

# The Communicator

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University of Idaho  
Extension

School of Family & Consumer Sciences

## Dr. Sandra Evenson to Serve as Interim Director of Margaret Ritchie School of FCS



We are delighted to announce the appointment of Dr. Sandra Evenson as Interim Director of the Margaret Ritchie School of Family and Consumer Sciences. Sandra will serve a two year appointment beginning July 1, 2007.

Sandra has been an FCS faculty member since 1994 and has taught in the Clothing, Textiles and Design degree program. In January she returned from a month long study abroad tour to India on a Fulbright-Hays Fellowship. She has co-authored *The Visible Self: Global Perspectives on Dress, Culture, and Society*. The text was originally published in 2000, and is currently in revision for the third edition to be published in Spring 2008.

Sandra has served in several leadership roles in the School and College. She chairs the Advisory Board of the Leila Old Historic Costume Collection. She has served as President of Gamma Sigma Delta, the agriculture honorary; she and her students have been active participants in Ag Days.



She has advised Phi Upsilon Omicron and served as the FCS Scholarship Chair. Sandra is well known among students within the School and across campus. She has been the featured speaker for "Suit Yourself," a pre-event at the bi-annual UI Etiquette Dinner. She has been consistently invited by Business and Economics student organizations to speak on similar topics.

Please join us in welcoming Dr. Sandra Evenson as the FCS Interim Director.

### Farewell

After 31 years, in the School of FCS, it's time to bid you all farewell I've had a great journey since 1976 when I first began my career at the UI. I take with me the best memories a person could ask for.

### Programs

We continue to offer three undergraduate majors within the School and one new program in Early Childhood jointly sponsored by CALS and the College of Education. I am proud to have played a role in establishing this degree at the UI. The Coordinated Program in Dietetics (CPD) and the Child Development Laboratory are currently involved in national accreditation processes. We will continue

to provide students with an excellent array of programs to meet their interests and to prepare them professionally. We also provide leadership for Extension FCS programming in nutrition education, food safety, family development, and family economics. I am pleased to have been associated with such outstanding programs.

### **Students**

I had wonderful teaching and learning experiences with hundreds of students every year. I've heard from many of them over the past few months. It has been a pleasure to facilitate the professional development of young men and women and to stay in touch with them as they progress in their careers. They are making a difference in people's lives in Idaho, the nation, and around the world.

### **Faculty**

From the first time I interviewed at the UI, I knew I would like the people. I have been able to work with a talented faculty who were recognized as outstanding teachers, advisors, and researchers. Of course, the people have all changed since 1976, but many of our retired faculty continue to support the School in many ways. New faculty bring diversity, their own brand of enthusiasm and inspiration and we currently have an effective balance of novice and experienced faculty.

### **FCS Educators**

I have worked with outstanding FCS Educators throughout the state. I am always impressed with their dedication and innovative, creative programs. They epitomize the NEAFCS slogan, "Raising Kids, Eating Right, Spending Smart, and Living Well."

### **Alumni**

It has been a pleasure to work with such committed FCS alumna. The Board is in good hands with President Betty Sawyer. They are planning an exciting Brunch on October 20. Alumni relations is a real strength of the School and fostering those relationships has been a highlight in my career.

### **IDAFCS**

Our professional organization has met many challenges in the past decades. In Idaho we are currently planning our 2008 state meeting. One person has really held this group together in the past few years. Mary Lee Wood is an inspiration to all of us who work with her and I thank her for her leadership.

### **Administration**

I am proud of the reputation that FCS enjoys across campus and indeed, the state. I am grateful to Dean John Hammel for his support of FCS programs, students, faculty, staff, and alums.

Over the years I have come to appreciate the size of the UI and the uniqueness it can offer. I think that these characteristics will become even more important in the future. The School is in good hands. I look forward to hearing about the continued success of students, faculty, and alumni.





