**Department of Extension Family and Consumer Sciences**

**Quarterly Newsletter**

**January 2016**

**In this issue:**

* Designer Drugs: Spice and Bath Salts
* Introduction **-** Bryce Jorgensen, PhD
* 2016 Food Safety Systems Review
* Lowering Your Risk of Heart Disease
* New Year’s Resolutions
* Grandparents Raising Grandchildren in New Mexico



**Invited NMSU Dietetic Intern**

* **Nutrition and Memory**

**Designer Drugs: Spice and Bath Salts**  
  
Sonja Koukel, PhD  
Community & Environmental Health Specialist

To the uninitiated and uninformed, the names appear harmless enough: Spice, Bath Salts, K2, Moon Rocks, and Spice Diamond, among others. The labels might conjure up images of products one might find in a retail bath and body shop. But that couldn’t be further from the truth. These products are illegal designer drugs.

Spice is commonly known as synthetic cannabinoid or synthetic pot. Bath salts (e.g., Bliss, Bloom, and Ivory Wave) contain synthetic cathinones (stimulants/hallucinogens) similar to amphetamines. Bath salts are also referred to as jewelry cleaner, plant food, or phone screen cleaner. Generally ingested through smoking, the chemicals are intended to create a high similar to smoking marijuana. However, the poisons sprayed on the plant or herb (not marijuana) can result in Emergency Room visits or even death.



Dangers of Designer Drugs

What makes designer drugs so dangerous is that these products are manufactured illegally, therefore they are difficult to regulate. Most often, they contain unpredictable contaminants that do not show up in drug tests (SAMHSA, 2014). “There is no consistency or quality control,” stated Barbara Carreno, U.S. Drug Enforcement Administration (DEA) spokeswoman. “The people making these products can be anyone from a college kid wanting to make extra cash to an operation blending large quantities in a cement mixer. Two batches made by the same person could have different doses” (Zdanowicz, 2013).

Targeted Audience

Synthetic pot usage sent 3,780 youths, aged 12 to 17, to the Emergency Rooms during 2010. In 2011 that number doubled significantly to 7,584 youths. For patients aged 18 to 20, visits increased fourfold, from 1,881 between 2010 to 8,212 visits in 2011 (SAMHSA, 2014). Recent reports find that [one in every nine high school seniors](http://www.monitoringthefuture.org/pressreleases/11drugpr.pdf) admits to having used fake weed.

Marketing and Purchasing

There is no drug pusher or dealer required when looking for Spice or Bath Salts. In fact, the majority of sales occur through the Internet (Wilson, 2013). Products are easy to find at convenience stores, gas stations, “head shops,” and other outlets. And, unlike controlled

substances, such as tobacco and alcohol, there are no age restrictions for purchasing. Marketing ploys can also be deceptive. Advertising the products using terms such as natural, organic, herbal incense, and potpourri are misleading as the public perceives them to be safe. They

are also advertised as a “legal” alternative to marijuana.

Symptoms/Adverse Reactions

Health effects from designer drug use can be life threatening. And, the symptoms may be so sudden that there is no time to call for help. These include:

* Anxiety
* Disorientation
* Fast, racing heart rate and elevated blood pressure
* Impaired perception
* Intense hallucinations
* Irritability
* Muscle spasms, seizures, and tremors
* Nausea and vomiting
* Non-responsiveness, loss of consciousness, paralysis, and catatonic/listless states
* Paranoid behavior and extreme paranoia
* Psychotic episodes
* Reduced motor control
* Self-inflicted wounds
* Severe agitation
* Suicidal tendencies
* Violent episodes and outbursts
* Acute kidney injury (SAMHSA, 2014)

Toward Prevention

Designer drugs, such as Spice and Bath Salts, pose a serious threat to the nation’s public health and safety. At this time, very little is known about synthetic marijuana or how to treat an adverse reaction or overdose (Wilson, 2013).

Warning signs that someone you know may be using synthetic pot include bloodshot eyes, migraine headaches, mood changes, and withdrawal. For parents, effective interventions include discussing the dangers of these drugs with their children and using parental controls for online purchases. The Partnership at Drugfree.org provides online tools to help adults understand synthetic drugs. Visit <http://www.drugfree.org/the-parent-toolkit/>

References:

(SAMHSA) Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (October 16, 2014). Update: Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids. Rockville, MD.

Wilson, J. (2013, September). 3 deaths may be tied to synthetic marijuana in Colorado. CNN. Retrieved from <http://www.cnn.com/2013/09/06/health/synthetic-marijuana-denver>

Zdanowicz, C. (2013, February). Teen narrowly escapes death after smoking synthetic marijuana. CNN iReport. Retrieved from <http://www.cnn.com/2013/02/04/health/synthetic-marijuana-irpt/index.html>

**Introduction**

Bryce Jorgensen, PhD

Family Resource Management Specialist

It is wonderful to be back in the West! I enjoyed living out East for 13 years but am happy to be in the West again. I grew up in Utah and my wife, Melanie, is from Arizona. We lived in Pennsylvania for 2 years, Virginia for 6 years, and North Carolina for 5 years. I consider it my most important work to be a good husband and father to my 5 children ages 13 to 5. I received my PhD from Virginia Tech in Family Studies and Family Finance/Resource Management and have worked for the last 5 ½ years as an assistant professor at East Carolina University in the Human Development and Family Studies department.

I am the new Family Resource Management Specialist and am very excited to get to know you and to work with you on programs that help individuals and families navigate their financial lives. One of my favorite quotes is, “No other success in life can compensate for failure in the home” (David O. McKay). I am passionate about strengthening families and one key way to do that is through improving how they manage their money. Whether the family earns a lot of money or a little, everyone can benefit from managing their money more effectively. Most families are strapped with debt and living paycheck to paycheck. Together we can help bring more financial peace to their lives. Whether it is debt, credit issues, budgeting, lack of saving/investing, having life insurance or a will, estate planning, communicating about money as couples or families, or the many other possible topics, families need financial help, and we can help them.

My area of expertise is personal and family finance as well as time management and goal setting. I would enjoy talking with you in more detail about these areas and how we can work together to support the families in your communities. Please feel free to reach out to me about the needs of those in your county. I enjoy working with agents to create, modify, adapt, and evaluate programs. I am happy to provide training on existing or new programs so you feel comfortable with the material. At the end of the day, our jobs are to improve the lives of the families of New Mexico. I guarantee most families in your communities could use help in managing their finances more effectively. My guess is that most of you could also benefit from better financial management. Managing money effectively, and teaching/sharing it with others, is hard. If you have avoided this topic in the past, I urge you to reach out to me to see what we can do. Even if it is something small and simple, great things can happen in the financial lives of your families. I look forward to working with you this year!

