Health Services and Funding

by Judy Muschamp, Health Director

On July 1, 2005, the Contract Health Service staff issued 85 pre-authorizations for out-of-area health benefits. These benefits are available to tribal members who reside outside the 11-county service area on a first-come, first-served basis.

Calls began flooding the telephone system at 8 a.m. and the last available funds were obligated by 9:05 a.m.

We understand many frustrations were experienced by those not able to reach a live worker, however, we made every attempt to fairly distribute the amount of funds made available through gaming revenue for this purpose. The following services were approved:

22 vision @ $400
51 dental @ $1,200
11 medical @ $1,000
1 hearing aid @ $1,400

The balance of gaming revenue, $72,000, was set aside for out-of-area pharmaceutical services through the Pequot Pharmaceutical Network. Tribal members will have 90 days to use their pre-authorized benefit. All unspent funds are returned to the pool for redistribution.

The next call-in date is Oct. 3, 2005, at 8 a.m. This year, members are restricted to one benefit per year in an attempt to serve more individuals. So those 85 individuals mentioned above will not be eligible again until July 2006.

Although Tribal Council understands not everyone will be served, we are attempting to serve as many people as possible.

Recently, I have received inquiries about eligibility and funding.

The Confederated Tribes of Siletz Indians receives nearly $7 million of health funding through our compact agreement with the Indian Health Service. By federal regulation and compact language, these resources can only be expended for eligible services for the benefit of eligible American Indians/Alaska Natives who reside within our 11-county service area.

About 40 percent of our funding pays administrative (including indirect) costs, about 41 percent is dedicated to Contract Health Service, about 38 percent funds the Siletz Community Health Clinic, and the balance funds Community Health and Substance Abuse programs.

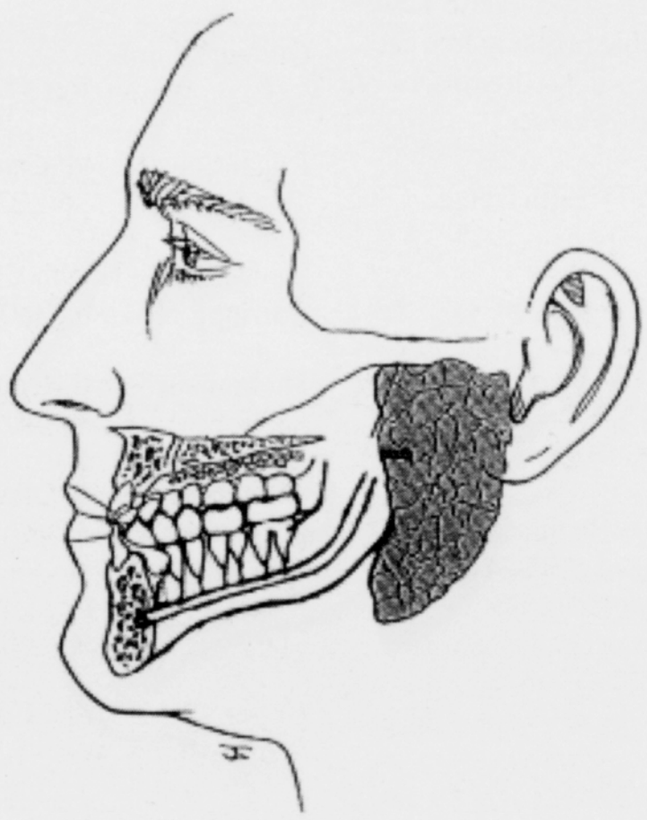
Through the generosity of the Tribal Council and the success of Chinook Winds Casino Resort, certain additional health-type services are funded through excess gaming revenue.

With gaming revenue, we currently are reimbursing 148 participants for their Medicare Part B premiums. This service is available regardless of your residency.

We also are able to provide medical transportation for people needing a ride to appointments. Transporters are available in Siletz and each area office. They are the resource of last resort and must be arranged 48 hours in advance.

Tribal members who live outside the 11-county service area have limited pharmacy and medical benefits from gaming revenue.

Please be sure to keep your health registration information up-to-date by completing a health application whenever your address or insurance coverage changes.



Color the above structures.
Locate the following by placing the number on the matching structure(s) above.

