

Cheyenne County Health Nurse has recipes

By Karen Krien

The Saint Francis Herald
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Mila Bandel, Cheyenne County health nurse and former county Extension agent, says she is conscious of eating and living healthy.

Living a healthier lifestyle, she said, helps to prevent chronic problems such as heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.

"Eating healthy is very important," she said, "but a healthy lifestyle doesn't have to mean that a person has to eat only bland, non-tasting foods. With valued substitutions and smart snacking tips, you can still enjoy your favorite foods without compromising your nutritional tastes."

Eating healthy means enjoying a broad variety of foods, including carbohydrates, protein and fat in your diet, she said, but all in moderation. She recommends drinking plenty of cold water, as it helps the muscles stay hydrated.

To make sure you are eating a balanced diet, Bandel suggested including foods from the new "My Plate" nutrition guide that has taken the place of the old food pyramid.

"Try to divide your plate with half for fruits and vegetables, one-third for lean protein (beef, pork, poultry, fish, low-fat dairy or eggs)," she said, "and the remainder of the

plate for grains (pasta, rice, oats or barley).

"Don't forget the dairy group choices – they should be fat-free or low-fat. Use fats in moderation to enhance flavor. Olive oil or nuts are good choices."

Bandel was an extension agent in Greeley County for a year, then came to Cheyenne County, where she spent the next eight years as a family and consumer science agent.

She went on to earn her nursing degree and worked at the Cheyenne County Hospital for two years. She has been the county health nurse for four years.

Following are a few recipes for healthy and nutritious eating, and they taste good, too:

Fruit Salad (Or Fruit Dip)

Ingredients:

- 1 package (1.4 ounces) sugar-free or fat-free instant vanilla pudding mix
- 1 1/2 cups low-fat milk
- 5 tablespoons frozen orange-juice concentrate, thawed
- 1/2 cup fat-free sour cream
- 2 cups melon cubes or balls (honeydew, cantaloupe, watermelon, etc.)
- 2 bananas, sliced
- 2 apples, cored and sliced
- 2 oranges, peeled and broken into segments
- 2 peaches, nectarines or pears, cored and sliced

Preparation:

1. Put pudding mix, milk and orange juice concentrate in mixing bowl and beat on medium speed for 2 minutes. Beat in or mix in sour cream.

2. Serve the orange dip with prepared fruit, or make a dressed fruit salad by adding all the fruits to a large serving bowl. Pour orange dressing over the top and toss gently to blend. Serve immediately, or cover and keep in refrigerator until ready to serve.

Yield: 8-10 cups of fruit salad

Nutritional Information:

Per cup of fruit salad and dip (if 8 cups per recipe): 162 calories, 4 g protein, 37 g carbohydrate, 1 g fat, 0.4 g saturated fat, 2 mg cholesterol, 3.5 g fiber, 35 mg sodium. Calories from fat: 6 percent.

Chicken Enchiladas

Ingredients:

- 1 roasted or rotisserie chicken, or grilled chicken, skin removed and meat shredded or cut into bite-size pieces (3 to 4 cups).
- 2/3 cups chopped green onions, white and part of the green.
- 8 ounces reduced-fat shredded monterey jack cheese (or a reduced-fat blend of jack and cheddar cheeses).
- 10 flour tortillas (use higher-fiber tortillas to increase the fiber).
- 5 tablespoons fat free half-and-half.

Green Sauce:
2 cups coarsely chopped fresh or canned,

drained tomatillos.

1 cup chopped fresh cilantro.

2- to 4-ounce can chopped green chilies (mild or hot, depending on your preference).

1 cup fat-free sour cream.

Preparation:

1. Preheat oven to 375 degrees. Coat a 9x13-inch baking pan with canola cooking spray.

2. Add shredded chicken, green onions and shredded cheese to a large mixing bowl and toss well to blend.

3. One by one, heat tortillas in a nonstick frying pan until softened. Lay a heaping 1/3 cup of chicken down the middle of each tortilla. Add 1 1/2 teaspoons of fat-free half-and-half down the center of each. Roll up the tortillas and place seam-side down in the prepared pan.

4. Bake for about 25 minutes. Pan can be covered or uncovered – it works both ways.

5. To make the green sauce, add tomatillos, cilantro and green chilies to a food processor and pulse briefly (the texture should be somewhat chunky, not pureed). Stir in the sour cream. Serve the enchiladas with a spoonful of green sauce over the top.

Yield: 10 enchiladas.

Nutritional Information:

Per enchilada: 275 calories, 20.5 g protein, 27 g carbohydrate, 9 g fat, 3.5 g saturated fat, 41 mg cholesterol, 2 g fiber, 350 mg sodium. Calories from fat: 30 percent.

