



Central Valley Indian Health, Inc.

GOT INSURANCE (ALTERNATE RESOURCES)?!!!

If you don't have insurance:

- Please contact Marilyn Lee (299.3262 XT 112), our patient service representative, to be screened for alternate resources such as Medi-cal or Healthy Families. Being screened for alternate resources is a requirement and not meeting this requirement can affect your eligibility status.

If you have insurance:

Please present your card at each visit to a CVIH clinic.
 Please present your card at each visit to a specialist or laboratory.
 Please present your card to the eligibility office.
CVIH is the payer of last resort and pays for what your insurance does not cover such as deductibles, co-pays and share of cost.

GOT BILLS???

If you are a Contract Care patient and have been referred out for services and you get a bill, please turn it in as soon as possible. If you are getting the bill we aren't.

IS YOUR ELIGIBILITY FILE UP-TO-DATE?!!

The following documents are a requirement of the Federal Government, and are needed to verify eligibility for Indian Health benefits:

1. PHOTO ID (CA CDL or ID Card) ... for all patients over the age of 18
2. SOCIAL SECURITY CARD...for all patients
3. CERTIFIED COPY OF YOUR BIRTH CERTIFICATE ...
if Tribal documents belong to someone other than yourself
4. FAMILY TREE...if Tribal documents belong to someone other than yourself
5. B.I.A. LETTER, CALIFORNIA JUDGEMENT ROLL OR TRIBAL DOCUMENTS/ID CARD

These documents must be turned in within 60 (sixty) days of your first visit to the clinic whether it is for medical or dental services. If we do not receive these documents in the time allowed your eligibility status will change.

PROPER DOCUMENTATION IS A REQUIREMENT

Submitted by: CHS/Eligibility

Newsletter

1st Quarter, 2010

 * *Fatty Liver* *
 * *Managing Diabetes* *
 * *Eagle Walk* *
 * *Dental Care* *
 * *Healthy Lifestyle Star* *
 * *Physical Activity Guidelines* *



 * *Fatty Liverpg 2* *
 * *Managing Diabetes ...pg 4* *
 * *Eagle Walkpg 5* *
 * *Age guide for infants. pg 6.* *
 * *Dental Carepg 7.* *
 * *Type 1 Diabetes.....pg 8.* *
 * *Lifestylespg 10* *
 * *Physical Activity.....pg 11.* *
 * *Constipationpg 12* *
 * *Breastfeedingpg 15* *

What Do You Know About Fatty Liver? Did You Know That...?

FATTY LIVER is not just one disease. There are different types of fatty liver disease:

Fatty Liver Disease (FLD) is also known as steatorrheic hepatitis, steatosis hepatitis, and hepatosteatorrheic.

Non-Alcoholic Fatty Liver Disease (NAFLD) can progress to **Non-alcoholic Steatohepatitis (NASH)**.

WHAT IS THE DIFFERENCE BETWEEN FLD AND NAFLD/NASH?

FLD is reversible. Liver cells accumulate triglyceride fat. Excessive amounts of alcohol can lead to FLD. Obesity and insulin resistance are other causes. Other medical conditions known as metabolic syndrome, can cause **FLD**; for example, diabetes mellitus type II, high blood pressure, obesity, dyslipidemia (high cholesterol, high triglycerides, high bad cholesterol (LDL), low good cholesterol (HDL)), among other medical conditions. Liver Cirrhosis and Liver Failure can occur.

NAFLD/NASH is ***not caused*** by excessive alcohol use. This does not mean that it is okay to drink excessive alcohol amounts. It is due to inflammation that occurs as a result of insulin resistance and metabolic syndrome. People with Diabetes Mellitus are at risk for this liver problem. Medications can also cause this condition. This type of fatty liver can develop into liver cirrhosis that leads to liver failure. Most people are familiar with liver cirrhosis from alcohol.

