



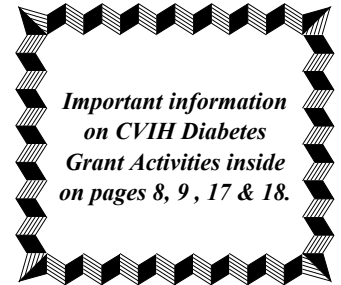
Central Valley Indian Health, Inc.

CVIH 2010 Accreditation Survey is scheduled

Central Valley Indian Health, Inc. will be going through an accreditation survey on May 17 and 18, 2010. The Accreditation Association for Ambulatory Health Care (AAAHC) survey will be the fourth survey for CVIH; the original accreditation survey was in 2001. CVIH has achieved 3-year accreditations each time, which is the maximum award for clinics. Staff and patients are a major part of the accreditation process and may be asked questions by the surveyors as they tour CVIH facilities. We appreciate all staff and patients' support during the accreditation process.

Thank you!
CVIH Administration

Newsletter
April 2010



Important information on CVIH Diabetes Grant Activities inside on pages 8, 9, 17 & 18.



5th Annual Cold Springs Rancheria Rez Run/Walk

The 5th Annual Cold Springs Rancheria Rez Run/Walk Fandango & Handgame Tournament Fighting Diabetes and Family Connection Education will be held April 17, 2010. There will be a 1 mile race/walk and a 2 mile race/walk. Registration starts at 7 a.m.; the Race/walk begins at 8 a.m. CVIH patients can sign up with Jo Anne Chase, RD, CDE. She can be reached by visiting her at the Clovis clinic, calling her at 299-2608 x180 or emailing her at jchase@cvih.org.

For more information regarding the event contact Jackalyn Lee Bandoni at 559-855-3884.

For more information on Handgames, please contact Jamie Navarette at 559-855-8388.

Food, t-shirts, awards, handgames, etc. Hope to see you there!

- * * * * *
- * • CVIH Eye Glasses policy & information, pages 2-4 *
- * • Pregnancy: A journey through the trimesters, page 5 *
- * • Infant teachings, page 6 *
- * • Bulk up on Fiber, pages 6-7 *
- * • Insulin Resistance, pages 9-11 *
- * • Vitamin D, pages 11-13, 17 *
- * • Skin Warts, pages 13-15 *
- * • Tracing Ancestry, page 16 *
- * • OCD, pages 18-19 *
- * * * * *

CVIH Eye Glasses Policy

In October CVIH opened its Optician's office located on the 2nd floor of the Clovis Clinic near the elevators. At the same time it updated the policy and procedures for obtaining eye glasses through Contract Care. In order to obtain eye glasses through CVIH, you must:

- A. Have a current eye examination (refraction).** CVIH will provide exams by referral from CVIH Contract Care patients. Medical referrals are not necessary for those that do not need an exam, but want to order eye glasses.
 - a. CVIH contract care funds will pay for eye exams and glasses for CVIH contract care patients every two years; except for diabetic patients and children 17 and under.
- B. Eye glass frames and lenses are available at no charge to Contract care eligible patients in the CVIH Optician's office.** There is a good selection of name brand frames to choose from; stock is limited to those on display in the Optician's office.
 - a. Contract Care Patients who want to purchase their glasses somewhere outside of CVIH may do so but will be limited to the eye exam and \$100 for glasses and frames which will be refunded to the patient upon presentation of a valid receipt. Any amount in excess of this will be the responsibility of the patient.
 - b. Contract Care patients who wish to purchase contact lenses will have their eye exam paid for up to \$95.00 and will be limited to \$100 for the contact lenses. The amount will be refunded to the patient upon presentation of a valid receipt.
 - c. All alternate resources must be used first.
 - d. CVIH does not cover transition lenses.
- C. The following patient categories may purchase glasses and lenses at cost plus 10%:**
 - a. Contract Care patients who wish to buy a second pair
 - b. Direct Care patients
 - c. Staff and their families
 - d. Non- Indians who are active patients at CVIH
 - e. Staff and their families from the local Indian Health Service Office, Turtle Lodge and the Urban Indian Health program.
- D. Anyone ordering eye glasses that have to pay for part or all of the glasses must pay prior to the glasses being ordered.**
- E. If the eye glasses break as a result of a manufacturers defect, CVIH will replace the glasses if they are returned within the first 6 months of receiving hem. All general repairs may be done through the CVIH Optician at no charge.**

Information from the CVIH Optician

HI, I am the CVIH Optician, how are your eyes doing?

Do you need glasses? How can you know? Let's learn about some optical stuff that may help you make an intelligent informed decision about your eyes. OH, sorry you already know everything you need to know about your eyes, Okay, just one quick question.

What does it mean to have 20/20 vision? Yes, that's right that is normal vision but what does it mean?

VISUAL ACUTIES

Well, 20/20 is the standard against which everything else is measured. It means that if you can read a certain size letter from 20 feet that you're normal. So what does it mean to have 20/40 vision?

