

FALL 2009

Healthy Spirit

PUBLICATION OF INDIAN HEALTH CARE RESOURCE CENTER OF TULSA





On the cover

Food security programs, featuring IHCRC's "Food for Life" Community Food Project, aired on Oklahoma Horizon Sunday, October 18 on OETA.

Oklahoma Horizon is a weekly television show that showcases contributions made by individuals, companies and other organizations across the state to benefit Oklahoma's economic development and quality of life. The show that aired on October 18 featured: **Obesity in Oklahoma** - The Oklahoma Department of Health is taking action in response to Oklahoma's obesity-ranking of fourth in the nation. **Oklahoma's Food Deserts** - Work is going on to turn around a growing phenomenon in Oklahoma that leads to a neighborhood's decline, malnutrition and

obesity. A food desert is an area where fresh food is unavailable. **Food Deserts** - State Representative Richard Morrisette discussed the issue of food deserts. **Community Gardens** - Thanks to a revolutionary new growing method, members of the Women in Agriculture have planted a community garden in the midst of Oklahoma City's urban landscape. **McDairy** - McDonald's may be more healthy thanks to Oklahoma dairy farmers.

The 30-minute weekly production is a partnership between the Oklahoma Department of Agriculture, Food and Forestry

and the Oklahoma Department of Career and Technology Education. Oklahoma Horizon is broadcast on a network of stations reaching 150 million homes. Oklahoma Horizon also airs on local cable stations, nationally on RFD-TV and in Europe on the Global Broadcasting Network. For information about show times: http://www.okhorizon.com/show_archives.htm. For more information about the IHCRC's "Food for Life" Community Food Project, contact Steve Eberle at (918) 588-1900 ext. 3221 or via email at seberle@ihcrc.org.



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Indian Health Care Resource Center of Tulsa, Inc. cordially invites you to attend the
2009 Annual Meeting and Board Election of the Membership
Monday, November 23, 2009
6:30 pm - Reception ~ 7:00 pm - Meeting
Doubletree Tulsa Downtown, 616 W. 7th St., Tulsa, Oklahoma 74127

Please RSVP by November 18 at (918) 382-1206 or ebolusky@ihcrc.org



Facility Construction Update

By Darryl Hurley, Facilities Manager

Construction of the IHCRC facility expansion project continues despite frequent interruptions from Mother Nature in the form of rain – lots of rain. However, Bub Gifford, Project Superintendent for Flintco, is not deterred and is working hard with the subcontractor team to ensure the work proceeds.

The crushed shale pad for the expanded building has been completed, and work on the foundation has begun.

Footings have been poured for the north side, then will continue along the west side. Installation of the new electrical transformer, with removal of the current transformer and transfer of power, has been completed. Pouring of the building slab will begin in late October. After culmination of the concrete work, brick removal will be completed on the north and west walls in preparation for the expanded building's steel structure.

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Detailed space planning for design of the new pharmacy is proceeding as well. Every aspect of the pharmacy is being examined to ensure optimal work flow and efficiency, including two drive-through kiosks to save patients' time.

We encourage you to drive by from time to time to see the progress we're making.



Want to Make a Donation?

If you are interested in making a contribution to the IHCRC Furnishings Campaign or would like more information, please call Carmelita Skeeter, CEO at (918) 382-1201 or email cskeeter@ihcrc.org or Russell Burkhart, Development Director at (918) 382-1203 or email rburkhart@ihcrc.org. Contributions are tax-deductible to the fullest extent allowable by the IRS.

\$2 Million Major Gifts Campaign Launched to Furnish and Modernize the IHCRC Facility

By Russell Burkhart, IHCRC Director of Planning and Development

As can be readily observed, the construction of the facility expansion and remodeling project for the Indian Health Care Resource Center of Tulsa (IHCRC) main clinical facility at 550 S. Peoria is now underway. Estimated to be completed by late fall 2010, the finished facility will grow by more than 26,000 square feet to 52,392 square feet and 14,000 square feet of existing space will be remodeled. The facility expansion will increase the size of our medical care areas, substantially expand our mental health and substance abuse treatment capacity, and create a permanent home for our health education and wellness department.

TIME TO GET THE MONEY TOGETHER TO GO SHOPPING FOR NEW FURNITURE

Just like a homeowner needing to furnish a bigger house, IHCRC now needs to purchase more exam tables, office and conference room furniture, computer and AV systems, exercise equipment and a whole lot more. Although our new demonstration kitchen will come equipped with a kitchen sink, we will still need to buy a range, refrigerator and an entire set of cookware. Then there is the \$400,000 plus price tag to add another robotic dispensing system and a drive-up window system to our pharmacy operation. Oh yeah, and that's not to mention the \$1 million upgrade of our x-ray and mammography department to state-of-the-art digital x-ray and mammography imaging systems.

\$2 MILLION MAJOR GIFTS CAMPAIGN UNDERWAY

So now that you know all about our shopping needs, you can understand why the Board of Trustees of IHCRC has launched a \$2 million major gifts campaign to support furnishing and equipping the expanded facility.

Contributions to the major gifts campaign will be used to purchase digital imaging systems, a second robotic pharmacy system, office, medical and wellness equipment, and conference room furnishings. Our health center operations will continue to be funded through a combination of grants, contracts, insurance reimbursements and patient charges. The IHCRC Trustees have made a commitment to contribute towards the major gifts campaign to furnish and equip the new facility. A very successful employee pledge fund drive is has been underway for the past few years and continues to grow.

UPGRADE OF OUR DIAGNOSTIC IMAGING SERVICES TO DIGITAL SYSTEMS

As a complement to the major facility expansion and remodeling project, IHCRC plans to convert our x-ray systems from film-based to digital imaging and record storage. We have recently completed due diligence to quantify pricing and desired specifications for our digital x-ray and digital mammography imaging systems. The total price tag for the new digital imaging systems is estimated at more than \$950,000. The benefits from digital radiology are significant. For IHCRC physicians, the ability to view images by health providers who are miles apart will facilitate the management of referrals made to area Indian hospitals or to specialists for additional diagnosis and/or treatment.

DIGITAL IMAGING CHALLENGE GRANT OPPORTUNITY

IHCRC has received a \$250,000 pledge from a local Tulsa foundation in the form of a challenge grant for the purchase of digital diagnostic imaging equipment. To receive the challenge grant, we need to raise \$400,000 in charitable contributions by June 30, 2010.



Fighting the flu with teamwork – An OU physician assistant medical student Travis Buchanan gives a flu injection to IHCRC Physician Assistant Holly Shinnen who returns the favor by giving an injection to IHCRC Psychiatrist Dr. Deanna Storts.

Preventing Seasonal Flu: Get Vaccinated

Tanya Fellows-Baldwin RN, PHN

The single best way to protect against seasonal flu is to get vaccinated each year. The 2009-10 seasonal flu vaccine is now available. Fall is the best time to get vaccinated, but getting vaccinated later in the flu season in December, January or later still provides protection, as flu season normally peaks in January or later.

Seasonal flu vaccines will not provide protection against 2009 H1N1 (“swine flu”) influenza. The 2009 H1N1 vaccine is currently in production and initial doses of licensed vaccine are now available. Seasonal flu and 2009 H1N1 vaccines may be administered on the same day, with the exception that persons who wish to receive live nasal-spray vaccines for both seasonal and 2009 H1N1 influenza. They will need to receive those vaccines at least 4 weeks apart.

The usual seasonal influenza viruses are still expected to cause illness this fall and winter. Individuals are encouraged to get both the seasonal flu vaccine and the 2009 H1N1.

In addition to getting a vaccination, good health habits like covering your cough and washing your hands often

can help stop the spread of germs and prevent respiratory illnesses like the flu.

