



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



Indian Health Service/California Area Office Patient Newsletter

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Inside This Issue...

- Director's Message **P.1**
- Alcohol Awareness **P.2**
- Sports Should Include a Mouthguard **P.2**
- Myths and Facts about Diabetes **P.3**
- Making Sense of Sunscreen **P.3**
- Hay Fever **P.4**
- Irritable Bowl Syndrome **P.4**

Director's Message **Technology—RPMS Electronic Health Record**

As technology pushes society forward, we become more aware of its impact on almost every aspect of our lives. Healthcare is no exception. In Indian Country we benefit from advances in Health Information Technology (HIT), whether through advanced tools such as retinal cameras or advances in the network technologies that support telemedicine. The Electronic Health Record and Vista imaging allows images captured by those retinal cameras to be delivered almost anywhere in the world instantaneously.

The Indian Health Service/California Area Office (IHS/CAO) doesn't float along in the slipstream of technology - The IHS/CAO Information Technology (HIT) team leads the way by applying knowledge and experience to determine the best technical solutions in support of health care for American Indians and Alaska Natives. To this end, the HIT team is currently working to facilitate the roll-out of the 2014 RPMS Electronic Health Record. This powerful set of tools will support the expectation that a modern medical records system can help to efficiently manage programs, maximize revenue generation, and provide high-quality care for patients; all in a secure communication and data transport environment.

Technologists and clinical application specialists at CAO have constructed an environment in which beta software is installed and tested in advance of the product release, it is expected sometime in August 2014. In the last week of June, our RPMS / EHR IT team conducted a "dry run" of the installation, making observations and taking notes. The next step is the creation of a concise installation document, followed by a series of timed installations. At that point, we will be ready to implement the 2014 Certified RPMS EHR at tribal and urban health programs throughout California.

To learn more about the 2014 RPMS EHR process, check out these web sites:

<http://www.ihs.gov/ehr/>

<http://www.ihs.gov/forproviders/healthit/>



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Alcohol Awareness By Dawn Phillips, RN, CDE

Alcohol use has plagued our tribes for years. Even today, with specialists and resources directly available for alcohol abuse, the problem continues to threaten the health and wellness of Indian communities.

The Behavioral Health Briefing Book reports almost 40% of American Indians aged 26-49 years have gone binge drinking within the past 30 days as compared to the national average of 28.9%. In addition, American Indians are five times more likely than Caucasians to die of alcohol-related deaths. Fetal Alcohol Spectrum Disorders (FASD) are 100% preventable if women do not drink alcohol during pregnancy. However, American Indians have some of the highest rates of FASD in the United States (Behavioral Health Briefing Book, 2011).

Although American Indians suffer disproportionately from alcohol addictions, many of the tribal and urban Indian healthcare clinics practice innovative prevention and treatment programs especially designed for American Indians. Alcohol addiction is not the underlying problem, but rather a symptom of a larger problem brought on by years of oppression and adverse childhood events. For years, American Indians have suffered huge losses such as being removed from their home lands and relocated to urban areas or remote, isolated lands. American Indian children were snatched up and imprisoned in boarding schools, never to see their parents, practice their religions, or speak their native languages again.

American Indian clinics address addictions head-on and most

clinicians working with people who suffer from addictions understand the symptoms of excessive drinking. A couple of highly successful treatment modalities include “The Red Road to Wellbriety” and the “Medicine Wheel” to sobriety. These programs work for our population and the curricula inspires hope and healing for people who suffer from addictions. The tenets of both treatment programs are based on philosophies and practices of the Alcohol and Narcotic Anonymous 12-step program. Both programs believe in the Supreme Spirit or “Creator” and encourage participants to respect one-self and each other. Learning about one’s own culture and traditions is another proven treatment modality for American Indians.

Try to increase your knowledge and belief systems related to addictions. It is important to understand that if a person relapses they are not failures; relapse is a part of the sobriety process.

To learn more visit:

AA meetings on line:
<http://www.aa.org/lang/en/subpage.cfm?page=219>

AA web site:
<http://www.aa.org/>

White Bison, Inc. Wellbriety Partners:
<https://www.whitebison.org/index.php>



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 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.