Did you figure it out? It means that a person with normal vision can read at 40 feet what you have to be at 20 feet to read. This is called your visual acuities. Not exactly something that you can measure at home. But we can measure them here at the clinic and nurses can measure them at school. They are a very accurate way to determine how someone's eyes are doing.

NEARSIGHTED or FARSIGHTED

Most visual problems are associated with one of two things. First, the size of your eye verses the refracting power of your cornea and lens. Refract means to bend light. If your eyeball is too big and your cornea and lens cannot refract the image to the back of your eye (Retina) then you're nearsighted or myopic. That means you have trouble seeing things at a distance. If your eyeball is too small and the image is focused behind the Retina then you're farsighted or hyperopic.

This is why your eyes can continue to change as long as you are growing. As the eyeball changes shape (bigger or smaller) the prescription changes. This is not always bad; sometimes you prescription gets better.

READING

This is a whole different colored cow. Reading problems can be from being farsighted (see above) or they can be from the age of the lens in your eye. At about 40 years old the lens in your eye starts to get a little stiff. That is it does not change shape as well as it used to. When you focus on something close the lens in your eye gets fatter (adding power) so you can focus closer. However from 40 on it becomes harder and harder to change shape and you have to make up the difference with lenses. When the lens in your eye changes shape this is called accommodation. Very few people appreciate this very special thing that the lens in our eye can do. These are what are called refractive errors of the eye.

REFFERALS

When you make an appointment for a referral for an eye exam our doctors will use your visual acuities and your health history to determine if you should go to an Optometrist or Ophthalmologist. If you do not have any medical issues with your eyes like diabetes or glaucoma we will probably send you to an optometrist. If you do we may send you to an Ophthalmologist. An optometrist is not a medical doctor and they cannot treat medical issues or do eye surgery, that is the job of the Ophthalmologist. Many eye doctors (Ophthalmologist) will employ Optometrist to do the refraction for them. That is the process by which they determine the refractive power needed to correct your sight to 20/20.

Optician, continued

DIABETES

This is not the toughest medical problem on the block but it is the sneakiest. That's because all of its damage is done on the inside of the eye way at the back where the Retina receives light images and converts them to electrical impulses to travel through the optic nerve to the brain. Diabetes likes to damage the really small vessels in your eye.

It causes them to leak, and then the doctor uses a laser to plug the leak and then scar tissue forms where the laser did its stuff and this usually ends in a retinal detachment. That's bad. This is pretty much untreatable.

Sooooo, get your eyes checked once a year at least when you have diabetes. Please!!

CONTACT LENSES

Contact lenses are a benefit of CVIH instead of glasses. This conversation needs to start when you come in for your referral to get your eye exam. The eye doctor can tell you if you are a good candidate for contacts, what will be expected of you if you choose to get them. And perhaps even give you an opportunity to see what they feel like. The refractive error of your eye (the power you require) will determine what kind of lenses you should have. The goal is always comfortable 20/20 vision.

COME ON IN AND VISIT

The optical shop at the Clovis office has been opened for six months. We have served almost 400 patients. For the most part everyone has a good experience if they did not we did everything we could to fix it. I am here Monday through Friday 8am to 5pm. I go to lunch from 12 – 1.

We have about 400 frames on display for you to choose from and 36 spider plants just to keep the place green.

My name is Dana Russell and I am the optician. The telephone number for optical is 299-1341 and we have an information line at 324-8643 call me with your questions or come by and say "HI".



Pregnancy: A journey through the trimesters

The first trimester is measured from the time the egg is fertilized by the sperm until the 13 week of pregnancy. During this time the embryo (baby) and woman go through an amazing amount of change. Usually by the end of the 4th week of pregnancy a woman can have a positive pregnancy test. Once this happens the woman needs to go see a physician and start taking prenatal vitamins. It is also important to stop consuming alcohol, smoking or any drug use as it may cause harm to the embryo (baby) at this young age.

Signs that you are pregnant may include tender breasts, feeling tired all the time, having to urinate more frequently, nausea and vomiting, and bleeding or spotting. As early as four weeks the embryo (baby) begins to form major organs. This will continue through the 10th week of pregnancy. At the 5th week the embryo's heart begins to beat and pump blood. This is usually seen through the ultrasound at 7 weeks. By 6 weeks the ears, nose and mouth begin to form. You may also see where the eyes will be. At this point the embryo (baby) measures just a quarter of an inch long but there is a lot going on that can't be seen as all the major organs continue to develop and work on their own. The woman may begin to have some mood swings and morning sickness during this time. Some small amounts of spotting are also normal at this time.

At the 7th week the embryo (baby) begins to form hand and feet. The embryo's tail is beginning to shrink. This "tail" is nothing more than the spinal cord and will disappear by the end of the first trimester. By the 8th week the embryo (baby) begins to show signs of fingers and toes. The embryo is about the size of a kidney bean and is moving around a lot, even though you can't feel it. At 9 weeks the embryo's heart has finished developing but will continue to grow throughout the rest of the pregnancy. The teeth are also starting to develop at this point as well. The woman still does not appear pregnant at this time but is beginning to notice her waist grow just a little bit.