WHO SHOULD GET THE SEASONAL FLU VACCINE?

In general, anyone who wants to reduce the chances of getting the flu can and should get vaccinated every year. Annual vaccination is especially important for people at high risk of having serious flu-related complications or people who live with or care for high-risk individuals. The groups recommended for a yearly seasonal flu vaccination differ from the groups recommended for the 2009 H1N1 vaccine.

People who are at high risk for complications from seasonal flu should get a seasonal flu vaccine each year are:

- Children 6 months through 18 years of age,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long-term care facilities.

People who live with or care for those at high risk for complications from seasonal flu should get a seasonal flu vaccine each year are:

- Household contacts of persons at high risk for complications from the flu (see above),
- Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated), and
- Healthcare workers.

WHO SHOULD GET THE H1N1 INFLUENZA VACCINE (BY INJECTION)?

The groups recommended to receive the 2009 H1N1 influenza vaccine include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by “cocooning” them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- Children from 6 months through 18 years of age because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
- Young adults 19 through 24 years of age because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,

- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

WHO CAN BE VACCINATED WITH THE NASAL-SPRAY FLU VACCINE LAIV?

LAIV (FluMist®) is approved for use in healthy people 2-49 years of age who are not pregnant.

WHO SHOULD NOT BE VACCINATED WITH THE NASAL-SPRAY FLU VACCINE LAIV?

- People less than 2 years of age
- People 50 years of age and over
- People with a medical condition that places them at high risk for complications from influenza, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system.
- Children <5 years old with a history of recurrent wheezing
- Children or adolescents receiving aspirin
- People with a history of Guillain-Barré syndrome, a rare disorder of the nervous system
- Pregnant women
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components.

Flu Symptoms

- **Fever**
- **Headache**
- **Extreme tiredness**
- **Dry cough**
- **Sore throat**
- **Runny or stuffy nose**
- **Muscle aches**
- **Nausea, vomiting, and diarrhea (more common in children than adults)**

HOW FLU SPREADS

- Flu viruses spread from person to person mainly when infected individuals cough or sneeze. Sometimes people might become infected by touching an object with flu viruses on it and then touching their mouth or nose.
- Most healthy adults can infect others beginning 1 day before symptoms develop and up to 5 days after becoming sick. For this reason, you can pass on the flu to someone else before you know you are sick, as well as while you are sick. Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. Cleaning your hands frequently with soap and water or an alcohol-based product and also covering your cough with a tissue or your sleeve will help prevent the spread of influenza.

*Source: Centers for Disease Control and Prevention. 22 Sep. 2009
<http://www.cdc.gov/Features/Flu/>*



Hats off to Indian Health Service (IHS) 2009 Award Winners (L to R): Donna Birkenfeld, Phyllis Pratt, Justin Postier and Jennifer Jones.

IHCRC staff and departments recognized by IHS for outstanding service and performance

All of the staff, management and members of the Board of Trustees at IHCRC offer heartfelt congratulations to our many recipients of Indian Health Service awards.

Oklahoma City Area IHS Awards

The Sixth Annual Oklahoma City Area Office Indian Health Service (IHS) Director's Awards Ceremony and Banquet was held on July 23, 2009 in Oklahoma City. This annual event recognizes individuals and health teams who have helped advance the goal of the Indian Health Service to ensure comprehensive health services are provided in a culturally competent manner to American Indian and Alaskan Native people.

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal

health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.

Individuals working at federal Indian health, tribal health and urban health (I/T/U) facilities within Kansas, Texas and Oklahoma were recognized at the awards ceremony for excellence in job performance. Four employees of Indian Health Care Resource Center of Tulsa received an Area Director's Award at this 2009 Annual Ceremony, along

with the entire Youth Program staff of the Health Education and Wellness Department.

- IHCRC CEO Carmelita Skeeter was recognized with the 2009 IHS Area Director's National Impact Award.
- Justin Postier, DPh, Director of Pharmacy, received the 2009 IHS Area Director's Excellence Award.
- Phyllis Pratt, BS, MBA, Billing Office Manager, received the 2009 IHS Area Merit Award.
- Donna Birkenfeld, receptionist/scheduling clerk and optometry tech, received the 2009 IHS Peer Recognition Award.
- The Youth Program staff of the Health Education and Wellness Department, under the direction of Nancy O'Banion, received the 2009 IHS Area Exceptional Group Performance Award (Non-Clinical).

National IHS Awards

- The IHCRC Behavioral Health Team received the 2009 National IHS Behavioral Health Award for implementation of the Behavioral Health Integration Initiative.
- Claude Denize, PA-C and Jennifer Jones, OD were selected to receive a 2009 Indian Health Service

(IHS) National Director's Health Professionals Retention Award for their exceptional performances and their long-term commitment and dedication to their patients. The awards ceremony is scheduled to be held on November 9, 2009 in Bethesda, MD.

Claude Denize, PA-C, 2009 IHS Retention Award

Claude Denize, PA-C came to Indian Health Care Resource Center in 1996 through a placement made by the National Health Service Corps. After finishing his required student loan payback commitment, he decided to stay at Indian Health Care and continue to serve Tulsa's urban Indian community. Since arriving at IHCRC, Claude has dedicated himself to improving the overall health of his patients.

Claude has a particular passion for geriatric and diabetic health issues. He is a skilled and highly talented physician assistant, who time and time again displays his leadership skills and his commitment to the advancement of medicine. There is not a day that goes by that you do

not hear a patient praise the care they receive from him. His patients lovingly refer to him as "Dr. Claude."

Claude serves on IHCRC's CQI and Pharmacy Therapeutic Committees. Claude also volunteers his time each year to serve on the Dance of the Two Moons planning committee and volunteers at the fundraising event by monitoring silent auction tables. Last year, he played a key role in the success of our first Teddy Bear Clinic and Garage Sale where he served as the Chair of the event. To his credit, Claude has not missed a sick-related day of work in over 12 years! We thank you Claude for your dedication to improving so many peoples' lives.

Congratulations to Physician Assistant Claude Denize for receiving the 2009 Indian Health Service (IHS) National Director's Health Professionals Retention Award.



Indian Health Care hours of operation

SCHEDULED APPOINTMENTS

We can help you schedule an appointment, if you will call (918) 588-1900, Option 1, 1 in advance of your visit. Scheduled appointments allow the time for you to be seen for more than one health need, including prescription refills. Thank you for understanding and being patient. We are doing our best to see as many patients as possible. Busy daily schedules do not allow us to schedule all requests for a same-day appointment.

INDIAN HEALTH CARE RESOURCE CENTER OF TULSA BOARD OF TRUSTEES

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Captain Kevin Meeks, IHS Oklahoma City Area Director, presents the National Impact Award to Carmelita Skeeter.



Carmelita Wamego Skeeter, Chief Executive Officer – 2009 IHS National Impact Award

Carmelita Wamego Skeeter has been CEO of Indian Health Care Resource Center of Tulsa (IHCRC) since 1989. Recognized as one of Oklahoma's most distinguished First Ladies of Health, Carmelita Skeeter coordinates the activities and services for IHCRC and helps to bring local and national focus to the vision and mission of the organization. This member of the Citizen Potawatomi Nation speaks out strongly in support of minority and Indian health care needs.

