



Report details reservation health trends

By Dave McMechan
Spilyay Tymoo

Indian Health Service and tribal Health and Human Service officials discussed the annual Health System Report for the reservation last week with Tribal Council.

Data in the report shows trends in health care on the reservation. The following are some examples of these trends:

Total patients served at the clinic has risen steadily over recent years. "Trends have remained stable... with approximately two-thirds of patients being Warm Springs tribal members and approximately two-thirds of patients residing on the Warm Springs Reservation," the report states.

From 2008 to 2011 (the most recent year for which data is available): "There has been a small increase in patients who are Warm Springs tribal members and a slight decrease in patients who are members of other tribes or who have no tribal affiliation."

The Warm Springs clinic serves all members of the Confederated Tribes of Warm Springs. The clinic will

serve other federally-recognized tribal members who reside in counties that are immediately adjacent to the reservation: This would include, for instance, Jefferson County but not Deschutes County.

"Between 2008 and 2011, we saw an increase of approximately 3.7 percent of patients who reside on the Warm Springs Reservation," the report states. "As of 2011, over 85 percent of patients resided either on the reservation or in the Madras/Redmond/Bend area."

Other information in the report:

The largest age-group among tribal members is the 20-24 year-olds, followed by the 25-29 year-olds. Together, these two groups make up about 22 percent of the membership.

The next largest groups (in order) are the 5-9 year-olds (about 10.1 percent); 0-4 year-olds (9.9 percent); 10-14 year-olds (9.8 percent); and 15-19 year-olds (8.2 percent).

"The Confederated Tribes has a higher percentage of its population in younger age groups, and fewer persons in older age groups, than the U.S. general and (other) Native American populations," the report states.

On the other hand, the number of clinic visits by patients over 40 has increased more than the number for younger patients. As an interpretation of this, the report says: "The number of individuals in the over-40 age group has grown in proportion to the younger age groups over the past several years."

The average life expectancy among residents of the reservation remains significantly shorter than that of the general U.S. population. The average life expectancy in the U.S. is 78.7 years. The average life expectancy on the reservation in recent years has been in the low 50s.

The report lists the leading causes of death among the reservation population. The most recent data indicates that chronic liver disease and cirrhosis in 2011 became the leading cause of death among the membership.

This was the first year that liver disease-cirrhosis was the leading cause of death. In earlier years accidents were the leading cause of death. Accidents remain the second-leading cause of death.

Diabetes has remained a leading cause of death. Cancer and stroke are also among the top-five leading causes of

death. The report offers the following interpretation:

"Accidental deaths had been the leading cause of death since the 1950s. Rates of accidental deaths are gradually declining. Since 2001, the rate of motor vehicle accidents has decreased significantly, likely due to the passage of the Tribal Seat-Belt law.

"Rates of death related to cirrhosis, diabetes, cancer and stroke are climbing. Most significant is that cirrhosis is now the leading cause of death. Death from cirrhosis is 15 times more common among the Warm Springs people than for other Americans. Cirrhosis is also a major contributor to early death. The average age of those dying with cirrhosis in 2011 was only 40 years old. Alcohol abuse and hepatitis C infection are the major contributors to this disease.

"Diabetes is a growing concern. The majority of patients with diabetes died from related heart disease or kidney failure. This remains an area that needs emphasis for our local population. We can combat this through healthier diets and increased physical activity, reducing the number of overweight and obese people in our community."

Mobile clinic arriving in spring

A mobile clinic will begin serving tribal members during the first part of the new year.

The mobile clinic will allow health workers to visit outlying communities such as Simnasho, Seekseequa and Sidwalter. The clinic could also be used for special visits to locations like the Early Childhood Education Center.

Depending on the nature of the visit, the mobile clinic will be staffed by a physician or nurse practitioners. There may also be a dental component to the clinic, said Caroline Cruz, director of tribal Health and Human Services.

The mobile clinic is currently being customized to the specifications identified by the tribes. Cost of the unit is about \$300,000, funded through community healthcare programs. The mobile clinic is a cooperative project of the Community Health Program, the Joint Health Commission, tribal Health and Human Services and the Indian Health Service.

"I applaud this project," said Tribal Councilman Austin

Greene. There are community members who have a difficult time making the trip to the clinic, he said, and the mobile unit will be a great benefit to them.