By the time the embryo is 10 weeks old the most crucial part of their development is now over and the embryo can now be called a fetus. The fetus begins to swallow the amniotic fluid around it. Tiny fingernails are forming and fuzz is beginning to cover the fetus and will stay there until birth. The fetus measures about 1 ½ inches long. By 11 weeks the woman begins to regain some of the energy that was lost during the previous weeks and hopefully morning sickness will begin to lessen. However constipation and heartburn may begin. At 12 weeks the embryo now is able to move fingers and toes. Reflexes have also started. By the 13th week the fetus measures 3 inches long and finger prints have begun to form. The woman usually begins to feel much better with half of all woman state that their morning sickness has gotten better. A woman should only be gaining between 2-5 pounds during this time.

Submitted by:

Moriah Bonilla, Outreach Director

INFANT TEACHINGS – A SERIES: Hib Disease

Haemophilus influenzae Serotype B (Hib) disease is an invasive disease that can affect many organs of the body. It primarily causes lower respiratory tract infections in infants and children. It is fatal in 3% - 6% of cases, with up to 20% of the remaining cases resulting in permanent hearing loss or other long-term outcomes. The highest risk factors for getting the disease are among infants and young children, household contacts, and day-care classmates. American Indian/Alaska Native populations are also at increased risk.

Due to the use of Hib vaccine since 1990, the incidence of Hib disease in infants and young children has decreased by 99%, with less than 1 case per 100,000 children under 5 years of age, being reported. In the United States Hib disease occurs primarily in under-immunized children and among infants too young to have completed the primary immunization series. .

The affect of the recent recalls of certain lots of Hib vaccine and Hib vaccine shortages, is not known. The CDC recommended that providers temporarily defer administering the routine Hib vaccine booster dose administered at age 12-15 months per the schedule, except to children in specific groups at high risk and American Indian/Alaska Native children. Also the cost of the Hib vaccines has limited their use in developing countries even though Hib is a major cause of disease and death.

Submitted by Scott Gregory PHN

Bulk up on the Fiber

“Eat more fiber.”

Have you heard this from your doctor, nutritionist, or other healthcare provider? Fiber can be recommended as a way to naturally decrease health problems such as lowering cholesterol, helping control blood sugar levels, reducing constipation, and improving your overall health.

If your health care provider has suggested an increase in the amount of fiber you eat, do you ever wonder what fiber is and what is so great about it?

Dietary fiber includes the parts of plant foods that your body cannot digest or absorb. The fiber is not digested in our body; this is why it creates the bulk of the grain products. It passes undigested through our stomach, small intestine, and colon and out of our body. The reason that fiber is such an important part of a healthy diet is because the fiber passes through our bodies undamaged. Great sources of fiber include whole grain foods such as whole grain breads, oatmeal, brown rice, bran, and corn.

Fiber, continued

Eating a diet high in fiber has many positive health outcomes. Here are two great reasons to begin eating a diet high in fiber.

- 1. Fiber helps control blood sugar levels:** Fiber can slow the absorption of sugar, which for people with diabetes can help improve blood sugar levels. A diet that includes fiber has been associated with a reduced risk of developing Type 2 Diabetes.
- 2. Fiber helps you feel fuller longer:** High-fiber foods usually require more chewing time. This gives our body time to recognize when we are no longer hungry. Another important point to mention is that a diet high in fiber is likely to make you feel full for a longer amount of time. High-fiber diets also tend to have fewer calories for the same volume of food compared to food items that have less fiber.

What kinds of foods should I look for in the grocery store when I want to begin a diet with more fiber?

- Grains and whole-grain products (whole grains breads, oatmeal, brown rice, bran, and corn).
- When buying whole grain bread, the first ingredient listed should be **WHOLE** grain or **WHOLE** wheat.
- Fruits (eat the skin of the fruits as well)
- Vegetables (eat the skin of the vegetable as well)
- Beans, peas and other legumes
- Nuts and seeds
- Look for food labels with at least 2.5 grams of fiber per serving.

Submitted by:

Ramona Valdez, Dietetic Intern

References

Mahan, L.K., & Escott-Stump, S. (2004). Krause's Food, Nutrition, and Diet Therapy, 12th Ed. Philadelphia, PA: Elsevier Science.
J. Anderson, S. Perryman, L. Young & S. Prio., Dietary Fiber., www.ext.colostate.edu, Retrieved 02/25/10.

