



INDIAN HEALTH COUNCIL, INC.

Empowering Native Wellness



Fall 2013

A quarterly newsletter published for the clients and associates of Indian Health Council, Inc.

Volume 29 Issue 3



Nancy Spence and Lisa Sherman

We Are Here to Help!

In March 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act (ACA), into law. According to the Department of Health and Human Services <http://www.hhs.gov/opa/affordable-care-act/index.html>, "The law makes preventive care—including family planning and related services—more accessible and affordable for many Americans. While some provisions of the law have already taken effect, many more will be implemented in the coming years."

One of the most significant features for all Americans is that, under ACA, no one will be denied health insurance due to pre-existing conditions.

ACA enrollment begins nationwide on October 1, 2013 for coverage beginning January 1, 2014. In California, legislation was enacted to establish a state agency to implement the new law, the California Benefit Exchange. It is operated as

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In Memoriam: Dorothy Ponchetti

August 9, 1930 - June 27, 2013

Dorothy Ponchetti was an icon of Indian Health Council, Inc., an active member of her Santa Ysabel Tribe of Diegueño Indians, a role model for her four children, a fighter along with her husband James, for Indian rights, and a proud alumnus of Sherman Indian School.

Dorothy was so dedicated to her service on the IHC Board of Directors – she was an original Board member, who served for more than 40 years – that she rarely, if ever, missed a meeting, recalls her daughter, Heather Ponchetti Daly.

Heather, who currently lives in San Jose, confides, "I was making plans to take her to the July meeting when she suddenly died. She wanted to make a better world for her children than she experienced growing up as an Indian in San Diego County. Throughout her life, she advocated strongly for the healthcare of her people. She represented all who came to her for help and was tenacious in getting the job done."



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IHC Signs Groundbreaking Agreement with VA



Ten years ago, Ben Magante, Sr., IHC Vice Chairman and a proud veteran from Pauma, wanted to forge a path that would enable Native American vets in IHC’s consortium community to access our high-quality services in a format that would include Veterans Administration (VA) reimbursement of costs. The reasoning is clear, explains IHC’s COO Orvin Hanson.

Orvin states, “We offer excellent medical, dental and other health services at our Rincon and Santa Ysabel clinics; close to our veterans’ homes, as opposed to journeying down to the VA Hospital in San Diego. We deliver these services in a culturally oriented framework that respects our clients’ traditions, providing state-of-the-art care. VA reimbursement of on-site services to vets will free up funds for IHC to devote to enhancing and expanding its services and value to all clients and the community.”

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Efforts Come to Fruition

The decade-long effort spearheaded by Ben Magante, with the support of the IHC Board, efforts of the Executive Team and coordination with the American Indians Veterans Association (AIVA), came to fruition this summer.

VA officials said they were impressed with IHC’s continuing AAAHC accreditation, harnessing of technology for clinic-wide efficiency, wide range of services and commitment to the people it serves.

On July 1, 2013, IHC signed a groundbreaking Direct Services Reimbursement Agreement for Tribal Health Programs with the VA. It is the first Indian clinic in the state of California to enter such an agreement, which provides reimbursement from the VA to IHC for any and all on-site services that a vet could get at the VA Hospital but chooses to obtain from an IHC provider.



Moving Forward

IHC and AIVA are currently reaching out to Native American vets now aligned with the clinic and to the many more who might wish to be, now that the agreement is in place.

Orvin says, “Working hand-in-hand with AVIA, we are screening vets to determine their eligibility for VA healthcare benefits. We are educating them about the on-site services they can receive from IHC. We also want them to know that we can help coordinate outside, specialized care with the VA.”

On September 6, 2013, IHC and the VA held an Eligibility Event to assist Native Vets with VA enrollment for benefits at the Rincon Clinic. The program is ongoing. If you are a Native American veteran interested in learning more or determining eligibility, please contact lsberman@indianhealth.com or nspence@indianhealth.com. Feel free to call the clinic at 760-749-1410, ext. 5285, ext. 5286 or stop by.

IHC’s philosophy: Our veterans have been there for us. Now we want to be there for them.

An Advocate of Education *(Continued from page 1)*

Born Dorothy Bailey on Santa Ysabel, where she lived her entire life until moving recently to a facility in Poway, Dorothy met James (who served as Santa Ysabel Tribal Chairman) when they were kids. She and her husband, who predeceased her, raised two boys, James (Bugs) and Charles (Goodie), both of whom continue to reside on Santa Ysabel; and two girls, Heather and her deceased sister Carole.

Heather states, “My mother showed me by example that you have to fight for what you want to attain. It wasn’t easy to be a woman and of Native descent. But my mom and Joan King were pivotal in getting federal children’s education

funds allocated to our small Tribe. She knew that education was key to success,” says Heather, who earned a Ph.D. at UCLA and is a History Professor.