1. Teeth
2. Lips
3. Nose
4. Eyes
5. Ears
6. Maxillary Arch
7. Mandible Arch
8. Blood Vessel
9. Nerve
10. Brain
11. Chin
12. Salivary Glands
13. Cheek
14. Neck
15. Eyebrow
16. Forehead
17. Sinus

Parents: The First Line of Defense

Understanding the Five Stages of Nicotine Addiction

We all want what is best for our children.

Even if we do the exact thing, we caution our children from doing things like smoking. Until kids are about 8 years old, parents still have the greatest influence over whether their children will become regular smokers.

Understanding the stages of addiction can help parents educate, prevent, and hopefully intervene in a child's health choices about smoking and using other drugs.

Age 0 through 7

- **Preparation:** When a child forms a knowledge base about smoking and develops beliefs and expectations about use

Age 8 through 12

- **Initiation:** The first two or three cigarettes tried during adolescence. These usually produce adverse effects such as nausea, coughing, and dizziness. Often peer pressure and role model emulation propel youths past this unpleasantness until tolerance develops.

Age 13 through 18

- **Experimentation:** The repeated, albeit irregular, use over an extended period of time, usually in a social context
- **Consolidation:** Regular smoking depending on context, such as parties, weekends, with alcohol, or in smoking circles.
- **Addiction:** Daily use of cigarettes with an internally regulated need for a certain nicotine level

There is good news! We can intervene and prevent use at any stage.

Talking with your child is not enough even if you don't smoke. Many resources are available to you to help get current, accurate, and age-appropriate materials to have on hand when the subject comes up.

Be proactive. Ask if your child's school has prevention programs, curriculum goals, and expectations around tobacco abuse education. Find out if the school has an enforced No Smoking School policy in place.

Talk to other family members about your beliefs about smoking and ask them to help give the prevention message. Parents are the first line of defense against nicotine and other drug addictions.

The Tobacco Prevention and Education Program has lots of pamphlets, flyers, stickers, and program and project ideas that can be sent to you wherever you are! Further, if you are a current smoker and **want to quit**, Quit Kits, information, and support are just a phone call away.

Please call or write DeAnna Pearl, Tobacco Prevention coordinator, at 1-800-648-0449, ext. 1659, 541-444-9659; or e-mail siletztobacco@ctsi.nsn.us.

Tooth Talk

by Mary Ellen Volansky, RDH, MS

Oral Health Means More Than Healthy Teeth

Oral health refers to more than the opening we put food into. Oral health also refers to our teeth and gums, muscles, ligaments, skin, and bones.

Ligaments hold our teeth into our jaw. Ligaments attach muscles to bones. Muscles and ligaments attach our lower jaw to our skull. This allows us to chew and swallow.

Skin coats the outside and inside of our mouth and throat. It is protective against infection and objects we best not swallow.

Oral health includes the health of other structures too, like our tonsils, which act as filters. We have a palate – hard and soft – dividing our mouth from our nose.

Taste buds for sweet and sour are on our tongue. Our sense of smell also aids us in tasting things. Ask anyone with a head cold how important our nose is to taste.

We use our nose and mouths as airways to our lungs for breathing. Our throat has openings to our ears. These openings relieve pressure in our ears when we swallow (as in driving down a mountain).

Salivary glands produce liquid for washing our mouth. This liquid, saliva, is an important cavity fighter. Saliva washes our mouth of sugars and acids. This moisture also keeps our tongue from sticking to the roof of our mouth or palate.

Other oral health structures include blood vessels, nerves, and lymph nodes. They provide communication with the rest of our body, even to our brain. Taste buds via nerves tell our brain when we have eaten something really sour, like lemons, or yucky, like liver.

The air we breathe passes through our mouth and nose to reach our lungs. The air in our lungs moves into our blood vessels, which take the blood to the cells of our head and neck for nourishment.

The soft and hard tissues of our head, mouth, and throat can be the source of chronic pain. They can be the location of sores. Birth defects can alter the shape of these structures.

Our mouth, nose, and throat can harbor diseases. These are tissues whose functions we often take for granted, yet they allow for the expression of our humanity. They allow us to speak and smile; sigh and kiss; smell, taste, touch, chew and swallow; cry out in pain; and convey a world of feelings and emotions through facial expressions.

If you have questions about your oral health, give your dental clinic a call and make an appointment.

Summarized from page one of Oral Health in America: A Report of the Surgeon General, 2000.