

The Communicator

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University of Idaho
Extension

School of Family & Consumer Sciences

Applause, Applause! Awards, Kudos, and Congratulations

We've always known that the students, faculty, staff, and alums of the Margaret Ritchie School of Family and Consumer Sciences were outstanding. It is especially rewarding when others recognize this as well. Kudos to our recent award recipients:

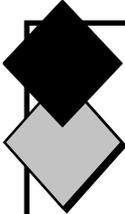
Diversity Award. The Extension Diversity Award recognizes outstanding accomplishments in achieving and sustaining diversity in Extension programming in Idaho. This year's recipient is a team of Extension educators and specialists including **Harriet Shaklee, Sue Traver, Kathee Tiftt, Brian Luckey, Audrey Liddil, Laura Laumatia, and Arlinda Nauman.** Together, they developed a new Extension program called *Idaho's Journey for Diversity and Human Rights*. The program is designed to train community members and leaders in the historical roots of Idaho's constituents, and also to educate them about the state's challenges and successes in human rights and inclusiveness.

Gamma Sigma Delta ~ Richard C. Heimsch Research Award was presented to **Drs. Janice Fletcher** and **Laurel Branen** for their interdisciplinary work in the area of "Feeding Young Children." In December 2005, Branen, Fletcher, and their colleagues received \$1.1 million in USDA CSREES National Research Initiative funding on Human Nutrition and Obesity. Their project will address Training Child Care Professionals and Parents for Supporting Young Children in Healthy Eating, Physical Activity, and Growth.

Seven FCS undergraduate students were initiated into Gamma Sigma Delta: Michelle Arellano, Kristin Bartels, Mee Sam Kim, Sue Ortmann, Kristi Overfelt, Ben Von Lindern, and Amy Wood.

CALS Awards Banquet

Capital Press Outstanding Junior in Agriculture: Amy Wood, FCS Education major. Amy also received the \$750 Jackman Scholarship from Phi Upsilon Omicron, a National Honor Society in Family and Consumer Sciences.



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R.M. Wade Excellence in Teaching Award was presented to **Dr. Maddy Houghton.** She is based in Spokane and teaches and supervises seniors in the Coordinated Program in Dietetics (CPD). Maddy is the connecting thread that ties the first three years of campus instruction with the 12 weeks of supervised practice in clinical and community nutrition in the Inland Empire area hospitals and clinics. Maddy is also serving as the faculty advisor to a group of CALS students who are spearheading a UI War on Hunger, which will officially kickoff next October 16.

CALS Distinguished Alumni Associate Awards were presented to **Ethel Farnsworth** and **Nancy Wanamaker.**

Dr. Harriet Shaklee was promoted from Associate to Professor in the School of Family and Consumer Sciences. The Provost has also approved Harriet's request for an Extension sabbatical leave for the period of July 1, 2006 to December 31, 2006.

Save the Dates!



Under the leadership of Marilyn Bischoff and Suzanne Planck, plans are progressing quite well for the 2006 Margaret Ritchie Distinguished Speaker Series. Jeanne M. Hogarth will be our speaker. Jeanne is the manager for the Consumer Education and Research Section of the Division

of Consumer and Community Affairs at the Federal Reserve Board.

Jeanne will make three presentations while she is in Moscow, September 21-23. On Thursday evening she will present to the Moscow/Pullman community on wealth building for financial security at the University Inn/Best Western. On Friday she will present to the University community in the UI Administrative Auditorium on aspects of credit and debt. Students will have an opportunity to visit with Dr. Hogarth at a noon luncheon. The CALS Ag Economics and Rural Sociology department and the College of Business and Economics will join FCS in hosting a reception for the speaker on Friday afternoon in the Gary Michael Boardroom.

"Creating a Financially Literate Society: The Role of FCS" will be the title of the speaker's presentation at the FCS Alumni Brunch. Be sure to mark your calendar and plan to join us for this important MRDS Series.

Lelle Poppleton, FCS Distinguished Alumna In Memoriam

The following are excerpt's from Lelle Poppleton's obituary which appeared in the Twin Falls newspaper.

"Lelle E. Poppleton, 60, of twin Falls, died Monday April 17, 2006, at home surrounded by her loving family after a courageous nine month battle with ovarian cancer.

"In 1969, Lelle began her teaching career in Family and Consumer Sciences. She taught at Meridian Senior High School, Jerome Senior High School, the college of Southern Idaho, and Robert Stuart Junior High School. In 1990, she joined the faculty at Twin Falls High School and continued teaching there until her death. She achieved FCS National Board Certification in 2004.