Dr. Daly says, “Mom was very proud of the fact that IHC, which began in her day as a tiny office with two dental chairs, became a beacon of health in North County Indian Country, featuring two beautiful facilities, including one where we grew up on Santa Ysabel.”

Unlike Dorothy in the “Wizard of Oz,” who passionately yearned to return home, Dorothy Ponchetti never left her home, and we are all the better for it.



From left: Dorothy and family (James, Charles, Heather) with a military representative at her husband’s memorial; Dorothy and Heather.

Health Insurance Coverage ... We Are Here to Help! (Continued from page 1)

Covered California whose stated goal is “to meet the federal guidelines to provide affordable, easily accessible insurance for all Californians.” ACA improvements offer guaranteed coverage, standardized benefits, no annual limits and rates that are not based on health status.

www.coveredca.com offers an overview and details on the marketplace (exchange), including who is eligible, how it works and how much it costs. Premium assistance and cost sharing reductions (deductibles, copayments, and coinsurance) will be available for qualified consumers and tax credits for small businesses to lower health care costs. Understanding the program and process can be daunting. IHC is here to help.



We want to educate and empower you so you can make an informed health insurance choice.

Our Goal: Your Empowerment

Many options exist for health insurance coverage, explains Beth Turner, IHC’s Director of Business Operations. “To assist clients, we have created a team featuring Eligibility Case Manager Lisa Sherman and Social Services Case Manager Nancy Spence. We are conducting outreach and education activities; at our Rincon and Santa Ysabel clinics and out in the Native community.”

The goal is to help clients navigate the various health insurance options and enrollment choices, understand each option, and get screened to determine where each client/family best fits and what coverage they may be qualified for based on their household size, composition, and income. We also want to help people learn how eligibility functions for American Indians and Alaskan Natives and what special provisions apply.

Beth emphasizes, “The choice is yours. We want to educate and empower you so you can make an informed choice.”

A Look at Covered CA

Health insurance is designed to make sure that people can access medical care when they need it. ACA requires minimum essential coverage and requires that most U.S. citizens and legal residents obtain public or private health insurance coverage and imposes penalties for those who do not have coverage. Five common current examples of coverage are:

1. Employee-sponsored coverage (includes coverage offered to former and retired employees).
2. Coverage purchased in the individual market.
3. MediCal (California’s Medicaid).
4. Medicare.
5. Veterans’ coverage.

Covered California will be a new option beginning in 2014 and there will be expanded eligibility for MediCal put into place. This table summarizes some key changes in health coverage beginning in 2014:

Changes	Description
Increased Access to Health Insurance	The Affordable Care Act establishes state exchanges, where individuals and small businesses can shop for health insurance online, in person by mail or by phone.
Affordable Coverage and Financial Support	Individuals and families with low to moderate income may qualify for federal financial assistance.
Guaranteed Availability of Coverage	All health insurance plans (except most sold before March 10, 2010) now must cover you and your family even if you have a pre-existing health condition. Your insurance cannot be dropped if you get sick. You also cannot be denied coverage if you make an honest mistake during the application process.
Young Adult Coverage	Dependents up to the age of 26, and whose parents have health insurance, can now be covered under their parents’ plan.
Preventive Care	All new health plans must cover preventive care and medical screenings like mammograms and colonoscopies, recommended immunizations and additional preventive care and screenings for women. Health insurance companies cannot charge copayments, coinsurance or deductibles for such services when the insured is using a contracted doctor or hospital within the health plan’s network.
Essential Health Benefits	Newly sold health plans must cover services that fall into 10 categories of benefits called Essential Health Benefits. This is to offer a comprehensive set of services.
Health Benefit Standards	Four benefit categories of plans will be available to choose from, so consumers can make apples-to-apples comparisons among plans and see their expected costs more easily.
No Lifetime or Annual Limits	This prohibits health plans from putting a <i>lifetime</i> dollar limit on most benefits you receive. Beginning in 2014, the law also phases out <i>annual</i> limits a health plan can place on most of your benefits.
Penalties for No Coverage	Starting in January 2014, most people will be required to have public or private health insurance or pay a financial penalty. Penalties for minors are also assessed to parents. The penalty will be phased in over three years and becomes increasingly more costly.
Business Health Care Requirement	Employers with 50 or more eligible employees that do not offer affordable insurance or coverage that meets minimum standards may be subject to penalties starting in 2014. Businesses with fewer than 50 eligible employees that do not provide health coverage do not face a penalty but will receive a tax credit for providing affordable employee coverage options.
Rate Increase Rules	Health insurance companies must justify premium increases. Insurance companies are required to spend 80 percent of premium dollars on quality health care, not administrative costs like salaries and marketing.
Small Business Tax Credits	Small businesses purchasing health insurance may qualify for tax credits to help offset the cost of enrolling employees in health insurance.