## Home Canning with Sucralose

**Research.** At last summer's IFT (Institute of Food Technologists) Annual Meeting, faculty from the University of

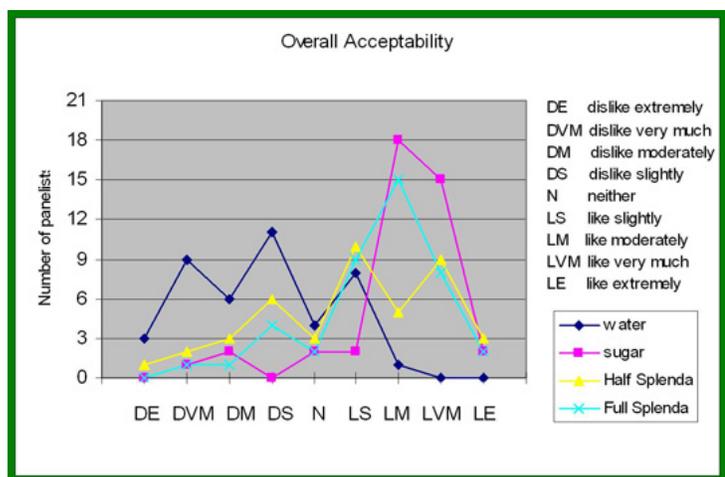
Georgia's National Center for Home Food Preservation (NCHFP) described research using sucralose (Splenda®) for home canning of peaches.

Peaches were canned in four types of covering liquid:

- water
- sugar syrup (medium syrup = 30% sugar; 1.75 cups sugar per quart water)
- Splenda® syrup (1.75 cups Splenda® per quart water)
- half-strength Splenda® syrup (7/8 cup Splenda® per quart water)

The USDA boiling water process for peaches was used. The researchers measured various physical and chemical attributes of the canned peaches (pH, firmness, color, etc) and conducted a consumer sensory panel on the canned peaches after they had been stored for 15 months.

Overall acceptability is shown in the table below. Overall acceptability was highest for peaches canned in sugar syrup, followed by full-strength Splenda®, half-strength Splenda® and lastly water.



# Food Safety



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A mild aftertaste was detected for the Splenda®-sweetened peaches by 60 percent of panelists; 54 percent of panelists also noted a mild aftertaste for sugar-sweetened peaches.

Seventy-four percent of panelists indicated they would buy the sugar-sweetened canned peaches and 33 percent indicated they would buy the full-strength Splenda®-sweetened canned peaches, but the other two products received more negative response regarding purchase.

The relative firmness of peaches from the four treatments is shown in the table below.

	Water	Sugar	Full-strength Splenda®	Half-strength Splenda®
Penetrometer firmness	4.4	8.1	11.2	6.9

The researchers concluded that peaches canned with Splenda® using the USDA canning instructions retain quality and shelf life for at least one year when stored under recommended conditions (between 50°-70°F, in a dry place away from strong light). Peaches canned with sugar syrup were most preferred of the four treatments, but peaches canned with Splenda® at a similar sweetness level were also highly rated.



The investigators told me that they plan to do a second year of trials before submitting the research for publication.

**Advice from Splenda® Brand Products.** The website for Splenda® products notes that these sweeteners “are heat stable and can be used as a sweetener in canning and in making jams and jellies. However, Splenda® products do not provide the preserving properties of sugar, so proper canning techniques are essential to avoid spoilage and to achieve successful results. Once opened, these homemade goodies must be stored in the refrigerator and used within one month, to minimize any spoilage from natural airborne bacteria.”

**Splenda®/Equal® Lawsuit.** You may have heard that Merisant Co., which makes the rival sweetener Equal (aspartame), sued McNeil Nutritionals, which markets Splenda®, over the advertising slogan, “Made from sugar so it tastes like sugar.” Merisant claimed this slogan confused consumers into thinking that Splenda® is more healthy and natural than other artificial sweeteners. On May 11, 2007, just before the jury verdict against McNeil was announced, McNeil settled the lawsuit for an undisclosed amount.