Contact Information:

Dr. Bryce Jorgensen

MSC 3AE

PO Box 30003

Las Cruces, NM 88003

Office: Gerald Thomas Hall, Rm W311-F

Phone: 575-646-4943

Cell: 801-819-5646

Email: [brycej@nmsu.edu](mailto:brycej@nmsu.edu)

**2016 Food Safety Systems Review**

Nancy Flores, PhD

Food Technology Extension Specialist

Food safety systems are not new to the food industry and have been integrated into local food codes. What is new is a universal standard that is required for all food processors. Throughout this year I will review these systems in more detail. For this issue a brief discussion follows.

There are local state and federal food safety regulations that must be addressed by food processors to market commercial food products. The Internet provides many resources but may be overwhelming to the novice food business entrepreneur. Start with local health department and county extension office to determine what regulations may apply to your product. Processors should then request the assistance of a process authority. A process authority is available at New Mexico State University and at other state land grant universities. In the case of novel products, the processor may need to contact the FDA or USDA directly about the status of their product.

The 2013 FDA food code is a uniform system of provisions that address the safety and protection of food offered at retail and in food service. This code maybe adopted by local, state, and federal governmental jurisdictions to assure public health. The New Mexico Department of Environment food processing division is currently revising food regulations that affect the operation of restaurants, mobile and temporary food establishments, and food processors. Processors manufacturing meat seafood or juice products must operate under a Hazard Analysis and Critical Control plan (HACCP). Low acid canned foods are regulated under the Code of Federal Regulations title 21 part 113(21 CFR 113)-*Thermally Processed Low-Acid Foods Packaged In Hermetically Sealed Containers*. Acidified canned foods are regulated by Code of Federal Regulations title 21 part 114 (21 CFR 114) - *Acidified Foods.* Acidified food manufactures and other food processors must comply with the Food Safety Modernization Act (FSMA; 21 C.F.R. 117) also known as *Preventive Controls for Human Food*. These are food safety systems that are tools to assure a safe food supply. Additionally the 2013 Pasteurized Milk Ordinance (PMO) does not address all of the FSMA requirements, such as a written hazard analysis, those relevant to food allergens, or the potential presence of environmental pathogens in the food-processing environment. Such provisions in the Preventive Controls rule could help prevent food safety problems from the consumption of food produced in PMO facilities. However, grade “A” milk and milk product facilities operating under the Pasteurized Milk Ordinance (PMO) will have until September 17, 2018, to implement new changes that will align with FSMA regulations. Processors must have certified training in the food safety system they are following, use the appropriate food safety plan and auditing scheme.

### [Hazard Analysis Critical Control Point (HACCP)](http://www.fda.gov/Food/GuidanceRegulation/HACCP/) is a management tool that utilizes risk analysis to address food safety concerns. Specific evaluation of biological, chemical, and physical hazards from raw material production, procurement and handling, to manufacturing, distribution and consumption of the finished product. There are subtle differences between the USDA and FDA models as well as those plans developed by third party auditing companies (Primus, SAI Global, SGS, etc.). Although the formats may differ the basic fundamentals are to evaluated risks associated with a food process and to control risks to assure a safe food product.

Food Safety Modernization Act (FSMA) Preventive Controls for Human Food(replaces 21 CFR 110) requires commercial food processing facilities to implement a food safety system that includes an analysis of hazards and risk-based preventive controls. A written food safety plan that includes:

* **Hazard analysis**: The first step is hazard identification, which must consider known or reasonably foreseeable biological, chemical, and physical hazards.
* **Preventive controls**: These measures are required to ensure that hazards requiring a preventive control will be minimized or prevented. They include process, food allergen, and sanitation controls, as well as supply-chain controls and a recall plan.
* **Oversight and management of preventive controls**. The final rule provides flexibility in the steps needed to ensure that preventive controls are effective and to correct problems. Other tools to be used are:
  + **Monitoring**
  + **Corrective actions and corrections**
  + **Verification**

For specific information on these systems please follow links:

Food Code (2013):

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>

FSMA:

<http://www.fda.gov/Food/GuidanceRegulation/FSMA/ucm334115.htm>

HACCP:

<http://www.fda.gov/Food/GuidanceRegulation/HACCP/>

2013 Revision of the Grade “A” Pasteurized Milk Ordinance:

<http://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/milk/ucm389905.htm>

**Lowering Your Risk of Heart Disease**

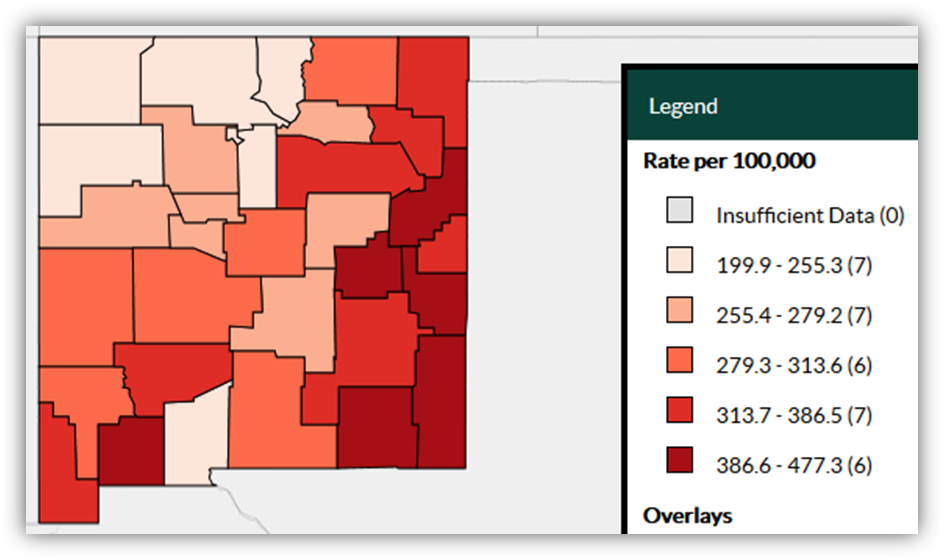
Cassandra Vanderpool, MS, RDN, LD

Extension Diabetes Coordinator

February is American Heart Month. The Centers for Disease Control and Prevention report that heart disease is the leading cause of death for men and for women. Every minute, someone in the United States dies from a heart disease-related event. While age and family history are risk factors that cannot be changed, the good news is that 80% of heart disease and stroke can be prevented.