Screening Clients, Linking to Resources

Beth, Lisa, Nancy and the entire IHC staff are eager to make community members aware of new health insurance programs, educate them about their options, connect them to resources, and screen patients to ascertain the most appropriate coverage for their particular situation.

We hope to see you at an outreach event at your Reservation or here at the clinic. For more information, please contact Lisa at ext. 5285 or lsheer@indianhealth.com or Nancy at ext. 5286 or nspence@indianhealth.com. And please remember: we are here to help!

STREAMLINED!

On a recent morning, a woman came to IHC's Dental Department for her endodontic appointment. The phrase "root canal" scared her. But reclining comfortably in the chair while the dental assistant entered patient data on one computer, she relaxed while watching an informative video explaining the procedure in patient-friendly terms on another screen.

After the successful procedure, digital x-rays were taken. Within moments, the patient marveled at the before-and-after difference.

As she departed, RDA Stacia Bogers overheard the patient telling her husband, "I didn't understand before what a root canal was. That's why I was frightened. I got to learn about it first and it wasn't bad at all."

"Conversations like these made me feel great," says Stacia, who also serves as the Electronic Dental Record (EDR) Coordinator. Here is the story behind the EDR.

EDR Implementation Benefits Patients in Several Ways

The 11th has proven to be a fortunate day for IHC and the community. On January 11, 2010, the implementation of the Electronic Health Record (EHR) throughout Medical dramatically streamlined provision of care by integrating multi-department patient information for nearly instantaneous access by authorized providers. On June 11, 2013, the EDR went live throughout Dental, providing similar benefits.

In addition to Stacia, the EDR Core Team consists of Dental Department Director Carrie Lambert, DDS, Liz Barreto and Shanika Eatmon as well as key Business Operations and IT staff: Orvin Hanson, Beth Turner, Brian Barker and Aaron Bacon.

Leading up to the implementation, a voluminous amount of data was entered and the entire 25-person Dental staff was meticulously trained. Everyone worked together to make sure the state-of-the-art system would work smoothly.

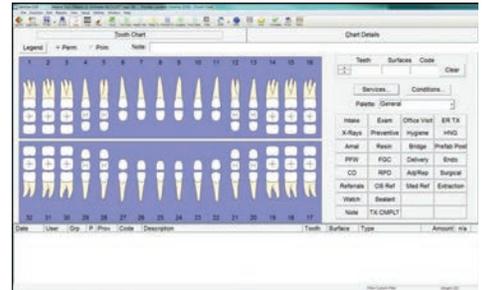
An elated Dr. Lambert reveals, "It has! The EDR has allowed us to streamline operations, communicate seamlessly with Medical and (through an encrypted system to ensure patient privacy) with outside providers. In fact, stringent patient privacy measures are built into the system, in accordance with HIPAA regulations."

Liz Barreto says the patient benefits are many. "We keep more processes in-house, making it more convenient. We work efficiently with Medical to make sure that patients with diabetes or high blood pressure, for instance, get the full care they need in both departments. Digital x-rays are safer and faster. Dentists and patients can instantly see the images on the screen instead of waiting for film development."

All agree that the primary benefit is a higher standard of patient care. Dr. Lambert explains, "The EDR makes the delivery of services more efficient and comprehensive. Best of all, we can devote more time to each patient."



Standing, Stacia Bogers; seated, Liz Barreto.



The EDR's primary benefit is a higher standard of patient care.



Dr. Dan's Corner

By Chief Medical Officer Dan Calac, MD

Medical Department Teams Up With SD Kawasaki

Recently, a young IHC patient was diagnosed by Shayna Murdock, MD, with Kawasaki Disease, a somewhat rare but potentially severe illness that, if left untreated, can lead to possibly fatal heart conditions. Thanks to Dr. Murdock's astute diagnosis followed by effective treatment at Rady Children's Hospital, the child is doing well.

Subsequently, San Diego Kawasaki Team members Theresa Gonzalez, Project Coordinator, and Adriana Tremoulet, MD, conducted an

in-service at IHC to familiarize Medical providers with the symptoms of the disease, which thankfully is not contagious. In San Diego County, the disease attacks 20-30 out of every 100,000 children under five years of age. It can occur in clusters or localized outbreaks. More information is at <http://www.rchsd.org/programsservices/a-z/i-k/kawasakidiseaseclinic/>



Kawasaki Team members Theresa Gonzalez and Adriana Tremoulet, MD, with IHC's Mary Jo Strom, FNP; Esther Calac, FNP; Shayna Murdock, MD; Janie Ogilvie, RN; with CMO Daniel Calac, MD, left.

Symptoms

Early symptoms often include rapid onset fever and irritability as well as swollen lymph nodes and a rash in the groin. Bloodshot eyes and a red tongue also are indicators of the presence of the disease, as are joint pain and inflammation.

