

Family & Community Health News

H1N1 Vaccine Awareness Campaign

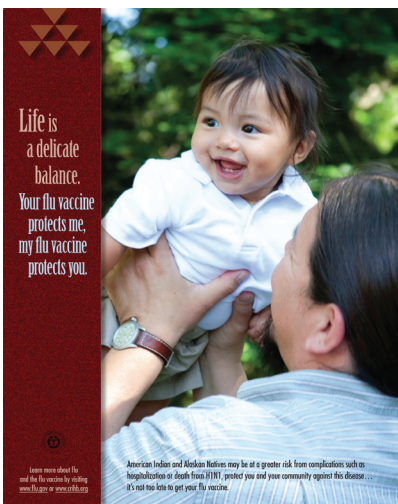
Continuing its mission to improve the health of American Indian and Alaska Natives in California, the California Rural Indian Health Board is working to help reduce the incidence of H1N1 flu diagnosis among American Indians by creating a comprehensive and culturally adapted H1N1 vaccine awareness campaign across the state. The campaign is part of a larger program that includes funding for vaccine clinics at tribal health programs throughout the state.

This project was funded through a \$300,000 grant provided by the California Department of Public Health and is being carried out by the CRIHB Family and Community Health Services Department and the California Tribal Epidemiology Center.

At the one year anniversary of the 2009 Influenza A (H1N1) pandemic, public health experts remain concerned over the continued spread and impact of the virus. While these experts call for continued preventive efforts through increasing vaccination coverage in the general population, they also realize that hard to reach groups, such as AIAN, may not be as effectively reached through current strategies. There is particular concern for AIAN because their rates of influenza hospitalizations and deaths in the past have been higher than in other races.



To address these concerns, CRIHB has begun work on a culturally competent vaccine awareness campaign. The awareness campaign will consist of posters, brochures, fact sheets, toolkits and television and radio public service announcements. Materials will be available for distribution in June 2010. While Tribal Health Programs will be the primary sites of distribution, health care sites outside this network are also invited to disseminate these materials. For more information, please contact Virginia Myers of the California Tribal Epidemiology Center at 916-929-9761, virginia.myers@crihb.net or visit the CRIHB website at www.crihb.org



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CALENDAR OF EVENTS

July 13th & 14th 2010
CMS - IHS Outreach & Education Training
Sacramento, CA
Contact: Toni Johnson
toni.johnson@ihs.gov
(916) 930-3927 Ext. 354

July 15th-17th, 2010
CRIHB Quarterly Board Meeting
CRIHB Office, Sacramento
Contact: Renee Bowden
(916) 929-9761

July 19th-23rd, 2010
National Child Passenger Safety Certification Course
Smith River, CA
Contact: Karen Santana
(916) 929-9761

August 11th-13th, 2010
21st Annual Native American Women's Conference
Sacramento, CA
Contact: Jennifer Parsons
(916) 929-9761

FCHS News Around the Office

CRIBB says goodbye to Karen Santana

CRIBB Injury Prevention Specialist, Karen Santana, will be leaving her position to move back to her home and work for her tribe, the Manchester- Point Arena Band of Pomo Indians. Karen has served as the Injury Prevention Specialist for four years. Her hard work and dedication to injury prevention will be deeply missed. Through her career at CRIBB Karen has become a certified Car Seat Instructor and assisted both CRIBB and non-CRIBB programs in gaining, renewing and maintaining their child passenger technician certification. Karen has helped many communities with car seat installation, provided injury prevention education and assisted with countless community events. She also supported other grant funded projects at CRIBB such as the development of an Indian specific Injury Prevention Toolkit, helping with the creation of an asthma survey and serving on a team to develop an Indian specific Head Start H1N1 Toolkit. Her warm and friendly nature will be greatly missed by all of those lucky enough to work with her. Her experiences at CRIBB will only strengthen her dedication to serve American Indians in California. Best wishes, Karen Santana!



As we bid our good-byes to Karen, we welcome our new Injury Prevention Specialist, Julie Adams who will join us on July 26th! Julie is a member of the Yurok tribe, a former Head Start parent who began working for CRIBB in 2000 as a cook, then became a teachers assistant and then moved on to become a Head Start Teacher at the Elk Valley Head Start program in Crescent City. We are all looking forward working with a fellow employee dedicated to fulfilling CRIBB's mission.

Welcome, Julie!

Congratulation to our New Moms!

Kathalena Avendano, the CDC TEPTS Center Program Manger, had a baby girl on June 23rd at 2:31 AM. Baby Vivian was born 7 lbs 2 oz and 20.25 inches long.

Satoka Barnette, the FCCHS Department Secretary welcomed baby Samirah Toni-Renee Clark on 6/5/10, at 11:02. She was born 4lbs, 15oz, and 18 inches long.

21ST ANNUAL NATIVE AMERICAN WOMEN'S CONFERENCE "WOMEN UNITED IN WELLNESS"

This year's conference will be held August 11th-13th at the Radisson Hotel in Sacramento.

Sessions include: Healthy Relationship Skills, Promoting Peace: Strengthening Domestic Relationships, The Secret of Joy: Finding and Living Your Passion, Nutrition & Healthy Food Choices, Inner Child Healing, Balancing Multiple Roles and much more. Registration is free and includes entry to conference sessions, conference bag, and Friday Hosted Luncheon. Travel, meals, and lodging is on your own, there is no reimbursement for these costs. Up to 14 Continuing Education Hours for alcohol/substance abuse counselors will be offered.