CVIH Win With Healthy Lifestyle ***Star***

We are honoring Ruby Vargas as our Star for participating in the Win with Healthy Lifestyles Programs and practicing what she has learned! Ruby was struggling with her weight and blood sugar control six years ago. Her back hurt most of the time. This kept her from moving around. She felt tired and could not wear most of her clothes. All this depressed her and so she ate to feel better. When she was 192 pounds, she decided, "This is crazy." Per Ruby, "I did not like the way I looked or felt." Ruby started her road to better health on April 13, 2004. Ruby decided to join the Curves program in her area. She picked the early morning sessions so she would go first thing and not get busy and put it off. At first it was hard for her. She went three times a week for 30 minutes. When she started to lose some weight and feel better, she decided to look at her meals closer. She attended workshops at Curves and nutrition programs with CVIH. Soon she was eating smaller portions and healthier choices. She lost more weight. Her workouts then increased to 4 to 5 times a week for 60 minutes. Five years later she has lost 50 pounds. She has kept her weight loss for 11 months by eating right and being physically active without Curves. Her current A1C is 5.5, which means her blood sugar now averages 105. Her blood pressure and cholesterol are GREAT! Per Ruby, "I have a waist now and wear a size 14." She is still complaining about not being able to wear her nice clothes, because they are all too big! Ruby's tip, "We women are always taking care of others. It is time we started taking care of ourselves." Ruby will be 80 next January. Keep up the good work Ruby! You are worth the effort!



Make a nutrition appointment, so you can get started on the road to better health. Call 299-25787 ext. 180. Hope to see you soon, Jo Anne Chase RD, CDE.

Win with Healthy Lifestyles Programs for 2010

Join us for our Diabetes Conference on April 22, Thursday at Veteran's Memorial Building in Clovis. Registration starts at 9:30am. The program runs from 10am to 3pm. We have lined up a several medical providers to present diabetes care and prevention topics. We will have screening for blood pressure, blood sugar and cholesterol. Wear comfortable clothes to do some light exercise. Enjoy a healthy lunch and incentive gifts. See our flyer in each clinic. Come and enjoy!

Our program plans this year include providing a Nutrition and Exercise Workshop in each area. We have recruited John Klein, a Certified Fitness Trainer to participate in the workshop and provide four follow-up physical activity sessions in each area.

Our first Nutrition and Exercise Workshop was held in Cold Spring on Friday, March 19. We had 9 participants for the workshop. John will provide four follow up physical activity sessions weekly on Fridays in Cold Springs. Per Michelle Lee, "Everyone really enjoyed the presentation and workout. I thought it went very well. We had 6 participants on Friday and that was good. A little sore after that workout but that is good for us. Thanks for this opportunity we are enjoying it."

The next Nutrition and Exercise Workshop will be held in North Fork on April 10 from 9:30am to 1:30pm at the Community Wellness Center. We will provide a healthy lunch. Contact the Family Wellness Center at 877-7277 to register. John Klein will again provide four follow-up physical activity sessions on Tuesdays at 3pm at the North Fork Community Wellness Center. Registration is not needed for the physical activity sessions.

Similar programs will be planned for Auberry, Coarsegold, Squaw Valley, Lemoore and Clovis. Look for our flyers in the various clinics. We will provide T-shirts for those who participate in the physical activity sessions.

Our plans include offering a Weight Watchers program for 13 weeks this year. If anyone in the Cold Springs, Auberry and North Fork areas are interested, please call Jo Anne Chase at 299-2578 ext 180.

WHAT'S THIS?...MY DOCTOR TELLS ME I HAVE INSULIN RESISTANCE...

INSULIN RESISTANCE: *What is this?* (WebMD)

High levels of ***insulin*** in the blood.

Blood sugars would be high if the body (pancreas) did not release more ***insulin*** into the blood.

Normally sugar (a.k.a. *glucose*) is absorbed by our body cells such as muscle, fat, etc. We need *glucose*, in normal amounts, to give our body energy.

Insulin Resistance, continued...

When the body is not able to properly absorb the *glucose*, the body releases more *insulin* than normal to keep our blood *glucose* normal.

When the body has to release (secrete) more and more *insulin* to do the same job, the body cells are termed **resistant**. If the body did not release more *insulin* to compensate for this **resistance**, the blood glucose would be high and the person would be Diabetic.

REASONS WHY NATIVE AMERICANS ARE AT RISK FOR INSULIN RESISTANCE: Prevalence and Correlates of the Insulin Resistance Syndrome Among Native Americans, The Inter-Tribal Heart Project, Greenlund, et al., Diabetes Care, Volume 22, Number 3, March 1999.

Obesity (high BMI = Body Mass Index), abnormal cholesterol (low HDL, high triglycerides), family history, current or prior history of cigarette smoking since it can be a cause of heart disease, elevated insulin levels, other risks.

SIGNS OF INSULIN RESISTANCE: (WebMD)

Impaired fasting blood *glucose* (high *glucose* in morning when you have not eaten).

Impaired glucose tolerance (high *glucose* on a 1, 2, 3, etc. hour blood *glucose* tolerance test).

Type 2 Diabetes Mellitus.

High Blood Pressure (Hypertension).

Abnormal lipid panel results (**low** HDL (good cholesterol), **high** triglyceride fat).

Heart Disease: atherosclerosis (hardening of the arteries), increased risk of blood clots can result from having **insulin resistance**.