CMO Dan Calac, MD, says that there is no need for parents to be anxious about Kawasaki Disease, but cautions that they should be aware of the symptoms. He advises, "If you believe your child may have this or any illness, please make an appointment to see us right away."



"Dr. Dan's Corner" discusses common health issues and answers your questions regarding specific topics and general overall health and well-being. If you have a question you would like Dr. Dan to address, please email gjenkins@indianhealth.com.

Wellness Expo Offers (Delicious) Food for Thought

Fresh produce, high-fiber, low-fat snacks, nutritional information, children's activity books and a noontime Healthy Potluck Cookoff contest were among the many features of IHC's Wellness Expo 2013.

The Journey of the Heart (JOH) event, hosted by IHC's Community Health Services (CHS) Department, took place in the Multipurpose Room and courtyard on July 25, 2013 from 10 am-1 pm.

A Full Menu of Activities

Dozens of people of all ages sampled healthy food, enjoyed Native American band Cloud Feather, visited info booths, taste-judged the Healthy Cookoff, got in the groove with Zumba, entered raffles and won prizes.

Human Services Department TANF Case Aide Nancy Bucaro staffed a CalFresh booth. She said the program offers many ways for people on "food stamps" to eat healthfully, including purchasing fresh produce from local venues.

Jessica Sass and Lori Burritt with the Southern California Tribal Chairmen's Association (SCTCA) reported that their work on the USDA Food Commodity Program took them to reservations throughout the area. Displaying corn, zucchini and other fresh produce they were giving to event-goers, they noted, "The program makes it easy and convenient for people who are eligible (call 760-749-5608) to eat healthfully."

Never Too Young or Old to Learn New Nutrition Tricks

At eight years old, Chloe Hatch has already developed a wisdom about food. She confided, "I used to have food allergies and very bad asthma. When my parents learned I need to eat more nutritious food, I started to and I feel much better. Now I love healthy food. My favorite is organic strawberries."

Elder Juanita Ellison of Rincon, who along with her husband, Roy, attends many JOH events, said, "You think you know everything, but then you come to another event and learn something new. Today, I discovered flax seed. Roy and I learn about guilt-free recipes that taste good and are good for you. I am pre-diabetic. I want to avoid getting the illness. Coming to these events is a great support."



1st/2nd/3rd place Healthy Cookoff winners Marleny Sibrian, Susana McGinnis and Roy Ellison.

A Wealth of Health

Physical Activities Specialist Angelina Renteria notes, "We showcase a wide variety of wellness resources for our diabetic community. People learn that diabetes can be managed not just with medicine, but also with diet and exercise. When people realize they can make a difference with simple steps, they do."

It's all part of IHC's Mission of Empowering Native Wellness, and it comes alive at events like this.

Enjoy Rincon's Farmers' Market



Jessica Sass, Lori Burritt, SCTCA.

Looking for a fresh way to spice up your meals? Visit the Rincon Band of Luiseño Indians Farmers' Market on the first Saturday of each month from 9am-1pm at 34323 Valley Center Road. Local produce, farm products and artisanal food are offered at down-to-earth prices.

Next up:

**October 5,
November 2
and
December 7.**



For information,
email littlebarnbakery@att.net

Try This, You'll Like It!

If you didn't taste our cookoff delights, don't despair. The next Healthy Cookoff takes place at IHC's Turkey Trot & Chili Cookoff in November. While you wait, consider these simple tips from Nutritionist Jina George, RD, CDE: "Simple changes can make any dish 'heart-healthy.' Add extra veggies. Replace some salt with lemon or lime juice. Use a whole grain instead of white."

Marleny's Ceviche

2 lbs of imitation crab	1/2 cup red onion, chopped
2 carrots, shredded	1 cup cilantro, chopped
2 cucumbers, shredded	1/2 cup lemon juice
4-5 tomatoes, chopped	salt and pepper

Mix everything together and serve with tostada or corn chips. Enjoy!



Jina George gives Marleny Sibrian her first-place \$100 award.



About CA-NARCH

Indian Health Council (IHC), in partnership with San Diego State University (SDSU) and University of California San Diego (UCSD), is funded as a Native American Research Center for Health (NARCH) by the National Institutes for Health (NIH) and Indian Health Service (IHS). This innovative partnership offers valuable benefits for you, your family and the community, including greater tribal control over health and healthcare, and recruitment of Native Americans into studying for health and medical science careers.

Principal Investigator:

Dan Calac, MD

Program Director:

Stephanie Brodine, MD

Research Project Principal Investigators:

Christina Chambers, PhD
Roberta Gottlieb, MD
Deborah Wingard, PhD

The CA-NARCH Student Development Program (SDP) aims to increase the number of Native American students in health and science careers and ultimately reduce health disparities in California Native American populations. It offers mentorship, academic advice, research opportunities, networking, and social activities for Native American students interested in health or science at SDSU, UCSD, Cal State San Marcos and Palomar Community College.