"She traveled from coast to coast presenting professional development workshops and presiding over student FCCLA meetings. Numerous organizations honored Lelle with outstanding teacher awards. The University of Idaho Margaret Ritchie School of Family and Consumer Sciences Distinguished Alumna citation was one of which she was most proud."

Plans are underway to establish an FCCLA scholarship in Lelle's memory. We will provide additional information as soon as it is available.

Educators Publish in *Journal of FCS*

Barbara Petty and Marsha Lockard's article "Idaho Extension Launches ID Theft Seminars" was recently published in the *Journal of Family and Consumer Sciences*. Identity Theft continues to be one of our most popular Family Economics programs. Marsha recently revised the "Guarding Against Identity Theft" PowerPoint slides and Teaching Notes to include new information about protecting your identity when using your computer.

Single Minimum Internal Temperature Established for Cooked Poultry

This information was sent to Extension Educators via email on April 6, but I think it bears repeating in our newsletter.

The US Department of Agriculture (USDA)'s Food Safety and Inspection Service (FSIS), the agency which develops home food safety advice for consumers, has changed their advice for cooking raw poultry. The new advice is that a minimum internal temperature of 165°F will eliminate pathogens and viruses. Consumers may still want to use the previously recommended higher temperatures to remove pink appearance and rubbery texture in cooked poultry.

This is a change from the previous recommended internal temperatures for cooking raw poultry, which were:

- 165°F ground chicken and turkey
- 170°F chicken and turkey breasts
- 180°F whole poultry, legs thighs, and wings

The single minimum internal temperature requirement of 165°F was recommended by the National Advisory Committee on Microbiological Criteria for Foods (NACMCF); this expert committee was asked by FSIS to develop consumer guidelines for cooking poultry (NACMCF report at http://www.fsis.usda.gov/PDF/NACMCF_Report_Safe_Cooking_Poultry_032406.pdf).

This change will make it easier for consumers to remember the proper internal temperature for poultry. Hopefully, it will also encourage them to use a food thermometer to check for endpoint when cooking poultry.

This change affects the recommended cooking temperatures in our UI/WSU *Now You're Cooking ... Using a Food Thermometer* materials (brochure, recipe cards, rack cards, and video), as well as the USDA's *Therm* and *Is It Done Yet?* materials. Since the new temperature recommendation is not higher than the printed materials, there is no need to pull these materials. Informing consumers of the change will be sufficient, until we have updated materials.

However, one statement on two of the UI/WSU *Now You're Cooking ... Using a Food Thermometer* materials (brochure and rack card) does require correction. The temperature in the statement on the

Food Safety

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"Temperatures to Check" chart, *Poultry is safe to eat at 160°F, but the meat may not look full cooked, needs to be changed to 165°F.* I am thinking about developing a sticker.

Source: Balsley, T. "Single Minimum Internal Temperature Established for Cooked Poultry," USDA FSIS News Releases, April 5, 2006, http://www.fsis.usda.gov/News_&_Events/NR_040506_01/index.asp.

Key words: food safety, food preparation, meat and poultry, temperatures.

Prevalence of *E. coli* O157:H7 at Minnesota County Fairs

Domestic ruminants, especially cattle, have been identified as the major reservoir¹ of *Escherichia coli* O157:H7. This pathogen causes 73,000 illnesses and 61 deaths annually in the US. Severe infection occurs more commonly in children. Individuals have acquired *E. coli* infections from a variety of foods and from direct contact with animals. County fairs and petting zoos are a risk venue for acquiring *E. coli* infection².

¹ A carrier that harbors pathogenic organisms, without injury to itself, and serves as a source of infection for others.

² Past articles from *The Communicator*: "Stay Healthy at Animal Exhibits this Summer," May 2005; "Are Fairs, Petting Zoos Just Too Dangerous?" March 2005; CDC Identifies Measures to Reduce Risk of *E. coli* O157:H7 Infection at Farm Visits and Petting Zoos, July 2001.

This article is one of several that have documented occurrence of *E. coli* O157:H7 in animal settings. Researchers measured *E. coli* O157:H7 at county fairs and dairy farms in Minnesota in 2001 and 2002. Fecal samples were collected from cattle manure piles at 12 county fairs and from direct rectal retrieval from cattle on 26 dairy farms (8 organic and 18 conventional).

County fairs. *E. coli* O157:H7 was isolated from 11 percent of the 178 manure piles sampled. The samples containing *E. coli* O157:H7 came from 75 percent (9) of the 12 county fairs where samples were taken.

