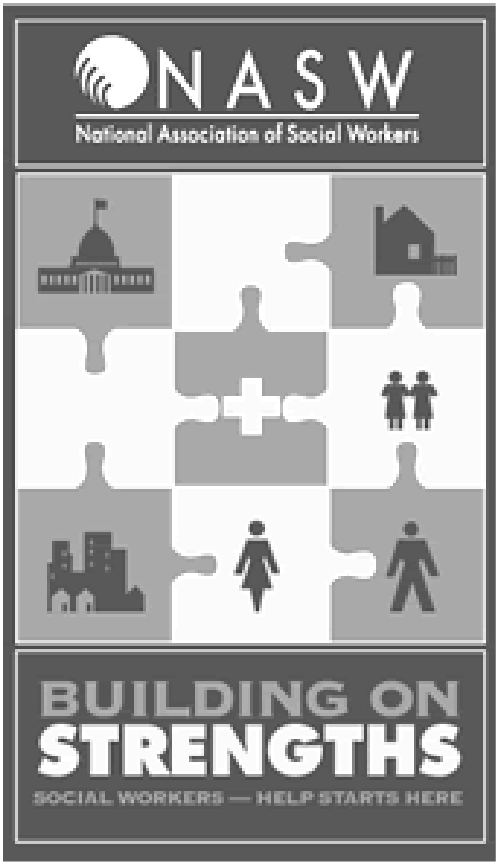
Everyone can use help overcoming challenges, and that's why many turn to a social worker. When challenges loom for an individual, family or community, the tendency is to focus on what is wrong and how it got that way. Social workers look at challenges through a unique lens. By focusing on the abilities, resources and supports that are available, social workers help identify, harness and build upon strengths and abilities to overcome challenges. More than 600,000 social workers are educated in the "strengths perspective" which emphasizes working with client or community resources, capabilities, support systems, and motivations to meet current challenges. Understanding and utilizing these strengths are essential to improving emotional health and well-being.

Social workers support American families and communities by focusing on connections between the areas from which people draw their strength—home, health, family, friends and community. The strength-perspective approach fosters hope by focusing on the positive, rather than on feelings of helplessness. Individuals, families, and communities can feel empowered by working with their strengths.

Social Work Month also provides an opportunity for social workers to highlight the essential role they play in alleviating some of America's most

difficult problems. Through education, training and dedication, social workers provide assistance in many different areas of practice including health, aging, mental health, child welfare, cancer, end of life, adolescent health, HIV/AIDS and family violence.

Richland County Health and Human Services is very pleased to have these skilled and caring individuals working for the good of individuals and families.



- ◆ Connie Anderson
- ◆ Irv Balto
- ◆ Alyson Bowe
- ◆ Jacquie Brunslík
- ◆ Jodi Carlile
- ◆ Laurie Couey
- ◆ Diane Cox
- ◆ Becky Cupp
- ◆ David Dati
- ◆ Rebecca Davidson
- ◆ Kim Enders
- ◆ Katie Erb
- ◆ Dave Folks

- ◆ Charlene Gald
- ◆ Karee Gander
- ◆ Nicole Harrison
- ◆ Jenny Havlik
- ◆ Randy Jacquet
- ◆ Patty Kemerling
- ◆ Mary Kenefick
- ◆ Linda King
- ◆ Renee Knoble
- ◆ Sharyn Knudson
- ◆ Rachel McGlynn
- ◆ Erin Miess
- ◆ Connie Monroe
- ◆ Pam Nigl
- ◆ Michelle Parr
- ◆ John Pyle
- ◆ DeAnna Riska
- ◆ Cindy Robinson
- ◆ Karn Schauf
- ◆ Laurie Swenson
- ◆ Linda Symons
- ◆ Tracy Thorsen
- ◆ Lori Thuli
- ◆ Kristy Wanless
- ◆ Katie Wiegel
- ◆ Erin Wilson

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**Are you struggling with the decision to place a loved one in facility care?**

**The Alzheimer’s Association will present:**

**“Making the Move to Facility Care”**

**Tuesday May 13**

**6pm-8:30pm**

**in Pippin room 1**

**at the Richland Hospital**

**333 East Second Street**

**Richland Center**

**Presenters are Mary Salzieder and Pat Wilson.**

**HOW TO CALL THE POLICE WHEN YOU'RE OLDER AND DON'T MOVE FAST ANYMORE**

George Phillips of Meridian, Mississippi was going up to bed when his wife told him that he'd left the light on in the garden shed, which she could see from the bedroom window.

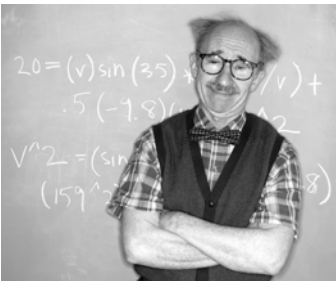
George opened the back door to go turn off the light but saw that there were people in the shed stealing things. He phoned the police, who asked 'Is someone in your house?' and he said 'no'. Then they said that all patrols were busy, and that he should simply lock his door and an officer would be along when available.

George said, 'Okay,' hung up, counted to 30, and phoned the police again. 'Hello, I just called you a few seconds ago because there were people stealing things from my shed. Well, you don't have to worry about them now because I just shot them.' Then he hung up.

Within five minutes six police cars, a SWAT Team, a helicopter, two fire trucks, a paramedic and an ambulance showed up at the Phillips' residence and caught the burglars red-handed.

One of the Policemen said to George, 'I thought you said that you'd shot them!' George said, 'I thought you said there was nobody available!'

True Story! Don't mess with older people.



**Parental Drinking Boosts Teen Alcohol Risks**

Published: 02/04/08

MONDAY, Feb. 4 (HealthDay News) -- Parents' drinking directly influences teen drinking and also has an indirect effect through teen perceptions of parenting, especially monitoring and disciplines, a new study says.

Reporting in the February issue of the journal *Alcoholism: Clinical & Experimental Research*, researchers analyzed data collected from 2,402 male and 2,329 female teens and their parents in Finland. The teens were asked about their alcohol use and intoxication at ages 14 and



17.5, while the parents were asked about frequency of alcohol use and intoxication, as well as their lifetime prevalence of alcohol-related problems.

"We wanted to, first, examine the extent of the relationship between the drinking behaviors of parents and those of their adolescent offspring at 14 and 17.5 years of age," corresponding author Shawn J. Latendresse, a postdoctoral research fellow at the Virginia Institute for Psychiatric and Behavioral Genetics at Virginia Commonwealth University, said in a prepared statement.