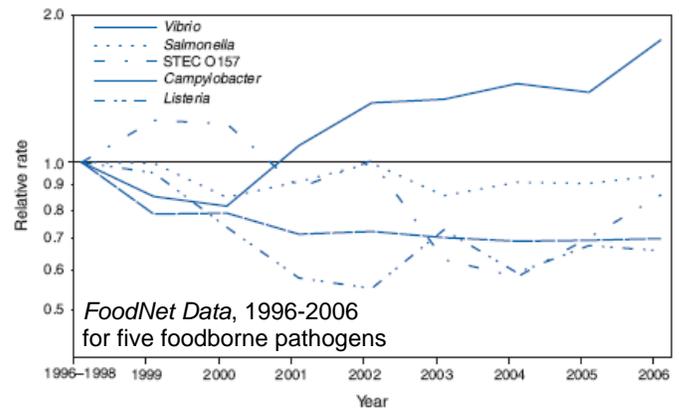
Source: D'Sa, EM & Andress. EL. “Developing a Recommendation for Home-Canned Peaches with a Sucralose Sugar Substitute,” Paper 020D-07, presented at the Institute of Food Technologists Annual Meeting, Orlando, FL, June 26, 2006, <http://www.uga.edu/nchfp/papers/2006/06ift-peaches.html>; [http://www.splenda.com/page.jhtml?id=splenda/cookingbaking/nocal\\_tips.inc#store](http://www.splenda.com/page.jhtml?id=splenda/cookingbaking/nocal_tips.inc#store); Associated Press, “Makers of Splenda, Equal settle lawsuit,” *The Spokesman Review*, May 12, 2007, page A8.

Key words: food preservation, sweetener.

## Recent FoodNet Data

**FoodNet Data.** The FoodNet system closely monitors illnesses caused by specific foodborne pathogens in ten “catchment” areas, which represent 15 percent of the U.S. population. The latest data from FoodNet shows that progress on reducing illness from certain foodborne pathogens has stalled. The figure below shows that most of the progress in

controlling illness from four pathogens (*Salmonella*, *E. coli* O157, *Campylobacter*, and *Listeria*) was achieved by 2003-04.



The 2003-04 decline in *E. coli* O157 infections was due to a reduced contamination of ground beef, as a result of increased diligence by the meat industry and USDA. The cause of increases in *E. coli* O157 infections in 2005 and 2006 are not known, but contaminated spinach and lettuce is a contributing factor.

The incidence of *Vibrio* infections increased to the highest level since FoodNet began conducting surveillance. These infections are most often associated with the consumption of raw seafood, particularly oysters.

The “go to” numbers for the overall incidence of foodborne illness in the United States continue to be those estimated Mead *et al.* in 1999 (76,000,000 illnesses, 325,000 hospitalizations, 5,000 deaths), but FoodNet offers a picture of current trends.

Source: “Preliminary FoodNet Data on the Incidence of Infection with Pathogens Transmitted Commonly through Food—10 States, 2006,” *Morbidity and Mortality Weekly Report*, April 13, 2007 / 56(14); 336-339, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a4.htm?s\\_cid=mm5614a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a4.htm?s_cid=mm5614a4_e); Mead, PS, Slutsker, L, Dietz, V, McCaig, LF, Bresee, JS, Shapiro, C, Griffin, PM, & Tauxe, RV, 1999. “Food-Related Illness and Death in the United States,” *Emerging Infectious Diseases* 5(5):609-625, <http://www.cdc.gov/ncidod/eid/vol5no5/pdf/mead.pdf>.

Key words: food safety, trends, foodborne disease.



## Who Believes That Two Parents Are More Effective at Raising Children?

As Father's Day approaches and we plan to celebrate our Dads, Child Trends reminds us of some interesting facts on fathers. Did you know that more fathers than mothers believe that two parents are more effective at raising children than one parent alone? Forty-four percent of mothers believe one parent is sufficient while only 25 percent of fathers hold that belief.

Charting Parenthood: A Statistical Portrait of Fathers and Mothers in America, reveals additional important facts about fathers. Did you know that more than one in five preschool children in two-parent families have their father as the primary caregiver when the mother is at work, attending school, or looking for work?

"Most reports on parents tend to focus on mothers and motherhood. This tendency is because mothers have been the main source of information about families," stated Brett Brown, PhD, senior researcher and program area director for trends and indicators. "It is important to know how fathers feel about parenting and to understand how they became parents. Fathers can be just as important in structuring a child's well-being as the mother."