For more information, contact Deborah Kawkeka at Office: 916 929-9761, x1514 Deborah.Kawkeka@crihb.net www.crihb.org

AAIR Program Update

The AAIR Advisory Board continues to meet on a regular basis to provide valuable input to the AAIR Program. In response to client needs and programmatic feedback, four new Recovery Support Services (RSS) line items have been added to the RSS voucher and been made available to our AAIR clients: Traditional Cultural Activities, Educational development, Employment development, and Personal Necessities.

In addition, AAIR Providers have the opportunity to draw down a second voucher for Inpatient Residential, Clinical Outpatient, or Recovery Support Services. For example, if an AAIR client received one Residential voucher and leaves the Residential Facility, the client is still eligible to receive an additional voucher of any type, such as another Residential, Dental, Clinical outpatient or RSS.

Although the current year-end for this second iteration of the ATR 2 (AAIR) grant is September 30, 2010. The AAIR Program Director, Amanda Nugent, is applying for a no-cost extension. Should SAMHSA grant this extension, services will be offered beyond the date of September 30, 2010 for up to approximately 6 months. Additionally, AAIR staff and AAIR Advisory Board are working together on identifying and addressing the various ATR 2 close out issues.

For more information about the new vouchers, voucher continuance and the AAIR Program please contact Amanda Nugent (916-929-9761, ext 1505 or Amanda.Nugent@crihb.net).

Thirdhand Smoke

CRIHB's tobacco program TEPTS works hard to educate many Native communities on the health risks associated with secondhand smoke. We encourage families to make a no smoking policy for their homes and cars to protect loved ones.

A new adverse health effect coming to light is thirdhand smoke or “the residual of tobacco smoke contamination that settles into the environment and stays there even after a cigarette has been extinguished” (Mayo Clinic). Children are at a heightened risk level being in close contact with contaminated carpet, furniture and their caretakers clothing. Many families are unaware that there may be possible health complications associated with exposure to a room or vehicle where no one is currently smoking. This also exposes children to contaminated residue that can be found on a caregiver or family member's clothing even if that person does not smoke in proximity to the child. The best way to avoid contamination is to stop smoking and clean all surfaces and clothing thoroughly. If you continue to smoke, safeguard your loved ones and pets from thirdhand smoke; only smoke outdoors and protect little ones from exposure to clothing with contaminated residue.



What's the difference between a food intolerance and food allergy?

Although many people have adverse reactions to certain foods, most are caused by a food intolerance and not a food allergy. Less than 8 percent of children under age 3 and about 4 percent of adults have a true food allergy. Food intolerance is much more common. Because a food intolerance can cause some of the same signs and symptoms as a food allergy, people often confuse the two.

A true food allergy can cause a tingling mouth, hives, swelling of the lips, face, tongue and throat, trouble breathing, and dizziness or fainting. It can also cause nausea, vomiting, cramping and diarrhea — signs and symptoms that often occur with a food intolerance as well.

With a true food allergy, a cascade of steps occur that condition the body to respond to certain foods:

- 1.The immune system mistakenly identifies a specific food as a harmful substance.
- 2.The body produces antibodies to fight the culprit food.
- 3.The next time you eat even the smallest amount of that food, the antibodies sense it and alert the immune system.
- 4.The immune system then releases histamine and other chemicals into the bloodstream, leading to food allergy symptoms.

Unlike a food allergy, a food intolerance generally doesn't involve the immune system. If you have a food intolerance, you can probably eat small amounts of the food without a reaction. By contrast, if you have a food allergy, eating even the tiniest amount of the food may trigger a serious allergic reaction.

Reasons to Eat Grapes

One cup of seedless grapes  contains:

- *Antioxidants called flavonoids and phenols that can help prevent heart disease and some cancers.
- *Almost 30 percent of the recommended Daily Value for Vitamin C and also an excellent source of Vitamin K.
- *Fiber, iron, calcium and Vitamin A.
- *About three-fourths cup water, helping to keep the body hydrated.

Since 1970, Americans' consumption of table grapes has grown from two pounds to eight pounds per year. Grapes are actually berries. There is an average of 100 grape berries in a bunch. Grapes are about 80 percent water. Concord grapes are one of only three fruits native to North America.

What are Phytochemicals:

Phytochemicals are non-nutritive plant chemicals that have protective or disease preventive properties. There are more than a thousand known phytochemicals. It is well-known that a plant produces these chemicals to protect itself but recent research demonstrates that they can protect humans against diseases. Some of the well-known phytochemicals are lycopene in tomatoes, isoflavones in soy and flavanoids in fruits. They are not essential nutrients and are not required by the human body for sustaining life.

Phytochemical Champions*:

- ◆ Berries
- ◆ Grapefruit, limes, kiwifruit
- ◆ Onions, garlic, cauliflower
- ◆ Carrots, sweet potatoes, pumpkin
- ◆ Broccoli, collard greens
- ◆ Whole grains, nuts

*Champion foods are rich in phytochemicals



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Satoka Barnette

Department Secretary

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