If you are a high school or college student who wishes to learn more about the SDP, contact Geneva-Lofton Fitzsimmons at gfitzsimmons@ucsd.edu or 760-233-5592.

GREAT NEWS!



We are delighted to announce that CA-NARCH's Student Development Program (SDP) received high marks from the National Institutes of Health (NIH) and peer reviewers, resulting in another five years of funding. Our program also was presented to Congress as a successful model for development and success for Native American students in the sciences, research and health fields.

NIH Week Motivates Students

Pictured here are CA-NARCH's Carolina Johnson, Aliassa Shane, Marc Emerson and Kristen Regini. Carolina and Aliassa, as outstanding students, were among a select group of first- and second-year health field college students from across the country who attended a June 24th-28th NIH Visit Week in Bethesda, Maryland. Marc and Kristen were mentors/chaperones for the group, and also were selected for a highly competitive all-summer program at NIH.



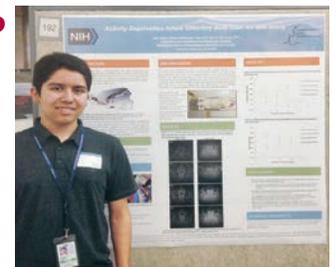
CA-NARCH student/staff Richard Armenta says the foursome enjoyed a rare opportunity. "Not only did they learn about NIH research, training, guidance and career opportunities; they also were able to speak with high-level officials and staff. It was an invaluable and motivational learning experience."

After Marc and Kristen's summer NIH program, Kristen will continue for an additional two funded years. Marc will enter a PhD program at the University of North Carolina, Chapel Hill.

Dr. Stephanie Brodine says, "We are very proud of these students and their successful journeys!"

Alec Calac Completes Prestigious Summer Internship

Alec Calac's two-month NIH Summer Internship gave him new skills and a working knowledge of high-level research conducted at the world's largest government-funded research institution. He reports, "I met researchers, some in their 30s, doing what we interns aspire to do. It's exciting to see where my path of education could lead."



A Neuroscience & Cognitive Science sophomore at the University of Arizona in Tucson, CA-NARCH student Alec (Pauma) is the son of IHC's CMO, Dan Calac, MD. He was one of under 800 students selected from 7,000+ applicants to attend the prestigious NIH program, where he served in the Laboratory for Functional and Molecular Imaging in the National Institute of Neurologic Disorders and Stroke. The two intense months culminated with Poster Day, in which interns presented their research.

Alec plans to pursue an MD or PhD. Either way, he emphasizes, "I want to make an impact on my community."

He already has. In high school, he volunteered at Elizabeth Hospice. A few years hence, Alec Calac may well have reached the level of the NIH researchers he admires.

FUTURE NATIVE LEADERS VISIT IHC



A Young Native Scholar (YNS) group of lively students visited IHC's Rincon clinic on July 25th. Led by YNS Director Marc Chavez and accompanied by SDP Coordinator Geneva Lofton-Fitzsimmons (far right), the students met IHC management, including CEO Romelle Majel McCauley and CMO Dan Calac, MD. They toured departments, spoke with staff, enjoyed the Wellness Expo Chili Cookoff and gained an understanding of what IHC is, does and represents to the community it serves.

The tour has a significant impact, reports Marc. "The experience is life-changing. After interacting with IHC's Native role models, they realized, 'This can be me!' The visit definitely plants a seed."

FALL 2013 UPDATE ON NIH-FUNDED RESEARCH PROJECTS

IN EACH ISSUE, WE PROFILE THE ONGOING ACTIVITIES OF THREE CA-NARCH RESEARCH PROJECTS. RESEARCHERS ARE HAPPY TO REPORT THAT EXCITING EFFORTS ARE IN PROGRESS. READ ON!

HEALTHY WOMEN: HEALTHY NATIVE NATION

(Prenatal Alcohol Consumption Among Native American Women in San Diego County)

Principal Investigator: Christina Chambers, PhD

Purpose:

To reduce risky drinking among AI/AN women who are or might become pregnant in the future to prevent babies from being born with Fetal Alcohol Spectrum Disorders (FASDs), including Fetal Alcohol Syndrome. The physical, mental, and emotional problems associated with FASDs can be completely prevented if a woman does not drink alcohol during pregnancy. We are testing the effectiveness of two interventions: a web-based and a peer-to-peer-based program. Both programs give women personalized feedback about their health and how it might be affected by the way they drink alcohol.



AI/AN with UCSD/Rady Children's Hospital FASD experts: Marlene Dusek, Annika Montag, Marina Ortega, Carolyn Shaputnic, Diana Simmes, Rachelle Feiler, Alexandra Mazzetti.