This result was similar to an earlier report of 32 agricultural fairs in the US, in which *E. coli* O157:H7 was isolated from 14 percent of beef cattle, 6 percent of dairy cattle, 5 percent of sheep, and 7 percent of pest fly pools.

Dairy farms. *E. coli* O157:H7 was isolated from 8 percent of the organic dairy farm fecal samples and from 3 percent of the samples from conventional farms. The samples positive for *E. coli* O157:H7 came from 50 percent of the organic farms and 17 percent of the conventional farms.

The researchers noted that herd prevalence of *E. coli* O157:H7 in dairy cattle was highly variable in their study and this has been found in other studies as well, varying from 0 to 60 percent. Management of this pathogen in food animals continues to be an active area of research.

Source: Cho, S., et al. 2006. "Prevalence and characterization of *Escherichia coli* O157 isolates from Minnesota dairy farms and county fairs. *J. Food Protection* 69:252-259.

Key words: food safety, bacteria, food production.

Consumer Behavior at Petting Zoos

Three studies reported at the March 2006 International Conference on Emerging Infectious Diseases in Atlanta, GA suggested that many petting zoo visitors were not aware that simple prevention measures could prevent infection and some engage in behaviors that might increase their risk of infection.

Researchers from the Centers for Disease Control and Prevention (CDC) reported a case-control

study of an outbreak of *E. coli* O157:H7 associated with two Florida petting zoos. Visitors who did and did not get sick were interviewed to identify which behaviors were predictors of infection. Some behaviors that were most strongly associated with illness were feeding a cow or goat, touching a goat and stepping in manure, or having manure on your shoes. Not surprisingly, handwashing after visiting the petting zoo and washing hands before eating and after visiting the petting zoo, were found to protect against infection.

Researchers from the South Carolina Department of Health and Environmental Control conducted an observational survey of visitors to a petting zoo at the 2005 South Carolina state fair. Despite the availability of numerous handwashing facilities and posted warnings regarding risk factors, approximately 28 percent of people observed exiting the petting zoo did not wash their hands. Many visitors brought food or drink items into the petting zoo with them.

Researchers from the Tennessee Department of Health monitored the use of hand-sanitizer stations at the exits of petting zoos in middle Tennessee. Of the 1,700 visitors, approximately 62 percent did not use the hand-sanitizer station after visiting the petting zoo. One in five visitors was observed eating or drinking in the petting zoo.

Fred Angulo of the Centers for Disease Control and Prevention (CDC) noted that, "Most petting zoo visitors do not know that there is a risk and are not informed that there is a risk. Signs do not work. People need to be told by another human being to wash their hands."

A CDC-National Association of State Public Health Veterinarians partnership has produced a compendium of specific recommendations to prevent disease associated with animals in public settings. The compendium is published annually in the CDC publication *Morbidity and Mortality Weekly Report*. The 2005 compendium is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5404a1.htm>. The 2006 compendium will be published later this year.

Source: http://fsrio.nal.usda.gov/news_article.php?article_id=3213.

Key words: handwashing, health, pets.

An Optimistic View Can Help Protect a Person's Health When Faced With Family Member's Death and Illness

In the first large-scale prospective study, researchers demonstrate the protective effects of an optimistic life orientation on health after experiencing a life stress situation.

Researchers from the Finnish Institute of Occupational Health, National Research and Development Centre for Welfare and Health, Universities of Helsinki and Turku and University College London examined the health changes in 5,007 employees after they experienced a major life event (death or onset of severe illness in family). The employees' pessimism and optimism levels were assessed three years prior to the stressful life event and again after the life event. A major stressful life event was defined as (1) death of a spouse or child, (2) severe illness of spouse, or (3) severe illness of another family member.

A person's health was determined by how many sick days he or she took during a period covering 36 months prior to the event and 18 months after the event, said lead author Mika Kivimaki, PhD. The employees' health was monitored for the entire 55-month period.

The authors of the study found that the increase in sick days taken after a major life event was smaller and decreased to the pre-event level more quickly for those who scored higher on optimism questionnaires than with those who had low optimism scores. Of note, said the authors, was that there was a temporary increase in sick days after the stressful life event for all participants, but this increase was smaller and decreased to pre-event levels faster among the optimists than among the pessimists.

The authors conclude that optimism may reduce the risk of health problems and may actually help a person recover after experiencing a serious life-changing event.

In contrast, the authors found no support that low pessimism would buffer against health problems after a major life event or that frequent pessimistic expectations would increase a person's vulnerability to sickness. "Pessimists frequently distance

Family Development

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themselves from emotional events and this coping strategy may be less effective than using active problem-focused coping immediately after an uncontrollable severe event such as death of a family member," said Dr. Kivimaki.

