



Health/Education

OHSU nurses help change babies' lives for the better

• *CDRC's Program for Families of Children With Disabilities connects families with services, provides training and support*

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

At 5 months old, Jasmine Ankeman was unusually small for her age. Jasmine's mother, Tracy Moore-Ankeman, brought her to a John Day health clinic to have her weighed. During the visit, she also told Marsha Delaney, R.N., she was concerned about more than just her weight. "She wasn't sitting up. She wasn't grabbing for her toys," Tracy said, "I thought she was deaf and blind because she wouldn't even look at you when you talked to her." Fortunately for Jasmine and her mother, Marsha is not only a public health nurse, but also a Care Coordination nurse dedicated to working with children who have special health needs. CaCoon is a program of the Child Development and Rehabilitation Center at Oregon Health Sciences University. Marsha was able to help Tracy schedule an evaluation for Jasmine with a physician in Bend, 60 miles away, who diagnosed Jasmine with cerebral

palsy. At that point, Marsha continued to offer support by helping them access therapy services that have made a big difference in Jasmine's life.

CaCoon is a statewide program that contracts with county health departments to provide public health nursing services to families of disabled children in the communities where they live

CaCoon nurses help parents who have children, birth through 20 years-of-age, coordinate services and find resources for their children. These children are affected by complex medical conditions — such as, cleft palate, cerebral palsy, hydrocephalus and conditions related to prematurity — that result in special medical, educational, vocational and social needs. CaCoon's mission is to empower families with skills to become as independent as possible in caring for their child. The nurses meet regularly with families to teach them special feeding techniques, how to manage medical equipment and connect them with existing social

services, which are sometimes hard to access.

Program director for CaCoon, Catherine Renken, R.N., M.P.H., said, "The need for CaCoon nursing is getting greater. With advances in medicine, more and more kids with complex medical conditions are surviving."

CaCoon started in 1987 at OHSU and has proved to be a national model. It is funded, in part, by the Federal Maternal and Child Health Bureau. The program has been replicated in Wyoming and North Dakota. Delegates from other states have come to study the viability of implementing the program in their home states.

Thanks to CaCoon training, Marsha recognized that something was not right when she examined Jasmine, and was able to do something about it. Tracy said, "All Jasmine would do was lie there with her arms above her head," a pose that is common in babies with neurodevelopmental deficits. "If Marsha wasn't there we wouldn't have gotten any help. We wouldn't have found out 'till it was too late." Because babies with cerebral palsy respond to occupational and physical therapy, the sooner they can begin therapy the greater the rate at which they will acquire skills. In addition, early interventions can make a

difference in the level of independence these children will achieve as they grow — having less need for social services later in life. With therapy once a week, Jasmine has made substantial progress. "Jasmine can roll over now, her arms are down at her sides more, she's even trying to reach for her toys and play. It's really great to see," Tracy said.

"Each case is different. Some need more help than others," Marsha said. "Some just need to know that there are people to help them and they don't need to go through this alone." Tracy, her husband and their 4-year-old son have moved from John Day to Bend to be closer to services for Jasmine. CaCoon helped facilitate the transition by putting them in contact with people who could help them look for work and a place to live, as well as provide emotional support and other services.

For example, the St. Vincent dePaul Society paid for a motel in Bend while they looked for housing and work. "Moving away from our family has been hard. We don't know anybody here," Tracy said. "But it's all worth it. Jasmine deserves the best. Marsha has been great. She definitely made a big difference."

More information about CDRC can be found at <http://www.ohsu.edu/cdrc/cacoon/>.

Facts about African-Americans with heart disease and stroke

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

What comes to mind when you think of heart diseases? A middle-aged White man dying suddenly from a heart attack? Well think again. Cardiovascular disease and stroke, is the leading cause of death for African American men and women — claiming the lives of over 100,000 annually. In 1997, cardiovascular disease accounted for 33.8 percent of deaths among black men and 41.3 percent among black women, according to the Centers for Disease Control and Prevention of the National Center for Health Statistics. Overall, more than 950,000 people die a year due to cardiovascular disease — more than other diseases.

Did you know that...?

Cardiovascular disease and stroke cause 41.2 percent of all American deaths — 1 out of 2.4 deaths. African American are at greater risk for cardiovascular disease and stroke death than whites. More than 2,600 Americans die each day of cardiovascular disease, an average of 1 death every 33 seconds.

Compared with whites, young African American have a two-to-three-fold greater risk of ischemic stroke (caused by a clogged blood vessel), and African-American men and women are more likely to die of stroke. The 1997 death rates (2000 standard) for stroke were 61.5 for white males and 88.5 for African-American males; and 57.9 for white females and 76.1 for African-American females.

For non-Hispanic African-American age 20 and older, 36.7 percent men and 36.6 percent of women have high blood pressure a leading cause of stroke. African-Americans and whites in the southeastern United States have a greater prevalence of high blood pressure and higher death rates from strokes than those from other regions of the country.

As many as 30 percent of all deaths in hypertensive African-American men and 20 percent of all deaths in hypertensive African-American women may be attributable to high blood pressure.

Compared with whites, African-American develops high blood pressure at an earlier age, and it is more severe than any decade of their life. As a result, African-Americans have a 1.5 times greater rate of heart disease death and a 1.8 times rate of fatal strokes. 68.3 percent of African-Americans females are overweight and 38.2 percent are obese. African-Americans are one of the least active groups in terms of overall physical inactivity.

For additional statistics go to the African American and Cardiovascular Disease Biostatistical Fact Sheet on the American Heart Association Web site at www.amhrt.org/statistics/biostats/index. Call the American Heart Association at 1-800-AHA-USA1 or log onto their website at www.americanheart.org for additional information about heart disease, science news, programs, and CPR training.

To request materials about stroke prevention, call the American Stroke Association at 1-888-4STROKE, or check out www.strokeassociation.org for more information about life after a stroke, contact the stroke Family "Warmline" at 1-800-553-6321.

Portland YouthBuilders announces opening of second site

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

Portland YouthBuilders announced the expansion of its programs to a second site, located at the Boys and Girls Club in the Lents Neighborhood of southeast Portland

The southeast site will operate with an enrollment capacity of 24, PYB's main site in the St. Johns

Neighborhood of North Portland will continue to serve youth throughout North and Northeast.

Portland YouthBuilders is a non-profit organization education, vocational training, job readiness, and leadership development for very low-income youth who are 18-24 years of age and have not completed high school. Key components of the program include assisting students to develop

marketable skills through training in the construction field, and classroom training for a high school diploma or GED. Students receive a monthly stipend in addition to earning an education grant of \$2,363 which can be used for further education upon completion of 900 hours of community service and participation each week in human service projects.

According to Executive Jill Walters,

the expansion into Southeast Portland "reflects YouthBuilders' commitment to bring our programs and services to young people who need them. We are very encouraged by the community's initial response to our new site, and are eager to participate in community service and revitalization work in southeast."

For information about YouthBuilders, please call Matt Sten, at 503-774-9643.



*Shoelaces need
careful hands
to guide them.*

The same is true of children.



You have more to teach kids than you might imagine. *Take the Time* is a campaign to help young people succeed. And that takes some help from adults. We've outlined 40 assets that help young people become successful, and we can suggest ways for you to get involved. Be the difference. Please call us at 503-988-5897 or visit our website at takethetime.org to learn more.

TAKE THE TIME
BE THE DIFFERENCE