HEALTH

NEW HEALTH STAFF

Mary Brickell has been hired as the Tribal Health Clerk. Mary is 21 years old and lives in Willamina. She will be taking phone calls for the health staff when they are working away from the office. Mary will also be scheduling appointments for the Tribal Health Clinic.

Margaret Provost, Alcohol Prevention/Education Counselor, started to work on December 14, 1987. Margaret will be busy locating Indian children in grades K - 12. She will be doing presentations in the schools and the community on alcoholism and Fetal Alcohol Syndrome. If you have any questions call Margaret at 879-5211.

Welcome Mary & Margaret!!!

ALCOHOL PROGRAM

The Alcohol program is now in full swing. The office is open and we are accepting referrals from different agencies throughout the six county service area.

I want to take the opportunity to invite you fellow tribal members to come by and have a cup of coffee and look us over. My office is open to all of you. If you have any questions, I'll do my best to answer them. My office hours are 8 to 5 Monday - Thursday.

Come on by and lets get to know each other so that I might serve you better.

Have a really good year!
Don't Drink and Drive!

Monte Ring
Alcohol Counselor

MYTHS AND REALITY OF ALCOHOLISM

ALCOHOLISM

A chronic, primary, hereditary disease which progresses from an early physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence, and loss of control over drinking. Psychological symptoms are secondary to the physiological disease and not relevant to its onset.

Alcoholism is known to be a true physiological disease, which transforms its victims, leaving them with little or no control.

Alcoholics are not morally or psychologically defective people, but innocent victims of a chronic and progressive disease.

The Myth and the Reality

MYTH: Alcohol is predominantly a sedative or depressant drug.

REALITY: Alcohol's pharmacological effects change with the amount drunk. In small quantities alcohol is a stimulant. In large quantities, alcohol acts as a sedative. In all amounts, however, alcohol provides a rich and potent source of calories and energy.

MYTH: Alcohol has the same chemical and physiological effect on everyone who drinks.

REALITY: Alcohol, like every other food we take into our bodies, affects different people in different ways.

MYTH: Addiction to alcohol is often psychological.

REALITY: Addiction to alcohol is primarily physiological. Alcoholics become addicted because their bodies are physiologically incapable of processing alcohol normally.

MYTH: People become alcoholics because they have psychological or emotional problems which they try to relieve by drinking.

REALITY: Alcoholics have the same psychological and emotional problems as everyone else before they start drinking. These problems are aggravated, however, by their addiction to alcohol. Alcoholism undermines and weakens the alcoholic's ability to cope with the normal problems of living. Furthermore,the alcoholics's emotions become inflamed both when he drinks excessively and when he stops drinking. Thus, when he is drinking and when he is abstinent, he will feel angry, fearful, and depressed in exaggerated degrees.

MYTH: If people would only drink responsibly, they would not become alcoholics.

REALITY: Many responsible drinkers become alcoholics. Then, because it is the nature of the disease (not the person), they begin to drink irresponsibly.

REPORT CITES INDIAN HEALTH PROBLEMS

A new state study shows that Indians have higher birth rates and infant death rates than most other Oregonians, that they are far more likely to die from accidents, alcoholism and murder, and that their deaths occur at a much earlier age.

The 45 page study, one of a series of Oregon Health Division reports on the health of minority groups, presents a generally bleak picture of Indian health, particularly for infants and young adults:

Indian infants are 40.4 percent more likely to die during their first year of life than infants of other races. Almost half of the Indian infants who died were born to women who had not received adequate prenatal care. Indian mothers are more than twice as likely as other mothers to be in so-called "high risk" categories - under 18 years of age, unmarried and receiving inadequate prenatal care.

Younger Indians - those between 15 and 44 years of age - are far more likely to die than are people in the general population. The death rate for that age group is 87.8 percent higher than for all Oregonians.

The study shows that more Indians die from from accidents than from cancer, stroke, diabetes, birth defects and lung disease combined. Accidents, mostly traffic accidents, account for about one in five Indian deaths compared with one in 17 for all Oregonians.

Doug Hutchinson, executive director of the Oregon Commission on Indian Services, said he is not surprised by the statistics.

"They are pretty much in line with historic state and federal figures," he said. "Unfortunately Indians have always been leaders in the negative indicators of the good life, and at the bottom in the positive aspects."

The Health Division said it intends to convene a meeting of a group of Indian health providers "to discuss the implications of the report."

"To improve their health status, attempts must be made to provide more family planning and prenatal care clinics, as well as child care services and alcohol treatment programs," the division said.

-from The Oregonian

WEIGHT LOSS CONTEST

The beginning of a new year usually brings thoughts of behavior changes. For example, "I will lose the weight that I gained over the holidays".

The Tribal Health Program is holding a weight loss contest starting the first week of January.

A lunch will be served for participants on January 7, 1988 at the Tribal Office.

Contest rules are:

MARATHON

The Weight Contest where LOSERS finish FIRST !

DEVELOPED BY: Jean Charlus-Azure, RD,MPH; Lourna Tarcona, CHN; Kathleen Charlot, RN, MPH

GRAND ENTRY
1. Registration will be accepted January 4-6. Each person/team should schedule an appointment with the coordinator to set weight goals. All participants will receive a Lifestyle Kit.
2. Diabetics and others with special medical concerns should consult with their doctor prior to registration.
3. February 1 — Each participant will have a chance to revise their goal.

FINISH LINE
4. February 29 will be the final weight-in.

ALL STARS
5. A grand prize will be given to the team earning the most points in a two month period. A prize will be awarded to the individual earning the most stars in the whole two month period. Four individuals will receive an honorable mention.

TEAMING UP
6. Teams of four people will choose a name. The team members will be numbered (1, 2, 3, 4) so that weight and goals can be kept secret. Team points and individual stars will be posted each week in the break room (no weights will be listed).

WEIGH-IN
7. Every person must weigh-in. Scoring is as follows:
   1 = for reaching goal — -1 = for not weighing-in
   0 = for not reaching goal — 0 = for going over goal

   Recommended goal is a weight loss of 1 to 2 pounds per week (1/2 pound grace is allowed).
8. Each participant will weigh-in every Monday before 5 pm on the scale provided in the Tribal Health Office
9. Individuals losing more than 10% of their Ideal Body Weight in 1 month will be disqualified. (This is considered medically unsafe.) Unsound dieting is not allowed.
10. All participants agree to donate $5.00 for prizes. The donation must be made prior to January 28.

HURDLES
11. Each participant is allowed to call the nutritionist for information during the contest. Health tips will be given each week.
12. Each person is encouraged to rely on team members for support and to provide support for your fellow teammates. Try to touch bases regularly.
13. Native Americans and staff at Indian Programs may participate. Individuals at their ideal body weight are not eligible to participate. All individuals in which weight loss is medically contraindicated are not eligible. Participants must be 18 years of age or older.
14. Participation is limited to 80 people.

Sign-up at: Tribal Health Office
Co-ordinators: Tammy Fry and Bonnie Martin