Obesity that includes total body obesity and particularly belly fat (abdominal obesity).

Kidney damage can result if *glucose* is elevated (high) for some time before being diagnosed and treated; this results in protein loss from the kidneys, and this is **not** normal.

SUMMARY OF DISEASES CAUSED BY OR COMPONENTS OF INSULIN RESISTANCE:

Type 2 Diabetes Mellitus, High Blood Pressure, Obesity (that puts you at risk for Fatty Liver), Abnormal Cholesterol levels (low HDL and high triglycerides), Heart Disease, Polycystic Ovarian Disease, high uric acid that can lead to gout, other.

HOW IS INSULIN RESISTANCE DIAGNOSED?

Since **insulin resistance** can be present for years before being diagnosed, it is important to detect **insulin resistance** early or prevent it.

Insulin resistance, continued...

In my experience, ***C-peptide levels*** (C-peptide is removed from insulin so insulin is active outside of the pancreas) can be very useful in diagnosing ***insulin resistance***. This test is performed by a blood lab that can be added to your other blood labs.

TABLE 1, from GOUTHAM RAO, M.D. American Family Physician, Volume 63, Number 6, March 15, 2001,

Factors Associated with Increased Likelihood of Insulin Resistance

Strong family history of diabetes mellitus.

History of gestational diabetes.

Polycystic ovary syndrome.

Impaired glucose metabolism:

Fasting *glucose* level between 110 and 125 mg per dL (6.1 and 7.1 mmol per L) or impaired *glucose* tolerance, with a two-hour post-75-g *glucose* load level between 140 and 199 mg per dL (7.8 and 11.1 mmol per L)³

Obesity: body mass index of 30 kg per m² or more.

Increased waist-to-hip ratio: 1.0 in men and 0.8 in women.

There have been some modifications to these reference points; this is available in the emedicine article by Olatunbosun, et al., <http://emedicine.medscape.com/article/122501-print>, updated November 2, 2009.

VITAMIN D

Overview

Vitamin D helps protect your bones and helps your body absorb and use calcium and phosphorus. Vitamin D also has a role in your nerve, muscle, and immune system. You can get Vitamin D from sunlight, from eating certain foods, or from supplements. It is primarily absorbed in the colon. Fatty Fish (such as tuna, sardines, and salmon), cheese, and eggs are natural sources of vitamin D. In the U.S., most cereals, milk, and juices have vitamin D added to them.

Vitamin D, continued

Vitamin D Deficiency

Lack of vitamin D affects the health of the bones and teeth. Growing children who lack vitamin D can get *rickets* which is a condition when the bones get weak and break easily. In adults, vitamin D deficiency can initially cause soft bones (*osteomalacia*) which can then lead to low bone mass and brittle bones (*osteoporosis*).

New research now also seems to show that vitamin D may have other benefits as well on our immune system, nervous system, and muscles. Examples of recent developments include:

- Possible role in preventing cancer cells from growing and dividing and possibly preventing colon and breast cancer
- Critical role in controlling infections such as influenza
- Possible role in improving heart health
- Possible role in preventing diseases such as Type 1 Diabetes
- Possible prevention of Multiple Sclerosis
- Decreasing risk of falls

Treating and Preventing Vitamin D Deficiency

Recent studies suggest that higher amounts of Vitamin D may be needed to prevent vitamin D deficiency. Currently most experts recommend a daily intake of at least 1000 to 2000 IU a day for people over the age of 2. Infants who are breastfed need 400 IU a day. Some people may need more if they

are prone to low Vitamin D levels. People who might need extra Vitamin D include:

- Seniors
- Breastfed infants
- People with dark skin
- People with certain conditions such as liver disease or diseases of the stomach or colon such as chronic heartburn (especially if on chronic medicine), cystic fibrosis, inflammatory bowel disease, etc.
- People who have had gastric bypass surgery

Sources of Vitamin D

Sunlight: When exposed to sunlight, the skin makes vitamin D in the liver and kidneys. We all need about 10-15 min of direct sun without sunscreen 2-3 times a week. People who wear sunscreen, who live at higher latitudes, who have darker skin, or have liver or kidney disease may need to take a supplement or more sunlight. However this increases your risk of skin cancer. Infants should be kept out of direct sunlight until 6 months of age.

Food: Eggs, dairy products, fatty fish, and fortified cereals, breads, and orange juice are good sources of Vitamin D. It is hard to get enough Vitamin D from foods especially if you have bowel problems.

Supplements: Most multivitamins contain 400 IU of vitamin D. In addition many calcium products contain vitamin D as well. Now many pharmacies contain vitamin D supplements in dosages in the

Vitamin D, continued

range of 1000 IU to 2000 IU per pill. Larger supplements usually require a prescription. However there are not always covered by insurance.

Vitamin D Toxicity: Too much vitamin D can be toxic and cause nausea, mood changes, and organ damage. The current recommendation is to not take more that 2000 IU of vitamin D a day by supplement unless monitored and prescribed by your doctor.