Progress:

Coordinator Annika Montag is delighted to announce, "We are recruiting again! Native women ages 18-45 years who are able to become or are pregnant, are eligible to participate. You will fill out a confidential questionnaire and, if chosen to be part of our intervention group, take part in a peer-interview. We will call you for three five-minute follow-up surveys over six months."

The project group has been conducting outreach at locales, including the Rincon Farmer's Market, Santa Ysabel Gathering, and Barona Alcohol and Drug Awareness Community Event. To help your community and get an awesome t-shirt and other perks, call ext. 5333.



Reaching out to the community.

ACUPUNCTURE AND DIABETIC PERIPHERAL NEUROPATHY AMONG NATIVE AMERICANS

Principal Investigator: Deborah Wingard, PhD

Purpose:

To determine 1) the proportion of people with diabetes in the IHC Native American community who experience symptoms of peripheral neuropathy (numbness, tingling or pain in the legs or feet) and 2) whether acupuncture is associated with improved micro circulation and reduction of these peripheral neuropathy symptoms.

Progress:

Over the last several weeks, two more participants have completed the acupuncture treatment of the diabetic neuropathy study, for a total of 15. Two new participants have joined the study and started their visits. Enrollment continues through October 2013. Please contact abailey@indianhealth.com to begin the process. Participants who complete the study receive an iconic Robert Freeman print.

Principal Investigator Dr. Wingard and Acupuncturist Anne Bailey presented their progress to the CA-NARCH Scientific Advisory Board meeting on July 18. They plan to present this study in poster format at a conference within the next year.

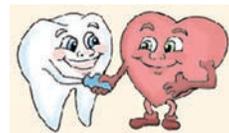


Participants completing the study receive an iconic Robert Freeman print.

HEALTHY HEART = HEALTHY GUMS?

Oral Flora, Periodontitis and Vascular Dysfunction in Young Native Americans

Principal Investigator: Roberta Gottlieb, MD



Purpose:

To increase understanding of the relationship between periodontitis and vascular function in young adults. The study, a partnership between IHC, SDSU and UCSD, will examine a population of Native American IHC clients who have had limited dental care, to determine if periodontal disease is associated with early signs of vascular dysfunction or systemic inflammation.

Progress:

This research project ended as of August 31, 2013. Coordinator Rosalin Le says the team has submitted its first manuscript for publication and will move forward to the review process that hopefully leads to acceptance into publication. Researchers are continuing to work on data analysis and writing manuscripts for other publications regarding periodontal disease and heart disease.

On behalf of Dr. Gottlieb and the entire team, Rosalin states, "We thank IHC and the community for their continuous support for our project. We hope to continue our collaboration in the future."

“CHAT” Helps Children Heal

Dr. Carlish



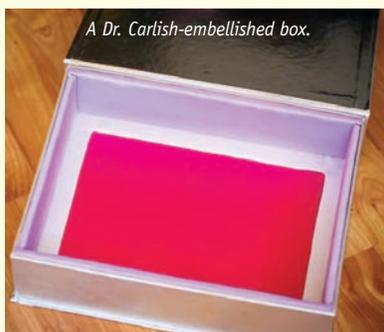
The American Indian Child Abuse Treatment (AICHA, or CHAT, for short) grant provides therapy services to children 17 and younger who have been victims of abuse. As explained by CHAT grant lead therapist, Michael Carlish, Ph.D, the program covers a wide spectrum of services, including psychotherapy, assessment and cultural activities.

Children served by the grant have been as young as two years old. They may have witnessed domestic violence, been abandoned or neglected, suffered from physical, emotional or sexual abuse, or experienced another type of trauma.

Dr. Carlish weaves together a variety of treatments, ranging from traditional psychotherapy and psychological testing to play therapy, which uses sand trays, puppets, arts and games. He says, “These ‘play’ tools help children express themselves, especially when they have difficulty doing so verbally. The clinic incorporates cultural elements, including drum-making and drumming, beading and making dreamcatchers.” The grant also covers victim’s assistance services, when needed.

A Full Schedule

Dr. Carlish sees 20-30 patients a week, including several at All Tribes Charter School and Warner Springs School, where he makes weekly visits. Although he mainly treats children and adolescents, he continues to see adults. In fact, he says, this circle of shared responsibilities is one reason he likes working at IHC.



“Under HS Director Dr. David Tweedy, we have a great team of clinicians and support staff. I enjoy learning about Native American crafts and using my artistic skills to help children heal.” He lines boxes with silk or velvet, presenting them to children in therapy. “Having a special place in which a

child can keep their treasures can be very therapeutic,” he believes.

Dr. Carlish and his wife, who is Native American, live with their five young children, so when he’s not busy with kids at work, he’s busy with kids at home. In addition to working at IHC full-time, this dedicated professional handles psychological assessments at hospitals.

Dr. Carlish wants people to know that he is available for them. “I invite anyone who has questions or concerns to call ext. 5249. We have an array of resources in our department and throughout the clinic to assist.”