"Second, we wanted to determine how much of that association was due to parents' drinking behaviors affecting their ability to parent responsibly, which translated into a risky or protective environment," Latendresse said.

The study found that, among parental dimensions examined, monitoring and discipline played the strongest intermediary role in associations between parental and adolescent drinking behaviors. The researchers also found that the magnitude of this role was much stronger during early adolescence, while parental drinking had a stronger effect on teen drinking in later adolescence.

"With respect to individual aspects of parenting, our analyses show that parental alcohol use, intoxication, and problem drinking symptoms are consistently associated with decreases in monitoring and increases in discipline," Latendresse said.

"Decreases in monitoring are related to higher levels of adolescent alcohol use at age 14 and more frequent intoxication at both 14 and 17.5. Likewise, increases in discipline are linked to more frequent use and intoxication but only when adolescents are 17.5," Lantendresse said.

While the study findings "are consistent with the protective effects of parental monitoring, it is important to note that excessive discipline may actually have the unintended effect of conveying greater risk for alcohol-related behaviors among adolescents as they get older and are seeking a greater sense of autonomy," the statement said.

# Why Exercise?

**Barb Harris, CMO RN Care Manager**

George Burns lived to be 100 years old, and he used to say, “If I knew I was going to live this long, I would have taken better care of myself!” Do you ever wonder how old you will live to be? Do you ever think you should take better care of yourself, or how to go about it, or when to begin? Well, the time to begin is right now. And one very good way to begin is to exercise.

## What does exercise do for your health?

Regardless of your age, weight, or athletic ability, exercise is good for you. You not only will boost your mood and help keep excess pounds at bay; you will help reduce your risk of many common health problems people face. Exercise can help you prevent obesity, heart disease, high blood pressure, stroke and even some types of cancer. Type 2 diabetes is also kept under control, and often prevented by regular exercise. Remember this slogan, “Exercise is like insulin.” This is important for all of us, even those who are not diabetic, and especially those who are at high risk of getting it, such as people who are overweight, or have a family history of diabetes. Every one of us has a blood sugar level which goes up after we eat and down when we are hungry. Insulin is the hormone that drives the sugar out of the blood where it can cause damage, and into the cells of the body which use it like a fuel. Every one of us hopes that our body can keep the blood sugar level steady, and exercise is an excellent way to help our bodies do just that. Exercise stimulates the body to move that sugar right out of the bloodstream, keeping us healthy and feeling good.

## Is that all exercise can do?

Actually, no! Exercise can relieve chronic muscle pain by improving strength. Back exercises can keep the muscles strong, and prevent them from collapsing and pressing against the nerves, resulting in pain. Exercise activates your immune system, keeping you protected from colds and the flu. Exercise increases your “good” cholesterol level (HDL) and lowers your “bad” cholesterol in your blood, so you end up with less buildup of plaque in your arteries, which helps prevent strokes and heart attacks. Exercise also strengthens your heart muscle, so it pumps blood more efficiently and improves blood flow to all parts of your body. Regular exercise helps not only your heart and blood vessels, but your lungs too, which promotes better functioning to help you breathe better and have more energy.



## Can exercise improve mood?

Yes, it can. It has been documented that exercise can improve symptoms of depression in people of all ages, even to the extent that it competes with the effectiveness of medication or counseling. When you exercise, your body releases a chemical called endorphins. Some people call this the “endorphin rush.” Endorphins act as natural painkillers that promote an increased sense of well being. Talk to most anyone who exercises and they will tell you about that “feel-good” phenomenon that is maybe the most wonderful benefit exercise will give you. Exercise also can help you release stress and anxiety, boost your confidence, and improve your self-esteem.

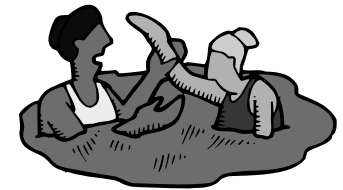
## How does the body respond to exercise?

During any aerobic exercise, such as walking, bicycling, or swimming, you repeatedly move large muscles in your arms, legs and hips. You begin to breathe faster and more deeply. This sends more oxygen into your bloodstream. Your heart beats fast, which sends more blood flow to your muscles and

back to your lungs. Your small blood vessels, the capillaries near the skin, will widen to deliver more oxygen to your muscles, and also to carry away your body’s waste products that can build up and stagnate in your bloodstream, such as carbon dioxide and lactic acid. When your blood gets moving, all the parts of your body get more oxygen.

## Can exercise prevent the loss of muscle?

Did you know that after the age of 40, you will lose 3% to 5% of your muscle mass per decade, and after age 50, you start losing 1% to 2% of your muscle mass every year? Can exercise really improve this and other problems? Yes, it can! Muscle function improves with exercise, improving the ability of the body to protect you from falls or other injuries. Endurance and stamina improves as well. Exercise may make you tired in the short term, but over the long term, you’ll enjoy increased stamina and less fatigue, and feel more alert.



## Can exercise prevent falls?

Flexibility and balance are improved with exercise, and these improvements go a long way toward preventing falls. Reducing the risk of falling is very important, since one in three Americans over the age of 65 falls each year, and among individuals 65 – 84, falls account for 87% of all fractures and are the second leading cause of spinal cord and brain injury. Many studies have proved the benefits of exercise as a way to prevent falls, and one such study reported that muscle strengthening and balance retraining exercises in elderly men and women reduced the risk of falls and fall injuries by as much as 35% to 45%.

## Can exercise prevent fractures?

Osteoporosis, or thinning of the bones, is responsible for more than 1.5 million fractures annually. The good news is that exercise can increase bone density. Research shows that weight lifting and walking can increase bone density in the hip and spine. The reason for the benefits is that exercise causes stress on the bones, which causes the bones to thicken, and stimulates them to grow.

## Can exercise prevent dementia?

Brain function can improve as well. Scientists have learned that the brain neurons, the special cells that help you think, remember, move, and perform all the bodily functions that keep you alive, all increase in number after just a few days or weeks of regular activity. In another study, it was learned that the people who exercised the most had the highest scores on tasks like coordination, scheduling, planning and memory. And in a recent study of 1,740 adults older than 65, researchers found that the incidence of dementia in people who walked three or more times per week was 35% lower than people who walked less than that.