**Heart Disease Death Rates in New Mexico, 2011-2013**

**Adults, Ages 35+ by County**



**What are the modifiable risk factors?**

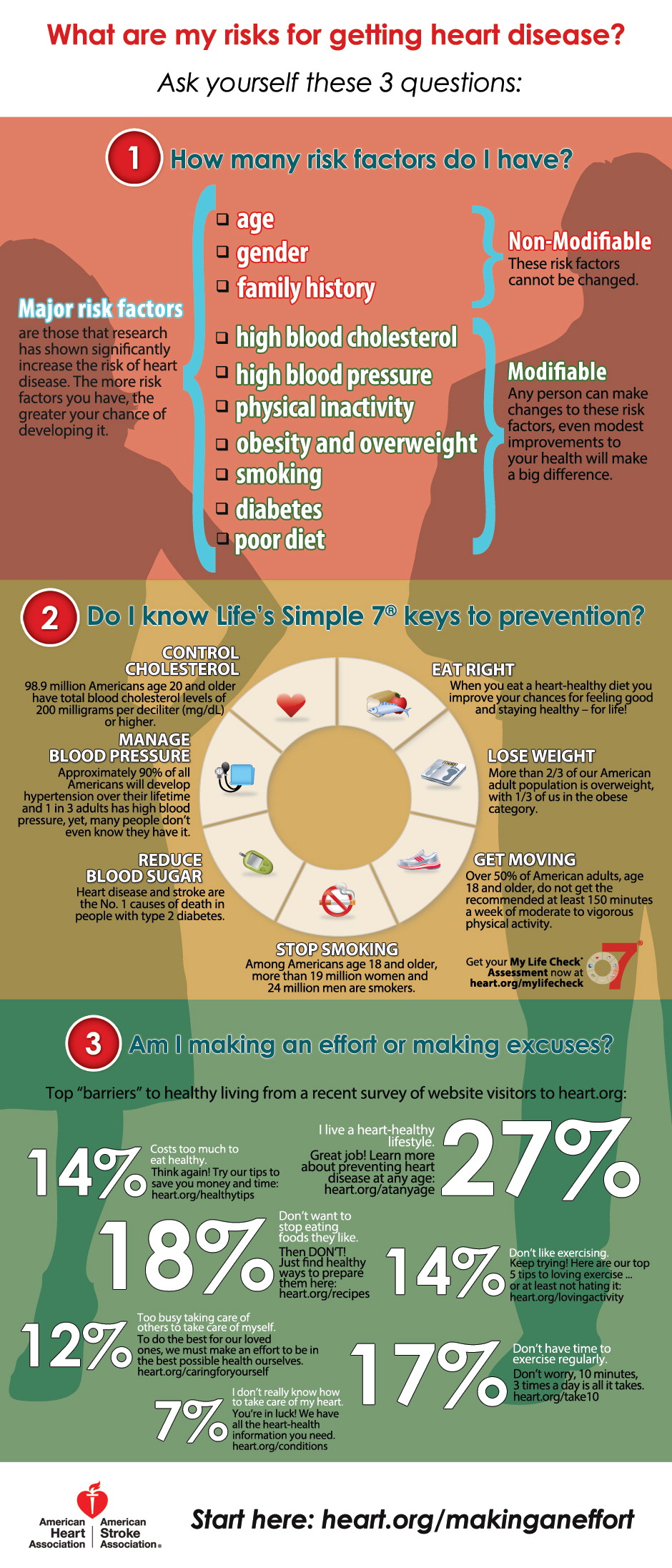
There are three main risk factors for heart disease, and about half of Americans have at least one of them:

* High blood pressure
* High LDL (bad) cholesterol
* Smoking

The following conditions and behaviors also increase the risk for heart disease:

* Diabetes
* Overweight and obesity
* Poor diet
* Physical inactivity
* Excessive alcohol use

**How can you lower your risk for heart disease?**



The American Heart Association has an infographic that presents “Life’s Simple 7®.” Making changes in these areas may significantly lower your risk of heart disease and improve your overall health. Seven may seem like a lot to keep track of, but many of them are related so that a single change can improve your health in several of these key areas.

1. **Get Moving.** Consistent physical activity has many benefits. It can lower blood pressure, increase HDL (good) cholesterol, improve insulin sensitivity and blood sugar control, prevent bone loss, boost sleep quality, manage body weight, and help you feel good.

If you are not physically active, start with small changes in your daily life. Take the stairs instead of elevators, park at the far end of parking lots, go on walks during your lunch break and/or after dinner. Consider the activities you like most and how they can make physical activity fun. If you like to talk with others, find a walking buddy. If you like to dance, try Zumba. If you like to read, listen to audiobooks while walking, jogging, or biking. Work your way up to the recommended 2½ hours of physical activity each week.

1. **Control Cholesterol.** Adults ages 20 years or older should have their cholesterol checked every four to six years. Those whose cholesterol levels are not within a healthy range should continue to have their cholesterol checked every year. Those with cholesterol levels within a healthy range but who are at higher risk for heart disease (e.g., people with diabetes) may need to have their cholesterol checked every one to two years. Children and youth with risk factors for heart disease should have their cholesterol checked as well.

Increase your HDL (good) cholesterol and decrease your LDL (bad) cholesterol and triglycerides by quitting smoking, losing weight, increasing physical activity, and eating heart-healthy foods (see Eat Right below). If you drink alcohol, limit it to one drink a day for men older than 65 years and women of all ages and to two drinks a day for men age 65 and younger. Prescription medications are available to help manage cholesterol levels but are not intended to replace a healthy lifestyle.

1. **Eat Right.** Eating the right foods improves blood pressure, blood sugar, cholesterol and can help you control your weight. Pattern your meals after MyPlate (see [www.choosemyplate.gov](http://www.choosemyplate.gov)) or other healthy eating patterns. Focus meals and snacks on fruits and vegetables, whole grains, low-fat dairy, and lean proteins. Reduce the amount of sugar you eat and drink.

Choose foods that contain healthy rather than unhealthy fats. Fats that are solid at room temperature (e.g., butter, shortening, animal fat) are high in saturated and trans fats, which contribute to heart disease. However, liquid oils and many plant foods are high in unsaturated fats and can actually be healthy for your heart. Olive oil, canola oil, nuts, seeds, avocados, and fish are good choices. Just watch portion sizes, since fats are high in calories.