Over the years, Ms. Skeeter has distinguished herself nationally with her ongoing efforts to improve the health of Native Americans. Her passion for assisting the nation's underserved populations has not gone unnoticed. She is widely acknowledged

as an unwavering advocate and spokesperson to advance the quality of health care available for Native Americans. Throughout her more than 33 years at Indian Health Care she has delivered testimony at the local, state and national level to increase public awareness about the health disparities experienced by Native Americans and other minority communities. She has made it her life's mission to understand the health needs of our community – she has tirelessly worked to make sure those needs are being met. Her many years of service have included participation on the Indian Health Service Redesign Team, the Komen for the Cure American Indian/Alaska Native National Advisory Council and the Oklahoma Primary Care

Association Executive Committee. She was recognized as the 2008 Tulsa Metro Chamber Minority Small Business Champion.

Carmelita is an inspiration to everyone she meets. She is never without drive and determination to add to and enhance the services provided by Indian Health Care Resource Center. She is admired and respected by the IHCRC patients, former and current staff, and the Board of Trustees. Indian Health Care would not be such a vital resource to the Tulsa community without the strength and loyalty of Carmelita Skeeter. The entire IHCRC organization salutes Carmelita's receipt of the 2009 National Impact Award from the Indian Health Service.

Donna Birkenfeld **2009 IHS Peer Recognition Award**

Donna Birkenfeld came to Indian Health Care Resource Center of Tulsa, Inc. (IHCRC) as an Optometry Technician in February of 2002. Donna has worked in the optometry field since 1987 and has always excelled, regardless of where she has worked, in making patients feel that they are a top priority and number one.

Through hard work, attention to detail and exceptional multitasking skills, Donna served for many years in a dual capacity as IHCRC's receptionist/scheduling clerk and the optometry tech until a second Optometry Tech was hired in late 2008. Donna's ability to capably fill both these roles is a tribute to her skills set, determination and competency.

Each year the IHCRC patient load steadily increases and each year Donna rises to the occasion. At IHCRC, we see the diabetic and glaucoma patients on a regular basis. One of Donna's many responsibilities includes charting a patient's diagnosis, last visit, type of visit and when they are due for their

next appointment. Donna has been able to dramatically increase our patient numbers in the Optometry Department by making patient reminder calls to confirm appointments.

Donna is not only reliable as it relates to her responsibilities but she is also an active volunteer at many of IHCRC special events, including our annual Dance of the Two Moons fundraiser and our pediatric teddy bear clinic. Donna is a regular participant in the employee wellness activities organized by IHCRC's Health Education and Wellness Department. She religiously participates in the Personal Empowerment Plan (PET) program to expand her understanding of and to gain education on how best to achieve an optimal healthy living lifestyle.

Donna is the rare employee who is an excellent performer in her job and is universally well liked by all her fellow employees. Donna Birkenfeld is a most deserving recipient of the 2009 IHS Peer Recognition award.

Jennifer K. Jones, OD, 2009 IHS Retention Award

Jennifer K. Jones, OD came to Indian Health Care Resource Center in 1997 through the Indian Health Service student loan repayment program. After finishing her three years of required service, she decided to continue to provide optometric care at IHCRC. Dr. Jones continually works to improve the vision of our patients. Most of her focus is on the vision needs of pediatric, prenatal and diabetic patients. She has earned the trust and love of her patients by giving them the time and respect they need to ensure they have a comprehensive vision plan.

She spends a large portion of her time monitoring IHCRC's diabetic patients for diabetic retinopathy. Working directly with medical providers, the Health Education and Wellness department and her patients, Dr.

Jones ensures that their specific vision needs are being met. She knows that early detection is a key to helping to prevent blindness.

Dr. Jones received her Bachelor of Vision Science and Doctor of Optometry degrees from Northeastern State University in Tahlequah, OK, where she graduated with a 4.0 grade point average in both degree programs. She is widely respected throughout the optometric field for her devotion to her patients. We are proud to say that Dr. Jennifer Jones is on our team and look forward to her continued service at IHCRC.

Congratulations to Optometrist Jennifer Jones for receiving the 2009 Indian Health Service (IHS) National Director's Health Professionals Retention Award.

Save the Date!

20th Annual Dance of the Two Moons

Annual Fundraiser for
Indian Health Care
Resource Center of Tulsa

Saturday, April 24, 2010
Hard Rock Hotel and
Casino Tulsa
777 W. Cherokee St.,
Catoosa, OK

2010 Honorary Chair
Mr. Donne Pitman,
Manager, Chapman
Foundations
Management, LLC

IHCRC Board of
Trustees Two Moons
Event Chair – Jay
Anderson, DDS

Featuring: The Fabulous
Mid Life Crisis Band

For more information, contact:
Emily Bolusky, IHCRC Public Relations
Manager at 918/382-1206
ebolusky@ihcrc.org



Alicia is joined by two of her clients. Flower Shell (left) says, "Exercise helps me physically, emotionally, spiritually and mentally" and Debra Mayo adds (right), "People are starting to call me skinny since I've been coming to the clinic. I'm going to have to start jumping around in the shower to get wet."

Meet Alicia Young – Activity Specialist

Alicia Young is a new member of the IHCRC Health and Wellness department. She joined the team in March as an Activity Specialist. IHCRC clients may meet with Alicia for various reasons. Weight loss, more energy, better balance and flexibility, and improved blood sugar control are some common client goals. Clients usually meet with Alicia once a week at the IHCRC health and wellness facility located at 1630 S. Main. She helps her clients review their current activity level and together they map out an exercise plan just for them. Exercise plans include activities that clients perform at home in between their sessions with Alicia. Weekly group exercise classes for kids during the school year and employee exercise classes are also part of Alicia's job.

Alicia grew up in Ft Worth, Texas. She graduated from Texas Women's University with a BS in Kinesiology. She and her husband Mike have been

married for three years. They have a two-year-old boxer named Lola. Alicia's favorite quote is from Stephen Covey – "The key is not to prioritize what's on your schedule, but to schedule your priorities."

Alicia's position of Activity Specialist is funded through the Indian Health Service Health Promotion/Disease Prevention (IHS HP/DP) grant. This program recognizes that heart disease is a growing problem among American Indians. Overweight, high blood pressure, high blood cholesterol, diabetes, lack of physical activity and smoking can increase the risk for heart disease. If you are at risk, you may be able to prevent or delay it. By making healthy changes in food choices and being physically active almost every day, you are creating a healthy lifestyle for yourself and for future generations.

Dietitian Kay Meek works with Alicia to implement the activities of the IHS HP/DP work plan. Kay

and Alicia work together with their clients to support them develop a personal physical activity and nutrition health plan to prevent heart disease. In addition to Kay Meek, HP/DP Dietitian, other IHCRC dietitians include Gabrielle Taylor, Diabetes Intensive Care Dietitian; Alison Forsythe, Youth Program Dietitian; Karen Rodgers, Diabetes Educator Dietitian; and Debra Rummel, Clinical Dietitian.

If you are interested in meeting with Alicia or learning more about what the IHS HP/DP program has to offer, please contact Kay at 382-2226. Before starting any new exercise program, it is important to discuss your medical condition with your doctor. A medical clearance from your IHCRC medical provider is required before you begin exercise sessions with Alicia. Since nutrition is such an important part of an exercise program, you will also meet with an IHCRC dietitian.

Justin Postier, DPh 2009 IHS Area Director's Excellence Award

Justin Postier, DPh, joined Indian Health Care Resource Center (IHCRC) as the Director of Pharmacy in February 2006. Since that time, he has distinguished himself with his competence, clinical knowledge, professionalism, proactive approach to handling pharmacy related issues, ability to diffuse and handle patient complaints satisfactorily and capacity to provide the highest quality pharmacy services.

Justin is charged with a large number of duties at IHCRC, which he capably performs. Justin serves on the Leadership Team, the Credentialing and Privileging Committee, the CQI Committee and the Pharmacy and Therapeutics Committee. Within his Pharmacy Department, he oversees all the daily operational activities, including filing prescriptions orders and conducting individual patient education consultations concerning medication with a special emphasis being

given to high blood pressure and diabetic patients.