## Need more convincing?

Still not motivated to start an exercise program right away? Keep this in mind. People who engage in regular aerobic exercise appear to live longer than those who don’t. I don’t know about you but I want to live long enough to enjoy my retirement, and that’s why I exercise five days a week for a half an hour. This is the recommended amount to enjoy all of the benefits, but any amount of exercise you can do is better than none. Be sure to talk to your doctor first if there may be any health concerns or limits of you need to include in your exercise plan. Start slow, pick activities you enjoy, and get moving!

## Resources:

[www.mayoclinic.com/aerobic-exercise](http://www.mayoclinic.com/aerobic-exercise)

[www.mayoclinic.com/exercise](http://www.mayoclinic.com/exercise)

[www.medicinenet.com](http://www.medicinenet.com) : article “Senior Exercise”



## WHAT YOU MAY NOT KNOW ABOUT MEDICARE



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

Almost everyone knows that Medicare is a medical insurance program for retired and disabled people, run by the government. But there are probably some things you don't know about Medicare — and should. Some people are only covered by one type of Medicare; others opt to pay extra for more coverage. Understanding Medicare can save you money. Here are some things you should know about Medicare.

There are four parts to Medicare: Parts A, B, C and D. **Part A** helps pay for inpatient hospital care, skilled nursing care, hospice care and other services. **Part B** helps pay for doctors' fees, outpatient hospital visits, and other medical services and supplies that are not covered by Part A. **Part C** allows you to choose to receive all of your health care services through a provider organization. These plans may help lower your costs of receiving medical services, or you may get extra benefits for an additional monthly fee. You must have both Parts A and B to enroll in Part C. And **Part D** is the Medicare Prescription Drug Program. Part B is the one we get the most questions about, so here are some things to know about it. There is a monthly premium for Medicare Part B; in 2008 the standard premium is \$96.40. Some high-income individuals pay more than the standard premium. Part B is a good value for people who need medical insurance, but you need to enroll during your initial enrollment period, or when you first become eligible, unless you want to pay a penalty in the form of a higher premium. Most people first become eligible for Medicare at age 65.

There are exceptions to this rule. For example, you can delay your Medicare Part B enrollment without having to pay higher premiums if you are covered under a group health plan based on your own current employment or the current employment of any family member. If this situation applies to you, you can sign up for Medicare Part B without paying higher premiums:

- ♦ Any month you are under a group health plan based on your own current employment or the current employment of any family member; or
- ♦ Within eight months after your employment or group health plan coverage ends, whichever comes first.

If you are disabled and working (or you have coverage from a working family member), the same rules apply.

Remember: If you don't enroll in Medicare Part B when you first become eligible to apply and you don't fit into one of the above categories, you'll have to wait until the general enrollment period, which is January 1 through March 31 of each year. At that time, you may then have to pay a higher Medicare Part B premium because you could have had Medicare Part B earlier and did not take it.

For more information about Medicare Parts A, B, C, and D, visit the Center for Medicare & Medicaid Services (CMS) Medicare website at [www.medicare.gov](http://www.medicare.gov).

*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](mailto:Kenneth.hess@ssa.gov).*

## RESOURCES 4 YOU

As young adults with disabilities prepare to transition out of high school, it's important they learn about the kinds of services and community resources available to help them live as independently as possible in the adult world. The Aging & Disability Resource Center provides information and options counseling to help young adults and their families make informed decisions as they plan for the future. Topics covered include options for housing, employment, personal and supportive care, disability benefits and more. To find out more about the transition services offered by the Aging & Disability Resource Center, call 647-4616. Here are some resources for young adults with disabilities who will be transitioning out of school and into the adult world:

**Disability Benefit Specialist Program** – Assists with application process for adult disability benefits such as Supplemental Security Income (SSI) or Social Security-Disability. Obtaining disability benefits as an adult also opens the door for medical benefits through the Medical Assistance Program. Call the Aging & Disability Resource Center at 647-4616.

**Wisconsin Statewide Transition Initiative** – This website includes a resource directory that provides students, parents, teachers and community agencies a guide for identifying programs and services. Check it out at [www.wsti.org](http://www.wsti.org). Once on the website click on Resource Directory from the list on the left side of the screen.

**Division of Vocational Rehabilitation** – Assists people with disabilities who need services to prepare for work, or to find and keep a job. Services may include guidance and counseling to develop work goals and a plan to meet your goals; help in finding and keeping a job; identifying and getting adaptive aids and technology that can make it easier to do a job; and needed training, either in school or on the job. For more information call Jennifer Hunn at 647-8821, ext. 303.

**Independent Living Resources** – A non-profit agency dedicated to empowering people with disabilities by providing advocacy, education and services, including information & referral, peer support, independent living skills training, accessibility services, and assessments and recommendations for assistive technology. For more information call 647-8053.

## Fun Facts.....Did ya know?

**American advertising agencies have invented words – glamorize, sanitize, motorize, vitalize, finalize, customize.**

**The U.S. treasury used to print a \$100,000 bill with a portrait of Woodrow Wilson. These bills, however, are no longer in circulation.**

**The insulin used to treat diabetes in human beings is taken from pigs and sheep. The substance produced in these animals is exactly the same as that found in the human body.**

**A wedding ring cannot be seized by creditors – no matter how much a bankrupt person owes.**

EIGHT FOR 2008:  
FASCINATING FACTS ABOUT  
SOCIAL SECURITY



By Ken Hess  
Social Security Public Affairs Specialist for  
Northern Wisconsin

Here are eight interesting facts about Social Security for 2008.

1. In 2008, about 50 million Americans will receive Social Security benefits — that’s roughly TWICE the number of people who live in the cities of New York, Los Angeles, Chicago, Houston, Philadelphia, Phoenix, San Antonio, San Diego and Dallas combined.
2. The nation’s first baby-boomer began collecting Social Security retirement benefits in February 2008 ... and over the next 20 years another 78 million baby boomers will be eligible to apply for benefits, too. That’s an average of more than 10,000 people applying for benefits every day!
3. About 70 percent of private sector workers have no long-term disability insurance — but nearly all workers and their families have Social Security protection in the event of a long-term disability.
4. The average monthly Social Security survivors insurance benefit for a widow or widower with two dependent children is about \$2,243 per month — which for most workers is more than the value of their private life insurance.
5. More than 3 million children under age 18 get Social Security benefits — as survivors of deceased workers, or as the children of people receiving retirement or disability benefits.
6. Approximately 442 million Social Security numbers have been issued since 1936 — but there are approximately 1 billion possible Social Security number combinations with the nine-digit number, so there are plenty more to go around.
7. Social Security offices are VERY busy. Nearly 42 million people visit a Social Security office each year. Another 60 million call our nationwide toll-free telephone service each year at 1-800-772-1213 (TTY 1-800-325-0778). In addition, about 48 million people visit our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov).
8. By 2032, there will be almost twice as many older Americans as today — growing from 38 million today to 72 million.