1. **Manage Blood Pressure.** High blood pressure is known as “the silent killer” because it has no symptoms. Eating right is key to a healthy blood pressure. Consistent physical activity, quitting smoking, maintaining a healthy weight, limiting salt and alcohol also help keep blood pressure at healthy levels. Prescription medications are available to help manage blood pressure but are not intended to replace a healthy lifestyle.
2. **Lose Weight.** Overweight and obesity increase your risk for high blood pressure, high cholesterol, and diabetes. Losing 5-10% of your body weight can significantly decrease your risk. Avoid short-term diets. Instead, gradually make healthy changes in your eating and physical activity that you will sustain throughout your life.
3. **Reduce Blood Sugar.** People with diabetes are at higher risk for heart disease and stroke. Maintaining healthy blood sugar levels decreases the risk of those, and several other, health complications. Eating right, maintaining a healthy weight, and being physically active will help you keep blood sugar levels under control. Prescription medications are available to help manage blood sugar levels but are not intended to replace a healthy lifestyle.
4. **Stop Smoking.** You’ve seen this critical step mentioned a few times already. In addition to reducing your risk for heart disease, you will lower your risk for cancer, chronic lung disease, and early death. If you have tried to quit before and failed, keep trying. People often go through many unsuccessful quit attempts and sometimes relapse after going months without smoking before they successfully quit. Counseling and medication are effective aids, especially when used together. Many free resources are available to help you, so call 1-800-QUIT-NOW. Within a few years of quitting, you will have the same risk for developing heart disease as non-smokers.

Sources:

American Heart Association. Make the Effort to Prevent Heart Disease with Life’s Simple 7. November 6, 2015. Available at <http://www.heart.org/HEARTORG/GettingHealthy/Make-the-Effort-to-Prevent-Heart-Disease-with-Lifes-Simple-7_UCM_443750_Article.jsp#.Vo3c7VJ-dzn>, accessed January 5, 2016.

Centers for Disease Control and Prevention. Heart Disease Fact Sheet and Interactive Atlas of Heart Disease and Stroke. November 30, 2015. Available at <http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm>, accessed January 5, 2016.

Centers for Disease Control and Prevention. Quitting Smoking. May 21, 2015. Available at <http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/>, accessed January 5, 2016.

Mayo Clinic. Make your lifestyle count. November 9, 2012. Available at <http://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/hdl-cholesterol/art-20046388?pg=2>, accessed January 5, 2016.

Mayo Clinic. Top 5 lifestyle changes to improve your cholesterol. June 19, 2015. Available at <http://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/reduce-cholesterol/art-20045935>, accessed January 5, 2016.



**New Year’s Resolutions**

Lourdes Olivas, MA

Extension Associate I

With the New Year many are setting New Year’s resolutions, which according to recent surveys, about 40% of Americans set theirs to revolve on being healthier and an additional 40% is specifically set to lose weight. Not sure if this is why we have about 80% that fail to reach their resolutions. When we set our goals for the New Year, we have the intention to follow-through. However, many don’t stick to these resolutions and we could just say that “life was interrupted”. Now that doesn’t mean that for 2016, your New Year’s resolution will be “interrupted” again. Instead look at what your resolution is, remember this is a goal you want to achieve for the year. To have an entire year to work on a goal gives you time for this achievement. With that in mind, you need to make sure the goal you have set for your New Year’s resolution is concrete and realistic to achieve. The problem with just saying you want to be “healthier” or “lose weight”, is that they are ambiguous. If you want to be healthier, you could make it more specific as one example, perhaps your blood pressure (BP) is a little high so your goal is to bring down your BP below 120/80. Another example could be to run a marathon or compete in a fitness competition such as Tough Mudder. The examples given will take work on your end to achieve these resolutions, but this gives you a focus to work towards. Now it is up to you to work towards this, which will involve getting yourself motivated.

Extrinsic motivation is based on outside sources that include rewards, pressure, or obligation as opposed to intrinsic motivation which is when one engages in an activity solely for the pleasure and finds it enjoyable and are satisfied from the activity (Mears and Kilpatrick, 2008). We could say majority of us will fall under extrinsic motivation, which is not a bad thing. It can be okay to reward yourself when you accomplish mini goals that will lead you to your New Year’s resolution. For example you competed in a half marathon to prep for a full marathon. This accomplishment puts you half way to your resolution, treating yourself to a new pair of running shoes can ump your motivation to keep going. Remember rewards are better if they will help in reaching your goal. Setting up mini goals to achieve your New Year’s resolution is very important as well. If running in a marathon is your New Year’s resolution, then you may want to start off in running in various small events such as 5k’s and 10 k’s and by the middle of the year sign up for a half marathon. Always look ahead, you will encounter bumps and when it comes to engaging in physical activity, many of us rather allow a barrier to set us back. Keep breaking through the barriers and reach out for family and friend support. Keep a journal to track your progress and help you plan ahead. If you keep moving ahead, you may be the very few that can say you achieved your New Year’s resolution!

Resources:

Mears, J. and Kilpatrick, M. (2008). Motivation for Exercise: Applying Theory to Make a Difference in Adoption and Adherence. *ACSM’s Health & Fitness Journal, 12* (1), *20-26*.

**Grandparents Raising Grandchildren in New Mexico**

Lisa Jo Shields, PhD, LMHC

Family Life and Child Development Specialist

Children flourish within a stable home with parents and caregivers who love and care about them (Hayslip & Kaminski, 2005). However, we are seeing an increase in family disruption in which children must separate from their parents. Nationally, the number of children placed with relatives when they are in foster care increased from 24% in 2008 to 28% in 2013 (Generations United, 2015). Keep in mind, this increase only accounts for families within the foster care system and does not factor in the many families that are engaging in informal primary caregiving. Family separation occurs due to a variety of reasons – parental job loss, out of state employment, military deployment, divorce, deportation, physical/mental illness, death, substance abuse, incarceration or child abuse/neglect (Anne E. Casey, 2012; Hayslip & Kaminski, 2005; Hayslip & Goodman, 2007; Generations United, 2015). When separation occurs, the comfort of loving family members can ease the separation trauma experienced by children. Many times, grandparents step into the parenting role providing children with stability by maintaining connections with existing relationships, family culture and community. It has been shown that outcomes are improved when children are kept with relatives who are able to provide children with a sense of security, positive identity and belonging (Generations United, 2015, Hayslip & Goodman, 2007).

Grandparents raising grandchildren have been lovingly referred to as *grandfamilies*. These grandparent caregivers are heterogeneous representing tremendous diversity including all income levels, ethnicities, and live in every part of the country in both rural and urban communities. Nationally, there are 2,631,546 grandparents who are financially responsible for grandchildren (U.S. Census Bureau, 2014a). Three percent of all children in the U.S. have grandparents or other family members as their primary care provider (Anne E. Casey Foundation, 2013-2015). While 58% of these grandparents are still in the workforce (U.S. Census Bureau, 2014b), 21% of them live below the poverty line (U.S. Census Bureau, 2014b) and 26% have a disability (U.S. Census Bureau, 2014b). One in four (25%) children who live with their grandparents are poor (Ellis & Simmons, 2012). Grandparent caregivers are also often in their prime retirement savings years and rather than save for their retirement, they find themselves providing for their grandchildren. Sixteen percent of children have a kinship caregiver who is already retired and may not have the finances to take on the many extra expenses of raising children (Anne E. Casey Foundation, 2012). At 6%, 30,000 of New Mexico’s children are in the care of grandparents (KIDS COUNT, 2015a). New Mexico is one of the ten states with the highest percentage of their children being raised by grandparents or in kinship care (Generations United, 2015; KIDS COUNT, 2015b).