If you think you might have a problem with Vitamin D deficiency or have further questions, speak to your doctor. There is a test that can determine the level of vitamin D in your body.

Submitted by: Dr. Aaron Kissel

SKIN WARTS

SKIN WARTS OVERVIEW — Common skin warts (also called cutaneous warts) are raised round or oval growths. You can become infected with the virus that causes warts (human papillomavirus) by touching another person's wart or a surface contaminated with the virus. The virus is more likely to infect skin that is injured or softened by water, but it can infect healthy skin as well. It can take up to six months after exposure to the virus for a wart to appear.

Who gets skin warts? — most common in children and young adults ,more common among people with certain jobs, such as handling meat, fish, and poultry. People who have chronic skin conditions, such as eczema, and people with a weakened immune system (eg, from AIDS or after an organ transplant) may have more extensive warts or warts that are difficult to control.

Where do warts occur? —

- Common skin warts, also called verruca vulgaris, can occur on any area of skin, but are often seen on the fingers, hands, knees, and elbow
- periungual warts -around the fingernails.
- Plantar warts- on the soles of the feet
- Flat warts -on the back of the hands, face, and lower legs

Skin Warts, continued

SKIN WART DIAGNOSIS — Skin warts can usually be diagnosed based upon how they look. Skin biopsy or other testing is not usually necessary.

SKIN WART TREATMENT — Treatment of warts depends upon where the wart is located and how much it bothers you. Treatment is not necessary in all cases because about two-thirds of skin warts will resolve on their own within two years, without treatment.

Treatments you can use at home

Salicylic acid — Salicylic acid is a type of acid that is applied directly to the wart. Salicylic acid is useful for most types of skin warts and can be used in children. You may choose to combine salicylic acid treatment with duct tape. If you decide to try salicylic acid treatment at home, you should first soak the area in warm water for 10 to 20 minutes (to soften the skin) and dry the skin completely. Apply the liquid or patch to the wart at bedtime and leave it in place overnight. Between treatments, you should use a nail file or pumice stone to gently slough off dead skin from the surface of the wart. It is normal to have some skin irritation or light bleeding during treatment; this is a sign that the treatment is working. You should continue treatment for one to two weeks after the wart is gone to be sure that the virus is gone.

If you have neuropathy (nerve damage that causes numbness), you should not use salicylic acid. In people with neuropathy, salicylic acid could potentially injure the skin without the person being aware of the injury.

Duct tape — Duct tape, a sticky tape available at most home improvement stores, has been used to treat skin warts. It is not clear how duct tape works or if it is an effective treatment. If you choose to try duct tape, silver duct tape is preferred over clear tape because it sticks to the skin better. You should cover the skin wart with tape and leave it in place for six days. You then remove the tape, soak the skin in warm water for 10 to 20 minutes, and use an emery board or pumice stone to gently slough off dead skin. Leave the skin uncovered for one night, then reapply the tape for another six nights. Most people who find duct tape an effective treatment have resolution of their skin warts within four weeks. Warts are unlikely to respond if you do not see any improvement within two weeks.

Duct tape treatment is not recommended if you have diabetes, nerve damage (neuropathy), peripheral arterial disease, or any condition that causes the skin to be irritated. In these people, duct tape may cause complications, such as skin sores or infection.

Prescription treatments

Liquid nitrogen — Liquid nitrogen is a very cold liquid that destroys warts by freezing the skin (also called cryotherapy). Liquid nitrogen must be applied by a healthcare provider, and multiple treatments are often needed to eliminate the wart. After treatment, most people heal within four to seven days.

Cantharidin — Cantharidin is a liquid that is applied by a healthcare provider to treat skin warts. It may be particularly useful for young children because it causes no pain initially. However, some people

(although not all) develop pain, blisters, and swelling two to 24 hours after the treatment. The skin usually heals within five to 10 days after treatment.

Shave excision — Shave excision is a procedure that involves removing a skin wart with a blade. A healthcare provider performs the procedure, usually after injecting local anesthesia to numb the skin.

5-Fluorouracil — 5-Fluorouracil is a prescription cream that can be used to treat flat warts. You apply the cream to the affected area twice a day for three to five weeks. During treatment, it is important to protect the treated area from the sun because sun exposure can worsen skin irritation.

Imiquimod — Imiquimod cream (Aldara®) is a prescription cream that works by stimulating the immune system to eliminate the wart. You apply the cream at bedtime several times per week. It is normal to develop some skin irritation during treatment. Imiquimod is more expensive than other wart treatments, but may be recommended in certain situations (for children, if other treatments are not effective, or if scarring is a concern).

WHEN TO SEEK HELP —

- You are not sure if your skin growth is a wart
- Your skin wart does not improve with home treatment
- You would like to use home treatment, but are not sure which treatment is right for you
- You have been treated for warts and have developed signs of a skin infection, such as redness, pain, or pus-like drainage from the treated area.