### What else have we learned about fathers?

- Most fathers who live with their children participate regularly in some kind of leisure or play activity with them. Sixty-eight percent of fathers played sports or participated in outdoor activities with their children at least once a week.
- Fathers who live with their children are engaged in monitoring their daily activities and setting limits. For example, 61 percent of dads set the limits on television watching.

**What do fathers contribute to a child's well-being?** According to additional research conducted



## Family Development

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by Child Trends, we know that children benefit from positive relationships with their parents.

- Fathers contribute to their children's healthy development in ways that are unique from their mothers. As an example, fathers promote a child's intellectual development and social competence through physical play while mothers promote these skills through verbal expressions and teaching activities.
- Care by fathers may be particularly influential in a child's first year of life.
- Father involvement has been found to be a more important predictor than a mother's involvement of the likelihood of a child getting better grades.

As you plan to celebrate Father's Day, remember—Dads matter.

Source: [www.childtrends.org](http://www.childtrends.org).

Key words: fathers, parenting.

## A Child's "Strong Start" In Life

A strong start in life is critical for children, and it's not just a matter of good medical care. Although available research doesn't support many causal conclusions, numerous studies identify varied elements of a mother's circumstances before and during pregnancy that are associated with a strong start.

Factors associated with positive outcomes for a child include:

- The mother's physical and mental health,
- The mother's receipt of prenatal care and advice on healthy behaviors,
- The mother's health-related behaviors, such as not smoking, drinking, or using drugs,
- Absence of material hardship or poverty, healthy, non-violent couple relationship and marriage, as well as other social support,
- Higher parental educational attainment, and
- A pregnancy that is wanted and intended.

While not all elements need to be present for a child to benefit, these circumstances can cumulate to enhance a child's outcomes.

This research was made possible through a grant from the U.S. Department of Health and Human Services, Office of Population Affairs (OPA).

Source: [www.childtrends.org](http://www.childtrends.org).

Key words: pregnancy, early childhood.



## For ADHD Children, Mother's Depression and Early Parenting Predict Conduct Problems

A mother's depression predicts whether children with ADHD (Attention Deficit Hyperactivity Disorder) will develop conduct problems such as lying, fighting, bullying and stealing, according to a new study from a University of Maryland researcher.

The study, published in the January 2007 issue of the American Psychological Association's journal, *Developmental Psychology*, also found that early positive parenting during the preschool years pre-

dicted fewer conduct problems as the children grew to early adolescence. The strength of the findings led the researchers to conclude that maternal depression may be a risk factor, whereas positive parenting may be a protective factor.

"This research gives us clear targets for early intervention to prevent conduct problems in children with ADHD," says [Andrea Chronis](#), director of the [University of Maryland ADHD Program](#) and professor of psychology who served as lead author on the paper. "In the real world, this could have important implications, because research has suggested that children with both ADHD and conduct problems are at the greatest risk of becoming chronic criminal offenders."

The researchers say their study is the first to focus directly on the role of parent mental health and early parenting in the development of conduct problems among children with ADHD. Moreover, they point to previous research that shows the development of conduct problems to be quite common in children with ADHD. By one estimate, approximately 20 to 50 percent of children and 44 to 50 percent of adolescents with ADHD experience severe conduct problems.

"Parenting an ADHD child is very difficult for many families," Chronis says. "Often there's a growing cycle of negativity as parents' nerves fray and their children's behavior escalates in response to increasingly harsh or withdrawn parenting. Maternal depression makes parenting a child with ADHD even more challenging. Now we have new evidence that praise, a warm tone of voice and use of other positive parenting techniques may help break this dangerous cycle."

Specifically, the researchers found that children with mothers who displayed the highest levels of positive parenting during preschool had significantly lower levels of conduct problems over time, when other possible contributing factors were controlled. Also, children of previously depressed mothers had significantly higher levels of conduct problems over time compared to children whose mothers had never been depressed.

Source: University of Maryland Newsdesk, [www.newsdesk.edu](http://www.newsdesk.edu), March 22, 2007.