If you find these facts interesting and would like to know more about any aspect of the Social Security programs, you can visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

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 [Ken-neth.hess@ssa.gov](mailto:Ken-neth.hess@ssa.gov).

Memory Matters

By: MaryJane Jacobus, CMO RN Care Manager

Family Care is based on the promotion of overall wellbeing of our members. Because of this commitment we continue to look for best practices to help keep members safe and healthy to meet their long term goals. Presently we are working with the State of Wisconsin and UW in promoting early recognition of and treatment for serious memory problems. We will identify potential memory problems with our Family Care members over 65 who meet the guidelines for participation in this project.

There are a number of reasons that our memory slips as we get older. Memory impairments that come with the normal aging process are annoying but not serious. Not all the reasons are automatically diagnosed as dementia. There is a difference between forgetting where we put our keys and not remembering we had keys. We would like to alleviate as many fears as possible about memory problems. Much research has been done around identifying these concerns and how to appropriately treat them. We would like to work with family and friends of our members over 65 to accomplish this.



During the next several months Family Care Care Managers are going to offer a one-minute screening to members eligible for participation in this project. If this screen shows any concerns Care Managers will suggest further testing.

As you think about how you feel about participating in this project think about your long term wishes and desires. Memory is an important part of living independently. Most of us value the independence of managing our homes or apartments. We would like to work with you to take advantage of the treatments and suggestions. These suggestions may allow you to reach your long term goal of good health and independence.

Geezer Quiz

What was the name of the group who made the song "The Gypsy" a hit in the US?

- a. The Ink Spots
- b. The Supremes
- c. The Esquires

Who left his heart in San Francisco?

- a. Tony Bennett
- b. Xavier Cugat
- c. George Gershwin

(Answers at bottom of this page)

ANSWERS to Geezer Quiz:

19. a) The all male, all black group, The Inkspots.  
20. a) Tony Bennett and he sounds just as good today.



## Take charge with a living will

The start of a new year is a fresh beginning. It's also traditionally a time to plan our goals and resolutions for the year ahead. As you run through the usual list of aims for the year — exercise more, lose weight — it's worth beginning to consider planning ahead and documenting your health care wishes, looking into the future. If you've been putting this planning off until now, why not make this the year you arrange for your future?

It's never easy to talk about serious illness, disability, or death. But a little bit of uncomfortable conversation can make all the difference should you — or a loved one — become unable to express your health care preferences. It's most important that you talk to your health care agent (the person you appoint to speak for you, should you be unable to speak for yourself) and your doctor about your wishes, but you also may want to share your desires with other family members. Finally, be sure to update people — and your forms — if your wishes change.

### **Talking to your health care agent**

Before you appoint someone as your health care agent (or alternate agent), make sure that person understands your wishes and is willing to carry them out. If he or she objects to one of your decisions, you might want to think about picking someone else. A good way to organize your thoughts for this conversation is to fill out a generic living will and use it to explain what decisions you've made and why. Also discuss any religious beliefs that might impact your thinking on end-of-life matters and your general hopes for your medical care. It might be good to let other family members know about your decisions, too, so they don't feel left out or surprised in case your agent does need to make decisions for you.

Don't forget that no matter how hard you and your agent find this conversation, not having your wishes spelled out will create more stress in the long run. Watching a loved one get sick is one of life's major stressors. Being responsible for making choices about the medical care of that person is difficult to begin with, and not knowing what choices the person would have made further increases stress. So talking about what kind of care you would want and putting those choices in writing are important not only for your peace of mind, but for your family's as well.

### **Talking to your doctor**

If a doctor disagrees with a patient's wishes, he or she does not have to carry them out, but is obligated to find a doctor who will. To avoid this complication, make sure your doctor knows about — and is comfortable with — your decisions. Schedule an appointment specifically to go over your completed advance care directive, or tell the receptionist that you want extra time to discuss them during your next appointment.

In addition to the items covered in your directive — especially the kind of treatments you would want and how you would like to treat pain — make sure your doctor is aware of how much you would like to know about your condition should you become very ill. Some people want to know everything, while others would prefer only the basics. Also note how much information you want shared with your loved ones.

In addition, your doctor can be a great resource for questions about medical treatments that you'd like answered before you fill out your directive. He or she may also be able to tell you what medical problems you may face given your medical history.

*(Continued from bottom of this page)*

Once you've completed your advance care directive, ask your doctor to keep copies in your medical file and to make a note in the file about the conversations you've had. Also periodically make sure he or she has the current contact information for your health care agent, if you have one.

### **When someone you love won't create an advance care directive**

If someone you love doesn't have an advance care directive, feel free to ask about it. Explain why it's important to have one, and that it would make you feel better if you knew this was taken care of. You may want to say something like: "I love you, and I wouldn't want to do anything you didn't agree with if a situation came up that left you unable to tell me what you wanted."

As you probably know, you can rarely get people to do something they don't want to do. If your loved one is reluctant to discuss this, you can try to figure out why and try to address it. For example, if the person doesn't "want to think about death," you can point out that you're really talking about quality of life, not death, and promise to keep the conversation as brief as possible.

If you still meet with refusal, don't push the issue too much. Be ready to drop the subject if the person gets angry or upset, but explain that you'll want to discuss it later. Then follow up. If you know your loved one's doctor or religious adviser, you can ask him or her for help.

### **Tips on being a good agent**

Being asked to be someone's health care agent is an honor — it means the person is saying, "I trust you with my life." It's also a huge responsibility. So before you say yes, make sure you feel comfortable carrying out the person's wishes and that you don't feel morally or religiously opposed to them. Once you have agreed to be someone's agent, the following tips may make your job easier:

- ♦ Be sure you know everything you can about your loved one's wishes at the time you sign the health care proxy. And check in with him or her every now and then — especially after a change in health — to make sure those feelings haven't changed.
- ♦ If your loved one becomes sick, be sure the staff of the nursing home or hospital knows that you are the health care agent. Bring along a copy of the health care proxy.
- ♦ Don't be afraid to ask questions to make sure the health care workers are honoring your loved one's wishes. Remind people of those wishes as needed.
- ♦ Make sure you understand your loved one's medical condition and the likely outcome. Some doctors may explain things using medical terms you aren't familiar with. Don't be afraid to ask them to rephrase something until you fully understand it. Also make sure you and the doctors are speaking the same language. For example, your loved one may define "recovery" as living without the use of life support, but it may mean something else to his or her doctors.
- ♦ If you feel your loved one's wishes are being ignored, talk to a hospital social worker, patient representative, chief of medicine, or the institution's ethics committee or lawyer. As a health care agent, you are an advocate for someone who can't advocate for himself or herself. Don't be afraid to be pushy if need be.
- ♦ Make sure you understand your rights and responsibilities. You can find more information on this in [A Guide to Living Wills and Healthcare Proxies](#) from Harvard Medical School.

