

California Area Indian Health Service PATIENT NEWSLETTER

*Raising the physical, mental, social, and spiritual health of
American Indians and Alaska Natives to the highest level.*



Beverly Miller, M.H.A., M.B.A.

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Director's Message:

Talk to Your Kids About the Dangers of Smoking

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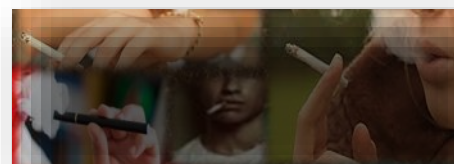
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Nine out of ten adult smokers began smoking when they were kids. Adding flavorings to tobacco products has made them even more appealing to kids, causing an increase in the use of electronic cigarettes and hookahs among middle school and high school students. According to the Centers for Disease Control and Prevention, there is a strong relationship between smoking among kids and depression and anxiety. Smoking and tobacco use is also linked with heart disease, stroke, and lung cancer, and remains one of the leading preventable causes of death in the United States. It is important that you talk to your kids about smoking before it is too late.

- » **Start early.** Many kids try smoking by age 11, so it is never too early to talk to your kids about the dangers of smoking and tobacco use. Specialists suggest starting these conversations as early as age 5.
- » **Set a good example.** Avoid smoking around your kids because children of smokers are more likely to smoke. If you are having or have had difficulty quitting smoking, tell your kid(s) about it so they understand the consequences.
- » **Dispel rumors about (e)-cigarettes.** Although sometimes advertised as being safe, e-cigarettes still contain many harmful chemicals including nicotine, which is a highly addictive drug. Explain that e-cigarettes are not a safe alternative to

smoking, and suggest a nicotine patch or gum instead.

- » **Avoid punishment or harsh tones.** Emphasize the positive actions of your kids. Their self-confidence can help protect them from the peer pressure that may lead to smoking and tobacco use.
- » **Be honest and listen.** Ask your kids what is appealing about smoking and let them know about the negative consequences such as less money to spend on things they like, bad breath, yellow teeth, and foul smelling clothes.
- » **Offer ideas for responding to peer pressure and practice them.** For example, if offered a cigarette, suggest they say, "It will make my breath smell bad" or "No thanks, I like breathing." Teach your kids to be direct, change the subject, or walk away when offered tobacco products.
- » **Set ground rules.** Do not allow your kids to smoke or use tobacco products in your home.



For more information, visit:
<https://www.smokefree.gov/>
<https://betobaccofree.hhs.gov/index.html>





When to Seek Medical Care for Heartburn

by Christine Brennan, MPH

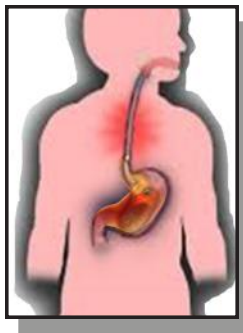
Most people experience heartburn at some point in their lives. Heartburn causes a burning-type pain in the center of the chest, right behind your breastbone. It usually occurs after eating and will often get worse when you bend over or lie down. Heartburn is caused by stomach acid that flows back up the esophagus, which is the tube connecting the mouth to the stomach.

Risk Factors for heartburn include:

- » Being overweight
- » Being pregnant
- » Overeating
- » Spicy Foods
- » Citrus foods and drinks
- » Acidic foods, such as tomatoes and ketchup
- » Alcohol
- » Fatty meals

Occasional heartburn is usually not a concern and can be treated by over-the-counter medications, such as antacids, H-2-receptor antagonists, and proton pump inhibitors. Lifestyle modifications, such as losing weight or changing your diet, can also help prevent or reduce heartburn.

How do you know when to go to the doctor for heartburn symptoms? If your heartburn becomes severe, and is combined with other symptoms, such as pain in the left arm and jaw or difficulty breathing, seek emergency care immediately, as these can be signs of a heart attack.



If you have any of the following symptoms, make an appointment with your doctor:

- » Heartburn more than two times a week
- » Heartburn even after taking over-the-counter medications
- » Trouble swallowing
- » Nausea or vomiting
- » Weight loss due to poor appetite or trouble eating

Frequent heartburn which interferes with daily life is called gastroesophageal reflux disease (GERD), and

may need to be treated with prescription medication, or possibly surgery or other procedures. Untreated GERD can cause damage to your esophagus, so it is important to see your doctor for an exam or further testing if you experience frequent heartburn.