While there are emotional rewards that come with caring for and protecting one’s grandchildren, there are also hardships with taking on the full-time care of additional children. Many grandparents take on the parenting responsibility without any form of government assistance or guidance because, quite often, they are unaware they can get help. On the other hand, those grandparents that do reach out for help are faced with navigating a bureaucratic system that is difficult and was not intended for kinship families. Studies have shown that grandparents raising grandchildren are faced with financial, health, and social challenges.

Grandparents may put themselves at risk for a variety of physical illnesses and generally poorer health, as well as risking for themselves emotional and marital relationship distress. Grandparents raising grandchildren also experience isolation from others, as well as legal and economic difficulties associated with poverty, poor access to quality health care and social services, social policies that ignore the needs of grandparent families, and the increased costs of caregiving. Indeed, many of these difficulties are exacerbated by the negative social circumstances and stigma connected to the very reason one takes on the tremendous responsibility of raising a grandchild in one’s 50s or 60s (Hayslip & Goodman, 2007, p. 117).

Although there are common challenges among grandparents who are raising their grandchildren, not all grandparents are overwhelmed when dealing with these challenges. In fact, grandparents’ experiences vary greatly depending on family circumstances, resources, gender, and culture (Ellis & Simmons, 2014; Hayslip & Goodman, 2007). Therefore, an array of services must be available to ensure a continued quality of life for grandparent families. These grandparents are committed to do what they believe is best for their grandchildren. In an effort to focus on the positive aspect of grandparent families, a strength-based approach that highlights resiliency, individual diversity, and unique cultural forces is important (Hayslip & Goodman, 2007). In fact, the philosophy regarding rearing grandchildren within some cultures “is seen as an extension of one’s relationships with children and as both an honor and an opportunity” (Hayslip & Goodman, 2307, p. 119).

Clearly, grandparents raising grandchildren are often isolated and lack information regarding support services, resources, and benefits available to assist them in successfully achieving their parenting role. To better serve grandparent families, educators and program practitioners need access to information about key resources that meet the needs of both grandparents and grandchildren. Research suggests that grandparents raising grandchildren greatly benefit from educators and program practitioners who are accessible, have knowledge about grandparents’ individual needs, and a willingness to advocate for grandparent families (Hayslip & Kaminski, 2005).

REFERENCES

Annie E. Casey Foundation. (2012). Stepping up for kids: What government and communities

should do to support kinship families. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-> SteppingUpForKids-2012.pdf

Annie E. Casey Foundation. (2013-2015). Current population survey annual social and economic

supplement (CPS ASEC). Estimates represent a three-year average. Retrieved from <http://datacenter.kidscount.org/data/Tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1491,1443/any/14207,14208>

Ellis, R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012.

Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p20->576.pdf

Generations United. (2015). The state of grandfamilies in America. Retrieved from <http://www.gu.org/RESOURCES/Publications/TheStateofGrandfamiliesinAmerica2015.a>

spx

Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the

literature and suggestions for practice. *The Gerontologist, 45*(2), 262-269.

Hayslip, B., & Goodman, C. C. (2007). Grandparents raising grandchildren: Benefits and

drawback? *Journal of Intergenerational Relationships, 5*(4), 117-119.

KIDS COUNT Data Center. (2015a). Children in kinship care. Retrieved from

<http://datacenter.kidscount.org/data/tables/7172-children-in-klinship-care?loc=33&loct=2>

KIDS COUNT Data Center. (2015b). Children in the care of grandparents. Retrieved from

<http://datacenter.kidscount.org/data/tables/108-grandchildren-in-the-care-of->

grandparents?loc#detailed/2/33/false/869,36,868,867,133/any/433,434

U.S. Census Bureau. (2014a). American community survey 1-year estimates. Retrieved from

<http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14>\_1YR/S1002

U.S. Census Bureau. (2014b). American community survey 1-year estimates. Retrieved from

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_B10050&prodType=table>

**Grandparents Raising Grandchildren**

**New Mexico Resource Guide**

**FOOD ASSISTANCE**

* **The Emergency Food Assistance Program (TEFAP)** provides United States Department of Agriculture (USDA) food to eligible New Mexicans. Five food banks in the state contract with numerous organizations to provide distribution of the food. For information about food distribution in your area go to <http://www.nmfoodbanks.org>
* The **Supplemental Nutrition Assistance Program (SNAP),** formerly known as the **Food Stamp Program**, provides financial assistance to eligible people with low incomes and resources to purchase food. SNAP benefits are simple to use when purchasing food products at the grocery store. Eligibility for SNAP benefits depends on how much money a person earns each month and what a person may own. For information go to <http://www.hsd.state.nm.us/LookingForAssistance/Supplemental_Nutrition_Assistance_Program__SNAP_.aspx>
* The **Food Distribution Program on Indian Reservations (FDPIR)** is a Federal program that provides United States Department of Agriculture (USDA) foods to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations. USDA works directly with Indian Tribal Organizations in New Mexico to determine need. For more information go to <http://www.hsd.state.nm.us/LookingForAssistance/USDA_Food_Distribution_Programs_on_Indian_Reservations.aspx>
* The **School Breakfast Program (SBP)** and **National School Lunch Program (NSLP)** provides nutritionally balanced, low-cost or free meals to children each school day. Income eligibility guidelines are used to determine eligibility for free and reduced priced meals or free milk. If you are receiving [SNAP](http://www.fns.usda.gov/snap/) benefits, your child automatically qualifies for free school meals. If you are eligible for unemployment compensation, you might also be eligible for free or reduced price school meals. Contact your child’s school to fill out a school meal application.

Applicants for the **Women Infants and Children (WIC)** program must meet categorical, residential, WIC income requirements and nutrition risk. Before you apply for New Mexico WIC benefits, you can use the pre-screening tool online at <http://wic.fns.usda.gov/wps/pages/start.jsf>.

* The categorical requirements for the program in New Mexico are as follows:
  + **Women:** (1) During pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy; (2) Postpartum up to six months after the birth of the infant or the end of the pregnancy; and (3) Breastfeeding up to the infant's first birthday.
  + **Infants/Children:** Up to the infant's/child's first birthday.

To be eligible for New Mexico WIC an applicant must have an income that is at or below the income level set by the local state agency or be determined automatically income-eligible based on participation in certain programs.