Aside from Liver Cirrhosis, Liver Cancer can also result from these diseases.

STATISTICS

Prevalence: **FLD** occurs in about 10% to 24% of people, however, in obese people, it can be seen in up to 75% of people. Of those 75%, 35% will

go onto **NAFLD**. **Adults *and* children** are at risk for these diseases.

Bialek and colleagues (August 2008) performed a study looking at American Indians from two populations (Arizona and California). The study was conducted from 2000-2003. Of the patients evaluated, 12.8% had **NAFLD**. Other causes of chronic liver disease were alcohol and Hepatitis C.

DOES FATTY LIVER HAVE SYMPTOMS?

Yes, there can be symptoms of **FLD** and **NAFLD/NASH**, although not everyone may have symptoms. The most common symptoms are pain in the right upper abdomen, fatigue, and jaundice (yellowing of the skin, eyes).

WHAT ARE THE FINDINGS AND SIGNS OF FATTY LIVER?

Elevated liver blood tests and fatty liver on abdominal ultrasound of the liver are common findings. Obesity (not just overweight), abnormal BMI, Acanthosis Nigricans (darkening of the neck and armpits) are signs that may be observed.

TREATMENT AND PREVENTION OF FATTY LIVER

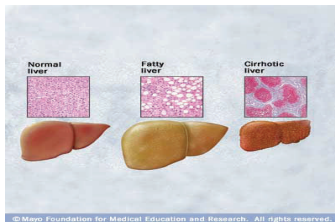
Treatment: Weight loss that is steady and *not* rapid, healthy diet changes, control of metabolic abnormalities such as Diabetes Mellitus Type II, reducing alcohol intake, and medications (such as Metformin (Glucophage), Actos, or Avandia, cholesterol medications, antioxidants, among others) are treatments that can help. Surgery is currently last resort for most people.

Continued on page 3

What Do You Know About Fatty Liver? Did You Know That...? (Continued from page 2)

Prevention results when normal weight is maintained, diet and exercise are staples of a person or the family habits, as well as disease prevention (not becoming diabetic, etc.) and discussion with you physician, nutritionist, etc.

WHAT DO A NORMAL, FATTY, AND CIRRHOTIC LIVERS LOOK LIKE? From the *Mayo Foundation*



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

REFERENCES Available upon request

From the Patient Service Representative's Desk

There are Medi-Cal applications in my office. I also have Healthy Families applications. I have State disability forms, and 2010 Fishing licenses. If you need help filling out any of these forms let me know; I can assist you.

If your Medi-Cal or your children's Medi-cal was cut off and you don't know why, I can help you.

If you do not have insurance of any kind and you feel you are low income right now, call me or come in and talk to me, I will explain the alternate resources you may be eligible for.

When you have questions about your Medicare call me or come in and talk to me about it, I can probably help you.

Submitted by: Patient Service Representative, Marilyn Lee

Managing Diabetes: *It's Not Easy, But It's Worth It*

By the National Diabetes Education Program



If you have diabetes, you know the day-to-day steps needed to manage diabetes can be hard. Diabetes can lead to serious health problems, such as blindness, loss of limb, kidney failure, heart disease, and early death. Managing diabetes can be easier if you set goals and make a plan.

People who keep their A1C below 7 in the early years after they are diagnosed with diabetes have fewer problems with their eyes, nerves, and kidneys, and have fewer heart attacks later in life. Your A1C measures your blood glucose (blood sugar) over time. Most people, especially those who have just been diagnosed, should aim for an A1C of less than 7. If you have had diabetes for a long time, have other health problems, or have problems with low blood sugar, your A1C target may be higher than 7. Talk with your health care team about your blood glucose targets. Yours may be different from others.

Diabetes management is not just about your blood glucose. Keeping your blood pressure and cholesterol under control can lower your risk for heart attack and stroke as well as other diabetes problems. Take your medicines that are working to control blood pressure and cholesterol. Talk with your health care team about taking control of your blood pressure and cholesterol.