Powerful Learning

If information is power, then the many women who attended IHC’s “Effects of Domestic Violence (DV) on Children” event on July 30, 2013 gained the power to change the lives of themselves, their families and their community through understanding how infants and children, and even babies in the womb, can be impacted and scarred by what they witness.

The day-long event was presented by IHC’s Human Services Department with the support of Domestic Violence Prevention Initiative (DVPI) Grant #1033. It was coordinated by LaVonne Prado and Shyanne Boston. The day’s highlight was a presentation by Connie Reitman, Executive Director of the Inter-Tribal Council of California, Inc. [www.itccinc.org]



Shyanne Boston, Connie Reitman, LaVonne Prado

DV Heavily Impacts Native Communities

After sharing a video exploring DV’s impacts on children by age group, Ms. Reitman discussed warning signs and made it clear that children who witness violence in the home are as much victims as the person who is physically hurt. Explaining that DV is a global problem that knows no boundaries in terms of ethnicity, economic level or other demographics, she noted that statistically, Native American communities are heavily impacted.

Her presentation included these thought-provoking statements:

- “The significance of our tribal culture practices can greatly influence the ability of our tribal communities to change what is happening to tribal children today.”
- “One of the major efforts to preserve our culture and traditions, and the care of our infants, children and youth, is the only way that we can ensure that tribal people will be able to sustain healthy, self-sufficient and thriving tribal communities for future generations.”

A Moment of Truth

LaVonne and Shyanne report, “We believe many participants experienced a moment of truth; an insight of clarity and purpose about why the cycle of DV must be broken: for the future health of our community. We hope that people who recognize the situation happening in their own home or in those of relatives or friends will seek help. We invite people to call us (LaVonne, ext. 5357; Shyanne, ext. 5326) for a confidential conversation.”

Breast Cancer Fair a Mammo-nificent Success



The Community Health Services (CHS) Department welcomed 50 women from throughout IHC's consortium community to its Breast Cancer Awareness Health Fair on July 12, 2013. Among those in attendance was IHC Executive Board member Theda Molina. She said, "I come to as many events as I can. I enjoy participating and as a Board member, I am proud to see all the things IHC is doing."

The Fair featured many cultural elements. Instead of the typical pink, the room was decorated with local cactus. Native music was played, the opening prayer was presented by breast cancer survivor Victoria Diaz, Vice-Chair of San Pasqual, and Lydia Vassar taught basket-weaving.

Dr. Shayna Murdock discussed how to do a self breast exam and what to expect during a clinical exam while explaining the importance of a mammogram for women 40 and over. Genetic counselor Cheryl Cina discussed tests that would help determine the likelihood of recurring cancer and risk for family members.

The day's special guests were ten courageous breast cancer survivors, each of whom spoke movingly about their experience. Moderator Ester Calac, FNP answered questions from the audience.

Nutritionist Jina George created a delicious lunch and Physical Activity Specialist Angelina Renteria introduced fun exercises.

While people enjoyed the day's activities, the Medical Department was conducting potentially life-saving mammograms at our monthly mammogram clinic held the first Friday of every month.

The event was sponsored by Emory University as part of a study to ascertain if health fairs reap results in terms of follow-up. Based on all the signatures on the CHS banner that read, "I pledge to have an annual mammogram," the overwhelming answer is YES!



Listening and learning.



Emory staff.



Basket weaving.

Liverlicious!



At the 2013 Annual Scientific Advisory Board Meeting, Co-Investigator Annika Montag was recognized for her hard work and dedication on one of IHC's CA-NARCH first research projects: Liverlicious. She was gifted with a gourd designed by a local artist.

The Liverlicious Project, which began in 2008, focused on fatty liver among adolescent American Indians of IHC. In 2013, final data was presented at several venues.



IHC's CEO, Romelle Majel-McCauley, and CMO, Dan Calac, MD, congratulate Annika Montag.

2013 | CLINIC SCHEDULES



IHC's mission is: **"To continually nurture a balance of physical, mental, emotional, and spiritual well-being."** Please enable us to help you by participating in the following activities, as relevant to your needs.

BLOOD DRIVES

We invite everyone to participate in Red Cross blood drives, which take place periodically from **8 am-3 pm** at Rincon. Appointments are not necessary. Please call ext. 5275 for information. Next up: **December 20**.

DIABETES CLINICS

Diabetes educational classes are geared for people with diabetes and people who want to learn more about diabetes. Topics cover a variety of issues, information and concerns. Clinics are generally held from **8:30-11:45 am on the second and fourth Thursday** of each month in Medical. Please call ext. 5237 for information.

DIABETES 101

This Journey of the Heart/SDPI-funded workshop is designed to inform, prevent and empower. Classes are ongoing in the Multipurpose Room. Please call ext. 5237 for information.