**INCOME SUPPORT**

* The **Temporary Assistance for Needy Families (TANF)** program, known in New Mexico as **NM Works**, provides a monthly cash benefit to be used to meet basic family needs such as housing, utilities, and clothing costs. For information go to <http://www.hsd.state.nm.us/LookingForAssistance/Temporary_Assistance_for_Needy_Families.aspx>**Community Assistance Programs** provide emergency assistance through six Community Action Agencies (CAAs) located throughout the state using money from the Community Service Block Grant (CSBG). These programs include assistance for food, housing, medicine, work and education. The six Community Action Agencies provide a variety of services, such as: Head Start, pre-school day care, adult day care, USDA programs, emergency food boxes, weatherization, home repair and rehabilitation, homeless prevention, housing, senior programs, migrant programs, emergency assistance, free tax preparation services and information and referral to other resources. For information go to <http://www.hsd.state.nm.us/LookingForAssistance/Community_Assistance_and_Community_Services_Block_Grant.aspx>
* The **General Assistance (GA) for Disabled Adults and Unrelated Children** provides cash assistance to dependent needy children and disabled adults who are not eligible for assistance under other cash assistance programs. For information go to http://www.hsd.state.nm.us/LookingForAssistance/general-assistance-for-disabled-adults-and-unrelated-children.aspx
* The **Low Income Home Energy Assistance Program (LIHEAP)** assists eligible persons and families with their heating and cooling costs. For information go to http://www.hsd.state.nm.us/LookingForAssistance/Low\_Income\_Home\_Energy\_Assistance\_Program.aspx
* The **Refugee Resettlement Program (RRP)** assists refugees, regardless of national origin, in becoming self-sufficient as quickly as possible. For information go to http://www.hsd.state.nm.us/LookingForAssistance/Refugee\_Resettlement\_Program.aspx

**HEALTH COVERAGE**

* **Centennial Care** is the new name of the **New Mexico Medicaid** program with services provided by four managed care organizations (MCOs). These services include physical health, behavioral health, long-term care and community benefits. Most people who were previously enrolled in a New Mexico Medicaid program are eligible for Centennial Care. Eligibility for all Medicaid programs requires that individuals meet certain federal guidelines. These include citizenship, residency, and income requirements. To apply for coverage, you can complete an application on-line at http://www.hsd.state.nm.us/LookingForAssistance/ If you have application questions, you can call the Human Services Division's new Medicaid Expansion Hotline toll-free at 1 (855) 637- 6574 or for general questions, please call 1 (888) 997-2583.

For Native Americans in New Mexico the Medicaid program works hand in hand with the Indian Health Service and Tribal Health Clinics to provide access to medical services. Most Native Americans currently on Medicaid are not required to be in Centennial Care, but can choose to be in a Managed Care Organization (MCO). They may stay in Fee-for-Service Medicaid (depending on current Medicaid services) or choose a MCO with Centennial Care. Native Americans can always go to Indian Health Service, Tribal clinics and hospitals for healthcare services whether they are in Fee-for-Service Medicaid or choose Centennial Care. For information go to http://www.hsd.state.nm.us/LookingForAssistance/

* The **Brain Injury Services Fund (BISF) Program**, also known as the **Brain Injury Program**, offers service coordination, life skills coaching, and crisis interim services to eligible residents of New Mexico. This program is designed to be a short-term crisis interim program, which assists individuals living with brain injury to greater independence in addressing a crisis situation. Individuals are eligible for services if they have been diagnosed with a brain injury which has been confirmed by a physician or psychologist. Brain injury services are available statewide. Individuals who reside in institutions are not eligible to receive services. For information go to http://www.hsd.state.nm.us/LookingForAssistance/brain-injury.aspx
* [**NewMexiKids/NewMexiTeens/Medicaid**](http://www.hsd.state.nm.us/mad/)also known as **Children’s Health Insurance Program (CHIP)** provides no-cost or low-cost health coverage for eligible children in New Mexico.  Even if your children have been turned down in the past or you don’t know if they qualify, you may be able to get health coverage for them now.  Medicaid provides health coverage for children so that they can get routine doctor visits, vision and hearing exams, immunizations, prescription medications, dental care and hospital care. More information is available at [InsureKidsNow.gov](http://www.insurekidsnow.gov/) or 1-877-Kids-Now (1-877-543-7669) or go to [www.hsd.state.nm.us/mad 1-888-997-2583](http://www.hsd.state.nm.us/mad%201-888-997-2583) (toll-free).

**LEGAL ASSISTANCE**

* The **Legal Resources for the Elderly Program (LREP**) is a free, statewide helpline for New Mexico residents age 55 and older. LREP is a joint project of the New Mexico State Bar Foundation and the New Mexico Aging and Long-Term Services Department. Through its helpline, LREP provides legal advice and brief services. Each caller speaks with a trained intake staff member, who collects the necessary contact and demographic information. After completing an intake, each caller who is eligible for the Program speaks to one of LREP’s five staff attorneys, each of whom is a highly qualified professional specializing in the legal issues that most affect New Mexico seniors. For information call (505)797-6005 or 1 (800) 876-6657.
* **Senior Citizen Law Offices of New Mexico (SCLO)** offers free legal services to seniors age 60 and over for healthcare, public benefits, housing, advance directives, financial well-being, guardianships, consumer support, long term care, and estate planning.  For information go to <http://sclonm.org/> or call (505) 265-2300.
* **Guardianship Legal Helpline** provides information, advice, and assistance for kinship guardianship cases and some direct legal representation. For information go to [www.pegasuslaw.org](http://www.pegasuslaw.org/) or call Statewide: 1 (800) 980-1165 (toll free) or Albuquerque: (505) 217-1660.
* **New Mexico Legal Aid (NMLA)** is a statewide legal services program that provides free legal services to low income people who are eligible under the federal poverty guidelines.  NMLA has 10 field offices throughout New Mexico and the central administrative office is located in Albuquerque. NMLA provides advice, brief service and extended representation, outreach, community legal education and other services. For information or legal help call (505) 217-1662 or (877) 514-9616.
* **New Mexico Christian Legal Aid (NMCLA)** is an independent, multi-denominational ministry and 501(c)(3) charitable organization that primarily serves the Albuquerque Metro Area. They are Christian lawyers, law students, legal assistants, paralegals and other volunteers who provide pro bono legal and spiritual assistance to the homeless and needy during interview sessions at Noon Day Ministries, Albuquerque Rescue Mission, Good Shepherd Center, Victory Outreach Center and Joy Junction. For information go to [christianlegalaid@hotmail.com](mailto:christianlegalaid@hotmail.com)

