

Diabetes: Sick Day Management

Presented by the Muckleshoot Diabetes Program

The individual/family will understand acute complications and self-care actions to take to prevent or treat acute complications.

COME OUT AND LEARN:

- Explain how blood sugar is affected during illness.
- State 2 or more things to do to manage blood sugar when sick.
- Identify 2 or more food and drink choices to use when sick.
- State or write a plan to use for low blood sugar, high blood sugar or sick day management.

When: **Tuesday, Sept. 25th, 2007**
At **2:00 pm**

Where: **Muckleshoot Health and Wellness Center River Room**

(IHS Curriculum)

Diabetes a “silent killer”

There may be few or even no symptoms from the high sugars until serious, life threatening complications occur.

Facts About Diabetes

- Estimated 16 million people or 6% of the U.S. population have diabetes. Of these, over 5 million do not know they have the disease.
- Approximately 2,200 people are diagnosed with diabetes. Close to 800,000 individuals are diagnosed each year.
- More than 107,000 Native Americans and Alaska Natives, or 14.5% of the population, receiving care from Indian Health Services (IHS) have diabetes.
- Diabetes is the fifth-deadliest disease in the United States, and it has no cure.
- The total annual economic cost of diabetes in 2002 was estimated to be \$132 billion, or one out of every 10 health care dollars spent in the United States.
- Diabetes is a leading cause of blindness. Roughly 12,000-24,000 people lose their eyesight each year because of complications related to diabetes.
- Diabetes is the leading cause of kidney failure, affecting an estimated 28,000 people each year.
- Diabetes is the leading cause of non-traumatic, lower-limb amputations.
- People with diabetes are 15-40% more likely to lose a leg than are people without the disease.
- An estimated 56,000 amputations are performed each year because of diabetes.

Today, diabetes has reached epidemic proportions among Native Americans.

Complications from diabetes are major causes of death and health problems in most Native American populations. The most life-threatening consequences of diabetes are heart disease and stroke. Diabetics suffer heart disease twice often as non-diabetics. They are five times more likely to suffer strokes. After the first stroke, they are two to four times as likely to have a recurrence.

Among Native Americans serious complications of diabetes are increasing in frequency. Of major concern are increasing rates of kidney failure, amputations and blindness.

Ten to 21% of all people with diabetes develop kidney disease. In 2000, 41,046 people with diabetes initiated treatment for end-stage renal disease. 129,183 people with diabetes underwent dialysis or kidney transplantation. Among people with diabetes, the rate of diabetic end stage renal disease is six times higher among Native Americans.

Amputation rates among Native Americans are 3 to 4 times higher than the general population.

On average, Native Americans are 2.2 times more likely to have diagnosed diabetes as non-Hispanic whites of similar age.

A tribe in Arizona has the highest rate of diabetes in the world. About 50% of these adults between the ages of 30 and 64 have diabetes.

What Can Be Done

In ideal circumstances, Native Americans with diabetes will have their disease under good control and be monitored frequently by a health care team knowledgeable in the care of diabetes.

- Educating Patients is critical. Their risk for complications can be reduced if educated properly. We need to encourage diabetics learn and practice the skills necessary to better control their blood glucose, blood pressure and cholesterol levels.
- Regular checkups from their health care team is a necessity.
- Stop smoking
- Overweight Native Americans with diabetes need to develop a proper diet and start an exercise regimen under the guidance of a health care provider.

This means lifestyle changes can be significantly helpful.

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Did you know that the Muckleshoot Community Health Program offers Diabetes classes every month? And, we offer weight management classes as well. Our Wellness center has the state of art exercise equipment to fit your exercise needs. Don't like groups? Call and ask for one on one DM education and nutritional counseling at 253-939-6648, ext. 3801 or set up a fitness training at 253-333-3616.



2007 Diabetes Conference

Friday, October 19th

Muckleshoot Health & Wellness Center

Come join us for a day of fun,
education, activities, healthy food &
sharing. Call (253) 939-6648 for more information.