Justin is an energetic and highly productive employee who routinely performs above and beyond in his job responsibilities. His contributions to the efficiency and cost effectiveness of the IHCRC pharmacy operation have been many. Justin earned a Bachelor of Science in Pharmacy from the University of Oklahoma Health Science Center and he attended Oklahoma State University where he studied microbiology. He is a preceptor and adjunct faculty for the University of Oklahoma - College of Pharmacy. Previous to coming to IHCRC, Justin was the Pharmacy Manager for Mays/Drug Warehouse.

Justin is a most deserving recipient of the 2009 IHS Area Director's Excellence Award.

Phyllis Pratt 2009 IHS Area Director's Merit Award

Phyllis Pratt, Choctaw and Pawnee, came to Indian Health Care Resource Center of Tulsa in October 1996. She serves as the Patient Billing and Eligibility Office Manager where she supervises and manages the 18 employees.

The Eligibility Department is responsible for all referrals for specialty care, durable medical equipment, special procedures and tests. This staff handles all insurance verifications, assist patients participating in the pharmacy assistance program and helps patients apply for any governmental insurance program for which they may be eligible. The Patient Billing department is instrumental to both the day-to-day operations and the financial well being of our facility. In addition to the normal patient processing, the front line staff handles patient complaints and other stressors that require an ability to compassionately resolve a wide variety of situations. Phyllis manages and trains the insurance clerks that conduct the

collections of patient payments and Medicaid, Medicare and commercial insurance billings.

Phyllis is a past recipient of Indian Health Service Area Director's award for Support Staff of the Year in 2006, as well as a 2003 award from the Oklahoma Primary Care Association (OPCA) for Dedication and Commitment to Excellence in Third Party Reimbursement. The Patient Billing Department won the 2007 IHS Director's Award for their outstanding performance, dedication and commitment. Phyllis serves on IHCRC's Leadership Team, the HIPAA Committee and the Document Retention and Destruction Committee.

Phyllis received her Bachelor of Science degree in Business Administration from NSU and a Masters in Business Administration (MBA) from the University of Phoenix.

Phyllis Pratt is a most deserving recipient of the 2009 IHS Area Merit Award.

HEW Department receives Pre- Diabetes and Obesity HP/DP grant

IHCRC's Health Education and Wellness Department has received good news that it will receive three more years of funding from the Indian Health Service to support its "Pre-Diabetes and Obesity Health Promotion and Disease Prevention program."

The project assists American Indian children, youth and adults who are at risk of cardiovascular disease or diabetes in a voluntary effort to lead a healthier lifestyle. With the grant, Kay Meek, the HP/DP dietitian will develop individualized intervention plans for each participant. Following an initial assessment, appropriate health referrals will be made and participants will be directed to attend regular community health education and physical activities.

An intervention and treatment plan will be designed to engage participants in activities that focus on taking steps to lower their risk of cardiovascular disease and diabetes. These activities will increase the client's awareness of risk factors for disease and the need to make changes in their lifestyle. Clients will receive individual assistance in setting and working towards achieving their personal health improvement goal.

Parents will also learn how to reduce their children's risk for diabetes and cardiovascular disease by making healthy choices for weight management through physical activity and nutrition. IHCRC will use the "We Can!" science-based program to emphasize three components that are essential for better health – improved food choices, increased physical activity and reduced screen time.

Become part of Community Family Club

1st Annual Poker Run and Cookout Kickoff a Success



Indian Health Care's Community Family Club started its fall 2009 season off with the First Annual Poker Run on Oct. 6. This fun, family-filled event was held at Allen Bowden Elementary School where activities included potato sack races, Bongle Ball, walking around the new track, a football toss and more. Once each family completed each activity they were given a playing card and the best hand of poker at the end of the night won! Families also enjoyed hamburgers and hotdogs and competing for raffle prizes throughout the night. With about ten families in attendance it was a great start for the Community Family Club for fall 2009.

The Community Family Club provides a friendly atmosphere to promote socializing and fun activities for the whole family. All generations are welcome – from the youngest to the eldest family members. Parents will enjoy the opportunity to share common experiences and support one another. Family Club activities help connect kids with their Native culture and promote skills for success in school and life. The Community Family Club program design was developed by Camp Fire USA, which has a long history of offering quality youth development programs for school age girls and boys.

Community Family Club activities are supported by IHCR's Healthy Lifestyles project, funded by the Oklahoma Tobacco Settlement Endowment Trust, and by our "Traditional Foods" health promotion and disease prevention project, funded by the Centers for Disease Control and Prevention (CDC).

We invite area Indian youth and families to get involved with their Native community by becoming a part of the Community Family Club. The Community Family Club holds its regular monthly meeting at Allen Bowden Elementary School, 7049 Frankoma Road. Meetings run from 6 to 8 pm and always include a healthy meal and lots of fun activities. Special events are usually scheduled on weekends. If you would like

to attend a meeting, please contact Kevin Heeney at (918) 588-1900 ext. 2268 (kheeney@ihcrc.org) or Alison Forsythe at ext. 2216 (aforsythe@ihcrc.org).





Tim Shadlow

IHCRC Youth Program Coordinator

In his own words

"Ha-We" is my traditional way of welcoming others or saying hello in my native Osage language. My name is Tim Shadlow and I became the new IHCRC Youth Program Coordinator this past summer.

I am extremely excited about serving as the Youth Program Coordinator at IHCRC. As a Native person myself, I plan to utilize my knowledge of Indian culture and integrate that into our youth programs with a specific focus on wellness and educational achievement.

I also serve as the coordinator of the Native Nations Youth Council (NNYC), sponsored by IHCRC. NNYC offers a great opportunity for Native youth to get involved with other Native people, build strong and lasting friendships, contribute to Native America and make a difference in our community.

Thus far, I have been extremely impressed with the successful collaboration between multiple departments at IHCRC and all of its employees. It is clear to me that everyone at the IHCRC is dedicated to the mission of providing quality, comprehensive and culturally sensitive healthcare to Native people.

I received my bachelor's degree from Haskell Indian Nations University in Lawrence,

Kansas in 2006. During my stay in Kansas, I worked at the Haskell Health Center as a Lifestyle Program Coordinator. After moving back to Oklahoma, I was employed as a Field Facilitator for the Osage Nation in the Hominy Public Schools. There, I worked as a mentor and a tutor for school-aged children as well as helping coordinate college prep nights and an earth celebration for the youth.

On a personal note, I grew up in Hominy, Oklahoma where my two brothers, my parents and I enjoyed participating in many Osage tribal activities, such as our ceremonial In-Lon-Schka dances in June and Native American Church. I have been married to Joanna Shadlow, PhD for six lovely years. She is an Applied Assistant Professor in the Psychology Department at the University of Tulsa. She also works in the Behavioral Health Department at the IHCRC on Friday afternoons. We have two amazing children. Mia, is 4-years old and attends pre-kindergarten at Patrick Henry Elementary. She loves gymnastics, dressing-up, and painting. Mason, is a 1-year old who attends Happy Campers Academy. He loves to eat, sleep and get into everything!

Youth Council to meet at the Riverwalk FunHouse Arcade

To spark interest and start recruitment for the Native Nations Youth Council, an evening of fun for area Native American youth and their families will be held Thursday, October 29 from 6:30 pm- 8:30 pm at the Riverwalk Crossing in Jenks, Oklahoma. Food and drinks will be provided for youth and their families who RSVP and all youth council members will be provided with free tokens to play in the Riverwalk FunHouse Arcade. Other fun and informative activities are being coordinated, so this promises to be an evening you don't want to miss!