For more information, visit: Mayo Clinic Website: <http://www.mayoclinic.org/diseases-conditions/heartburn/basics/definition/con-20019545>

National Institute of Diabetes and Digestive and Kidney Diseases: <https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-gerd-gerd-adults>

Sports Should Include A Mouthguard

by Steve Riggio, DDS

A properly fitted mouthguard is an integral piece of sports equipment. They are not just for children and teenagers, injuries can and do occur at all ages.

Mouthguards help to prevent injuries to the teeth, tongue, lips and jaw. They are certainly recommended for contact sports, such as football, basketball and hockey, but also for non-contact sports such as baseball and skateboarding.



There are inexpensive mouthguards that can be purchased in sporting goods stores and drug stores. Some of these mouthguards come in ready-made sizes, while others are made of material that can be heated for a more personalized fit. These mouthguards are generally inexpensive and the materials are not as durable as the custom mouthguards available from your dentist.

Important factors in selecting a mouthguard include:

- » The type of sport being played
- » How often the mouthguard be used
- » Playing the sport recreationally or part of a competitive league
- » Are there any special dental treatment such as, crowns, bridges or braces?
- » The age of the sports player
- » Are there still baby teeth, or waiting for permanent teeth to erupt?

Consulting a dentist can help you select the type of mouthguard that is best suited to your specific need.

Whatever the type of mouthguard, care is important:

- » Clean your mouthguard regularly with toothpaste and a toothbrush
- » Rinse mouthguard before and after each use with water or mouthwash
- » Store the mouthguard in a proper container that allows air to circulate
- » Avoid storing the mouthguard at high temperatures or in direct sunlight
- » Check frequently for damage to the mouthguard, which may affect the fit and could irritate the gums.



No matter what type of mouthguard you are using, bring it with you to your regular dental appointment, so your dentist can make sure it fits properly.

Positive Dietary Changes, When Feeling Stuck

by Beverly Calderon, MS, RDN, CDE

Soon after being born, our dietary patterns begin to form when we're first breastfed or given formula. Throughout our lives these patterns are influenced by what we learn, family, culture, tastes, sounds and smells.



Consider for a moment how these four tightly intertwined dietary facts influence dietary habits: nutrition is essential to life, food is fundamental in all cultures, unhealthy eating contributes to chronic diseases, nutrition-related health disparities impact American Indians/Alaska Natives more than others in our country.

No wonder making lasting positive dietary changes can seem impossible. Because we've all made them or at least know others who have, we know it is possible. While it is said, foods to feed our souls, it is adequately nutritious foods that feed our health and wellness.

Planning is very important to successful dietary change. However, we can increase the likelihood of failure if we merely concentrate on the plans. Even when our plans are specific, measurable, attainable, relevant and timely.

Because, even the best dietary plans are pointless if we're stuck, resisting change, feeling anxious, or concentrating on all the reasons we can't change. Something we can do when feeling stuck, is imagine how meaningful the changes will be, even though they don't yet exist. Remember any positive changes you've made in life, any not filled with negativity, undermining your goals, self-sabotaging or derailing next-steps. Then recall how the positive changes involved being more aware, comprehending, recognizing something. These "light-bulb" moments of change, involved more than thinking, reasoning, or intellectual processing. They included feeling, sensing, and experiential processing.

Another thing is, getting curious about why we're stuck in the first place. This isn't about wallowing in self-pitying, but instead is about allowing ourselves to become aware. To turn our attention to how personally meaningful the positive change will be. This is about noticing, and being interested in the emotions that come when we turn our attention inward. Maybe even being willing to ask ourselves gently, What is it that I feel about all this? Then, compassionately let answers come so we more fully get a sense of the changes as they begins to form. Learning to listen to ourselves, and telling ourselves why we want positive dietary changes in the first place is within all of this. And, recognizing those behaviors are supportive or motivating. In trying these things perhaps we'll begin to become aware of more than just what words alone can express.

Considering how intricately nutrition, and dietary patterns are woven in our lives, no wonder when we feel stuck just the thought of making changes can bring a knotty sensation in our gut. Even though unraveling the knot may seem impossible, it is possible. What comes with the unraveling is the positive change. Perhaps actuality when we're feeling stuck, were being given an invitation to experience our lives more.