Resource Uptodate.com

Submitted by:
Meenakshi Dhingra

**NEED HELP TRACING NATIVE AMERICAN ANCESTRY?
HERE ARE SOME GUIDELINES AND FREQUENTLY ASKED QUESTIONS.**



***HOW DO I BEGIN THE
SEARCH FOR MY ANCESTORS
AND WHERE DO I LOOK FOR
INFORMATION?***

Start with a **Family Tree** list all Individuals including information about your parents, grandparents, and more distant ancestors and write such information down. The most important information is vital statistics, including ancestral names, dates of birth, marriages (or divorces) and death, the places where ancestors were born, lived, married, and died.

At Home The first place to begin genealogical research is at home. Valuable information can be found in family Bibles, newspaper clippings, military certificates, birth and death certificates, marriage licenses, diaries, letters, scrapbooks, backs of pictures and baby books.

HOW DO I FIND TRIBE CONTACT INFORMATION OR APPLY FOR EMROLLMENT IN A TRIBE?

You may locate tribe contact information thru **internet or library**. After you have completed your genealogical research, documented your ancestry, and determined the tribe with which your ancestor was affiliated, you are ready to **contact the tribe directly** to obtain the criteria for membership.

WHAT IMPORTANT DOCUMENTS ARE NEEDED TO PROVE LINEAGE?

Certified documents (Birth/Death) certificates, marriage licenses beginning with the applicant back to the enrollee

WHAT DO I DO IF I WAS ADOPTED?

The Bureau of Indian Affairs cannot help you with your pursuit with opening sealed adoption papers. There are organizations that can be found on the Internet that can assist you with information on what procedures or information may be needed. The BIA does not endorse or recommend any of them. You will need to obtain legal advice from a lawyer that deals with this area of the law.

Here are some helpful web sites for your research:

www.accessgenealogy.com/native/dawes.php

www.ihs.gov

www.indianaffairs.gov

www.doi.gov/leaders.pdf

www.nara.gov.

CHS/Eligibility Staff

Insulin Resistance, continued...

MANAGEMENT OF INSULIN RESISTANCE:

TABLE 2, from GOUTHAM RAO, M.D.
American Family Physician, Volume 63, Number 6, March 15, 2001,

Nonpharmacologic Approach to Insulin Resistance Syndrome (treatment without medication)

Exercise that accumulates 30 minutes of moderate intensity physical activity most or preferably all days of the week.

Weight reduction (Lose that weight)

Dietary Fiber

Medication

There is no medication treatment specifically for insulin resistance.

However, Metformin (Glucophage) and Actos or Avandia (thiazolidinedione group) have been used to treat *insulin resistance*. These medications make our body cells more sensitive to insulin. To determine if you would benefit from

these types of medications, consultation with your physician is recommended.

Surgery is usually the last resort for *insulin resistance*. Surgery is usually considered in obese patients or patients that are at risk for complications from other diseases caused by insulin resistance .

REFERENCES

Available upon request

Submitted by:

Dr. Jill M. Russom, M.D., M.P.H.

Diabetes Program 2010

To assist our patients in losing weight and improving their health, CVIH will be offering a Biggest Loser Jump Start set, which includes a 30 day Jump Start exercise DVD, 30 Day Jump Start Book, and a Complete Calorie Counter. To qualify for the set,

after the Medical provider referral, the patient simply make an appointment with the Jo Anne Chase, Nutritionist. Nutritionist appointments need to be ongoing for 6 to 8 months to ensure success in the program. Your success with follow-up appointments will allow us

to continue to offer this program to others. We encourage you to watch the Biggest Loser program on Tuesdays night at 8pm on NBC.

We are planning to offer two 13 week Weight Watchers Programs for patients referred by the Medi-

Diabetes Program 2010

cal Providers. The program locations are planned for Prather and Clovis. If you would prefer trying the Weight Watchers program over the Biggest Loser program, please contact Jo Anne Chase 299-2578 ext. 180 and let me know what location and time would work for you. Currently we are considering 2pm weekly in Prather.

We will also be having a five week program in each of our areas. To kick off each program there will be a Nutrition and Exercise Workshop with Jo Anne Chase and John Klein. We are currently providing weekly fitness training in Cold Springs with John Klein, a Certified Fitness Trainer on Fridays at

1pm. The last session in Cold Springs will be April 16th. We are starting a new series in North Fork on Saturday April 10th with the Nutrition and Fitness Workshop at the Community Wellness Center, from 9:30am to 1:30pm. It will be followed with four fitness training sessions with John Klein at 3pm on Tuesdays at the Community Wellness Center.

One on one nutrition and fitness counseling is available to all CVIH patients. To set up an appointment or if you have any questions, please call Jo Anne Chase at 299-2578 ext. 180. Losing weight is possible with a positive and willing mind set!



OCD (OBSESSIVE-COMPULSIVE DISORDER)

OCD is a psychiatric disorder “characterized by recurrent distressing thoughts and repetitive behavior or mental rituals performed to reduce anxiety”. Affected patients often feel shame and the need for secrecy because they realize their thoughts and behaviors are excessive or unreasonable.