See you there!!!

Health & Wellness Center Program Hours:

Program Name	Phone No.	Hours Open	Closed-Lunch
Behavioral Health	(253) 804-8752	M-F 8:00-5:00	N/A
CHS/Registration Office	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
Community Health/CHRS	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
Dental Clinic	(253) 939-2131	M-F 8:00-4:45	12:00-1:00
Medical Clinic	(253) 939-6648	M-F 8:00-5:00	12:00-1:00
Pharmacy	(253) 939-6648	M-F 8:00-4:30	12:00-1:00
WIC Wed Only	(253) 939-6648	Wed 12:00-5:00	N/A

Wellness Center Hours: Front Desk Phone (253) 333-3616

M-Thurs	8:00-8:00 pm
Fridays	8:00-7:00 pm
Sat	12:00-4:00 pm
Sun	Closed

Health & Wellness Center Program Closure dates for September & Rocktober 2007

Day	Date	Times Closed	Reason Closed
Monday	09/03/07	8-8	Labor Day Holiday
Thursday	09/06/07	8-9:30	September Monthly All Staff Meeting
Thursday	10/04/07	8-9:30	October Monthly All Staff Meeting



Muckleshoot Wellness Center

POOL PARTY

Where:
Muckleshoot Wellness Center

When:
Friday, September 21st
4:00pm-6:30pm!

What:
Tons of Prizes
Finding Nemo Movie on Pool Wall
Lots of Pool Toys & Water Basketball

Who:
All Ages Welcome! Muckleshoot
Wellness Center Members Only

Contact: Lauren McCuiston
Youth Activities Leader
253-333-3616
Lauren.McCuiston@muckleshoot-health.com

*All children 8 years old and younger must be accompanied by an adult, no exceptions.

DON'T DRINK AND DRIVE!!!

What is Fibromyalgia?

By Brent Grider

Fibromyalgia refers to a chronic inflammation of the muscles and connective tissues that cushion the joints. It is a form of a chronic pain syndrome, like soft-tissue arthritis. In fact, fibromyalgia can occur in people with arthritis or conditions such as lupus. The condition is closely related to Chronic Fatigue Syndrome and the two conditions may share some of the same symptoms. Fibromyalgia affects about two percent of the U.S. population and occurs more often in women than men.

The exact cause of fibromyalgia is not known. The condition may have a number of causes. There are several theories in existence as to the reasons behind the pain and other symptoms. These theories include: brain imbalances; chronic candida yeast infection or other fungal infections; anemia; parasites; hypoglycemia; hypo-thyroidism; hepatitis; and heavy metal poisoning. Tests also show that people with fibromyalgia have abnormal levels of certain chemicals in their blood and spinal fluid that appear to intensify the pain signals to and from the brain. The main symptom of fibromyalgia is pain, particularly in the neck, lower back, shoulders, knees, elbows, and upper chest, among other areas. The pain has often been described as aching and burning. Other symptoms associated with the condition include: insomnia, headache, depression, brain fog, loss of coordination, digestive disorders, dizziness, panic attacks, and skin rashes. Many times the immune system of someone with fibromyalgia is hypersensitive, which can lead to allergies to a number of foods or environmental irritants. Many of these symptoms can be aggravated by other allergies, lack of sleep, infection, or other conditions.



Fibromyalgia is diagnosed through a process of elimination. Due to the fact that the symptoms of fibromyalgia can be general and mirror symptoms of other conditions, a number of evaluations may need to be performed on a patient before a positive diagnosis can be made. Each individual case may be different, so a professional evaluation is needed. The treatment for fibromyalgia will vary depending on the individual needs and circumstances of each patient and the severity of the condition. Treatment options include: medication to ease the pain; regular exercise and stretching; relaxation techniques to help reduce stress and anxiety; and a diet high in vegetables, fruits, and healthy fats like olive oil, fish oil, flax oil, and coconut oil. Trans fats, sugar, and refined carbohydrates should be avoided because they cause inflammation and will negatively affect fibromyalgia symptoms. Tests for food allergies may also provide valuable information as to other foods to avoid. Fibromyalgia sufferers are often deficient in a number of vitamins and minerals, such as vitamin D, magnesium, calcium, and several B vitamins. Supplementation may be helpful in addressing these needs. Herbs and spices like cayenne pepper and Ginseng may also be beneficial. Talk with your medical professional before using these products. Hydrotherapy (alternating hot & cold in the shower) may help with the pain and a hot bath can improve circulation.

