



Indian Health Service/California Area Office Patient Newsletter

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Area Director's Message Ms. Margo Kerrigan, MPH



The Patient: An Untapped Resource

There is growing recognition of the patient as the greatest untapped resource in healthcare. As a result, there is a national effort to tap into this resource by engaging patients in their care. Many feel that this is required for the transformation of healthcare in our country. There is general agreement that better healthcare outcomes result when patients have more information and are actively involved in their healthcare.

Patient engagement is a foundational element of the patient-centered medical home (PCMH). The majority of California tribal and urban Indian healthcare programs are pursuing

accreditation as a PCMH. Characteristics of the PCMH include:

- The patient care team coordinates patient care between all healthcare providers
- The patient is educated about treatment options and encouraged to participate in care decisions
- Access to care improves by expansion of clinic hours
- Communication is improved by the use of information technology
- Results in better quality healthcare and in fewer trips to emergency rooms and hospitals

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Domestic Violence Awareness By Dawn Phillips, RN, CDE



Domestic violence/intimate partner violence (DV/IPV) is a significant public health problem across Indian Country. Thirty-nine percent of American Indian/Alaska Native (AI/AN) women report physical and/or sexual

violence across the Indian health system; this rate is higher than any other ethnicity. In 2010, the President signed the Affordable care Act which provides healthcare coverage to women who are victims of DV/IPV. Before the legislation was signed, some states could limit health services for women as DV/IPV was considered a pre-existing condition. Congress has also appropriated \$7.5 million to the Indian Health Service in the Omnibus Appropriations Act of 2009 to implement and coordinate a national domestic violence prevention program.

In California, there are seven tribal and urban Indian healthcare programs that receive funding and participate in the DV/IPV prevention initiative. As a result, the healthcare programs have improved surveillance, increased awareness, and developed

community best practice models. In addition, more DV/IPV screenings are performed in the primary care setting which offers an opportunity for early intervention. The DV/IPV screening rates for AI/AN women residing in California have improved IHS performance under Government Performance and Results Act (GPRA). In 2010, 48% of women ages 15-44 were screened for DV/IPV; in 2012, 55.5% of women were screened.



If you know someone or you are a victim of violence, you can seek shelter and help from the 24/7 National Domestic Violence Hotline by calling **800-799-SAFE** or visiting <http://www.thehotline.org/>. Ending DV/IPV requires communities to

work together and develop community driven prevention programs. DV/IPV awareness can reduce violence within your family or your community by providing safe and healthy environments for people who suffer from acts of violence.

How Many Hours Of Sleep Are Enough? By Wendy Blocker, MSN

The amount of sleep you need depends on various factors, especially your age. Consider these general guidelines for different age groups:

Age group	Recommended amount of sleep
Infants	14 to 15 hours
Toddlers	12 to 14 hours
School-age children	10 to 11 hours
Adults	7 to 9 hours

In addition to age, these other factors may affect how many hours of sleep you require:

- **Pregnancy.** Changes in a woman's body during pregnancy can increase the need for sleep.
- **Aging.** Older adults need about the same amount of sleep as younger adults. As you get older, however, your sleeping patterns may change. Older adults tend to sleep more lightly and awaken more frequently during the night than do younger adults. This may create a need for or tendency toward daytime napping.
- **Previous sleep deprivation.** If you're sleep deprived, the amount of sleep you need increases because of fatigue, sleep disorders, or medication.
- **Sleep quality.** If your sleep is frequently interrupted or cut short, you're not getting quality sleep, and the quality of your sleep is just as important as the quantity.



Although some people claim to feel restored after just a few hours of sleep, research shows that people who sleep too little over many nights don't perform as well on complex mental tasks as do people who get closer to seven hours of sleep per night. Additionally, studies among adults show that sleeping much more or much less than seven hours per night is associated with a higher mortality rate.

If you experience frequent daytime sleepiness, even after increasing the amount of quality sleep you get, consult your doctor. He or she may be able to identify any underlying sleep disorders and help you get a better night's sleep.