*Reprinted from A Guide to Living Wills and Health Care Proxies – A Special Health Report from Harvard Medical School, © 2008 by the President and Fellows of Harvard College. All rights reserved.*

# Power of Attorney for Health Care Fair

## March 27, 2008, Noon—4pm

Richland County Health and Human Services Building  
221 West Seminary St. ~ 647-8821 ext. 261

Family Care staff will be available to assist you in completing your Power of Attorney documents. Appointments recommended, walk-ins are welcome.

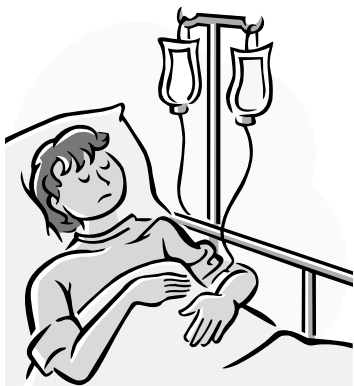
# Who will speak for you?

Every one of us needs a Power of Attorney for Health Care. This legal document allows you to name someone you trust to speak for you to make medical decisions on your behalf if you were ever not able to speak for yourself.



## Who Will Speak for You?

*Barb Harris, CMO RN Care Manager*



Every one of us needs a Health Care Power of Attorney. What is this? The HCPOA is a document that can be completed by you and two witnesses. It is a legal document in which you name a person (or persons) that you trust to speak for you to make medical decisions on your behalf if you were ever

not able to speak for yourself.

Don't think that could ever happen to you? Don't be so sure. Any person of any age could wind up in the Emergency Room on any given day due to accident or illness of any kind, and be unable to speak for themselves. Without completing this simple document first, how would your doctor know who to turn to for the medical decisions that affect your life? What if you had relatives who disagreed on an issue like inserting or removing a feeding tube that is keeping you alive? A case like that could be tied up in the court system for years, while your life hangs in the balance, your voice silent.

The time to speak for yourself is now, while you still can. Come to the Richland County Health and Human Services building at 221 W. Seminary Street, Richland Center on **March 27 from noon to 4pm** for a HCPOA Fair and take a few short minutes to complete this document for yourself. Power of Attorney for Finance forms can also be completed at this Fair. Appointments are recommended but walk-ins are welcome.

## Senior Citizen Free Tax Aide

Free tax aide will again be offered to residents of Richland County who are age 60 or older. This tax program is sponsored by the American Association for Retired Persons (AARP) in cooperation with the Internal Revenue Service and the Wisconsin Department of Revenue. Trained volunteers will assist seniors in completing State and Federal forms and Homestead Credit forms.

AARP representatives will be available at the Brewer Public Library located at 325 N Central Avenue – Richland Center

10:00 a.m. – 3:00 p.m. at Brewer Public Library on the following Mondays on:

March 3	March 17
March 31	April 7

### To be eligible for Homestead you must have:

- ♦ Rented or owned a home in Wisconsin during 2007
- ♦ Legal resident of Wisconsin for all of 2007
- ♦ Homestead income less than \$24,500 for 2007
- ♦ At least 18 years old on December 31, 2007

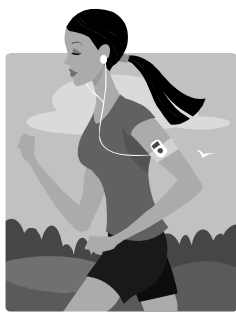
### What you need to bring:

- ♦ A copy of your real estate tax bill for 2007 (the one received in the mail in December) or a rent certificate found in the Homestead Credit booklet, filled in and signed by your landlord or housing manager
- ♦ All income statements including W-2 forms, 1099 Forms and Social Security year end information forms.
- ♦ All forms you received in the mail and copies of your 2006 State and Federal Returns.

**Please note:** AARP representatives will not do complex tax returns such as farm, business, rental, married filing separately, or anything which requires depreciation.

**Appointments are on a first come first serve basis so be prepared to wait your turn.**

# Exercise



Whether you're 9 or 90, abundant evidence shows exercise can enhance your health and well-being. But for many people, sedentary pastimes, such as watching TV, surfing the Internet, or playing computer and video games, have replaced more active pursuits.

## What exercise can do for you

Millions of Americans simply aren't moving enough to meet the minimum threshold for good health — that is, burning at least 700 to 1,000 calories a week through physical pursuits.

The benefits of exercise may sound too good to be true, but decades of solid science confirm that exercise improves health and can extend your life. Adding as little as half an hour of moderately intense physical activity to your day can help you avoid a host of serious ailments, including heart disease, diabetes, depression, and several types of

### Exercise at a glance

In a nutshell, exercise can:

- reduce your chances of getting heart disease. For those who already have heart disease, exercise reduces the chances of dying from it.
- lower your risk of developing hypertension and diabetes.
- reduce your risk for colon cancer and some other forms of cancer.
- improve your mood and mental functioning.
- keep your bones strong and joints healthy.
- help you maintain a healthy weight.
- help you maintain your independence well into your later years.

cancer, in particular breast and colon cancers. Regular exercise can help you sleep better, reduce stress, control your weight, brighten your mood, sharpen your mental functioning, and improve your sex life.

A well-rounded exercise program has four components: aerobic activity, strength training, flexibility, and balance exercises. Each benefits your body in a different way.

## Fighting disease with aerobic activity

Aerobic exercise is the centerpiece of any fitness program. Nearly all of the research regarding the disease-fighting benefits of exercise revolves around cardiovascular activity, which includes walking, jogging, swimming, and cycling. Experts recommend working out at moderate intensity when you perform aerobic exercise. This level of activity is safe for almost everyone and provides the desired health benefits. Additional health benefits may flow from increased intensity.

## Protecting bone with strength training

Strength or resistance training, such as elastic-band workouts and the use of weight machines or free weights, are important for building muscle and protecting bone.