Managing diabetes isn't easy, but it's worth it. The National Diabetes Education Program (NDEP) offers tips to help. The first step is to set a goal for yourself. Choose something that is important to you and that you believe you can do. Then make a plan by choosing the small steps you will take. For example, start working towards getting 30 minutes of physical activity, such as brisk walking, most days of the week. If you have not been very active in the past, start slowly and try adding a few minutes each day. Ask others for help with your plan.

NDEP has free resources that can help. For more information on managing diabetes, order a free copy of *4 Steps to Control Your Diabetes. For Life.* from the National Diabetes Education Program at www.YourDiabetesInfo.org or call 1-888-693-NDEP (6337); TTY: 1-866-569-1162.

The U.S. Department of Health and Human Services' National Diabetes Education Program is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

NDEP's Control Your Diabetes. For Life. campaign seeks to reach the nearly 24 million Americans with diabetes, and their families, with messages about the seriousness of diabetes, ways to control the disease, and the benefits of controlling diabetes for life.

Eagle Walk at Millerton Lake

Our fifth annual Eagle Walk was held at Millerton Lake on January 14, 2010. We had 48 participants. Mike Smith, Millerton Lake Biologist helped us enjoy six eagle sightings as we walked two miles around the lake. Just before we sat down to eat our healthy pot luck lunch an eagle flew over us to bless our gathering. We learn more each year about our bald eagles. Did you know eagles can swim? They dip their wings (6ft. span) in the water and use them like paddles. The weather was perfect, sunny and cool. Please review our pictures.



Our amazing 83 year old Lyda Kipp Duran is leading us in the first and second pictures!

Age guide to what to feed your infant.

Many parents are concerned about what to feed their infants during their first year of life. With this guide you will be able to easily tell what is good to feed your infant from birth to age one.



Birth-4 Months:

At this age infants need only your breast milk or formula. It is not a good idea to start putting cereal in the bottle for your infant to eat as it can be a choking hazard. Your baby's digestive system is still developing so solid food is off limits for now, including cereal!

4-6 Months:

Your infant is ready for solids when your infant is able to do all of the following:

- Able to hold up head
- Shows interest in food
- Makes chewing motions
- Able to sit up in high chair

What to feed:

Your baby still needs your breast milk or formula but you can start with an iron-fortified rice cereal. When mixed the cereal should be very thin and watery! As your infant gets used to eating the cereal you can gradually increase the thickness of the cereal by increasing the amount of cereal when mixed. Don't get discouraged if your infant won't eat the cereal on the first try, wait a couple of days and try again!

6-8 Months:

Signs of readiness to eat: Same as 4-6 months

What to feed:

Continue feeding infant iron fortified cereals. You may begin to add pureed or strained fruits and vegetables. Introduce new foods one at a time with three days in between to be sure your infant is not allergic to any new food. Infant during this time also must continue having formula or breast milk, NO cow's milk until age 1.

8-10 Months:

Your infant is ready for solids PLUS finger foods when they can do the following:

- Same as 6-8 months
- Able to pick up foods with thumb and index finger
- Able to transfer items from one hand to the other
- Puts everything in his/her mouth
- Moves jaw in chewing motions

What to feed:

Continue breast milk and formula. Start small amounts of soft pasteurized cheeses (but no cow's milk until age 1). Continue with all foods from 6-8 months. Start finger foods cut into VERY small pieces like small pasta, cut up bananas, teething crackers, Cheerios. Your baby can also start to have some small amounts of pureed meats, tofu, well cooked and mashed up beans. You may also introduce juices that are non-citrus at this point. Using a sippy cup for juice is also a good idea to help transition your baby from bottle to sippy at age 1. When giving your baby juice, be sure to mix it with half water and half juice. Apple juice is a great juice to start with but you should use 100% Juice. It is also not a good idea to put any pureed foods into the bottle to feed your baby as it can be a choking hazard. Only breast milk and formula should be used in the bottle!