Source: *American Psychological Association*.
<http://www.apa.org>.

Key words: health, stress.

Playing Violent Video Games Can Heighten Aggression

Violent video games can increase aggressive behavior in children and adolescents, both in the short- and long-term, according to an empirical review of the last 20 years of research.

According to researchers Jessica Nicoll, BA, and Kevin M. Kieffer, PhD, of Saint Leo University, youth who played violent video games for a short time experienced an increase in aggressive behavior following the video game. One study showed participants who played a violent game for less than 10 minutes rate themselves with aggressive traits and aggressive actions shortly after playing. In another study of over 600 8th and 9th graders, the children who spent more time playing violent video games were rated by their teachers as more hostile than other children in the study. The children who played more violent video games had more arguments with authority figures and were more

likely to be involved in physical altercations with other students. They also performed more poorly on academic tasks.

Furthermore, violent video game players "tend to imitate the moves that they just 'acted out' in the game they played," said Dr. Kieffer. For example, children who played violent karate games duplicated this type of behavior while playing with friends. These findings demonstrate the possible dangers associated with playing this type of video game over and over again.

The authors also found that boys tend to play video games for longer periods of time than girls. Boys may play more of these types of video games, said Kieffer, because women are portrayed in subordinate roles and the girls may find less incentive to play. But those girls who did play violent video games, according to the review, were more likely to prefer playing with an aggressive toy and were more aggressive when playing.

Finally, children and adolescents who are attracted to the violent content in the games are likely to be more vulnerable to the effects of that exposure, according to the review.

Both Nicoll and Kieffer say that the recent changes that put age limits and rating systems on games make it more difficult for young children to purchase and play these video games. But, say the psychologists, "Future research needs to explore why many children and adolescents prefer to play a violent video game rather than play outside, and why certain personalities are drawn to these types of games."

Source: American Psychological Association, <http://www.apa.org>.

Key words: youth, violence.

Early Warning Signs of Alzheimer's Show up Across Cognitive Areas Years before Official Diagnosis

By combing through dozens of Alzheimer's disease (AD) studies, psychologists have gained a clear picture of cognitive problems in people who will develop the degenerative brain disease. The meta-analysis reveals that people can show early warning signs across several cognitive domains years

before they are officially diagnosed, confirming that Alzheimer's causes general deterioration and tends to follow a stable preclinical stage with a sharp drop in function.

Researchers at the Karolinska Institute and Stockholm Gerontology Research Center affiliated also with the Max Planck Institute for Human Development and the University of South Florida crunched the data from a decade's worth of studies: Published reports that met stringent criteria had records on 1,207 people with preclinical Alzheimer's (they later developed the disease) and 9,097 controls who stayed healthy.

Neuropsychologists are striving to understand the preclinical stage for two reasons: On the theoretical level, understanding the transition from normal aging to dementia is vital to understanding how the disease evolves. On the clinical level, treatment can work best when doctors can identify at-risk individuals as early as possible.

The authors studied 47 peer-reviewed studies published between January 1985 and February 2003. 1985 marked the introduction of more systematic and reliable diagnostic criteria for Alzheimer's.

The analysis showed that no matter what kind of study, people at the preclinical stage showed marked preclinical deficits in global cognitive ability, episodic memory, perceptual speed, and executive functioning; along with somewhat smaller deficits in verbal ability, visuospatial skill, and attention. There was no preclinical impairment in primary memory.

He explains, "There are no clear qualitative differences in patterns of cognitive impairment between the normal 75-year-old and the preclinical AD counterpart. Rather, we think of the normal elderly person, the preclinical AD person, and the early clinical AD patient as representing three instances on a continuum of cognitive capabilities. This presents an obvious challenge for accurate early diagnosis."

The data also supported the emerging consensus that AD's preclinical period is characterized by an early onset followed by relative stability until a few years before diagnosis, when functioning plummets.

Source: *American Psychological Association*. <http://www.apa.org>.

Key words: health, seniors.



Soda Consumption Update

The March 2006 issue of *Beverage Digest* revealed that the number of cases of soda sold in the United States decreased for the first time since 1985. In 2005, the volume of cases sold decreased by 0.7 percent, to 10.2 billion cases. Sales of sugar-sweetened sodas have declined. Coca-Cola Classic and original Pepsi declined by 2 percent and 3.2 percent, respectively. Even diet soda sales have slowed. Diet Pepsi sales decreased by 1.9 percent and Diet Coke sales were virtually unchanged, up only 0.1 percent.