The most effective mouthguard is comfortable, does not interfere with speech, durable, and easy to clean. In most cases the mouthguard covers the upper teeth, but in some cases both upper and lower teeth should be covered. Factors that are important in the selection of a mouthguard include:

- The type of sport being played
- How often the mouthguard be used

- Playing the sport recreationally or competitively
- Are there any special dental treatment such as crowns, bridges, or braces
- Age of the sports player
- Still has 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, regular cleaning is important:

- Cleaning your mouthguard regularly with toothpaste and a toothbrush
- Rinsing it before and after each use with water or mouthwash
- Store the mouthguard in a proper container; that allows air to circulate
- Avoid storing at high temperatures or in direct sunlight
- Check 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.

Myths and Facts about Diabetes

By Helen Maldonado, PA-C, CDE

There are many myths about diabetes which make it difficult for people to understand the facts: diabetes is a serious and potentially deadly disease. These myths can create a picture of diabetes that is not accurate.

Myth: Diabetes is not that serious of a disease

Fact: Diabetes causes more deaths per year than breast cancer and AIDS combined. Two out of three people with diabetes die from heart disease or stroke.

Myth: If you are overweight or obese, you will eventually develop type 2 diabetes

Fact: Being overweight is a risk factor for developing this disease, but other risk factors such as family history, ethnicity, and age also play a role. Unfortunately, too many people disregard the other risk factors for diabetes and think that weight is the only risk factor for type 2 diabetes. Most overweight people never develop type 2 diabetes, and many people with type 2 diabetes are at a normal weight or only moderately overweight.

Myth: Eating too much sugar causes diabetes

Fact: No, it does not. Type 1 diabetes is caused by genetics and unknown factors that trigger the onset of the disease; type 2 diabetes is caused by genetics and lifestyle factors. Being overweight does increase your risk for developing type 2 diabetes, and a diet high in calories, whether from sugar or from fat, can contribute to weight gain. If you have a history of diabetes in your family, eating a healthy meal plan and regular exercise are recommended to manage your weight.

Myth: People with diabetes can't eat sweets or chocolate

Fact: If eaten as part of a healthy meal plan, or combined with

exercise, sweets and desserts can be eaten by people with diabetes. They are no more “off limits” to people with diabetes than they are to people without diabetes.

Myth: You can catch diabetes from someone else

Fact: No. Although we don't know exactly why some people develop diabetes, we know diabetes is not contagious. It can't be caught like a cold or flu. There seems to be some genetic link in diabetes, particularly type 2 diabetes. Lifestyle factors also play a part.

Myth: People with diabetes are more likely to get colds and other illnesses

Fact: You are no more likely to get a cold or another illness if you have diabetes. However, people with diabetes are advised to get flu shots. This is because any illness can make diabetes more difficult to control, and people with diabetes who do get the flu are more likely than others to go on to develop serious complications.

Myth: If you have type 2 diabetes and your doctor says you need to start using insulin, it means you're failing to take care of your diabetes properly

Fact: For most people, type 2 diabetes is a progressive disease. When first diagnosed, many people with type 2 diabetes can keep their blood glucose at a healthy level with oral medications. Over time, the body gradually produces less of its own insulin and, eventually, oral medications may not be enough to keep blood glucose levels normal. Using insulin to get blood glucose levels to a healthy level is a good thing, not a bad one.

Making Sense of Sunscreen

By Christine Brennan, MSN, Public Health Analyst

There are many brands of over-the-counter (OTC) sunscreen lotions and sprays on the market and it is often difficult to determine which sunscreen will provide the best protection to keep your skin from getting burned and to prevent premature aging and skin cancer. The Food and Drug Administration (FDA) has recently announced new requirements for OTC sunscreen products that will help people determine which sunscreens are the best for themselves and their families.

There are two types of ultraviolet radiation produced by the sun, A and B, which contribute to skin damage. Ultraviolet A (UVA) rays contribute to skin cancer and early aging. Ultraviolet B (UVB) rays primarily cause sunburn. The new FDA rules require that sunscreens must provide equal UVA and UVB protection to be able to be labeled a “Broad Spectrum” sunscreen. The new FDA rule also requires that a sunscreen must have a minimum SPF value of 15 to claim that it can reduce the risk of skin cancer and early aging, and sunscreens can no longer claim to be waterproof or sweat proof. Instead, they can only claim to be water resistant, and they must state for how long the product is resistant to water (40 or 80 minutes).