Age guide to what to feed your infant.
(cont. from pg 6)

**10-12 Months:
Your infant is ready for additional solid foods when:**

- Same as 8-10 months
- Swallows food more easily
- No longer pushes food out with his/her tongue
- Is trying to use a spoon on his/her own



What to feed:

Same foods as listed above for ages 8-10 months. Small pieces of cut up cooked vegetables, fresh fruits, and eggs. Your baby can also begin to have cows milk at age one! Start small; they only need between 4-6 ounces at every meal. They also only need juice once a day. In between meals offer your child water to drink. Your infant does not need fluids like Kool-Aide, Gatorade, or soda. At age one it is a very good idea to stop giving infant a bottle and transition to a sippy cup at this point for all fluid. It is also important to stay away from foods like honey, hot dogs, and peanut butter until age two. Hot dogs and peanut butter are choking hazards. Also it is a good idea to not feed infant candy of any kind until they are older as well.

Submitted by: Moriah Bonilla, RN, BSN, PHN, Outreach Director

Good Health Habits can help stop the spread of germs:

- * Avoid close contact
- * Stay home when you are sick
- * Cover your mouth and nose
- * Wash your hands often
- * Avoid touching your eyes, nose or mouth
- * Practice other good health habits
- * Clean and disinfect

Dental Care



Help Us Help You

Please call at least twenty-four hours in advance if you cannot make your dental appointment. This allows us to schedule another person in your place. When patients either do not call or call just before the appointment time, we usually do not have enough time to fill that appointment slot. Broken appointments really impact our schedule and prolong treatment times for others. Please be considerate and call and cancel so we can give your time to someone else.

Why Can't I Just Come and Get My Teeth Cleaned?

Many patients want to come in to have their teeth cleaned and that's it. Well, it is essential that the dentist does a dental exam at least annually. The exam includes x-rays and the dentists examining your teeth and gums. The dentist must write a treatment plan that directs the hygienist to clean your teeth. The hygienist practices under the supervision of the dentist and cannot clean your teeth without the dentist's direction. All patients must have an annual exam in order to have their teeth cleaned.

Two is Too Late!

Your child should visit the dentist for the first time between the ages of nine to twelve months or at any age that you feel that your child should be seen. During this visit the dentist will look at whatever teeth your child has and place a fluoride varnish on your child's teeth if teeth are present. This is an important visit, similar to your baby's first medical visit. It establishes you with a dentist and creates a "dental home" for your child. Also during this visit, the dental staff may discuss various topics relating to the care of your child's teeth. Based on what the dentist sees in your child's mouth and your discussion, they will recommend a three, four, or six month return visit. It is always wise to prevent issues early on!

Submitted by Dr E. Borgards, DDS



INFANT TEACHINGS – A SERIES:

Type 1 Diabetes

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Usually it is diagnosed in childhood or early adulthood. Type 1 diabetes develops when the body's immune system destroys (cells that produce insulin) the pancreatic beta cells. Type 1 diabetes may account for 5% to 10 % of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors.

The classic symptoms of Type 1 Diabetes are three:

- Passing more urine
- Increased thirst
- Weight loss

Other signs may include: “Thrush” - a fungal infection in the mouth and general tiredness.

At diagnosis of Type 1 Diabetes, it is common for the child's blood sugar level to be above 360 mg. – several times the normal level. When the blood glucose (sugar) level goes above 180 mg. it starts to leak out in the urine and pulls water with it. The first thing that is noticed is bedwetting of a child that was previously dry at night. When children are urinating more, they need more water, so they are thirstier. The body uses glucose as an energy source. The diabetic child cannot “burn” glucose for energy, so they start “burning” fat and these two things produce weight loss.