MAMMOGRAM CLINICS

Mammogram clinics are held from **8:30 am-1 pm on the first Friday** of each month in Medical. Please call ext. 5344 to schedule an appointment.

OB CLINICS

OB clinics are typically held **every other Thursday at 8 am** in Medical. For information, please call Medical.

BLOOD PRESSURE CLINICS

Clinics for Native American and family members interested in lowering their blood pressure through medications and lifestyle changes, including nutrition and exercise, are held on the **first, third and fourth Tuesday from 9am-Noon** in the CHS Department. For information, please Call ext. 5356.

CHILD CAR SEAT SAFETY CLASSES

These classes, which are funded by an IHS Tribal Injury Prevention Cooperative Program (TICAP), demonstrate proper usage of a safety seat. Native American parents who complete the class and show they can properly install a seat in their vehicle receive a free convertible or booster child safety seat. Please call ext. 5356 for information on classes at Rincon and Santa Ysabel.

ACUPUNCTURE CLINICS

Acupuncture clinic are held **Mondays from 9 am-3 pm** and **Thursdays from 9 am-11:30 am** in Medical. For information, please call Medical.

CHIROPRACTIC CLINICS

Chiropractic clinics are held every **Tuesday and Thursday from 1-4 pm**. For information, please call Medical.

PREVENTION AND EARLY INTERVENTION (PEI) PRESENTATIONS

PEI presentations funded by the County of San Diego (Agreement #528301) on a variety of topics take place at **11 am on the third Thursday** of the month in the Dream Weaver Room. Please call ext. 5284 for information.

FITNESS FUN

Most ongoing exercise classes are funded through JOH and SDPI grants to improve and prevent diabetes. They are open to everyone in the community. You also are invited to consult with Physical Activity Specialist Angelina Renteria to create a training program that is right for you. Call ext. 5263 to schedule an appointment, to request a group class on your reservation and to find out the current schedule (days, times, locations) for the following group activities.

**Rock 'n' Box • Circuit Training • Walk-in Circuit Training • Walking Club • Salsa Aerobics, Zumba Style
Biggest Loser Weigh-In • Senior Chair Aerobics • Line Dancing * Cardio Kickboxing • Beginners' Yoga**

WELCOME TO THE IHC NEIGHBORHOOD

Please join us in extending a warm welcome to these newly hired employees.



Danielle Spence
RDA



Karen Yazzie-Meyer
Youth Substance Abuse Counselor



Teresa Soto Carlin
Registered Nurse



no cavities club

Mark Banks

Mundy Redfern

Joshua Alvarado

Chadwick Moody

Arianna Gonzalez

Leone Torres

John Walsh-Banegas Jr.

Orion Collins

Yanay Howard

Monica White

Cekala Holsey

Joselyn Dixon

Katheryne Dixon

Nicholas Suarez

Danika Morales

Bo Herrera

Awesome!

INDIAN HEALTH COUNCIL, INC.

Empowering Native Wellness

50100 Golsh Road
Valley Center, CA 92082

FORWARDING SERVICE REQUESTED



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Romelle Majel McCauley, Chief Executive Officer

INDIAN HEALTH COUNCIL, INC.

www.indianhealth.com

Email: info@indianhealth.com

Phone: (760) 749-1410

Fax: (760) 749-1564

24/7 Comment/Suggestion Line: Ext. 5307

Patient Transportation Medical Department:

Ext. 5269

After Hours Care: (760) 749-1410, Option 1

OFF-HOUR EMERGENCIES

Palomar Hospital: (760) 739-3000

Fallbrook Hospital: (760) 728-1191

Children's Hospital: (760) 739-1543

INDIAN HEALTH COUNCIL, INC SCHEDULE

Medical Department

M-F 8:00-6:30

Doctors | Nurses M-F 8:00-6:30

Obstetrics

every other Thurs 8:30-12:00

Pediatrician M, W, F 8:30-4:30

Podiatry T, Th 8:30-4:30

X-ray M-F 8:30-6:30

Diabetes | Ophthalmology Clinic

every other Wed 8:30-12:00

Human Services Department

M-F 8:00-4:30

Social Services, Child Abuse, Domestic Violence, Substance Abuse, Tobacco Ed, Parenting and Specialty Programs.

Tribal Family Services Department

M-F 8:00-4:30

SANTA YSABEL CLINIC SCHEDULE

Dental Department

M-F 8:00-6:30

Specialty Hours, 8:00-4:30

Medical Department

M, W 8:00-4:30 Fri 8:00-12:00

First appointment 9:00 a.m.

Dental Department

M, W 8:00-4:30

First appointment 9:00 a.m.

Hygiene Wed Only

Pharmacy Department

M, W 10:00-4:00

Fri 10:00-12:00

Community Health Department
M-F 8:00-4:30
Public Health Nursing, Home Health
Aides and Environmental Tech,
Nutritionist.