The Native Nations Youth Council is co-sponsored by IHCRC's Wellness and Behavioral Health Departments.

Please RSVP to attend the Riverwalk event by contacting either Tim Shadlow, IHCRC Youth Coordinator, at 382-2217 (email: tshadlow@ihcrc.org) or Electa Hare, IHCRC Community Coordinator, at 382-2208 (email: ehare@ihcrc.org). Please call or email even if you can't attend the Jenks FunHouse event so we can keep you informed about other upcoming activities of the Native Nations Youth Council.



IHCRC Indian Youth Program 2009 IHS Area Awards – Exceptional Group Performance

The Indian Youth Program of Indian Health Care Resource Center of Tulsa (IHCRC) conducts an extensive array of afterschool programs, school-day programs and summer camps. These various programs teach healthy lifestyles and enhance the ability of youth to make good decisions regarding physical activity, nutrition and health promotion.

IHCRC youth program staff conduct afterschool programs for elementary school age children at two schools with sizable Indian student enrollments. These programs provide physical activity, nutrition, and other positive health promotion messages. Between 40 and 60 students participate at each school. IHCRC uses the CATCH (Coordinated Approach to Child Health) curriculum in the afterschool programs. This evidence-based program promotes physical activity and healthy food choices and prevents tobacco use in elementary school-aged children. In addition to CATCH, the IHCRC Health Education and Wellness (HEW) staff uses experiential learning activities to help the children retain what they have learned. The experiential learning activities teach nutrition and fitness concepts and are excellent for reinforcing the CATCH lessons.

IHCRC offers a variety of healthy lifestyle summer camps for Native American children. The Wellness Adventures Diabetes Prevention Camp is a unique camp focused on the health and wellness of Native American children. Participants enjoy adventure-based health and fitness activities at the Tulsa Public

IHCRC offers a variety healthy lifestyle summer camps for Native American children.

Schools HelmZar Challenge Course. The Healthy Trails Camps are offered to children who have completed grades 1-6. Healthy Trails Camp features CATCH curriculum fitness and nutrition lessons, experiential learning activities, and traditional Indian games. Sports and Recreation Camps provide youth with fundamental skills for 8 to 10 sports. Basketball Camp is for boys and girls who have completed grades 3-6 and the emphasis is on fundamentals, shooting skills

and the basics of offense and defense.

In the fall of 2008, IHCRC was awarded an Oklahoma Tobacco Settlement Endowment Trust (TSET) grant to implement the CATCH curriculum, physical activity, nutrition, and commercial tobacco prevention into 12 elementary schools over the next three years. An afterschool gardening component provides youth with opportunities to learn how to grow their own healthy foods. Other recent grants from the Centers for Disease Control and Prevention (CDC) and the US Department of Agriculture help promote the consumption of healthy foods through participation in community gardening, shopping trips, meal planning and cooking classes.

The IHCRC Indian Youth Program provides health promotion opportunities for over 1,000 children each year. The various HEW youth programs are funded through a variety of federal and state grants and contracts and IHCRC's general fund. In 2008, the IHCRC Indian Youth Program received a very favorable review by the Early Assessment of Programs and Policies to Prevent Childhood Obesity, conducted by the CDC and Macro International.

CATCH Training

Bringing School Health to Oklahoma

In a collaborative workshop, staff members from Indian Health Care Resource Center of Tulsa and the Strong and Healthy Oklahoma division of the Oklahoma State Health Department (OSDH) recently completed training in the Coordinated Approach To Child Health (CATCH) program. Six IHCRC Indian Youth Program staff members and six OSDH Chronic Disease staff members attended the 3-day train-the-trainer course and became certified. As a direct result, the State of Oklahoma now has a dozen highly qualified CATCH trainers who are ready to implement the CATCH program in Oklahoma schools.

CATCH (Coordinated Approach To Child Health) is an evidence-based, coordinated school health program designed to promote physical activity and healthy food choices, and prevent commercial tobacco use in children from preschool through grade 8. The program is currently being implemented in over 7,500 schools and after-school programs across the United States and Canada.

By teaching children that eating healthy and being physically active every day can be fun, the CATCH Program has proven establishing healthy habits in childhood can promote behavior changes that can last a lifetime.

Nancy O'Banion, IHCRC Director of Health Education and Wellness, explains, "The CATCH program is an excellent tool for schools. We will be implementing CATCH in 12 Tulsa schools during the next three years."

IHCRC and OSDH wish to thank Youth Services of Tulsa for providing their facility for the training. Funding for the training was provided by the Oklahoma State Health Department; and three IHCRC grant programs: Tobacco Settlement Endowment Trust, Indian Health Service Health Promotion and Disease Prevention, and OSDH REACH US. All of these programs and organizations are dedicated to improving the overall health of youth and reducing childhood obesity and the associated risks for diabetes and cardiovascular disease.

Red Pepper Asparagus w/Mostaccioli

- 5 garlic cloves minced
- 1 teaspoon dried pepper flakes
- 2-3 dashes of hot pepper sauce (Louisiana hot sauce)
- 1/4 cup olive oil
- 1 tablespoon margarine

In skillet, heat oil and margarine, add above ingredients, cook for 2-3 minutes, then add: 1 lb fresh asparagus, broken into 1 1/2" pieces, black pepper to taste
Saute and cook until asparagus is crisp yet tender, 8-10 minutes

Toss all the above over 16 ounces (before cooking) cooked Mostaccioli (tubular pasta), heat until blended. Serve warm, topped with grated Parmesan and mozzarella cheeses. Bon appetit

IHCRC Activity Calendar

IHCRC NATIVE NATIONS YOUTH HEALTHY SNACKS CLASS

Learn how to make quick, easy, and healthy snacks! Classes are held once a month on the last Tuesday of the month. Classes are held at the IHCRC Satellite Office, 1630 S. Main. Contact Alison Forsythe (918) 588-1900, ext. 3216 with any questions.

KIDS GROUP EXERCISE

Come have fun and get your heart pumping too! If you want to meet other kids and get some exercise, this is your chance! Classes are held at Central Community Center every Tuesday from 4:30-5:30 pm – except for the last Tuesday of the month when Snack Class is held instead (see above). Contact Alison Forsythe (918) 588-1900, ext. 3216 for answers to any questions.

HEART SAVERS CLASSES

To learn more about how to become a participant in the Heart Saver's Program for Type II Diabetes, call Stacy Berg, CVD Case Manager at (918) 588-1900 ext. 3228.

TOBACCO CESSATION CLASSES

The IHCRC Health and Wellness Department will be offering a six-week smoking cessation class to be held on Wednesday evenings at the IHCRC Satellite Office, 1630 S. Main. Classes are held on Wednesdays from 5:30-7:00 pm. We ask participants to attend all six sessions. Interested participants are eligible to receive Chantix nicotine replacement therapy patches if they attend at least four of the six sessions. IHCRC will see patients on a one-on-one basis as well, if schedule permits. For more information or to enroll, contact Clayton Tselee at (918) 588-1900 ext. 2244.



On Your Mark, Get Set, Go Race for the Cure!

By Emily Bolusky, Public Relations Manager

On September 19, 2009, a crowd of 240 patients, staff and family members of Indian Health Care Resource Center of Tulsa came together to battle against breast cancer by participating in the Komen Tulsa Race for the Cure. This

was an increase of 120 participants from last year's team. We even had five breast cancer survivors on our team. The Tulsa Komen Affiliate chapter works to reduce breast cancer in Tulsa County by funding education, screening and treat-

ment programs. An emphasis is placed on meeting the needs of the medically underserved. This year's race had 11,600 participants who helped raise approximately \$750,000.