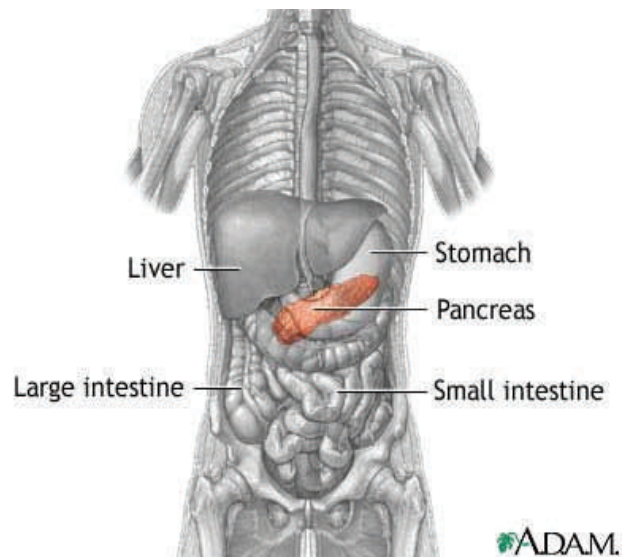
A toxic by-product of “burning” fat is ketones. When these ketones build up in the blood they make you feel tired, give you a headache and a bad tummy-ache, and give you a fruity or acetone smell to the breath. Eventually they will make you vomit which increases the dehydration and can lead to unconsciousness. This is a very dangerous condition and is called “Diabetic Ketoacidosis” or “DKA” and can lead to death.

Why do we need insulin?

Insulin is a protein hormone produced in the pancreas which enables the body to store glucose from food in cells to use later as a fuel for energy. When we eat food the carbohydrates are digested and absorbed into the blood as insulin. Without insulin the glucose cannot get into the cells and cannot be used as fuel. In the case of blood sugars in the body the normal balance is between 70 mg. and 140 mg. Without Diabetes the blood sugar levels rarely go below 70 mg. even after a long fasting or above 140 mg. after a very large meal.

Since the body can not produce insulin in Type 1 Diabetes, the treatment is insulin. Children who are taking insulin need to understand the importance of taking insulin, as prescribed by their doctor.

Submitted by: Scott Gregory RN, BSN, PHN



The pancreas is an elongated, tapered gland that is located behind the stomach and secretes digestive enzymes and the hormones insulin and glucagon.

CVIH Win With Healthy Lifestyle *Star*

We are honoring Antonia Hughes as our Star for participating in the Win with Healthy Lifestyles Programs and practicing what she has learned! Toni was diagnosed with type 2 diabetes in October 2003. She met with the CVIH Nutritionist initially for several appointments and then annually. She has participated in many of our walking and education programs over the past six years. See her below enjoying her fresh fruit after the Shinzen 2 mile walk at Woodward Park. Toni uses a treadmill daily for 30 minutes or uses an exercise video for 30 minutes. She limits her carbohydrates, eats three small meals a day, four to five hours apart and enjoys many vegetables and fresh fruits. The results of her efforts are amazing. She has kept her diabetes in control during the past six years. Her A1C has been consistently under 6, which means her blood glucose average is less than 120. Best of all, she has not had to take any medication to control her blood glucose. Keep up the good work Toni! You are worth the effort!



I wish everyone a happy and healthy New Year! 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,

Submitted by: Jo Anne Chase RD, CDE.

Win With Healthy Lifestyles Gatherings

In 2009 the CVIH Traditional Committee, Nutritionist and the Auberry Bureau of Land Management worked together to plan and carry out our first Native American Women's Gathering. The goals were to share some of the traditional ways of life, skills, foods, history and to carry on some of the traditions to honor their ancestors in their current lives.

The Native American Women's Gathering was a great success. It was held on October 16 at the BLM station by the San Joaquin River Gorge. We had 30 Native American women attend, 4 Bureau of Land Management staff and 2 CVIH Nutritionists. The gathering included history of the area and the tribes; review of the plants used for food and tools; tour of the museum; hands on grinding of acorns and pine nuts; types of baskets made and their use; promoting the 2010 census; active playing of Native American hand games; touring of the wood teepee village; and hands on throwing of the ancient spear, atlatl.