Bones lose calcium and weaken with age, but strength training can help slow or sometimes even reverse this trend. Not only can strength training make you look and feel better, but it can also result in better performance of everyday activities, such as climbing stairs and carrying bundles. Stronger muscles also mean better mobility and balance, and thus a lower risk of falling and injuring yourself. In addition, more lean body mass aids in weight control because each pound of muscle burns more calories than its equivalent in fat.

# Our balancing act

Though not something we often think about, our balance tends to erode with time. For weekend athletes, lost equilibrium can mean more spills on the slopes or wipe-outs in the surf. For the sedentary, it can bring a surprise encounter with the sidewalk.

Yet falls aren't an inevitable consequence of growing older. It's possible to regain equilibrium and compensate for permanent balance deficits.

## Life in the balance

Our eyes, ears, and central nervous system are key to maintaining stability.

Vision immediately tells us where we are in relation to the rest of the world. Visual cues also allow us to adjust our body's position so we can steer around obstacles in our path.

Another important source of our sense of balance is the inner ear. Wherever you move your head, nerves inside the ear relay its precise position to the central nervous system.

The central nervous system also gets information from nerve receptors embedded in muscles and tendons.

## Enemies of equilibrium

Conflicting reports from the three systems can set our heads aswim. In fact, seasickness is a prime example — the eyes say the cabin is steady, but the inner ear says you are rolling back and forth, up and down.

Balance can also suffer from malfunctions of a single system. These may be caused by a number of disorders:

**Neurological conditions** like Parkinson's disease, multiple sclerosis, and strokes can affect balance. Physical therapy for neurological conditions can help to maximize balance and minimize the risk of falls.

**Diabetes** causes nerve damage in the feet, making it more difficult not only to walk properly but also to sense the terrain underfoot.

**Vertigo** may come from ear disorders or simply from the aging of the inner ear's balance system.

**Postural hypotension** — a drop in blood pressure when rising from a chair or bed — can cause lightheadedness or even fainting. It's very common and has many causes: dehydration, anemia, medications, or abnormalities of the autonomic nervous system, which monitors and controls blood pressure.

**Foot problems**, such as corns, bunions, and hammer-toes, are both a cause and a result of uneven balance.

**Eye diseases** such as cataracts and glaucoma are stealthy thieves of sight — and balance.

**Medications** that can cause dizziness or lightheadedness include sedatives, antihypertensives, antidepressants, and antihistamines.

## Retaining and regaining

Balance is another one of those use-it-or-lose-it propositions. Sedentary people lose some of the neural connections necessary for good balance. Getting off your duff will help you stay on your feet.

Bad posture causes bad balance. You can't go wrong following the ancient alignment mantra: Head erect,



(Continued from bottom of page 8)

**Ease back pain with flexibility exercises**

Stretching or flexibility training is the third prong of a balanced exercise program. Muscles tend to shorten and weaken with age. Shorter, stiffer muscle fibers make you vulnerable to injuries, back pain, and stress. But regularly performing exercises that isolate and stretch the elastic fibers surrounding your muscles and tendons can counteract this process. And stretching improves your posture and balance.

**Preventing falls with balance exercises**

Balance tends to erode over time and regularly performing balance exercises is one of the best ways to protect against falls that lead to temporary or permanent disability. Balance exercises take only a few minutes and often fit easily into the warm-up portion of a workout. Many strength-training exercises also serve as balance exercises. Or balance-enhancing movements may simply be woven into other forms of exercise, such as tai chi, yoga, and Pilates.

Reprinted from *Exercise: A program you can live with* — A Special Health Report from Harvard Medical School, Copyright © 2008 by the President and Fellows of Harvard College. All rights reserved.

**“Our Balancing Act”**

(Continued from bottom of previous page)

shoulders back and down, stomach and buttocks tucked in, knees relaxed, and feet planted firmly, hip-width apart.

Some strength is also essential. Strong hip, knee, and ankle muscles will give you a solid foundation and help you stay upright. Tai chi has been firmly established as *the* exercise routine for balance. The flowing, controlled movements are a great way to improve stability and reduce the fear of falling. Numerous studies have proved it. For example, in 2005 researchers at the Centers for Disease Control and Prevention (CDC) reported the results of a study comparing a year's worth of tai chi to a regular wellness program. The study volunteers were people ages 70 to 97 who had fallen and were likely to become frail. Most were women. The CDC researchers found that the people who did tai chi were much less afraid of falling than those in the wellness program, and the difference increased as the year went on.

For more information on regaining balance and building strength, order our special health report *Strength and Power Training: A guide for adults of all ages* at [www.health.harvard.edu/SPT](http://www.health.harvard.edu/SPT).

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:

Patrick Metz, Business Manager  
1000 US Highway 14 W  
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>

The information available from Family and Friends Newsletter is intended as a general reference source. Information provided should be carefully evaluated for its source, accuracy, currency, completeness and relevance for your purposes, and you should obtain appropriate professional advice relevant to your particular circumstances. The information and links contained in the Family and Friends Newsletter are not endorsed nor supported by the Richland County Health and Human Services.

**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:**

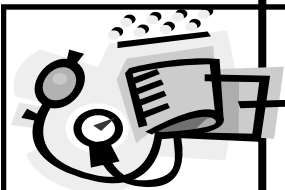
RCHHS Public Health  
Community Services Building  
221 West Seminary Street  
Richland Center, WI 53581

**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  
March 11th & April 8th**

**Viola Meal Site  
Old Grade School  
March 18th & April 15th**

**Rockbridge Meal Site  
Elementary School Building  
March 14th & April 11th**

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.**

## PBA Glaucoma Fact Sheet

Prevent Blindness America's *Vision Problems in the U.S.* report states that 2.2 million Americans age 40 and older, or about 1.9 percent of that population have glaucoma.

Prevent Blindness America's 2007 research study, "*The Economic Impact of Vision Problems*" states that glaucoma costs the U.S. economy \$2.86 billion every year in direct medical costs for outpatient, inpatient and prescription drug services.

The same study found that glaucoma patients between the ages of 40 and 64 years of age can expect to pay \$3,352 annually per person in direct medical costs for outpatient, inpatient and prescription drug services. For those 65 and older, the annual costs jump to \$5,243 per person.

Approximately 120,000 people are blind from glaucoma, accounting for 9-12 percent of all cases of blindness in the U.S. (National Eye Health Program/National Institutes of Health).

It is estimated that as of 2000, at least 66.8 million people in the world have glaucoma. (Glaucoma Service Center to Prevent Blindness).