With the support of the Komen for



the Cure grant funding, Indian Health Care Resource Center conducts our breast cancer screening and education program for Native American women. The Komen grant ensures that any Native woman, age 35-64, is able to get a baseline and annual screening mammogram. The IHCR medical staff also conducts clinical breast exams and provides instruction on how to conduct a self-breast exam. IHCR promotes a women's health empowerment message of "Knowledge is Power" and encourages women to bring their mother, daughter, sister or

friend when they make their annual appointment for a mammogram.

IHCR is also a participating partner in the Oklahoma State Department of Health (OSDH) Oklahoma "Take Charge" program and the Medicaid breast and cervical cancer "Oklahoma Cares" system. These programs ensure treatment will be available for any woman for which cancer treatment is needed.

Call the IHCR Diagnostic Imaging Department at 382-1284 to schedule your free mammogram and receive a free women's health t-shirt.

IHCR Activity Calendar

COUNCIL AND CAMP FIRE COMMUNITY FAMILY CLUB

The Native Nations Youth Council and Camp Fire Community Family Club meet on an ongoing basis. Contact Kerri at 588-1900, ext. 3219 for more information.

GENERAL CLINIC CALENDAR

November 4 and December 2 – Clinic closed in the morning for monthly staff meeting and training; clinic opens at 1pm.

November 11 – Clinic closed for observance of Veteran's Day

November 20 – Clinic closed from 11am-1pm for staff Thanksgiving Luncheon

November 23 – Annual Meeting of the Membership

November 26-27 – Clinic closed for observance of Thanksgiving

December 18 – Clinic closed from 11am-2:30pm for staff Holiday Luncheon

December 24-25 – Clinic closed for observance of Christmas

January 1 – Clinic closed for observance of New Year's Day

Make a donation before year-end 2009

I would like to make a tax-deductible contribution to Indian Health Care Resource Center of Tulsa, Inc. Enclosed please find my contribution of: (circle one)

\$20 \$50 \$75 \$100 \$150 \$250 \$500 \$1,000 Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Make checks payable to:

Indian Health Care Resource Center of Tulsa, Inc.

550 South Peoria, Tulsa, OK 74120, (918) 382-1206

IHCR is a 501(c)(3) nonprofit organization.

TOBACCO STOPS WITH ME.

WWW.STOPSWITHME.COM

Ex-smokers overwhelmingly report being happier after quitting than when they were smoking.





Karen McAhren, A Survivor Among Us

By Edward Rogers, IHCRC Credentialing Coordinator

Karen McAhren, ASRT, ARRT is the Supervisor of Diagnostic Imaging at Indian Health Care Resource Center of Tulsa (IHCRC). Karen joined IHCRC in January 2008 after working for the previous 11 years at Jane Phillips Hospital in Bartlesville in the Diagnostic Imaging Department.

Karen has been a very productive asset to IHCRC, tripling the number of annual mammogram exams conducted. Obviously, Karen is a go-getter and very competent in her job performance and responsibilities. However, what is not evident is the story that fuels the driving force behind her dedication and commitment to providing early detection and screening services for both skin and breast cancer. This is her story:

In July of 2002, Karen had a mammogram that found micro calcifications. The doctor performed a needle excursion extraction and removed the micro calcifications in the breast. The pathology report came

back positive for a malignancy. Because Karen was in the mammography field, she was religious about getting an

**Visit the Komen
webpage for more
info about breast
self exams at
www.komen.org**

annual mammogram. Due to early detection, her malignancy was caught in its earliest stage (Stage 1A). When extraction was performed, the surgical team was successful at removing all of the cancerous cells, and therefore, she did not have to take chemo or radiation and it did not affect the lymph nodes.

Skip forward to February of 2004, Karen's son Camron was visiting from Arkansas for the Valentine's Day weekend. On Saturday morning, Karen

got up to fix breakfast. Since it was unusually warm for a winter day, she happened to put on shorts. As she was standing at the stove with her back to Camron, he noticed a spot on the back side of her thigh. "Mom you have a dark mole on the back of your leg, you should have your dermatologist look at it," he said. At first, she shrugged it off, but later decided to follow up on her son's advice, knowing it might take three months or more to get in. She asked the appointment secretary to let her know if there were any cancellations so she could get in as quickly as possible. As luck would have it, there was a cancellation on the following Monday and Karen was seen by the dermatologist. The doctor took a biopsy of the mole, which tests confirmed was positive for cancer.

Her dermatologist referred her to a surgeon who performed a sentinel node biopsy which includes four injections around the cancer site. Later, the doctor conducted a deeper surgical biopsy to confirm if the outer margins of the specimen were affected with cancer as well. When she went back a week later, the doctor said the pathology report indicated both the lymph node specimen and the margin of the specimen were benign. He forwarded a partial pathology report to the dermatologist who communicated his findings to Karen.

Six months later, Karen's dermatologist called her on a Sunday evening, saying she just read an article which encouraged anyone who had had a 4 millimeter or larger melanoma in the past to see an oncologist. Karen's mole had been larger than four millimeters and she was not seeing an oncologist. The dermatologist referred Karen to an oncologist the following week.

The first thing the oncologist ordered for Karen was a chest x-ray

and blood tests. The chest x-ray looked good, but the blood tests came back abnormal. She had advanced cancer (Stage 4A), which means the cancer had reached the lower dermis. The oncologist requested the full pathology report that the surgeon had interpreted six months previously. When the oncologist received the report it clearly indicated to him that the lymph node was cancerous and the margins of the specimen were cancerous as well. Karen was devastated after thinking she was cancer free for six full months. It goes without saying that she elected to go to a new surgeon in her hometown. He removed 32 lymph nodes from her skin, and of those, 17 were positive.

The oncologist put Karen on Interferon (which is similar to chemotherapy with the same side-effects) five days a week for two months, and three days a week for the remainder of the year. To her credit, she never missed one day of work the entire year she was on Interferon treatment. Though, it was hard to stay

positive when she lost all her hair and fingernails and fell to 93 pounds.

After a year's time, Karen finished the Interferon and started getting her hair and fingernails back. For five years she received a chest x-ray, lab work and a PET scan every six months. She also saw a dermatologist and oncologist every six months. "I believe God gave me a second chance and I use my experience with both skin and breast cancer when I see my patients. Karen explains, "I see my patients nude from the waist up and I check their upper body for irregular moles and encourage them to go see a doctor when needed. I strongly believe in self-examination and early detection."

Based on her experience, the one thing Karen encourages friends and family to do is to be mindful of what people in this situation are going through. If you can mow the grass or cook a meal for someone you know who is going through chemo or radiation therapy or other serious health issues, it can mean the world to

your friend or family member.

"I know I have a reason to still be on this earth. Since I have had breast cancer, I understand what all of the patients go through that have breast cancer. They are scared, afraid of the unknown, not educated on what's going on, they feel helpless and have extreme anxiety. I will help anyone going through treatment by calling them and keeping in touch with them," she explained.

"IHCRC is so lucky to have an ongoing partnership with an exemplary organization like the Susan G. Komen for the Cure Tulsa Affiliate to help women with their finances by paying for screening and diagnostic mammograms and biopsies. It has been a joy to work with Christy Southard, Executive Director at the Susan G. Komen for the Cure Tulsa Affiliate on special projects for the community. They, like me, are advocates for early detection. It saves lives," said Karen.

And as Paul Harvey would say, now you know the rest of the story.