Psoriasis By Amy Patterson, PhD

Psoriasis is a chronic, non-contagious skin disease and the most common autoimmune disease in the United States. An estimated 7.5 million Americans have psoriasis. Psoriasis causes cells to build up rapidly on the surface of the skin and form thick, silvery scales and itchy, dry, red patches that can be painful.

Treating psoriasis usually involves a combination of approaches. Physicians commonly prescribe corticosteroids to reduce the swelling and redness of lesions. Aloe vera, jojoba, zinc pyrithione, and capsaicin creams are also used to help alleviate itching. In more severe cases, physicians will also prescribe "phototherapy," which

involves exposing the skin to controlled amounts of natural sunlight or artificial UVA or UVB light. Alternative medical treatments for psoriasis include acupuncture, massage, biofeedback, yoga, or stress reduction techniques. Fish Oil (Omega 3 fatty acids) is also used to reduce inflammation from psoriasis. As with any dietary supplements, consult your physician.

There are steps you can take to help with the symptoms of psoriasis:

- Take daily baths with natural bath oil, colloidal oatmeal, Epsom salts or sea salts. Avoid hot water and harsh soaps
- Use moisturizer right after bathing and apply several times a day

- during cold, dry weather
- Expose your skin to small amounts of sunlight. Too much sunlight can trigger or worsen outbreaks, and increase the risk of skin cancer
- Avoid tobacco and alcohol, which can trigger outbreaks, and decrease the effectiveness of some treatments
- Eat a healthy diet, including a variety of fruits, vegetables and whole grains. Choose lean cuts of meat and keep a food diary to track which foods make your psoriasis symptoms better or worse.

For more information, visit:
National Psoriasis Foundation
<http://www.psoriasis.org/>

The Patient: An Untapped Resource (continued from page 1)

One native elder described the patient-centered care she received by saying, “I really like it and wish all the doctors knew how to work like that.”

“Ask me 3” is a national program that is working to improve communication between patients and healthcare providers by encouraging patients to ask the following questions at every visit:

1. *What is my main problem?*
2. *What do I need to do?*
3. *Why is it important for me to do this?*

You can also ask your provider to review your *patient wellness handout* with you. This will help you prepare for your visit and better understand what your provider tells you. Learn more at <http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/>.

Don’t allow yourself to be overlooked and an “untapped resource”. Be sure to engage in your healthcare with the knowledge that you will receive better care when you have and understand more information about your diagnosis and treatment. Listening to and accepting what your healthcare providers tell you will help you take better care of yourself and hopefully live a healthier lifestyle. Trust yourself; you know a lot more than you think you do.

**trust
yourself.
you know
more than you
think you do.**

(dr. spock)

Your Health and Your Community By Beverly Calderon, RD, CDE

Ask just about anyone who is or has been working on living a healthy life and they will tell you that it’s not easy...at least not every day. Most people know *what* to do or *what they need* to do, but the *doing it* or *being able to do it every day* is a problem. The many factors that affect our health and wellness, affect the health and wellness of our communities too. Community factors affect us as individuals; emotionally, spiritually, physically, and even financially.

There is no medication that can be prescribed, no herb to take, and no secret technique or approach living healthier. Bringing positive change to both our personal health and that of our communities takes time, acceptance, hard work, self care, and persistence.

Community Wellness Planning is a process that encourages positive behavior change to improve health. This involves working together with community champions, healthcare staff, leaders, and other community partners to listen, share, and heal. Because community wellness planning works to address health-related behaviors and understand how these behaviors relate to our communities, the process can positively impact our own health. Even small changes a community makes can improve our physical, social, and spiritual environment.

Traditional views of health include respect of culture; the concept of balance; understanding of mind, body, and spirit; and, a sense of well-being. Teachings consider the impact of our decisions on future generations, leading to an emphasis on prevention and maintaining wellness and our extended life, rather than simply treating illnesses or problems. History has

shown these healthy beliefs have served Indian people well for hundreds of years in facing many challenges. Working together (the patient, healthcare program/tribal government) and investing in prevention with tools, resources, and training that leads community wellness. Those who partner and work with their tribal and urban Indian healthcare programs on community wellness planning bring positive change to the health of their communities, their families, and to themselves.