Nutritional Resources:

Body Weight Planner: A research based resource for understanding how diet and exercise quantitatively contribute to weight loss and weight loss maintenance. <https://www.niddk.nih.gov/health-information/health-topics/weight-control/body-weight-planner/Pages/bwp.aspx>

Weight-loss and Nutrition Myths: A website to help make sense of what often doesn't make sense. <https://www.niddk.nih.gov/health-information/health-topics/weight-control/myths/Pages/weight-loss-and-nutrition-myths.aspx>

Wet Winter Means More Mosquitoes in California

by Carolyn Garcia, REHS, MSPH

This past winter California had experienced the wettest year in 122 years of records. The average rainfall across the state has been 27.81 inches. This is great news relative to the drought we have been experiencing in the state over the last 5 years. However, it is also great news for another resident of California: the *Aedes aegypti* mosquito.

Aedes aegypti mosquitoes have been detected in 12 counties in California. This mosquito can spread Zika virus and other diseases such as dengue fever, chikungunya and yellow fever. *Aedes* mosquitoes thrive in human urban environments and are aggressive day time biters.



To date, all cases of Zika virus diagnosed in California are travel related. However, if an *Aedes* mosquito in California were to bite a person infected with Zika virus, our state could develop a local reservoir of Zika carrying mosquitoes. In January 2017, a similar scenario is thought to have

occurred in the state of Florida.

The California Area Division of Environmental Health Services joins with the California Department of Public Health in urging that everyone take measures to help reduce the numbers of mosquitoes around their home. Eliminate breeding sites around your home by eliminating sources of standing water such as discarded cans/bottles, flower pots, buckets, old tires, rain barrels, pet dishes, toys and garden tools.

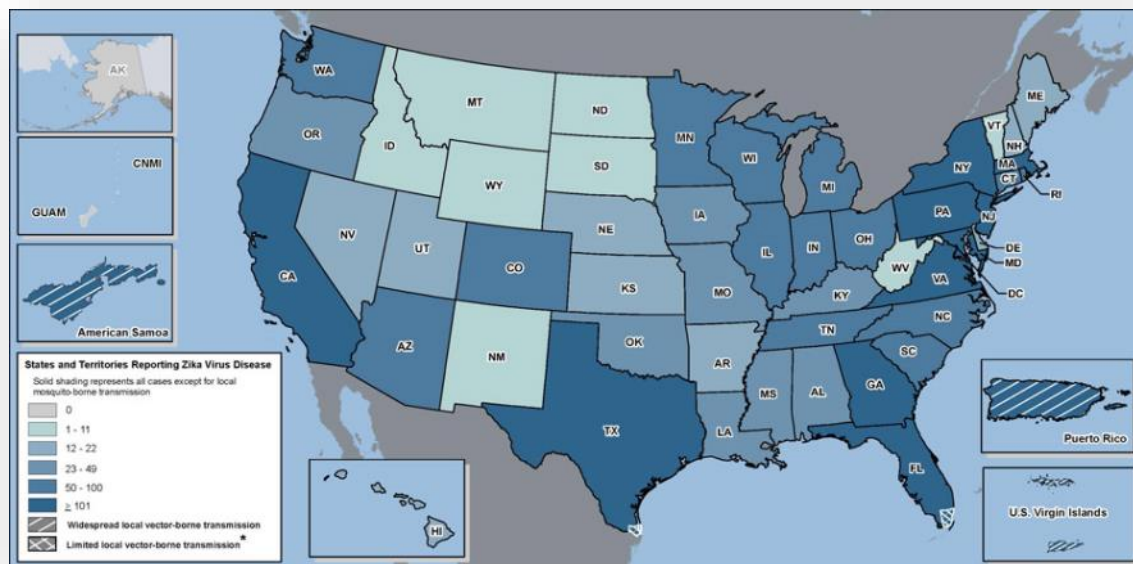
Check your yard weekly for containers of standing water. Make sure to clean and scrub containers such as bird baths and pet watering dishes weekly. Empty the dishes under potted plants weekly. Ensure rain gutters and yard drain pipes are free of debris.

Protect yourself and your family from mosquito bites. Install screens on windows routinely left open. Replace damaged window screens. Wear long sleeve shirts, long pants, sock and shoes. Apply an insect repellent that contains US EPA registered ingredients such as DEET, picaridin, oil of lemon eucalyptus or IR3535 to exposed skin and/or clothing.

For more information on *Aedes aegypti* mosquitoes, visit:

US Centers for Disease Control and Prevention
<https://www.cdc.gov/dengue/entomologyEcology/index.html>

Where *Aedes* mosquitoes have been detected visit:
<http://maps.calsurv.org/invasive>



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