IHCRC Behavioral Health Team – 2009 IHS Nat’l Behavioral Health Achievement Award

Founded in 1976, Indian Health Care Resource Center of Tulsa (IHCRC) provides access to comprehensive outpatient medical and behavioral health care to Native Americans of all ages. The staff of this comprehensive urban Indian health organization (UIHO) provides acute care, preventive care and chronic disease management services. The “one-stop” health center provides easy access to quality, comprehensive outpatient health care. Preventive and treatment services are designed to improve the health of American Indians and reduce the need for acute medical and behavioral health care.

Integration of medical and behavioral health prevention and treatment is a top priority at IHCRC in promoting a holistic model of care. The integrated approach to care encompasses community health nursing, primary care, oral health, vision, mental health and substance abuse prevention and early intervention.

The 2009 National Indian Health Service (IHS) Behavioral Health Award was presented to the IHCRC Behavioral Health Team in recognition of the many ways behavioral health services are integrated into the IHCRC clinical operation, including:

1. A common medical chart is shared between the behavioral health and medical departments. This allows medical and behavioral health providers to review and consult to create a comprehensive plan for patient care.
2. Medical and behavioral health staff are “positioned” in each department. For example, the behavioral health department has a full time psychiatrist and a full time developmental pediatrician. The medical department has access to a case manager from behavioral health to address complex needs of patients.
3. All prenatal patients are routinely screened for mental illness, substance abuse and domestic violence. Patients in need of treatment are referred to IHCRC’s internal departments and to local community agencies. Patient education is provided by a perinatal case manager, a prenatal public health nurse and a pediatric case manager to complement the physician services.
4. Patients with chronic disease management such as diabetes or high blood pressure are referred to behavioral health for an assessment if their medical provider suspects a problem. IHCRC estimates 30% of patients treated for diabetes also suffer from clinical depression, which complicates their diabetic care.
5. Medical doctors refer patients to behavioral health and/or substance abuse providers if they suspect problems with alcohol, street drugs, or prescription drugs.
6. Adult patients being treated for chronic depression and/or anxiety have a treatment team consisting of a medical provider and a therapist. Patients may also be referred for psychiatric care.
7. Medical staff call for behavioral health consults in crisis situations, such as suicidal ideation, substance intoxication, economic issues (homeless, lost job, utilities cut off, no food in home), or relationship issues (spouse, significant other, child).
8. Medical staff consult with and refer patients to the behavioral health staff to address legally mandated reporting issues such as suspected child abuse, spouse abuse or elder abuse.



Electa Hare, MSW Connecting our Past with our Future

Electa Hare, MSW is a member of the Pawnee Nation, Yankton descendant. She attended Cameron University for her Bachelor's degree as a Varsity basketball player and then moved on to complete her Master's in Social Work at Washington University in St. Louis, concentrating on Social Empowerment among Native American Children, Youth and Families. She is a Buder Scholar, a former American Indians into Psychology fellow, as well as an Indian Health Service summer extern.

During her summer externship with IHCRC's Systems of Care children's behavioral health program, Electa was able to practice case management and crisis and life planning. She learned quickly how to navigate community systems of care which best fit the needs of children, youth and families served. She is beginning work on her LCSW licensure while serving as the Community Coordinator for IHCRC's "Gathering Strength – Restoring Harmony" Systems of Care program.

Electa believes strongly in the strength of indigenous people and would like to utilize her skills to contribute to a better system of care and understanding for American children,

youth and families experiencing emotional and behavioral challenges. Her interests include strengths-based social work practice, decolonization theory and Indian Child Welfare. She is thankful to be serving the Tulsa area as she returns to her home state of Oklahoma.

Electa's work with urban American Indian families who have a child impacted by emotional and behavioral disorders have propelled her interest in the generational effects of trauma on children. She values the utilization of historical trauma theories to guide her practice. She hopes to continue to work closely with the Indian people of Oklahoma to address healthcare disparities. Oklahoma tribes have a rich history – many of our children are affected by diagnoses of emotional/ behavioral issues. Electa is committed to serving each child and family to the best of her abilities using her skills, knowledge and compassion.

For more information on the "Gathering Strength – Restoring Harmony" Systems of Care program you may contact Electa at (918) 382-2208.

Strengthening Our Native Youth grant received by IHCRC Behavioral Health Department

The IHCRC Behavioral Health Department has received a new "Methamphetamine Suicide Prevention Initiative" (MSPI) grant from the Indian Health Service. IHCRC will use this grant to implement a work program titled, "Strengthening Our Native Youth" or SONY for short. With the grant, IHCRC will implement two evidenced-based prevention practices: 1) American Indian Life Skills Development Curriculum; and 2) Columbia Teen Screen (depression screening).

The project will also support the organizational development of the IHCRC-sponsored Native Nations Youth Council (NNYC), in partnership with area public schools, Indian Education programs and high school Indian clubs. The project will promote opportunities for Native youth to support healthy lifestyles, including service learning involvement in elementary school afterschool programs and community gardening programs. By becoming involved in NNYC, intertribal youth will be strengthened through their participation in healthy living, youth empowerment and positive youth development activities and events.



Call for new members Native Nations Youth Council

Are you bored? Have nothing to do? Then it's time to get involved, have fun, build community values and connect with other Native youth in a positive way! Indian Health Care Resource Center of Tulsa, Inc. (IHCRC) is working to get the word out to local Native American youth and young adults between the ages of 11 and 24 to join our Native Nations Youth Council (NNYC).

The Native Nations Youth Council is affiliated with the United National

Indian Tribal Youth (UNITY) network. The Youth Council helps Native youth develop positive character and life skills. Members can interact with other Native people, build strong and lasting friendships, develop greater self-esteem and self-confidence, contribute to Native America and make a difference. NNYC offers a great opportunity for Native youth to get involved with your community and network with other Tulsa area Native youth.

NNYC monthly meetings

For the next six months, NNYC will hold regular meetings on the first and third Thursday of the month, from 6:30 to 8 pm at the Youth Services of Tulsa Activity Center, located at 311 S. Madison Avenue, just a few blocks northwest of the IHCRC main clinic. Healthy food and refreshments will be provided. In November, NNYC will only meet on Thursday, November 12, 2009.



2008 Native Youth L.E.A.D. Lock-In and Youth Leadership Training event.

As a UNITY chapter, the Tulsa-area NNYC group is expected to conduct at least one project each year in each of the following areas:

- Community service
- Cultural preservation
- Environmental awareness
- Healthy lifestyles

Things to do – Activities NNYC youth may decide to undertake:

Social – Health – Fitness

- Co-ed softball or volleyball team/league
- Competitive sports leagues (basketball, stickball, Lacrosse)
- Running club
- Native Youth dance group
- Annual Indian community picnic and games event
- Cooking classes

Cultural – Traditional

- Drum group
- Medicine Wheel Honor Guard
- Beading and crafts class
- Shawl making class
- Hand games – learn and share class
- Pow wows
- Social stomp dances

Community – Environmental

- Create a safe place for Native Youth to hang out
- Create media and art pieces to reverse negative mental health stereotypes
- Fight back against tobacco, drug and alcohol abuse
- Indian theater and storytelling to conduct advocacy and social marketing
- Community gardening
- Fight hunger through food security activities
- Organize park or neighborhood clean up days

Leadership – Life skills

- Ropes challenge course
- Native youth career fair
- Financial and credit management
- Micro-business entrepreneurialism
- Indian youth employment program
- Video portrait project to honor elders
- Recruit adult mentors for NNYC youth
- Discussion group about youth issues

NNYC activities shopping list

NNYC members will work together to identify what activities they want to be involved in/with based on group preference and interest. Listed in the next column are a few examples of the types of activities that NNYC youth may participate in – it will be up to the youth involved to choose what types of social, cultural, community service and leadership projects they will undertake.