Glaucoma is the second leading cause of blindness in the world after cataracts, (according to the World Health Organization), and the leading cause of blindness in African-Americans (according to the National Institutes of Health).

According to the National Eye Institute, glaucoma is:

- ◆ Five times more likely to occur in African-Americans than in whites.
- ◆ About four times more likely to cause blindness in African-Americans than in whites.
- ◆ Fifteen times more likely to cause blindness in African-Americans between the ages of 45-64 than in whites of the same age group.

In the early stages, glaucoma has no symptoms, no noticeable vision loss, no pain, which is why it is called the "sneak thief of sight." By the time symptoms start to appear, some permanent damage to the eye has usually occurred.

Glaucoma that is undiagnosed or poorly controlled can lead to damage of the optic nerve, visual field loss, and ultimately sight loss. People with glaucoma usually lose peripheral vision first. Over time, glaucoma may also damage central vision. Once lost, vision cannot be restored.

Prevent Blindness America recommends that older people get regular, comprehensive eye exams, even if they have no signs of vision problems. The earlier glaucoma is detected, the better the chances are of preserving sight.

Prevent Blindness America, with support from Alcon, Inc., provides "The Glaucoma Learning Center," a comprehensive online tool to educate consumers on a variety of topics related to the disease at [www.preventblindness.org/glaucoma](http://www.preventblindness.org/glaucoma).

Everyone is at risk for glaucoma from young to old. Although older people are at higher risk, approximately 1 out of every 10,000 babies born in the United States is diagnosed with the disease (according to the Glaucoma Research Foundation).

(Continued from bottom of this page)

### Glaucoma Risk Factors

**Age:** Those that are 40 and older are more likely to develop glaucoma. The older you are, the greater your risk.

**Race:** People of African or Afro-Caribbean heritage are more likely to get glaucoma than the rest of the population. They are also more likely to develop glaucoma at a younger age.

**Family History:** If you have a parent or sibling who has glaucoma, you are more likely to develop the disease.

**Diabetes:** People with diabetes have a higher risk (40 percent) of developing glaucoma.

**Nearsightedness:** People who are very nearsighted are at greater risk.

**Eye Injury or Surgery:** Those who have had eye surgery or eye injuries may develop secondary glaucoma.

**Steroid Medication:** Steroids may increase the risk of glaucoma when used for extended periods of time.

### Types of Glaucoma:

**Chronic (Open Angle) Glaucoma:** This is the most common type. In open angle glaucoma, aqueous fluid drains too slowly and pressure inside the eye builds up. It usually results from aging of the drainage channel, which doesn't work as well over time. However, younger people can also get this type of glaucoma.

**Normal Tension Glaucoma:** This is a form of open angle glaucoma not related to high pressure. People with normal tension glaucoma may be unusually sensitive to normal levels of pressure. Reduced blood supply to the optic nerve may also play a role in normal tension glaucoma.

**Acute (Angle Closure) Glaucoma:** This causes a sudden rise in eye pressure, requiring immediate, emergency medical care. The signs are usually serious and may include blurred vision, severe headaches, eye pain, nausea, vomiting or seeing rainbow-like halos around lights. Occasionally, the condition may be without symptoms; similar to open angle.

**Secondary Glaucoma:** Another 10 percent of glaucoma cases come from certain diseases and conditions that damage the eye's drainage system. These include diabetes, leukemia, sickle-cell anemia, some forms of arthritis, cataracts, eye injuries or inflammation of the eye, steroid drug use and growth of unhealthy blood vessels.

**Post-surgical Glaucoma:** Some surgeries, such as retinal reattachments, increase the chance of getting glaucoma.



# Is your hearing getting worse?

Does it seem that many people mumble? Do you resort to nodding to pretend to understand people when you hardly heard a word they said? Do your kids or grandchildren complain that you turn the volume up too loud on the TV? If you answered yes to most of these questions, you could benefit from a hearing evaluation.

Hearing ability decreases with age. As men age, their hearing deteriorates slightly more than women’s, and the hearing of white people gets worse than that of blacks or Hispanics. Young people are affected, too. In a 2006 survey commissioned by the American Speech-Language-Hearing Association (ASHA), more than half of high school students had symptoms of hearing loss, such as ringing in the ears and trouble following conversations.

### Causes of hearing loss

Hearing loss has many causes, including genes, birth defects, and side effects from medication, but the cause of about one-third of cases of hearing loss is avoidable: routine exposure to very loud noise. Jackhammers, lawn mowers, and airplanes are obvious sources, but other culprits are hair dryers, portable music players, and other gadgets that have become part of the fabric of everyday life. In ASHA’s survey, 13% of the high school students said they set the volume of their MP3 players very loud, a habit that may lead to permanent hearing loss. Loud noise degrades the sensory cells in the ear, cells that don’t grow back. Similarly, if you loved to blast the rock ‘n’ roll decades back, you may now be experiencing the effects of that damage.

### Help for your hearing

The good news is that recent advances in hearing

(Continued from bottom of this Page)

technology have made hearing aids smaller and barely noticeable. They also do a better job of boosting the sounds you want to hear and eliminating the ones you don’t, like the background noise in a restaurant. Hearing aids make it possible to pick up spoken words clearly, to follow dialogue in movies and plays, and to enjoy music where once there were only muffled tones. If you are not a candidate for a hearing aid, you may be helped by one of the implantable devices now available.

Down the road, hearing aids may no longer be needed. The recent discovery of genes that prevent hair cell regeneration has spurred experiments with gene therapy techniques that regrow hair cells. These techniques may one day be able to reverse hearing loss.

Of course, it’s best to prevent hearing loss from occurring in the first place. But even if you already have some hearing loss, it’s not too late to prevent further damage. Wear earplugs when using noisy equipment. Moderate the volume on your stereo. And pass along this information to your children and grandchildren to help keep their world sounding crisp and clear.


Sounds of 80 dB or less are believed to be safe for nearly all healthy adults, no matter how long you hear them. Sounds of 91 dB should be limited to no more than two hours for a healthy adult. Limit 100dB sounds to 15 minutes and 120 dB sounds to about nine seconds. The long-term effects of high noise levels for children are unknown; therefore, the thresholds cited here may be too high for them.