**FINANCIAL SERVICES**

* The **Consumer Protection Division** can assist people who believe a debt collector has violated their legal rights. For information call 1 (800) 678-1508.
* [**Money Management International**](http://www.moneymanagement.org/) **(MMI)** provides credit and financial education, debt management, foreclosure prevention, bankruptcy counseling, and other financial counseling services. For information go to <http://www.moneymanagement.org/>
* Consumers can contact the [**Better Business Bureau (BBB)**](http://www.bbb.org/us/) before paying for or contracting for any financial counseling or debt management plan to ensure they are working with a reputable agency.  For information go to <https://www.bbb.org/>

**MENTAL HEALTH**

* **NeedyMeds.org** is a website that lists the contact information for 195 free, low-cost or sliding scale clinics in New Mexico. Clinics are listed in alphabetical order by city. For information go to [http://www.needymeds.org](http://www.needymeds.org/)
* The **New Mexico Crisis and Access Line (NMCAL)** is a statewide mental health crisis line for anyone who resides in the State of New Mexico. NMCAL is a centralized, single telephone number, answered by professional counselors 24 hours a day, 7 days a week, 365 days a year.  Counselors have access to emergency workers if needed, are trained in assessing a crisis and responding with the least restrictive alternative.  Additionally, callers are referred to resources local to them at the end of the call or by a follow up call by the next business day. Toll free 24/7: 1 (855) NMCRISIS (662-7474) OR 1 (855) 227-5485 (TTY). New Mexico Warmline: 1 (855) 4NM-7100 or 1 (855) 466-7100.

**SOCIAL SECURITY**

* **Social Security** provides income benefits to adults, older adults and children. In addition to [**Retirement**](http://www.ssa.gov/pgm/retirement.htm) **and** [**Disability**](http://www.ssa.gov/pgm/disability.htm) benefits, [**Survivor’s Benefits**](http://www.ssa.gov/pgm/survivors.htm) are based on a child’s parent’s earnings and may be needed if a child’s parents die. The [**Supplemental Security Income**](http://www.ssa.gov/pgm/ssi.htm) **(SSI)** program pays benefits to disabled [adults](http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/270) and [children](http://www.ssa.gov/applyfordisability/child.htm) who have limited income and resources. SSI benefits are also payable to people 65 and older without disabilities who meet the financial guidelines. To find your local Social Security Administration office, go to the online directory at [www.socialsecurity.gov/locator](http://www.socialsecurity.gov/locator) or call 1 (800) 772-1213 (toll free).
* **Benefits Counseling Program** assists individuals and families with eligibility questions and problems related to Medicare, including prescription drug coverage under Medicare Part D, managed care, long-term care planning, health insurance and other health care issues. For information go to <http://www.nmaging.state.nm.us/> or call Santa Fe: (866) 451-2901, Albuquerque: (866) 842-9230, Las Cruces: (800) 762-8690.

**CAREGIVER SUPPORT**

* The **National** [**Eldercare Locator**](http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx) servicehelps you find your local area **Agency on Aging (AAA)** and other state and local resources that can help with public benefits, local programs and other services for older adults. For information call 1-800-677-1116 (toll-free) or go to [www.eldercare.gov](http://www.eldercare.gov/)
* **Family Caregiver Support Program (FCSP)** provides services for family caregivers through local area **Agencies on Aging (AAAs)** and include: information, assistance, individual counseling, support groups and caregiver training, respite care, and limited supplemental services, such as transportation and home modifications. For information go to <http://www.carenewmexico.org/list10_nm_Aging_Services_senior_centers.htm>
* The **National Indian Council on Aging (NICOA)**is a non-profit organization that advocates for improved comprehensive [health](http://nicoa.org/for-elders/health/health-care/), [social services](http://nicoa.org/policy/), and [economic well-being](http://nicoa.org/for-elders/economic-well-being/) for American Indian and Alaska Native Elders. The NICOA also operates as a National Sponsor of the federal [**Senior Community Service Employment program (SCSEP)**](http://nicoa.org/for-elders/economic-well-being/job-training-for-older-adults-scsep/) in 14 states through a grant from the Department of Labor. For information go to [www.nicoa.org](http://www.nicoa.org) or contact Jolene Herrera at [Jolene@nicoa.org](mailto:Jolene@nicoa.org) or call (505) 292-2001.
* **New Mexico Guardianship Project of Advocacy, Inc.** provides guardianship and adoption legal services, assistance in obtaining health coverage, financial and food support; offered on a sliding scale, often at no cost. For information go to [www.nmadvocacy.org](http://www.nmadvocacy.org) or [kids@nmadvocacy.org](mailto:kids@nmadvocacy.org) or call Gini Silva at (505) 266-3166 or 1 (866) 257-5320.
* **AARP Foundation’s** [**Benefits QuickLINK**](http://www.aarp.org/quicklink)is a free and private way to find out if relatives or the children they are raising qualify for programs that pay for food, increase income and cover home and healthcare costs (listed below). It gives quick results, application forms and the address and phone number of the closest office. For information go to [www.aarp.org/quicklink](http://www.aarp.org/quicklink)

**EDUCATION**

* [**U.S. Department of Education**](http://www.ed.gov/) offers a [Parent Site](http://www2.ed.gov/parents/landing.jhtml?src=ln) that has a wide range of helpful information for parents and caregivers regarding children’s education from early childhood through college, special needs, disabilities, language challenges and gifted students.For information go to [www.ed.gove/parents or call 1 (800](http://www.ed.gove/parents%20or%20call%201%20(800)) USA-LEARN or 1 (800) 872-5327 (toll-free).
* The [**New Mexico Public Education Department**](http://www.ped.state.nm.us/) provides helpful information to relative caregivers about the education of children they are raising.For information go to [www.ped.stae.nm.us](http://www.ped.stae.nm.us) or call (505) 827-5800.
* [**Grandfamilies State Law and Policy Resource Center**](http://www.grandfamilies.org/index.cfm?page=topics&topicid=20) provides information regarding New Mexico’s education consent law. Go to [www.grandfamilies.org/](http://www.grandfamilies.org/)
* [**Head Start**](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/For%20Parents) **and** [**Early Head Start**](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start) provides early education programs for eligible children. To find Head Start or Early Head Start centers in New Mexico call 1 (866) 763-6481 (toll-free) or go to <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>
* [**The National Association of Child Care Resource and Referral Agencies**](http://www.naccrra.org/) **(NACCRRA)** provides **i**nformation, resources and connection to local **Child Care Resources and Referral Agencies (CCR&R)** that help you find local child care through the Child Care Aware program. To find your local Child Care Resource & Referral Agency call  **1 (**800) 424-2246 (toll-free) or go to [www.childcareaware.org/parents-and-guardians](http://www.childcareaware.org/parents-and-guardians)

### EARLY INTERVENTION AND SPECIAL EDUCATION

**What you need to know:**

* [**The Federal Individuals with Disabilities Act (I**](http://idea.ed.gov/explore/home)**DEA)** – From birth to age 21, children who have learning disabilities, physical disabilities or other special needs may be able to get special early intervention, preschool and special education services in school through the federal IDEA. Services may include speech, physical, and occupational therapies.
* [**Child Find**](http://www.childfindidea.org/) – A part of the IDEA that requires states to identify, locate and evaluate children in the areas of cognitive and physical functioning, hearing and vision, speech and language and social and emotional development as early as possible. Once the Child Find evaluation team, which includes a child’s caregivers, has decided if a child is eligible for early intervention or preschool special education services, an Individual Family Service Plan (IFSP; birth to three years of age) or an Individual Education Plan (IEP; three to five years of age) is developed and services begin shortly at no cost.