While an exact cause and cure of fibromyalgia is not available, there are a number of steps that can help to ease the symptoms. Call the Muckleshoot Tribal Health Program at (253) 939-6648 or your provider for more information.



*Information provided by the Arthritis Foundation & the Weston A. Price Foundation.

Wellness Center



June 25th-29, Ages 5-7
July 9th-13th, Ages 8-10



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Submitted Photos



Public Health

Seattle & King County

WIC

“Starting October 3, 2007 Seattle King County Public Health, WIC” is adding another day per week at Muckleshoot”
Wednesday AND Thursday 1:00 – 5:00 pm

- A nutrition education program which includes checks you can use to buy healthy foods at your local grocery store.
- Serves low income pregnant, breast feeding women, their infants and children up to age 5 years
- Enrolled clients also get help with finding health insurance, doctors, and mental health counseling, vision, & dental care, services for children with special health needs.

Head Start Physicals




Can now be Scheduled at the Muckleshoot Health And Wellness Center

On September 19th, 2007
From 8am to 12:00pm

Please call the Health Clinic for more information at 253-939-6648.






Indian Health Service

Balancing Your Life and Diabetes

THE MUCKLESHOOT DIABETES PROGRAM IS PRESENTING DIABETES EDUCATION CLASSES



Our primary focus will be making healthy changes and staying healthy with diabetes.

Monthly Topics Include:

1. Sept. 25, 07 Sick day management
2. Oct. 30, 07 Taking care of your feet

ALL CLASSES HELD AT 2:00 PM.

Sandra Starr rejoins staff as Scheduler for Health Clinic



Sandra Starr

Hello, my name is Sandra Starr; I am the Scheduler for the Health Clinic. Yes, I am back as of August 27th. For those of you that do not know me, I used to be the Transporter then the Business Office Assistant Float. I am a Muckleshoot Tribal member and I have two sons that are 14 years old and 19 months old. I look forward to seeing everyone again.

For more information please feel free to contact the Muckleshoot Diabetes Program at 253-939-6648. Look for additional information in the MIT Monthly Newspaper each month.

Why did I received a denial in the mail from the Muckleshoot CHS Office for a medical bill ?

By Lisa James, Health Division Director

There are several reasons why the CHS (Contract Health Service) Office would issue denials, below are the five main reasons:

1. You went to a scheduled non-emergent doctor's appointment without a PO number and the doctor's office billed the CHS office for the amount due by you.
2. You had an emergency room visit and did not call the CHS office for PO numbers within the 72 hour notification time frame. The hospital, emergency room doctor, x-ray department or ambulance sent the CHS office a bill for you.
3. You went to a doctor's appointment in town or had an emergency room visit and even though you called for a CHS PO number, you had primary private insurance coverage that requested information from you before they could pay their portion of the medical bill(s). They need to pay first.
4. You were referred by the CHS office to apply for an alternate resource to assist in your medical cost and you did not comply with the referral.
5. You went to a doctor's appointment in town for a medical problem when you could have been seen at the Tribal Medical/Dental Clinic.