There are several reasons why soda sales are no longer increasing. First of all, some critics have linked its consumption to the increasing incidence of overweight in youth. A research study published in the March 2006 issue of the journal *Pediatrics* found a direct correlation between consumption of sugar sweetened beverages and weight gain in teenagers. Approximately 100 teenagers between the ages of 13 to 18 participated in the six month study. All of the teens selected for this study consumed approximately 375 calories a day of sugar sweetened beverages. When provided with bottled water, diet teas and diet sodas, the teens decreased their consumption of sweetened beverages by 83 percent and some of the heaviest children lost approximately one pound a month. One of the researchers commented, "This one simple behavior had a major effect on weight. The study illustrates that if you make alternatives available to kids they will drink them."

A second reason why sugar sweetened soda consumption has decreased is because consumption of other beverages such as bottled water, sports drinks, and tea has increased. William Pecoriello, a beverage analyst at Morgan Stanley, found that 64 percent of the growth in bottled water was a result of people believing that water is a healthy beverage. He also found that peoples' attitude toward diet sodas has changed, "They don't like the taste, are worried about artificial sweeteners and do not view diet soft drinks as 'healthy.'" John Faucher, an



Nutrition Education

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analyst at J.P. Morgan Chase, believes that people want variety and "new, exciting beverages."

Source: *Pediatrics*, March 2006,
<http://www.beverage-digest.com>.

Key words: soda, teenagers.

Teenage Girls and Soda Consumption

The previous article mentioned there has been an overall decrease in sugar-sweetened soda consumption. However, a study published in the February 2006 issue of the *Journal of Pediatrics* showed that as teenage girls get older, they drink less milk and more soda.

In this ten-year study, 2,371 girls kept food diaries from the age 9 or 10 until they were 19. When beverage intake was analyzed over the ten year period, the results showed that:

- Milk consumption decreased by more than 25 percent.
- Soda intake nearly tripled, becoming the number one beverage consumed by the older girls.

Due to the lower milk and higher soda intake, the girls had lower intakes of calcium and higher body-mass indexes.

Source: *Journal of Pediatrics*, February 2006.

Key words: teenagers, soda.

Overcoming Physical Activity Obstacles

How many of you have kept your New Year's resolution to be more physically fit? Congratulations to those who have kept this resolution. Don't feel discouraged if you haven't. Statistics show that more than half of the people who start a physical activity program drop it within three to six months.

Here are some suggestions from three Sports Psychologists—Jim Gavin, Professor of applied human sciences at Concordia University in Montreal, Jenny Susser at the Women's Sports Medicine Center in New York City, Craig Wrisberg, professor of sport psychology at the University of Tennessee in Knoxville—on how to train your brain to enjoy—or possibly not despise—physical activity.

- **Realize it's OK to hate gyms.** Many people are very intimidated by gyms. Susser states, "walking into a gym where you don't know anybody can be just like walking into a bar or job where you don't know anybody." She suggests spending that money instead on a few sessions with an in-home trainer who can individualize a fitness plan for you.
- **It's also OK if you don't LOVE to work out.** There are things that we may not like doing, but we do them anyway. That's why it's important to find activities that you enjoy doing; that will help motivate you to be physically active.
- **Remember your childhood.** Focus on activities you liked as a child. Activities that come to mind are bicycling, skipping, or badminton. Remember hula-hoops? They even make weighted hula hoops now.
- **Liken exercise to brushing your teeth.** Most people don't think twice about brushing their teeth, they do it out of habit. Wrisberg states "make it a regular routine, just like brushing your teeth. If you view physical activity as a key component of a healthy lifestyle, you'll be less likely to blow it off."
- **Change your vocabulary.** Gavin recommends not using the word "exercise" since it tends to be associated with going to the gym. People may find the terms "physical activity" or "movement" more agreeable. Think about getting more movement in your daily life, such as walking, biking, gardening, or even house-cleaning.
- **Take the long view.** Wrisberg finds that sometimes physical activity programs fail because people want immediate results or else they quit. It's not feasible to expect dramatic results overnight or in a few weeks, especially if an individual needs to lose a significant amount of weight or has been inactive for a long period of time. Susser recommends having people notice how much better they feel after they exercise. This feel-good effect may be short-lived but it becomes addictive to regular exercisers. Research has shown that when individuals begin an exercise regimen they tend to be motivated by physical goals, but over time they become more motivated by how they feel.

Source: Smart Fitness, MSNBC.com, March 7, 2006.