During the pot luck lunch of healthy foods, the Nutritionist gave a presentation on the California Native Foodway. The nutrition models tell the story of the Native California foods and how they have changed over the years. The nutrition models were developed by the California Rural Indian Health Board. The group discussed how to apply their ancestor's good example of nutritious food to modern times. A balanced plate of food for today to include the four components of the Traditional Foodway: Water and Nourishing Drinks, a Good Source of Protein, Fruit or Non-starchy Vegetable and Minimally Processed Grain or Starchy Vegetable.

Please review some of our pictures below.



Sisters are practicing the movement of the Atlatl spear.

Now she is trying to throw the Atlatl.



Finding hand games lots of fun!

Submitted by JoAnne Chase, RD, CDE.

PHYSICAL ACTIVITY GUIDELINES



Most people know that in America we have seen an increase in obesity in our population. Lack of physical activity, combined with poor dietary habits, has contributed to this trend. In addition lack of physical activity and increased obesity has contributed to an increase in many chronic diseases that occur in our population, especially older adults, such as heart disease, stroke, diabetes, and lung disease. Physical activity has beneficial effects on a variety of health outcomes. Regular exercise and increased aerobic fitness are associated with a decrease in all cause mortality and morbidity, and are proven to reduce disease and disability, and improve quality of life. Thus in response to these facts, the U.S. Department of Health and Human Services published the 2008 Physical Activity Guidelines for Americans to provide minimum guidelines for regular physical activity.

The bottom line: any amount of activity will make you healthier. All people who are able to exercise, regardless of age, should be active throughout the week. Here are the recommendations on how much you should exercise:

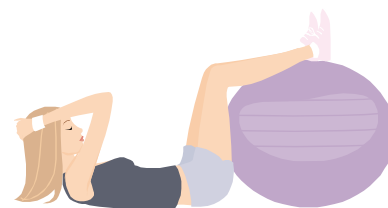
- Do at least 150 minutes of moderate-intensity aerobic activities or 75 minutes of more difficult, vigorous-intensity aerobic activity each week.
- Any combination of moderate and vigorous aerobic activity that adds up to the above recommendations is also acceptable.
- In addition to the above recommendations, do muscle strengthening activities at least 2 days each week.
- Only do activities that are within your abilities.
- If you fall easily, it may also help to do exercises that improve your balance.
- You do not have to do all the exercise at one time. You can do small amounts of activity that add up to the above recommendations, but try to be active at least 10 minutes at a time.
- If you are unfit, you should start off with light intensity aerobic activity and slowly increase the intensity and time spent on the activity.

Aerobic activity makes you breathe faster and your heart beat harder. You should be able to talk during moderate-intensity activity but it would be hard to talk during vigorous activity. Examples of moderate-intensity aerobic activity include:

- Walking fast
- Doing water aerobics
- Riding a bike on level ground or with a few hills
- Playing tennis
- Pushing a lawn mower or raking leaves
- Vacuuming the floor

Examples of vigorous-intensity aerobic activity include:

- Jogging or running
- Swimming laps
- Riding a bike fast or uphill
- Playing racquetball, basketball



Constipation in infants and children

Constipation is a common problem in children of all ages. A child with constipation may have bowel movements less frequently than normal, hard bowel movements, or large, difficult, and painful bowel movements.



WHY CONSTIPATION DEVELOPS

Pain — A child may delay moving their bowels if they do not have a place where they feel comfortable having a bowel movement, or if they are busy and ignore the need to use the toilet. When the child does have a bowel movement, it can be painful and lead them to withhold (avoid going) in an effort to avoid more pain.

