

Pack your child a healthy lunch

What a child eats impacts their learning and behavior, as well as growth and development. That is why it is important to provide a healthy variety when packing a child's school lunch. Lunch that a child takes to school should include a good source of protein, a good source of calcium, grains and a fruit or a vegetable.

It is recommended that you let children help make the decision about what goes in their lunch from a list of healthful foods. And, have them help you prepare it.

Lunch preparation can be easier if most of the ingredients such as dried fruit, crackers and pretzels are individually packaged on the weekend.

For the grain choice, remember children need whole grains, too. There is now white bread that is actually whole grain. Other whole wheat

choices could include crackers, pita or tortillas. Protein foods could be a lean meat, tuna, or peanut butter. The possibilities for fruits and vegetables are endless. Vegetables with dip are always a hit. Dried fruit can be a good alternative and yogurt and cheese are great calcium options.

It is also possible to get several food groups into one entrée. For example, try a lean ham sandwich on a bagel with low fat cream cheese, grated carrots, and a slice of pineapple. Another option would be a pasta salad with cheese chunks, fresh vegetables, grapes and sunflower seeds.

Keep in mind that kids like to trade their foods so try to send things you know your child will not want to trade.

Source: Tammy Roberts, Nutrition and Health Education Specialist, Extension Service

New option for managing disease

The National Council on Aging (NCOA) has announced the debut of Better Choices, Better Health™, an online version of the internationally recognized Chronic Disease Self Management Program (CDSMP), which will be available free for people with chronic health conditions in Oregon and six other states – California, Hawaii, Iowa, Maine, Massachusetts, and New Jersey.

Interested people can register at SelfManage.org. Spaces, however, are limited, and availability is on a first-come, first-served basis.

Better Choices, Better

Health™ helps people with arthritis, asthma, diabetes, lung disease, heart disease, stroke, and osteoporosis and many other chronic conditions, manage their symptoms and take control of their health. Developed and tested at the Stanford University Patient Education Center, the workshop is offered exclusively through a license from NCOA. This seven-state pilot effort is supported with funding from The Atlantic Philanthropies.

"Nearly half of all adults live with one or more chronic health conditions, and many struggle

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Hospital plan will go back to voters

The Columbia Health District Board of Directors voted unanimously August 26, to place an initiative on the November 2 ballot that would stop work on a hospital and defund the district.

The initiative is being placed on the ballot after getting the required number of signatures from the voting public. The board's only involvement is to decide on which election ballot the initiative will appear.

Board Chair Jay Tappan said the Board unanimously and strongly opposes the initiative, which Tappan called "hostile." It reverses a measure passed with 58 percent of the vote in 2004 which authorized the CHD Board to build a community hospital and levied a tax to do so.

If the initiative passes it will repeal the tax rate for the work on the hospital, defund the district and reverse the 2004 election.

Board member Laura Tomanka said that the Novem-

ber ballot gives the most voters a chance to weigh in on whether or not they still want a hospital because, traditionally, the general election has the highest voter turnout. "If we wait until spring we could lose a building season," and further delay the project and the jobs it would create, she said.

Tappan said that he had always been in favor of going to voters after there was certainty on Certificate of Need because it made a cleaner choice. The Board learned Wednesday that the State was not going to meet the legal deadline for rendering a proposed order and needed until Sept. 20 at the latest to evaluate financial information. The deadline to file a measure for the election is Sept. 2.

"There is no good decision," said Tappan, "just a better bad decision." He added that by putting the measure on the November ballot, we do not risk our access to the Build America

Bond program that sunsets December 31 and saves the hospital project \$5 million over the life of the project.

"Our real source of disappointment is in delaying the day that we can open the hospital and make a positive improvement in the health of District residents with a 24-hour emergency room, extended urgency care hours and additional physicians returning to the community," said Tappan.

CHD Board vice-chair Gary Heide said he is "very angry about delay. We have provided every piece of information to the State, jumped through every hoop, answered questions, but we have more delays." He said he supports going out to the November election because there was nothing to be gained by waiting, and no guarantee that the State would meet any deadline.

Health Center offer new opportunities

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as determined by Federal guidelines regarding annual income and family size. HCs accept patients with insurance, Medicare, Medicaid, or without insurance. They are funded by insurance payments, private pay patients, federal health center grants (which can be up to 19 percent of funding), sliding fee schedules (based on ability to pay) and other state, local, or private funding sources. Rather than having corporation shareholders, as do private medical clinics such as Providence, HCs are overseen by a board of directors

composed of community members, who help direct the clinic to better serve the community.

HCs employ staff the same as any medical clinic and also are able to offer student loan repayment programs to attract medical providers to their facilities. HCs typically offer extended hours, dental services (usually by contract with dentists in the area), mental health services, and transportation services. HCs health outcomes are monitored for continuous quality improvement by the Health Resources and Services Administration (HRSA).

In 2009, 33 percent of all HC patients were children and seven percent were 65 or older. The uninsured made up 38 percent of all HC patients served.

Congress authorized the HC Look-Alike Program in 1990. As part of the HC program, Look-Alikes must meet all statutory, regulatory, and policy requirements, plus demonstrate a commitment to providing primary health care services to their patients, the same as the parent HC. In 2007, there were 122 HC Look-Alike programs in place.

The Vernonia Health Center Board is currently working on an application to become a HC

Look-Alike. Providence has assured the Board that they will remain and help the clinic transition if the application is approved. A decision on the application should be made by the end of this year, at which time more information will become available.

Columbia County Mental Health
800-294-5211

Suicide Hotline
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or
1-800-273-TALK(8255)

Domestic Abuse Hotline
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