For more information, visit:

CDC’s Healthy Communities Program, Sustainability Planning Guide

http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf

National Prevention Strategy, America’s Plan for Better Health and Wellness

<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>

Restoring Balance Community-Owned Wellness, Indian Health Service

<http://www.sprc.org/sites/sprc.org/files/library/RestoringBalance.pdf>

Community Advocacy for Diabetes Prevention and Control, Indian Health Service

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011_BP_CommAdvocacy_508c.pdf

West Nile Virus By Susan Ducore, RN, MSN

According to the Centers for Disease Control and Prevention (CDC), more than 30,000 people in the United States have been diagnosed and reported with West Nile Virus (WNV) since 1999. Of those, almost 13,000 have been seriously ill and over 1,200 have died. WNV was first detected in the United States in 1999 and is most often spread by the bite of an infected mosquito. Mosquitos become infected with the virus from feeding on infected birds, and then transmit the virus to other animals and to humans when they bite.

The CDC offers the following clinical signs and symptoms of WNV:

- Approximately 1 in 5 people who are infected with WNV will develop fever, headache, body aches, joint pains, vomiting, diarrhea, or rash
- Less than 1% will develop a serious neurologic illness
- About 10% of people who

develop neurologic infection due to WNV will die

There are no medications to treat or vaccines to prevent the WNV infection. Persons who have milder illness generally will recover without treatment, but may suffer with symptoms for several weeks. Others who have more severe illness may need to be hospitalized to receive supportive clinic treatment such as intravenous fluids and pain medication.

Everyone who spends time outside is at risk of contracting WNV. The more time spent outdoors, the higher the chance that you will be bitten by an infected mosquito. In addition, persons who are over 50 years of age are at higher risk for severe illness. Because of the potential severity of the WNV and the fact that there are no vaccines to protect people from

contracting WNV, we must rely on other means of protection. The CDC suggests that the best way to avoid WNV is to prevent mosquito bites and recommends taking the following precautionary measures:

- When outdoors, use insect repellent containing an EPA-registered active ingredient
- Wear long sleeves and pants or stay inside at dusk and dawn, as mosquitoes tend to be most active during these times
- Install screens on doors and windows to prevent mosquitoes from entering your home
- Eliminate mosquito breeding sites by emptying standing water from flower pots, pet dishes, bird baths, tire swings, and children's wading pools

For more information, visit <http://www.cdc.gov/>.



California Offering Free Specialized Phones: Easier to Hear, Dial, and Call

If you're like many people having a hard time staying connected, you could use a new telephone that increases the volume of calls so you can hear them better, and/or one with big buttons so seeing the dial is easier. More than 90 specialized phones and devices for people with diminished hearing, vision, mobility, and other common age-related conditions are available at no cost from the state's California Telephone Access Program (CTAP), a program of the California Public Utilities Commission.

This free program is a vital and wonderful service for California residents because it keeps people connected with family, friends, caregivers, business associates, and others. The process of applying for one of the many specialized California Phones is easy.



Muriel Jackson, a CTAP customer, saw a California Phones display at the Hoopa Valley Indian Tribe's annual fair at the K'ima:w Medical Center.

"I asked them if they were giving them away and they said yes," says Muriel. She had her doctor certify her disability by signing a simple application form and then, "they came out and set it up for me." Muriel, like hundreds of thousands of California residents, took action and made the decision to get a free California Phone. It was simple and easy.

There are models of California Phones that light up when calls come in, amplify sound, allow you to dial by pressing a picture, and use a speakerphone for hands-free operation. These phones and others are from top manufacturers and have all been tested by CTAP.

You can learn more about the program and obtain an application by calling **1-800-806-1191** or by visiting <http://www.californiaphones.org/>, where you can also see Muriel talk about the program. There is no cost, age, or income requirement for this state program, so there is no barrier to staying connected.