Medical problems — Medical problems cause constipation in less than 5 percent of all children. The most common medical problems that cause constipation include Hirschsprung disease (an abnormality of nerves in the colon), abnormal development of the anus, problems absorbing nutrients, spinal cord abnormalities, and certain medicines.

CONSTIPATION AND DEVELOPMENT —

Transition to solid diet — Infants who are transitioning from breast milk or formula to solid foods may experience constipation.

Toilet training — If a child is not ready or interested in using the toilet, he or she may try to avoid going to the bathroom (called withholding), which can lead to constipation.

School entry — Once your child starts school, you may not be aware if he or she has problems going to the bathroom. Some children are reluctant to use the bathroom at school because it is unfamiliar or too "public", and this can lead to withholding.

HOME TREATMENTS FOR CONSTIPATION —

Infants — If your child is younger than four months old, talk to a doctor or nurse about treatment of constipation.

Treatments for who are older than four months.

Dark corn syrup — Dark corn syrup contains complex sugar proteins that keep water in the bowel movement. For an infant who is healthy, a doctor or nurse may recommend adding one-quarter teaspoon to one teaspoon (1.25 to 5 mL) of dark corn syrup to four ounces of formula or expressed breast milk. Use the lowest dose initially; you can increase the amount up to a total of one teaspoon per four ounces of formula or expressed breast milk until the infant has a daily bowel movement. After your child's bowel movements become soft and more frequent, you can slowly stop the corn syrup. You can give corn syrup whenever the bowel movements start to get too hard, until your child begins eating cereal or solid foods.

Fruit juice — If your infant is at least four months old, you can give certain fruit juices to treat constipation. This includes prune, apple, or pear juice (other juices are not as helpful). You can give a total of two to four ounces of 100 percent fruit juice per day for children 4 to 8 months old. You can give up to six ounces of fruit juice per day to infants 8 and 12 months old.

High-fiber foods — If your infant has started eating solid foods, you can substitute barley cereal for rice cereal. You can also offer other high-fiber fruits and vegetables (or purées), including apricots, sweet potatoes, pears, prunes, peaches, plums, beans, peas, broccoli, or spinach. You can mix fruit juice (apple, prune, pear) with cereal or the fruit/vegetable purée.



Constipation in infants and children

Formulas with iron — The iron in infant formula does not cause or worsen constipation because the dose of iron is very small. Therefore, changing

to a low-iron formula is not recommended because this will not help with the constipation. Iron drops contain higher amounts of iron, and may sometimes cause constipation. Therefore, infants who need iron drops sometimes also need extra diet changes or treatments to make sure that they do not get constipated.



Children —

Dietary recommendations Fruit juice — Certain fruit juices can help to soften bowel movements. These include prune, apple, or pear (other juices are not as helpful). Do not give more than four to six ounces of 100 percent fruit juice per day to children between one and six years of age; children older than seven years may drink up to two four-ounce servings per day.

Fluids — It is not necessary to drink large amounts of fluid to treat constipation, although it is reasonable to be sure that the child drinks enough fluid.

Food recommendations — Offer your child a well-balanced diet, including whole grain foods, fruits, and vegetables. Praise your child for trying these foods, and encourage him or her to eat them frequently, but do not force these foods if your child is unwilling to eat them. You should offer a new food 8 to 10 times before giving up.

Milk — Some children develop constipation because they are unable to tolerate the protein in cow's milk. If other treatments for constipation are not helpful, it may be reasonable for the child to avoid all cow's milk (and milk products) for one to two weeks. If your child does not improve during this time, you can begin giving cow's milk again.

Stop toilet training — If your child develops constipation while learning to use the toilet, stop toilet training temporarily. It is reasonable to wait two to three months before restarting toilet training.

Establish regular toilet time — If your child is toilet trained, encourage him or her to sit on the toilet for 5 to 10 minutes once or twice a day after eating. The child is more likely to have a bowel movement after a meal, especially breakfast. Reward the child with praise or attention for sitting, even if he or she does not have a bowel movement.