Key words: children at risk, mothers.

## Television Viewing and Father's Parenting Styles Influence Development of Childhood Obesity

Several recent research studies have found the hours of television viewing per day, the number of food ads, plus father's parenting styles play major roles in the development of childhood obesity. Obesity among children and youth has more than tripled over the past four decades. In the 1960s, the incidence was 5 percent in 6- to 19-year-olds and the most recent study conducted from 1999-2002 showed the incidence has risen to 16 percent. More than 9 million U.S. children and youth are obese and another 15 percent are at risk for becoming obese.

There are many factors that play a role in childhood obesity including genetics and biology, culture and values, economic status, physical and social environments, and commercial and media environments. Over the past three decades, the environmental influence that has undergone the most significant transformation is the media.

Commercial advertising and marketing of foods and beverages influence the diets and health of children and youth. It is estimated that more than \$10 billion per year is spent on marketing food and beverages to youth in the U.S., and many of these products are high in calories, sugars, salt, and fat, and low in nutrients. An April 2007 Kaiser Family Foundation report indicated that children and teens see thousands of food ads yearly. They estimated that it adds up to 51 hours of viewing time yearly for kids ages 8 to 12, nearly 41 hours for those 13 to 17, and about 30 hours among those 1 to 7.

A 2006 Institute of Medicine report found that food ads and marketing strongly influence children's food preferences and their diets. According to Mary Story, who studies food marketing to children at the University of Minnesota in Minneapolis, "the foods that are advertised are the ones that children ask their parents to purchase." In addition Story's research of family members shopping for groceries together found that parents give in to pleas for junk food from their children about 50 percent of the time.



*Nutrition Education*

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David Ludwig, director of the obesity program at Children's Hospital in Boston, advises parents and children to keep a television log. This involves placing a notebook and pencil next to the television. Each family member records when the set goes on and when it goes off. Ludwig recommends involving the entire family to raise their consciousness about how much television they watch. Not many calories are burned watching television. Some studies have shown that metabolism actually declines to levels as low as during sleep.

Television advertisements appear to increase the type and amount of food children consume. In the United Kingdom, University of Liverpool psychologists had normal weight, overweight and obese children watch food advertisements and then let them choose what type of food they wanted to eat. The obese children chose the highest fat product (chocolate) while the overweight children chose sugary items with a lower fat content. In the U.S., researchers found that kids consumed an additional 167 calories for every hour of television they watched, and nearly all of those extra calories came from soft drinks, French fries, salty snacks, cookies, candy and fast food, the foods that are most heavily advertised on television. Researchers from the U.K. and U.S. studies both recommend that parents limit children's TV viewing to less than two hours a day, and to increase their intake of fruit and vegetables. It is estimated that for every hour over two hours of watching TV per day, risks of obesity increase.

Researchers in Australia found that father's parenting styles influenced children's weight. They studied approximately 5,000 children, ages 4-5 and their parents. Fathers who were permissive and put no limits on their children were more likely to have overweight or obese children. Fathers with a consistent style, i.e. setting clear limits and following through with instructions, were less likely to have overweight or obese children. A mother's parenting style did not affect children's weight.

Researcher Melissa Wake stated that "fathers could be at the frontline in preventing early childhood obesity. Mothers are often blamed for their children's obesity, but this study suggests that for more effective prevention perhaps we should focus on the whole family."

Source: <http://www.nap.edu/books/0309097134/html/1.html>; [www.eurekalert.org/pub/releases/2007-04/uol-tfa042307.php](http://www.eurekalert.org/pub/releases/2007-04/uol-tfa042307.php); <http://jama.ama-assn.org/cgi/content/full/295/14/1698>; Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity*. Washington, DC: National Academies Press; 2006. Story M, & Simone F. Food Advertising and Marketing Directed at Children and Adolescents in the US. *International Journal of Behavioral Nutrition and Physical Activity* 2004, 1:3, online at <http://www.ijbnpa.org/content/1/1/3>; *American Academy of Pediatrics*, news release, May 5, 2007.

Key words: youth, obesity, television.