*Reprinted from Hearing Loss: A Guide to Prevention and Treatment – A Special Health Report from Harvard Medical School, © 2008 by the President and Fellows of Harvard College. All rights reserved.*

How Loud Is Safe?	
Protect your ears from sounds louder than 80 decibels.	
Deci bels	Sounds
20	Watch ticking
30	Whispering
40	Leaves rustling, refrigerator humming
50	Neighborhood street, average home
60	Dishwasher, normal conversation
70	Car, alarm clock, city traffic
80	Garbage disposal, noisy restaurant, vacuum cleaner, outboard motor, hair dryer
85	Factory, screaming child, portable stereo at high volume
90	Power lawn mower, highway driving in a convertible
100	Diesel Truck, subway train (outside, not as a passenger), chain saw
120	Rock concert, propeller plane, portable stereos on maximum volume
130	Jet plane (100 feet away), air-raid siren
140	Shotgun blast, explosion

## Surfing the Web?

Here are some friendly sites!



**Some websites of interest:**

**“National Nutrition Month”** - [http://www.eatright.org/cps/rde/xchg/ada/hs.xml/NNM\\_2007\\_home.htm](http://www.eatright.org/cps/rde/xchg/ada/hs.xml/NNM_2007_home.htm)

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

**“Betty Crocker—Recipes”**  
<http://www.bettycrocker.com/Recipes/>



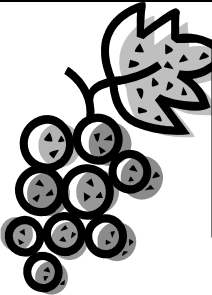

**“Prevent Blindness America”**  
[www.preventblindness.org/glaucoma](http://www.preventblindness.org/glaucoma)

(Continued at top of this Page)




MARCH, 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.

<b>3</b> Chili/Goulash, Corn Bread, Honey, Cottage Cheese, Peaches	<b>4</b> Meatloaf, Baked Potato/Sour Cream, Italian Blend Vegetables, Custard	<b>5</b> Baked Chicken, Mashed Potatoes, Gravy, Carrots, Gingerbread Cake with Sauce	<b>6</b> Beef Stroganoff, Buttered Noodles, Green Beans, Mixed Fruit	<b>7</b> Baked Fish, Potatoes, Beets, Lemon Bar
<b>10</b> Chicken Fillet, Bun, Potato Wedges, Baked Beans, Pears	<b>11</b> Pork Chop, AuGratin Potatoes, California Blend Vegetables, Apple Crisp	<b>12</b> Roast Beef, Mashed Potatoes, Gravy, Corn, Pudding Torte	<b>13</b> Tuna Casserole, Peas & Carrots, Cottage Cheese, Pineapple, Cookie	<b>14</b> Shepherd's Pie with Beef, Potatoes, Mixed Vegetables, Fruited Jell-O with Topping
<b>17</b> <u>St. Patrick's Day</u> Corned Beef, Potatoes, Carrots, Cabbage, Rye Bread, Peaches 	<b>18</b> Beef Stroganoff, Noodles, Mixed Vegetables, Mandarin Oranges	<b>19</b> Roast Turkey, Mashed Potatoes, Gravy, Peas, Cranberries, Pumpkin Dessert	<b>20</b> BBQ Ribs, Baked Potatoes, Sour Cream, Green Beans, 7 Layer Salad, Easter Cookie	<b>21</b> <u>Good Friday – Sites Closed</u> 
<b>24</b> Lasagna, Garlic Bread, Tossed Salad, Pears	<b>25</b> BBQ Beef, Bun, Calico Beans, Potato Wedges, Brownie	<b>26</b> Roast Pork, AuGratin Potatoes, Carrots, Birthday Cake	<b>27</b> Baked Chicken, Mashed Potatoes, Gravy, Corn, Fruited Jell-O with Topping	<b>28</b> Baked Ham, Sweet Potatoes, Mixed Vegetables, Applesauce
<b>31</b> Ring Bologna, Macaroni & Cheese, Green Beans, Mixed Fruit	<div>Richland County Nutrition Program</div>		<div>MARCH, 2008 IS NATIONAL NUTRITION MONTH</div>	

**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

APRIL, 2008

<b>Richland County Nutrition Program</b>	<b>1</b> <u>April Fool's Day</u> Meatloaf, Baked Potato, Sour Cream, Mixed Vegetables, <b>**Surprise Dessert**</b>	<b>2</b> Swiss Steak, Mashed Potatoes, Gravy, Corn, Toll House Bar	<b>3</b> Chicken ala King, Baking Powder Biscuit, Peas, Cottage Cheese, Pineapple	<b>4</b> Pork Chop, Seasoned Rice, Squash, Cabbage Salad, Apple Crisp
<b>7</b> Ham, Scalloped Potatoes, Green Beans, Apricots	<b>8</b> Beef Hot Dish with Mixed Vegetables, Tater Tots, Fruited Jell-O with Topping, Cookie	<b>9</b> Roast Turkey, Mashed Potatoes, Gravy, Carrots & Peas, Cranberries, Spice Cake	<b>10</b> Baked Fish, Potatoes, California Blend Vegetables, Butterscotch Torte	<b>11</b> Spaghetti & Meat Sauce, Garlic Bread, Tossed Salad, Diced Peaches
<b>14</b> Hamburger, Bun, Potatoes, Cheese, Pickles, etc., Baked Beans, Pears, Brownie	<b>15</b> Beef Stroganoff, Buttered Noodles, Peas, Cabbage Salad, Mixed Fruit	<b>16</b> Roast Pork, Cheesy AuGratin Potatoes, Carrots, Cheesecake with Fruit	<b>17</b> Baked Chicken (Legs, Thighs, Breast), Mashed Potatoes, Beets, Cookie	<b>18</b> Glazed Ham Loaf, Baked Potato, Sour Cream, Corn, Fruited Jell-O with Topping
<b>21</b> Pork Chop, AuGratin Potatoes, Carrots, Applesauce	<b>22</b> BBQ Chicken, Baked Potato, Sour Cream, California Blend Vegetables, Brownie	<b>23</b> Roast Beef, Mashed Potatoes, Gravy, Green Beans, Mandarin Oranges	<b>24</b> Baked Fish, Potatoes, Broccoli, Peaches	<b>25</b> Spanish Rice with Beef, Cornbread, Honey, Cabbage Salad, Pudding Torte with Bananas
<b>28</b> Ham, Sweet Potatoes, Peas, Pineapple	<b>29</b> Beef Stew with Vegetables, Baking Powder Biscuit, Cooks Choice Salad and Dessert	<b>30</b> Lasagna, Garlic Bread, Tossed Salad, Pears, Birthday Cake	<b>APRIL SHOWERS</b> 	<b>BRING MAY FLOWERS</b> 