These new rules will help consumers determine which sunscreens will provide the best protection against skin cancer and early aging. To help provide the best protection against sunburn and skin cancer, follow these tips:

- Use Broad Spectrum sunscreens with a 15 SPF value or higher
- Reapply sunscreen at least every 2 hours, more often if you are sweating or getting in and out of water
- Limit time in the sun during the hours of 10 a.m. to 2 p.m.
 - Wear clothing to cover exposed skin



For more information on the new FDA sunscreen labeling requirements, visit

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm258468.htm>

Hey Fever By CDR Wendy Blocker, MSN Public Health Analyst

Hay fever, also called allergic rhinitis, causes cold-like signs and symptoms, such as a runny nose, itchy eyes, congestion, sneezing and sinus pressure. But unlike a cold, hay fever isn't caused by a virus. Hay fever is caused by an allergic response to outdoor or indoor allergens, such as pollen, dust mites or pet dander.

Signs and symptoms can be different. Here's how to tell which one's causing your symptoms:

	Hay fever	Colds
Signs and symptoms	Runny nose with thin, watery discharge; no fever	Runny nose, watery or thick yellow discharge, body aches, low-grade fever
Onset	Immediately after exposure to allergens	1-3 days after exposure to a cold virus
Duration	As long as you're exposed to allergens	3-7 days

You may want to see an allergy specialist (allergist) if:

- Your symptoms are severe
- Hay fever is a year-round nuisance
- Allergy medications aren't controlling your symptoms
- Your allergy medications are causing troublesome side effects

See your doctor if:

- You think you may have hay fever
- Your symptoms are ongoing and bothersome
- Allergy medications aren't working for you
- You have another condition that can worsen hay fever symptoms, such as nasal polyps, asthma or frequent sinus infections.



Many people — especially children — get used to hay fever symptoms. But getting the right treatment can reduce irritating symptoms. In some cases, treatment may help prevent more-serious allergic conditions, such as asthma or eczema.

Irritable Bowel Syndrome By Amy Patterson, PhD, Public Health Analyst

Irritable bowel syndrome (IBS) is a common disorder that affects the gastrointestinal system and, specifically, the large intestine (colon). IBS is a chronic condition, but symptoms can come and go. IBS is a group of symptoms, not a disease.

IBS can cause abdominal pain or cramping, bloating, gas, diarrhea, constipation, and/or mucus in the stool. The signs and symptoms of IBS can vary widely from person to person and often resemble those of other diseases.

IBS is diagnosed when a person has experienced abdominal pain at least three times a month for the last three months in the absence of any other disease, and at least two of the following symptoms:

- change in frequency (more or less often) or consistency (more watery or harder) of stool
- straining, urgency, or feeling you can't empty your bowels completely
- mucus in the stool
- bloating and abdominal distension

Studies estimate that IBS affects about 10-15% of the adult population, though only about 5-7% have been diagnosed. Women and people younger than age 45 are more likely to be diagnosed with IBS. About half of people with IBS experience symptoms before the age of 35. Family history of the disease, especially in a

parent or a sibling, is also associated with increased risk of IBS. For most people, IBS symptoms can be "triggered" by a number of factors, including foods, stress, and hormones. Food triggers can include beans, cabbage, caffeinated drinks, coffee, alcohol, milk products, high-fat foods, and some fruits or vegetables. Keeping track of foods that seem to trigger episodes can help with managing symptoms. It is important to rule out food allergies and intolerances, such as lactose intolerance, gluten intolerance, and celiac disease, if these foods are found to be triggers for symptoms. A doctor may diagnose IBS on the basis of a history of symptoms, but may also perform a stool test or other screening tests such as a lower gastrointestinal x-ray or colonoscopy, especially if the patient is over age 50.

IBS symptoms can be relieved by changes in diet, medications, "probiotics" (supplements replenishing of the "good" bacteria which help with digestion), and counseling to help with stress. Some practitioners recommend patients with constipation increase their intake of fiber, but this may cause gas and trigger other symptoms, so fiber should be introduced slowly and gradually. Fiber should always be accompanied by plenty of liquids, preferably water, to help move it through the digestive tract. Regular exercise helps to relieve stress, and helps the intestines to contract normally. Acupuncture can also help relax muscle spasms, relieve symptoms, and improve bowel function.