## Preventing Childhood Obesity—It Takes a Village

During the past five years, the community of Somerville, a town of 78,000, in Massachusetts, made small changes that were effective in decreasing the incidence of childhood obesity. Restaurants switched to low-fat milk and smaller portion sizes. The schools increased fruit, whole grain, and lower fat food items. Crosswalks were repainted to get more people walking to work or school.

The program focused on the schools and the community. In the schools, teachers taught a nutrition and exercise curriculum designed by Tufts Univer-

sity. The nutrition component focused on a fruit or vegetable of the month, and children took part in taste tests. The exercise component included after school yoga, dance and soccer clubs. Community events included parent meetings, City Hall health fairs, a pedometer giveaway, a community fun run, gym memberships, and new bike racks for schools and streets.

The results, published in the May 2007 issue of *Obesity*, showed that Somerville schoolchildren gained significantly less weight than children in two nearby communities used as a control group. In addition, there was a 5 percent increase in the number of Somerville children walking to school.

Source: <http://www.obesityresearch.org/cgi/content/abstract/15/5/1325>.

Key words: youth, obesity.

## Drinking Tea May Lower Your Risk of Skin Cancer

Researchers have found that individuals who drank one or more cups of tea a day were 20 percent to 30 percent less likely to develop squamous cell or basal cell carcinoma, the two most common forms of skin cancer. The results were even greater among study participants who had been drinking tea for decades as well as those who regularly drank at least two cups a day. Lead researcher Dr. Judy Rees of Dartmouth Medical School theorized that an antioxidant in tea known as EGCG, may decrease UV burning on exposed skin.

Tea consumption was linked to a lower skin cancer risk, even when age, skin type, and history of severe burns were considered. However drinking tea did not lower risk of skin cancer in individuals who had suffered multiple painful burns in the past. The antioxidants in tea may limit skin damage due to moderate sun exposure but not prevent the cancer-promoting damage to the DNA in skin cells.

Source: *Journal of the American Academy of Dermatology*, May 2007. <http://www.eblue.org/article/PIIS019096220604103X/abstract>.

Key words: cancer.

## Health Savings Accounts: A New Way to Pay for Health Care

*The media and many employers are discussing Health Savings Accounts. The University of Idaho plans to offer them as a "cafeteria plan" benefit option beginning in 2008. This article was written to help you understand Health Savings Accounts.*

Health Savings Accounts (HSA) are an alternative to traditional health insurance; they are a savings product that offers a new way for consumers to pay for their health care. These accounts were introduced by the federal government in 2004 to help people save for both current and future medical expenses. HSAs couple high-deductible health insurance with a tax-free savings account for out-of-pocket medical expenses.

**Benefits of an HSA.** There are several advantages of an HSA.

- You can claim a tax deduction for contributions you make to your HSA even if you do not itemize deductions on your tax return.
- Contributions to a HSA made by your employer, including contributions made through a cafeteria plan, may be excluded from your gross income.
- The contributions remain in your account from year to year until you use them.
- The interest or other earnings on the assets in the account are tax free.
- Distributions may be tax free if you use them for qualified medical expenses.
- A HSA is 'portable' so it stays with you if you change employers or leave the work force.

**High Deductible Health Insurance.** To be eligible for an HSA, you must have a high deductible health plan. Some employers offer high deductible health insurance as an employee benefit; the uninsured can purchase it on their own. For individuals who self-insure, deductibles typically are around \$2,000 for individuals and up to \$5,000 for families. For those who are covered by group health plans, deductibles are typically \$1,200 for individuals and \$2,200 for families. The maximum out of pocket medical expenses for high deductible health insurance can't exceed \$5,500\* for individuals and

\* These amounts are for 2007; they are indexed annually to inflation.



*Family Economics*

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\$11,000\* for families. The deductibles apply (on a first dollar basis) to all medical expenses (including prescriptions) covered by the plan. However, plans can pay for "preventive care" services on a first-dollar basis (with or without a co-pay). "Preventive care" can include routine pre-natal and well-child care, child and adult immunizations, annual physical exams, mammograms, pap smears, etc. Once expenses reach the deductible, insurance takes over. Any funds that remain in the HSA roll over from year to year and grow tax-free.