Key word: exercise.

Sleep Eating with Ambien

Ambien is a popular sleeping pill used by 26 million Americans. In some people it has the side effect of causing them to eat large quantities of food while asleep and not remembering that they have eaten after they awaken. Researchers at the University of Minnesota have identified 32 Ambien users having this sleep-related eating disorder with amnesia.

The desire to eat can be very strong. In one case, a woman in a full body cast who required assistance during the day was able to get out of bed and to the kitchen and fry bacon and eggs. One of the first symptoms is unexplained weight gain. One individual gained over 100 lbs before the connection to taking Ambien was discovered.

Source: *New York Times*, March 14, 2006.

Key word: eating.

Medicare Beneficiaries: Move Drug Plan Decisions to Top of “Things To Do” List

If you are a Medicare beneficiary who has not yet enrolled in the new Medicare Prescription Drug (Part D) program, you should put this cost-savings opportunity at the very top of your “things to do” list. Completion of initial enrollment in the Medicare Prescription Drug program must be filled out on-line, by phone or paper copies received by a selected Prescription Drug plan by **May 15, 2006**.

Medicare officials are concerned that some folks may believe by filing a paper application on May 15, 2006 (having their envelope postmarked May 15, 2006) they have met the application deadline, similar to IRS stipulations. **This is NOT the case.** If you are eligible for Medicare Part D prescription coverage you should enroll as soon as possible, and not wait for the last week, in order to avoid expected high call volumes at 1-800-MEDICARE or high volume traffic on the medicare.gov internet site. Applicants are strongly encouraged to ensure they have an application enrollment confirmation number in hand *before* May 15, 2006.

What should you do if you are a Medicare-eligible senior or disabled individual who has not investigated Part D enrollment? Mike Leavitt, secretary of the US Department of Health and Human Services, recommends seniors gather their prescriptions, get out their Medicare ID cards and call Medicare's help line, 800-633-4227 as soon as possible. Phone counselors use personalized information to find the best plans.

If you are a Medicare beneficiary who has limited income and resources, you can maximize your cost-savings by also applying for extra help that is available to pay for part of the monthly premiums, annual deductibles, and prescription co-payments under the new prescription drug program. That extra help could be worth an average of \$2,100 per year if you qualify.

If your annual income is below \$14,355 (\$19,245 for a married couple living together) and your resources total no more than \$10,000 (\$20,000 for a married couple living together), you may qualify for the extra help. Resources include such things as

Family Economics

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bank accounts, stocks and bonds, but do not include your house and car. And resources can be slightly higher if you will use some of your money for burial expenses. Because time is running short, Medicare beneficiaries need to act now. If you think you might qualify for the extra help, complete an online application at www.socialsecurity.gov. Or, you can call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) and ask for an application.

Idaho organizations such as the Idaho Department of Insurance's Senior Health Insurance Advisors (SHIBA), the Area Offices on Aging, and Extension offices in Boundary and Nez Perce Counties will be offering enrollment assistance in many locations. Call SHIBA for more information, 1-800-247-4422 or go to their website to locate a SHIBA coordinator in your region, <http://www.doi.state.id.us/SHIBA/shcontacts.aspx>. Idaho Department of Health and Welfare's CareLine, dial 211 or 1-800-926-2588, Mon.-Fri., 8am-6pm MST will also provide information about Medicare Part D enrollment help sites in Idaho.

So remember: you have only two weeks to sign-up for the new Medicare Prescription Drug program, or to see if you qualify for extra help in meeting the costs of the new program. But to take advantage of these opportunities, you must act *now*. Medicare-eligible beneficiaries who apply for Prescription Drug Coverage after May 15, will pay a late enroll-

ment penalty and won't be able to get the Medicare prescription drug benefit until next year.

Source: Neuber, C., March 30, 2006, Reminder to Medicare Beneficiaries: Move Drug Plan Decisions to Top of "Things To Do" List, email & 4/28/06 phone, Social Security Public Affairs—Boise. Haynes, R., 4/28/06, CMS News Alert email, CMS Region 10 office.

Key words: health insurance, seniors.

Benefits of Medicare Prescription Drug Coverage

- It is available to all people with Medicare.
- It will pay for about half your drug costs.
- Almost 1 in 3 people will qualify for extra help paying for their drug costs.
- It protects you against ever having very high drug expenses.
- It pays for brand-name and generic drugs.

Source: Medicare website, <http://www.medicare.gov/MPDPF/Home.asp>.

Key words: health insurance, seniors.