WHEN TO SEEK HELP —

- ✦ No bowel movement within 24 hours of starting constipation treatment
- ✦ Your infant (younger than 4 months) has not had a bowel movement within 24 hours of their normal pattern
- ✦ Your infant (younger than 4 months) has hard (rather than soft or pasty) stools
- ✦ blood in your child's bowel movement or diaper
- ✦ repeated episodes of constipation
- ✦ pain with bowel movements

References Uptodate.com

Submitted by Dr. Meenakshi Dhingra, M.D.





PHYSICAL ACTIVITY GUIDELINES (Continued from page 11)

Muscle-strengthening activity should work the muscles in your arms, shoulders, chest, back, stomach, hips, and legs. A repetition is one complete movement. You should keep doing repetitions until it's hard for you to do another one without help. Try to do at least 8-12 repetitions per exercise, which equals one set. Try to do at least one set and then slowly work your way up to two or three sets or each exercise. Examples of muscle-strengthening activities include:

- Using exercise bands, weight machines, or handheld weights.
- Doing calisthenic exercises (for example, push-ups and sit-ups).
- Doing some yard work, like digging, lifting, or carrying.
- Washing the car by hand.
- Carrying groceries.
- Doing some yoga or tai chi

Balance exercises help you become steadier on your feet, making it less likely for you to fall. You can start slowly and work your way up to doing balance exercises at least three days a week. Examples of balance exercise include:

- Walking backwards or sideways.
- Walking on your heels or toes.
- Getting up from a sitting position.
- Yoga or tai chi.

Remember to start slowing and work your way up to the recommended guidelines as listed above. Choose an activity that is fun for you. Finding a partner or signing up for a class will also make it more fun. Before you know it you will be on your way to feeling healthier.

Finally if you have any questions about your health or how you should start, see your doctor for advice. You can also find more information at the following websites:

<http://www.health.gov/PAGuidelines/>

<http://familydoctor.org/754.xml>



Submitted by Dr Aaron Kissel, MD

BENEFITS OF BREASTFEEDING



When deciding how to feed a baby, it is helpful to explore the advantages of nursing. The following is a list of just some of the benefits for the breastfed *infant*.

- * Faster passing of the first infant stool (meconium). (Slow passing of meconium increases the likelihood of jaundice.)
- * Decreased digestive problems
- * Decreased necrotizing or ulcerative colitis
- * Less constipation and diarrhea
- * Less spitting up
- * Less colic
- * Less gas
- * Less congestion
- * Increased immunities
- * Decreased illness from infections
- * Decreased ear infections
- * Decreased allergies
- * Reduced problems with jaw development
- * Less bottle-mouth tooth decay
- * Fewer speech problems
- * Fewer vision problems
- * Composition of breast milk changes by age and time of day to help meet the infant's needs
- * Because the infant gets a variety of flavors in the mom's milk, it can help her/him accept a larger variety of foods as a toddler and beyond.
- * Breast milk is always the right temperature.
- * No worries about formula manufacturing errors and formula recalls.
- * Less risk of asthma
- * Less autism
- * Less likely to die of SIDS
- * IQ may be higher
- * Less childhood Lymphoma, Juvenile Diabetes, and Crohn's disease
- * As an adult, decreased risk of obesity, breast cancer, heart disease, and auto-immune disease



By Penny Zwetsloot, RD, CLE

Source: Gini Baker, RN, MPH, IBCLC

Central Valley Indian Health, Inc.

20 North DeWitt Avenue
Clovis, CA 93612

Phone: 559-299-2578
Fax: 559-299-0245
Email cvih@cvih.org



Accredited by

Accreditation Association
for Ambulatory Health Care, Inc.

*Serving the American Indian people of
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-Thursday &

Every other 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:
Brooke Pomona & Shawn Hatfield

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