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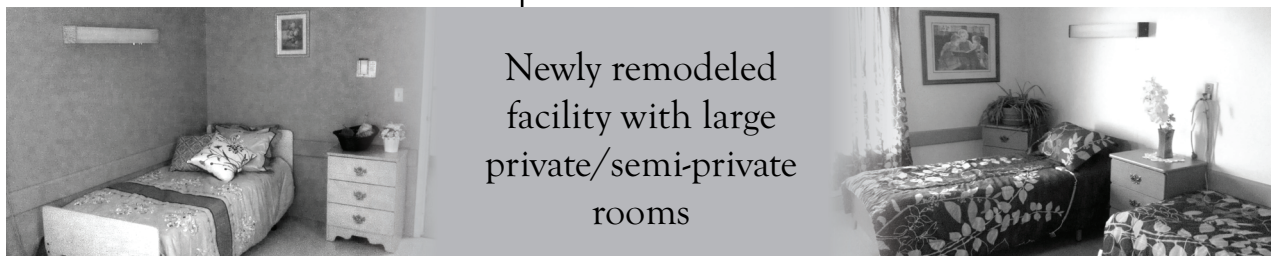


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Effects of Medicaid reform uncertain

By Kevin Bottrell

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About 350,000 people in Kansas are on Medicare, a state-federal program to help those who can't afford to pay for medical care, and many are now waiting to see exactly how the state's reform program, known as KanCare, will affect them.

According to a concept paper submitted to the federal government by the state Department of Health and Environment Medicaid costs have risen by 7.4 percent over the last decade. Enrollment has also continued to grow. The state had to shift \$250 million in highway money to fill a budget gap in the current fiscal year.

In response, the state held public forums and web conferences to discuss possible reforms. In November, officials announced a reform plan, which will form KanCare, a program the state says will "bend the cost curve of Medicaid down over time."

KanCare will essentially replace Medicaid and the Health-Wave Children's Health Insurance Program in Kansas, moving everyone enrolled in those programs to "managed care" contracted out to for-profit organizations. Responsibility for the enrollees will shift from state agencies to private companies paid by the state.

Jay Jolly, chief executive officer at Goodland Regional Medical Center, said managed care means a system of maintaining and improving health costs by having greater patient input and accountability and often involves shifting emphasis to preventative care. This can include immunizations, incentives to quit smoking, mammograms or colonoscopies.

Managed care isn't a new concept. Kevan Trenkle, chief executive officer of Citizens Medical Center in Colby, said hospitals have dealt with some forms of managed care for years.

The new program would consolidate people under managed

care organizations and create health savings accounts for patients. The proposal would not reduce Medicaid fees paid to doctors or people's eligibility for the programs.

In late January, the state filed for a federal Section 1115 waiver, which would allow it to move forward with the reforms. The Health Department solicited bids from insurance and health-care companies to administer the program. The opening round was due Jan. 31, with cost bids due by Feb. 22. The state plans to select three bids and hopes to implement KanCare by 2013.

The proposal hasn't had an entirely smooth ride. *The Kansas City Star* reported in early February that Blue Cross Blue Shield, the state's largest insurance provider, would not bid.

The reform will affect organizations that care for people with developmental disabilities.

Jerry Michaud, president of Developmental Services of Northwest Kansas, said in a letter dated Jan. 26 that combining local, long-term managed care services into the state's new model would have "a negative impact on the lives of people with developmental disabilities."

Michaud wrote that the Developmental Disability Reform Act in the mid-1990s incorporated many managed care principles into community disability services.

"Under that system, local mostly not-for-profit organizations like Developmental Services of Northwest Kansas partnered with Kansas to administer long term services for persons with disabilities," he wrote. "Under the current Kansas model, this community system has effectively managed program costs for persons with DD and their services."

Costs were reduced under that system, Michaud said, even as they increased nationally. He went on to say that although his organization supports the use of contractors to improve benefits for Medicaid recipients, the companies making bids are not experienced enough in developmental disabilities to oversee their care.

At a hearing in January, Sen. Dick Kelsey recommended the developmentally disabled be left out of KanCare for at least two years. Kelsey also recommended slowing the process down, delaying implementation to July 1, 2013, so the Legislature could hold hearings on the contract details.

It isn't clear yet exactly what effect KanCare will have on rural hospitals, Jolly said.

"Medicaid isn't a massive amount of what we do," he said. Rural hospitals are more involved with Medicare, the federal program for senior citizens, given the proportionally larger elderly population in rural areas. Jolly said the Kansas Hospital Association usually puts together material for its members on the short- and long-term effects of reform packages like KanCare, but he hasn't seen one yet.

"I'm going to be interested if it does what it's supposed to do," he said. "It's worth a try."

There have also been questions of accountability. State Rep. Jim Ward has introduced a bill in early February that requires annual audits of KanCare to make sure that privatization hasn't lead to a reduction in benefits. Ward's bill also exempts the developmentally disabled.

The Brownback Administration has held firm to the proposal and its timeline. Sherriene Jones-Sontag, the governor's spokesperson, released a statement saying, "Based on all the discussions we've had and the information we received from Kansans, we feel the state is on the right path to improving outcomes and sustaining the Medicaid program. The care of all consumer groups will improve under KanCare. We are not in favor of providing these benefits to only some groups and not all."

What effects KanCare will have on Kansas citizens and organizations will largely be determined by what comes out of the Legislature and how the administration and the bidders implement the reforms.

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