Lost Your Credit or ATM Card? What to Do

Gone with the wind! That was how I lost my credit card several weeks ago. I was returning to Boise from Eastern Idaho when I pulled into a truck stop to refuel my vehicle. The wind was blowing 50 miles an hour, not unusual in some regions of Idaho. As I pulled my credit card from the payment slot at a self-fill pump, the wind blew the card from my hand toward several long haul trucks. I searched for half an hour before determining that my credit card must have blown to Canada!

It's been more than twenty years since I lost a credit card. Former losses occurred when I lived in a coastal state with high crime rates and my wallet was stolen. This recent, more humorous loss of my card seemed like a timely topic for a *Communicator* article. What should you do if a card, ATM, or debit card is lost or stolen?

The first step is to report the loss or theft of your credit cards and your ATM or debit cards to the

card issuers as quickly as possible. Many companies have toll-free numbers and 24-hour service to deal with such emergencies. It's a good idea to follow up your phone calls with a letter. Include your account number, when you noticed your card was missing, and the date you first reported the loss.

Credit Card Loss or Fraudulent Charges (FCBA). Your maximum liability under federal law for unauthorized use of your credit card is \$50. If you report the loss before your credit cards are used, the FCBA says the card issuer cannot hold you responsible for any unauthorized charges. If a thief uses your cards before you report them missing, the most you will owe for unauthorized charges is \$50 per card. Also, if the loss involves your credit card number, but not the card itself, you have no liability for unauthorized use.

After the loss, review your billing statements carefully. If they show any unauthorized charges, it's best to send a letter to the card issuer describing each questionable charge. Again, tell the card issuer the date your card was lost or stolen, or when you first noticed unauthorized charges, and when you first reported the problem to them. Be sure to send the letter to the address provided for billing errors. Do not send it with a payment or to the address where you send your payments unless you are directed to do so.

ATM or Debit Card Loss or Fraudulent Transfers (EFTA). Your liability under federal law for unauthorized use of your ATM or debit card depends on how quickly you report the loss. If you report an ATM or debit card missing before it's used without your permission, the EFTA says the card issuer cannot hold you responsible for any unauthorized transfers. If unauthorized use occurs before you report it, your liability under federal law depends on how quickly you report the loss.

For example, if you report the loss within two business days after you realize your card is missing, you will not be responsible for more than \$50 for unauthorized use. However, if you don't report the loss within two business days after you discover the loss, you could lose up to \$500 because of an unauthorized transfer. You also risk unlimited loss if you fail to report an unauthorized transfer within 60 days after your bank statement containing unauthorized use is mailed to you. That means you

could lose all the money in your bank account and the unused portion of your line of credit established for overdrafts. However, for unauthorized transfers involving only your debit card number (not the loss of the card), you are liable only for transfers that occur after 60 days following the mailing of your bank statement containing the unauthorized use and before you report the loss.

If unauthorized transfers show up on your bank statement, report them to the card issuer as quickly as possible. Once you've reported the loss of your ATM or debit card, you cannot be held liable for additional unauthorized transfers that occur after that time.

In my lost credit card experience I called my husband, who was working at home, as soon as I gave up my credit card search at the truck stop. My husband checked our home file for the credit card's loss reporting phone number, and notified the company within fifteen minutes of my loss. But what if I had no family member to call? For people who travel frequently, I decided that a credit card registration service might be useful.

Buying a Registration Service. For an annual fee, companies will notify the issuers of your credit card and your ATM or debit card accounts if your card is lost or stolen. This service allows you to make only one phone call to report all card losses rather than calling individual issuers. Most services also will request replacement cards on your behalf.

Purchasing a card registration service may be convenient, but it's not required. The FCBA and the EFTA give you the right to contact your card issuers directly in the event of a loss or suspected unauthorized use.

If you decide to buy a registration service, compare offers. Carefully read the contract to determine the company's obligations and your liability. For example, will the company reimburse you if it fails to notify card issuers promptly once you've called in the loss to the service? If not, you could be liable for unauthorized charges or transfers.

And finally, what is a good precaution for travelers who might face loss of their cards or wallet? Consider carrying a spare credit card and identification in a hidden travel pouch worn around your neck or waist. Make a list of your credit card issuers, numbers, and contact information if the card is lost or

stolen. Store the list in a labeled file at home. Provide a trusted friend who lives nearby with a spare key to your home and the location of your credit card list.

Source: Federal Trade Commission, <http://www.ftc.gov/bcp/online/pubs/credit/atmcard.htm>, retrieved 4/28/06.

Key word: credit card.