Symptoms usually begin during the teen years. OCD interferes with work, social interactions and family relationships. It is a chronic disorder if not treated. The average length of time from the first symptom to treatment is 11 years – often due to a reluctance of patients to report symptoms or under recognition of OCD by physicians.

Pathogenesis (Cause): The cause is thought to be complex. Brain imaging studies show 3 brain areas are involved. Because patients often show a good response to a group of drugs affecting the brain chemical serotonin it is thought to be involved. Early-onset OCD has been shown to have a genetic (hereditary) link.

Diagnosis: OCD consists of recurrent obsessions and/or compulsions (see table below). They must be severe enough to be time consuming (more than one hour daily) or cause “marked distress or significant impairment”. The disturbance must not be due to a substance or medical condition. Obsessions are recurrent intrusive thoughts or images that cause marked distress and that people usually recognize are self-generated and inappropriate. Compulsions are repetitive activities or mental rituals designed to decrease the anxiety caused by obsessions.

Table 1. Common Obsessions and Compulsions

Type/ Obsessions	Examples
Aggressive Impulses	Images of hurting a child or parent
Contamination	Becoming contaminated by shaking hands with another person
Need for Order	Intense distress when objects are disordered or asymmetric
Religious	Blasphemous thoughts about unknowingly sinning
Repeated doubts	Wondering if a door was left unlocked
Sexual Imagery	Recurrent pornographic images
Type/Compulsions	Examples
Checking	Repeated checking locks, alarms, appliances
Cleaning	Hand washing
Hoarding	Saving trash or unnecessary items
Mental acts	Praying, counting, repeating words silently
Ordering	Reordering objects to achieve symmetry
Reassurance seeking	Asking others for reassurance
Repetitive actions	Walking in and out of a doorway multiple times

Associated Conditions: The rate of other psychiatric conditions in patients with OCD is high – especially in severe OCD. The rate is as high as 90% sometime in their lifetime. Two thirds with depression – others panic disorder, social phobia, other phobias and substance. Risk of suicide is high with up to 50% thinking about it.

Treatment: Significant improvement is common with medical and behavioral therapy but may take weeks to months. There are many good self-help materials available on line and book in local book stores.

Psychological Treatments: Cognitive behavior therapy is the method most often used. Exposure and response prevention is key. Patients are taught to “confront situations that create fear related to their obsessions” and to avoid doing a compulsive behavior response”.

The feared situation may be confronted directly (e.g. touching something) or through imagined touching. The patient then stops performing rituals until his level of anxiety decreases.

Medications: Up to 10% of patients improve when given a drug belong to the Selective Serotonin Reuptake Inhibitor class (SSRIs). They increase the amount of the chemical serotonin (a neurotransmitter in the brain) in the space where nerves connect (the synapse). Brand names of these medicines include Prozac, Zoloft, Paxil, Celexa and Lexapro. Higher doses are sometimes needed compared to the doses used to treat depression. It usually takes 4-6 weeks before for

Central Valley Indian Health, Inc.

20 North DeWitt Avenue
Clovis, CA 93612

Phone: 559-299-2578
Fax: 559-299-0245
E-mail: admin@cvih.org



Accredited by

Accreditation Association
for Ambulatory Health Care, Inc.

Providing services to the Native American population in the Central Valley since 1971.

The CVIH Mission: To Improve the quality and quantity of health care services to the Indian people of the Fresno, Madera & Kings counties.

Central Valley Indian Health, Inc. Clinic System

► Central Valley Indian Health, Inc. Clovis

Open: Monday-Friday 8:00-12:00 & 1:00-5:00

Phone: 559-299-2608 Fax: 559-299-1341

► Central Valley Indian Health Clinic Prather

Open: Monday-Friday 8:00-12:00 & 1:00-5:00

Phone: 559-855-5390 Fax: 559-855-5395

► North Fork Indian & Community Health Center

Open: Monday-Thursday 8:00-12:00 & 1:00-5:00

Phone: 559-877-4676 Fax: 559-877-7788

► Tachi Medical Center

Open: Monday-Friday 8:00-12:00 & 1:00-5:00

Phone: 559-924-1541 Fax: 559-924-2197

WIC is an Equal Opportunities Program



Board of Directors & Tribal Leaders

Board of Directors

Area 1:
Shawn Hatfield & Brooke Pomona

Area 2:
Crystal Johnson & Irene Cordero

Area 3:
Dixie Jackson & Pearl Hutchins

Area 4:
Blossom Hunter & Diana Ratchford

Area 5:
Ben Charley & Gladys McKinney

Area 6:
James Lewis & Donna Lewis

Tribal Leaders

North Fork: Elaine Fink

Picayune: Morris Reid

Big Sandy: Elizabeth Kipp

Cold Springs: Robert Marquez

Dunlap: Benjamin Charley

Santa Rosa Rancheria: Ruben Barrios