The idea for a mobile clinic serving the reservation began about three years ago, Cruz said. At the time, the community was responding to the H1N1 flu outbreak. There was an imminent need to serve elders and others in the outlying communities, Cruz said. Community health workers began the grant process, and secured the necessary funding.

The mobile clinic should arrive by the spring, Cruz reported. Other news from the recent community health report to Tribal Council:

Dr. Rudd commented that the clinic has started a successful literacy program, where physicians give books to children who visit the clinic. There is a direct correlation between literacy and health, Rudd said. Also:

The clinic recently dedicated the exercise trail by the clinic, and opened the Child Abuse Intervention Center.

Community Counseling remodel almost done

By Dave McMechan
Spilyay Tymoo

The interior of the old girls dorm has been totally remodeled. The remodeling work includes new paint and carpeting, and a new air conditioning system. From the basement to the top floor the building has been totally refurbished.

"The work is about 95 percent done," said Caroline Cruz, director of tribal Health and Human Services. "We need to get the phone system installed, and there are some cosmetic details before the final inspection."

The old girls dorm houses the Community Counseling Center. During the remodeling, the Counseling Center staff have been at various temporary locations around the campus. Some are at the Family Resource Center, a modular unit by the Family Resource Center, and the house by the old boys dorm, next to the tribal public defender's office.

The plan is for the Com-



The interior of the Community Counseling Center has been completely remodeled. When the center reopens in January, there will be a central reception area in the room at the top of the stairs.

munity Counseling employees to move back to the girls' dorm building at the start of the new year, Cruz said. This will be a big move, as there are 26 people on staff.

The remodeling project was paid for through grant money and funding from Indian Health Services. The remodel grant also included funding for the new warehouse by the clinic.

Total cost of both projects is about \$1.3 million. About \$600,000 went to the Community Counseling Center

A final touch for the building may be wall murals by local artists.

remodel, Cruz said. The new air conditioning system was a big expense, she said.

The new air conditioning will be a great improvement. The top floor would get very hot in the summer while the ground floor was cool. With the new system, each floor will have its own temperature

control.

There is better security for the building, and better handicap access. There will be a central reception area, so the side doors can remain locked.

The need for the remodel was recognized several years ago. In 2005 former director Jim Quaid submitted a grant application for the project. The application was updated and re-submitted in 2009, when Cruz came on board as director.

There was some delay when it was determined that lead paint and asbestos had to be removed from the building. There was another delay in dealing with the federal regulations regarding historic buildings.

"We had funding in 2009 but couldn't start construction until earlier this year," said Cruz.

A final touch for the building will be wall murals by local artists. There is no budget for this, but Community Counseling could provide the supplies. Artists would be asked to "adopt a wall," Cruz said.

Veterans drop-in center planned for campus

A drop-in center for veterans, and a new building for Victims of Crime Services, are two added benefits that will happen when the Community Counseling Center re-opens early next year.

Some of the Counseling Center staff have been working from the house located by the old boys' dorm.

This is a three-bedroom one-bath modular home that is in very good condition. The building will be dedicated to local veterans, said Caroline Cruz, director of tribal Health and Human

Services.

The home will be available for veterans who need a temporary place to stay. There may also be a staff person on site to assist with veterans matters.

Some of the Community Counseling employees have been working out of a modular unit by the Family Resource Center. This unit will be provided to Victims of Crime Services, said Cruz. VOCS is currently working from a house on campus that eventually will be removed.

Flu arrives on the reservation

The flu has reached Warm Springs. There have been recent confirmed cases of influenza on the reservation, Community Health reports.

Influenza is caused by a virus that is spread mainly by droplets made when people with flu cough, sneeze or talk.

These droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose.

To avoid this, people should wash their hands of-

ten with soap and water. If soap and water are not available, use an alcohol-based hand rub.

People who have the flu often feel some or all of these symptoms:

- Fever or feeling feverish/chills.
- Cough, sore throat, runny or stuffy nose.
- Muscle or body aches, headaches, fatigue (tiredness).
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

Most people with the flu have mild illness and do not need medical care or antiviral drugs.

If you get sick with flu symptoms, in most cases, you should stay home until your fever is gone for 24 hours. Avoid contact with other people except to get medical care.

If, however, you have symptoms of flu and are very sick or worried about your illness, contact your health care provider.

Community Health nurses will be offering flu vaccines at the Early Childhood Education Center and at Warm Springs Elementary this week. Stop by the front desk of ECE or the school to pick up a consent packet.

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