**How much can I contribute to an HSA?** Individuals and/or employers can contribute money to HSAs tax-free up to the amount of an insurance deductible. In 2007 you can contribute up to \$2,850 for individual coverage or \$5,650 for families. If you're between the ages of 55 and 65, you may contribute an additional catch-up contribution amount of \$800 in 2007. This catch-up contribution amount will increase by \$100 per year until it reaches \$1,000 in 2009. Contributions must stop once an individual is enrolled in any type of Medicare.

**Who's eligible for an HSA?** Anyone under age 65 who is enrolled in a qualified high-deductible policy can open an HSA. You can't be covered by another health insurance policy that isn't a qualified high-deductible plan (either as an individual or a dependent), although you can still have other disability, dental, vision and long-term care insurance policies.

**How can HSA funds be used?** You can use money in an HSA to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care and services, and dental and vision care, and also includes over-the counter drugs such as aspirin. You can generally not use the money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits.
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage.
- Qualified long-term care insurance.
- Medicare premiums and out-of-pocket expenses, including deductibles, co-pays, and co-insurance for:
  - Part A (hospital and inpatient services)
  - Part B (physician and outpatient services)
  - Part C (Medicare HMO and PPO plans)
  - Part D (prescription drugs)

Money in the account can be used to pay for medical expenses of yourself, your spouse, or your dependent children, even if your spouse and dependent children are not covered by your high deductible health plan.

Any funds in a HSA used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 10 percent tax penalty. Examples include:

- Medical expenses that are not considered “qualified medical expenses” under federal tax law (e.g., cosmetic surgery).
- Other types of health insurance unless specifically described above.
- Medicare supplement insurance premiums.
- Expenses that are not medical or health-related.

After you turn age 65, the 10 percent additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 10 percent penalty.

**Who makes HSA decisions?** HSAs are owned by the individual who contributes, not an employer. The individual decides:

- How much to use for medical expenses.
- Which medical expenses to pay from the account.
- Whether to pay for medical expenses from the account or save the account for future use.
- Which company will hold the account. Accounts can be set up at banks, credit unions, insurance companies and other financial institutions.
- The type of investments selected to grow the account.

**Recordkeeping.** Individuals who have an HSA account must keep their medical receipts. They may be needed to prove to the Internal Revenue Service that distributions from an HSA were for medical expenses and not otherwise reimbursed. Insurance companies may require receipts to validate that high deductible health plan deductibles were met.

**Death of an HSA owner.** When the owner of an HSA dies, his/her spouse, if named the beneficiary, becomes the owner of the HSA. If a spouse is not the designated beneficiary, the account will no longer be treated as an HSA upon the death of the owner. The fair market value of the HSA becomes taxable to the non-spouse beneficiary in the year in which the owner dies. If an estate is the beneficiary, the value is included on the decedent’s<sup>1</sup> final income tax return. The amount taxable to a beneficiary other than the estate is reduced by any qualified medical expenses for the decedent that are paid by the beneficiary within one year after the date of death.

<sup>1</sup> decedent—deceased person

Source: U.S. Treasury Department, May 18, 2007, All About HSAs and November 2006, Health Savings Accounts. Washington, DC. Retrieved 5/29/07 [http://www.ustreas.gov/offices/public-affairs/hsa/pdf/all-about-HSAs\\_051807.pdf](http://www.ustreas.gov/offices/public-affairs/hsa/pdf/all-about-HSAs_051807.pdf) and <http://www.treas.gov/offices/public-affairs/hsa/pdf/HSA-Tri-fold-english-07.pdf>; Lankford, K., December 2006, Health Savings Account Answers, Kiplinger.com. Retrieved 5/29/07 <http://www.kiplinger.com/features/archives/2004/02/hsa.html>; Internal Revenue Service, 2006. Publication 969: Health Savings Accounts and Other Tax Favored Health Plans. Retrieved 5/29/07 from <http://www.irs.gov/pub/irs-pdf/p969.pdf>.

Key words: health insurance, savings, taxes.