Our CHS Program is funded by Indian Health Services (I.H.S) money and this requires that you follow specific notification requirements in order to be eligible for the CHS program. You must call or give notification to the CHS office before you receive any non-emergent medical services provided outside of the Tribal Programs and you must contact the CHS office of an emergency room visit within 72 hours (3 days) since the visit. The reason for these notification requirements is to determine if your request is within covered priorities, coordination of benefits with any other insurance you have, verify that you are CHS eligible and the most important reason, so that the CHS office can set aside the funds to pay for these services for you. Please be aware that the CHS staff did not make these rules, IHS did, and that the CHS staff is required to make sure that these rules are followed by everyone that is CHS eligible.

If the doctor's office/hospital sends the CHS office a bill for you, we are required to act on the bill by either paying for or denying the bill. When a CHS denial is issued, it is required to be sent by certified mail, the denial is sent to the address you have on file at the Clinic. The denial letter has instructions on how to appeal the denial, but this requires action on your part. So please make sure that we have current information available for you/your children. If you decide not to acknowledge the CHS denial letter by not picking up the certified letter from the post office, the bill(s) will not go away. It is to your benefit to be aware of any unpaid bills you have, 99% of all unpaid bills will be turned over to a collection agency and this will show up on your personal credit history and could effect you ability to get a home, car, phone or any other kind of credit in the future. It will catch up to you sooner or later.

You need a PO number for each individual separate doctor, emergency room or medical service you receive, so we can set aside the funds to pay each doctor/bill you have. If you get a PO number for a doctor's appointment and the doctor wants additional tests and x-rays done or refers you someplace else, YOU NEED TO CALL THE CHS OFFICE AND GET ANOTHER PO NUMBER. You can personally choose to go to the doctor without a CHS PO number or not get PO's after an emergency room visit, then you have also decided to pay for the bills on your own.

If you have an alternate resource available to you, you are required to use this as your first source of payment for your medical costs. If you don't use this as your first source of payment, your CHS eligibility is denied. If the CHS office just paid medical bills without billing your insurance, or if you were eligible for other medical coverage and chose not to apply for the alternate resource, and we paid bills without following these rules, the CHS money would be all used up very, very quickly. It is our job to make sure we stretch your CHS money as far as it will go and help as many Tribal and community members as possible.

If there is a medical service that is available to you at the Tribal Health Programs, you are required to get the service there. CHS will not pay for something to be done outside, when the health area is already paying someone to perform the same service here.

Please keep in mind that this is just a brief description or explanation for some of the rules and regulations for I.H.S. I hope that this information has been helpful in answering some of your questions on CHS office denials. If you have any questions, please give Maria May or Dee Williams a call in the CHS office 253-939-6648.

Preparing girls for puberty

Girls who are prepared for puberty are better able to accept the changes it brings. Experts suggest these steps for parents as their daughters transitions into puberty.

- Talk to your daughter about puberty, including menstruation, by age 8, or earlier if you see signs of breast development
- Think of it not as "the talk" but as a series of talks. Ask your daughter if she has concerns or questions about the changes in her body.
- Realize that your child may feel anxious about her body. For example, the idea of wearing a bra may make your daughter feel uncomfortable. Remind her that her body is changing. Don't tease.
- Empower your daughter with practical knowledge. Teach her how to use a sanitary napkin or tampon. Make sure she knows how to find one when she needs one.

Age puberty starts Between ages 8 and 13 years.

First evidence of puberty Generally, breast growth.

Age of first menstrual cycle Between the ages 9 and 16 years, about 2 years after breast development begins. In the U.S. the average age is 12 to 13 years.

Information taken from the Mayo Clinic Health Solutions- Apr. 07
Questions? Contact the Community Health Program at the H&WC. 253-939-6648.

Photos from Birdie & James' Wedding

SUBMITTED PHOTOS



Leetah & Donald Wedding Church Doors



Donnie and Donald in Tuxs



Donnie and Izzie at Wedding 08-11-07

Health Fair 2007

SUBMITTED PHOTOS



Checking blood pressure



Some young men that attended the Health Fair



The Day Care children attended the Health Fair too!



Hand sanitation is very important.



New Behavioral Health Manager, Truth Griffeth, volunteers for the Dunk Tank at the Health Fair.