Financial Tips that Promote Newlywed Unity

Every day, 6,200 couples get married in the United States, spending an average of \$20,000 on the wedding. In addition, they spend almost \$5,000 more on rings and a honeymoon. With the average age of the bride at only 25 and the groom at 27, this seems like a lot of expense and debt for such an early stage of life. Taking on huge amounts of debt early in a relationship can put extra strain on a new marriage. In fact, financial stress is routinely cited in surveys as one of the top three reasons that almost 50 percent of all first marriages will end in divorce. With the June wedding season upon us, it's time to provide financial tips to all those with "Just Married" on their cars.

Seek Understanding. Before marriage many couples go through premarital counseling—some churches even require this before marriage. But how many couples go through financial counseling? This process would include a full disclosure of financial assets and liabilities of each person, a "money personality" psychology test that is geared toward uncovering destructive tendencies such as overspending and an open discussion about each person's philosophies and goals related to money.

Say "I do" Forever? Prenuptial agreements are a hot topic among many would-be brides and grooms. When does it make sense to have one? Consider using a prenuptial agreement anytime premarital assets are greatly uneven between the bride and groom, one would-be spouse has family or trust investments or one of you has (or plans to have) separate business interests.

Share Life Goals. Reach an understanding about the big things. Does one of you want children (or more of them) sooner than the other? Does one of

you feel it is imperative that one spouse stay home to raise children? Does one of you want to start your own business (two-thirds of all millionaires are self-employed)? What about material things such as cars and houses—do you agree on these? Having these types of discussions before marriage can avoid tension and stress during a marriage.

Plan Your Strategy. This involves deciding which of you will manage the finances. Some couples divide this by having one spouse pay monthly bills, and the other spouse focuses on longer-term decisions such as investments, employer benefits elections, insurance, etc.

Setting up an organized record-keeping system is also critical to this process—something easy enough for the other spouse to take over in the event of an illness or death.

A good strategy also involves keeping tabs on your credit reports and scores. It involves keeping good income-tax records. And it involves establishing a system to track monthly cash flow. On this point, there are many excellent software packages available—even a spreadsheet or simple ledger works better than nothing.

Other tips from financial experts:

- **Establish an emergency savings account.** This should be equal to about 3 months to 6 months of normal monthly spending—or more if you're concerned about finding a job in a sluggish job market.
- **Save, save, save.** Get in the habit of saving money right away. Begin with saving 10 percent of your income, and target an increase of half of each raise you get. You may think it is hard to save early in a marriage, but just wait—it only gets harder.
- **Sign up early.** At the first chance you get, sign up for your company's 401(k) or retirement plan. This is especially true if there is a company match—this is free money that you would be saying "No Thanks" to if you do not participate.
- **Live below your means.** This means not spending every dime you make and not earmarking every raise or other windfall before it even lands in your bank account.

- **Stay away from debt.** Avoid credit cards like the plague. If you cannot afford to pay for it with cash, save the money until you can. Credit cards are among the fastest ways to get into a financial crisis.
- **Protect your future.** As a married person you now have responsibilities for someone else. This means making sure they are financially secure if you are disabled or die. If you think either of these is unlikely, just check the home-foreclosure statistics. Financial difficulties following a death or disability are one of the most common reasons for foreclosures and bankruptcies.

Adhering to these principles can help assure that you do live happily ever after.

Source: Openshaw, J., June 15, 2005, Marketwatch, Los Angeles, CA.

Key words: marriage, financial planning.

2006 Family Economics Calendar

May 5, 6, 13, 20, & June 3, 17. *Long Term Care Workshops* in Montpelier, Idaho Falls, Twin Falls, Lewiston, Rupert, Nampa, and Boise. See *The Communicator*, April 2006, pg. 12.

June 1. Presentation proposals postmark deadline for the *Association of Financial Counseling and Planning Education* annual meeting. The **November 15-17** meeting will be held in San Antonio, TX. Cooperative Extension will hold a pre-conference on **November 14**. For more information go to www.afcpe.org.

High School Financial Planning Program teacher training workshops. Each workshop will offer one teacher in-service or graduate credit. **August 2**—Pocatello. **August 8**—Meridian Capitol Educators Federal Credit Union. **August 10**—Lewiston. For more information contact Jerome County Extension educator, Lyle Hansen, lhansen@uidaho.edu, 208-324-7578 or Marilyn Bischoff.

Smart Women, Smart Money conferences. **October 14**—Boise, Grove Convention Center; **October 18**—Idaho Falls, Shilo Inn; **October 21**—Twin Falls, Ballroom (Convention Center).