**Where to find help for children with special needs:**

* [**New Mexico Special Education,**](http://www.ped.state.nm.us/seb)New Mexico Public Education Department **(**505) 827-1457 or [www.ped.state.nm.us/seb](http://www.ped.state.nm.us/seb)
* [**New Mexico Department of Health, Developmental Disabilities Division – Family Infant Toddler**](http://www.nmhealth.org/ddsd/NMFIT/FITIndex.htm) **Program**. For information call 1 (877) 696-1472 (toll-free) or go to [www.nmhealth.org/ddsd/NMFIT/FITIndex.htm](http://www.nmhealth.org/ddsd/NMFIT/FITIndex.htm)
* [**The National Dissemination Center for Children with Disabilities**](http://www.nichcy.org/Pages/Home.aspx) guides caregivers to organizations and resources in New Mexico and offers both English and Spanish language information. Go to the online state directory to find state and other disability organizations in your New Mexico. For information call 1 (800) 695-0285 (toll-free) or go to go [www.nichcy.org/pages/statespecificinfo.aspx](http://www.nichcy.org/pages/statespecificinfo.aspx)
* [**Parent Centers**](http://www.parentcenternetwork.org/parentcenters.html) across the country provide information to help parents and caregivers with children who have special education needs and disabilities. To find Parent Centers in New Mexico contact the National Parent Technical Assistance Center at 1 (888) 248-0822 (toll-free) or go to [www.parentcenternetwork.org/parentcenterlisting](http://www.parentcenternetwork.org/parentcenterlisting)
* **Verizon Thinkfinity** supports a child’s success in school with fun learning activities and interactive games you can do together using this free online resource. Go to [www.thinkfinity.org](http://www.thinkfinity.org/)

**Invited NMSU Dietetic Intern**

* **Nutrition and Memory**

**Nutrition and Memory**

Tonya Ney, BS

NMSU Dietetic Intern

**Alzheimer’s disease** is one of the most common forms of dementia, which detrimentally affects memory, causing a slow decline in thinking and reasoning skills (Alzheimer's Association, 2015). In 2013, Alzheimer’s disease effected as many as five million individuals in the United States (US). Alzheimer’s is considered a chronic condition that is the fifth leading cause of death in the US (Centers for Disease Control and Prevention [CDC], 2014). There are still many things unknown about this progressive disease, especially the causes. However, research has discovered the following:

* Age is the best known risk factor
* Genetics may play a role
* Changes in the brain occur years before symptoms appear

There are currently no cures known for Alzheimer’s disease; however, researchers are constantly studying and providing new evidence. A large amount of evidence suggest the following:

* Education, diet, and environment may play a role in the development of the disease
* Physical, mental, and social activities may serve as protective factors
* Some risk factors for heart disease and stroke may increase risk of Alzheimer’s

As time goes on, studies show that nutrition is a large factor in preventing, delaying, and/or treating many chronic diseases. A literature review was completed to develop a set of dietary and lifestyle guidelines to contribute to Alzheimer’s prevention (Barnard, et al., 2014). The following seven guidelines are the

product of the study:



1. Saturated and trans fats should be minimized in the diet. Saturated fats are found in meat, dairy and certain oils (palm and coconut). Trans fats are in many pastries and fried foods. Trans fat is listed as “partially hydronated oils” on labels.

2. The primary staples of the diet should be vegetables, fruit, whole grains, and legumes; instead of dairy and meats.

Image credit: wiltonambulance.org

3. Vitamin E, as with other nutrients, should come from food and not supplements if possible. Vitamin E supplements do not replicate the range that vitamin E in food does. Foods rich in this vitamin include spinach, red bell peppers, tomatoes, mangos, and papayas.

4. Vitamin B12 should be part of the daily diet. Therefore, it is important to consume fortified foods or a B12 supplement. The best sources for this nutrient are animal products; however, it may be best to rely on eggs and fish for the most part. Additionally, soymilk and soy products, which are fortified with B12, are great plant derived sources. Many times a supplement and food sources are not enough. It is important to get blood levels tested in case a B12 shot is required regularly.

5. Multivitamins taken should not include iron and/or copper supplements, unless directed by your physician. Some studies showed that high intake of copper and iron, in addition to high saturated fat, had a cognitive decline comparable to 19 years of aging.

6. Minimize exposure to aluminum, which include cookware, antacids, and baking powder. The role of aluminum in brain function is still being studied; however, some studies showed that even a modest increase resulted in cognitive decline. Lastly, aluminum has no role in our human biology.

It is important to understand that we are what we eat. Although many diseases also have different influencing factors; such as environmental, social, and biological that need to be considered, it is important to take care of ourselves from the inside out. It is vital for everyone to implement a healthy diet in addition to physical activity into his or her daily lives. Even though there is no current official diet that can prevent memory decline, there are studies that give evidence for promising guidelines to follow.

For more information on Alzheimer’s disease, visit the Centers for Disease Control and Prevention website ([www.cdc.gov](http://www.cdc.gov)) and the Alzheimer’s Association website ([www.alz.org](http://www.alz.org)). Talk to a physician if you or a loved one are experiencing significant memory decline. Remember, Alzheimer’s and other types of dementia are **NOT** normal signs of aging.

# Works Cited

Alzheimer's Association. (2015). *10 early signs and symptoms of Alzheimer's*. Retrieved from Alzheimer's Association Website: <http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp>

Barnard, N. D., Bush, A. I., Ceccarelli, A., Cooper, J., de Jager, C. A., Erickson, K. I., . . . Squitti, R. (2014). Dietary and lifestyle guidelines for the prevention of Alzheimer's disease. *Neurobiology of Aging, 35*, 74-78. doi:10.1016/j.neurobiolaging.2014.03.033

Centers for Disease Control and Prevention [CDC]. (2014, February 6). *Healthy aging*. Retrieved from Centers for Disease Control and Prevention Website: http://www.cdc.gov/aging/data/index.htm