Teddy Bear Pediatric Clinic Open House A Furry-Fun-For-All

On Saturday morning August 8, a throng of young Native children and their families came to Indian Health Care Resource Center to experience the health center's second annual Teddy Bear Clinic. The Teddy Bear Clinic

was conducted to promote IHCRC's pediatric health services and to give everyone a chance to meet our Pediatric Physician Assistant Holly Shinnen and our returning pediatrician, Dr. Shea Bowling.

Upon arriving, the young children were met by Tulsa Firefighters with their fire truck and an inflated Jupiter Jump set up in the front parking lot. Upon entering the front lobby, the young children scurried to receive a twisted balloon animal, or to have their face painted or to be fingerprinted by Tulsa Sheriff's Deputies.

The purpose of the Teddy Bear Clinic was to provide a fun-filled experience for the young children to learn more about all the types of health care provided at the Indian Health Care clinic – care that is available for all Native children (with proof of tribal membership), but just for fun and by special arrangement, sometimes available for teddy bears too.

The young children were invited to bring their favorite teddy bear or other stuffed animal from home to participate in the Teddy Bear Clinic,



however most of the young participants arrived empty-handed and were given a free bear. From the check-in in the front lobby, each child received a colored wristband and a Teddy Bear Health Certificate and directions to take their bear to each clinical stop within the Teddy Bear Clinic.

During the event, each child served as the “parent” of their teddy bear or other stuffed animal, which they took through the different service areas of the clinic, including the reception desk, waiting room, doctor’s exam room, dental, optometry, radiology and behavioral health. The goal of the Teddy Bear Clinic was to provide a fun environment to alleviate a child’s potential fears of the medical setting. They witnessed the doctors, nurses and technicians performing various procedures on the stuffed animals, including health checkups, x-rays, oral and eye exams. At the same time, children got a better understanding of how a doctor’s office works and learned about wellness and injury prevention.

The health stops for the Teddy Bear patients included the Hygiene Exam Room, Vitals Exam Room, Wound Care Exam Room, X-ray,

Pharmacy, Human Services, Dental Care, Optometry and then they went to play and learn about exercise and nutrition with the Health Education and Wellness Department. At each stop, the friendly IHCRC health providers welcomed the children with their stuffed animal patients. The children even had a chance to get their teddy bears x-rayed and receive a mock eye exam, where they were asked to identify shapes or animals. Prizes were handed out at each stop along the way. As they made their rounds, the children participated in activities such as drawing pictures of their family or teddy bear and joining a physical activity game for prizes. The “Food for Life” program staff quizzed the children about types of vegetables and gave away free packets of flower seeds.

Parents were invited to register for a drawing, with the winners receiving a \$100 gift certificate, a build-a-teddy bear, a breast pump and a child’s car seat. A variety of health and safety information packets were also available for parents. It was indeed a beary wonderful event, offered free to children, parents and bears alike.



IHCRC of Tulsa /Fall 09 / 25

Indian Health Care hours of operation

MEDICAL SERVICES HOURS

Monday, Tuesday, Wednesday and Friday 8 am-5 pm
Thursday 10 am-7 pm
1st Wednesday of the month the Medical clinic opens at 1 pm (closed in morning for staff meeting)

HUMAN SERVICES HOURS

Monday - Wednesday 8 am-6 pm
Thursday 10 am-7 pm
Friday 8 am-5 pm
1st Wednesday of the month the Human Services clinic opens at 1 pm (closed in morning for staff meeting)

WIC NUTRITION HOURS

Monday - Friday 8 am-4:30 pm

SAME-DAY / FAST TRACK APPOINTMENT POLICY

When you come to the clinic for a same-day or fast track appointment we will do our best to work you into the schedule based on the following:

THE SICKEST PEOPLE ARE SEEN FIRST

Patients are not seen on a first come first seen basis.
One problem exam will be addressed – you are being seen for one problem only, for an illness that came on suddenly.

TIME LIMITATIONS

A same-day appointment does not allow time to talk about prescription refills or other issues. A walk-in appointment will be seen as soon as a provider is available if you are able to wait. We may not get to all walk-ins in a day; however we will do our best to serve all walk-ins.



Taste of North Tulsa – “Better Choices, Longer Life”

By Steve Eberle, IHCRC Community Food and Garden Coordinator

North Tulsa residents and local food advocates gathered to sample a Taste of North Tulsa, “Better Choices, Longer Life,” a special healthy dining out event held Thursday, October 8, 2009 at Tulsa’s McLain High School for Science and Technology, 4929 N. Peoria Avenue. The purpose of the Taste of North Tulsa event was to educate the community about making better food choices when eating out at local restaurants.

Nearly 300 guests enjoyed live music from Charlie Redd and the Full Flava Kings while tasting healthy menu items from neighborhood restaurants. Special guests included McLain High School administrators, State Representatives

Seneca Scott and Jabar Shumate and over 60 members of the McLain High School football team. The community response to the evening was overwhelming, in the words of Co-Principal Ebony Johnson, “What an amazing event, everyone is going on and on about how great it was.”

Local food vendors used the American Heart Association/American Stroke Association’s “Healthy Soul Food” cookbook recipes to prepare healthier versions of the items usually found on their menus. This cookbook includes 40 recipes from entrees to desserts with less than 350 calories per dish.

Participants enjoyed a variety of

healthy food from north, midtown and downtown Tulsa restaurants including Blue Jackalope, Elote’, Evelyn’s, Big Daddy’s, Sweet Lisa’s, Oklahoma Style Bar-B-Que, Osage Million Dollar Elm Casino and Hibiscus. Guests sampled items such as Sweet Lisa’s tilapia dish and Hibiscus Caribbean Restaurant’s jerk chicken and plantains.

In addition to the free healthy food offerings, health information, blood pressure and Body Mass Index (BMI) screenings were provided by local community organizations. Social service agencies present included Indian Health Care Resource Center of Tulsa, OU School of Community Medicine, Tulsa Health Department,



Hibiscus Chef Vincent.

Morton Comprehensive Health Services, Newsome Community Farms, Local Supporters of Families with Sickle Cell Diseases, Rivers of Living Water, A Third Place, Community Action Resources, North Tulsa AARP, People Builders Inc., Hospice of Green Country, OU-Wellness and the US Census.

Organizers of the Taste of North Tulsa event included the OU School of Community Medicine Wayman Tisdale Specialty Health Center, Indian Health Care Resource Center of Tulsa, Morton Comprehensive Health Services, Tulsa Health Department, North Tulsa Economic Health Initiative (nTEDI), American Heart Association and American Stroke Association.



L to R: Katie Plohocky, Steve Eberle, Jabar Shumate, LaTina Busby, Lanna Turner-Addison – Tulsa Public Schools Board Member, Rep. Seneca Scott and Tedra Williams.



"Big Daddy's" "Uncle Hermmy", "Big Daddy" and Representative Seneca Scott.



Scott Smith of Blue Jackalope corner grocery store and coffeeshop.



Well-Baby and Well-Child Health Check-Ups

Babies, kids and teens need to get regular check-ups to help them stay healthy. Seeing a health care provider on a regular schedule, even when feeling well, may help prevent serious health problems in the future. Children and teens should use these preventive health care services.

Most parents are familiar with the need to make sure childhood immunizations are up-to-date. This is especially true for children entering pre-school and kindergarten

classes. Although immunizations are important, health professionals urge parents to get a comprehensive well-child exam for your child.

A well-child health visit provides an opportunity for your child to get a vision and hearing screening along with a traditional medical exam. These screenings are especially important for young children, who may not know whether or not they can hear or see adequately. If your child is listening to the television or music at a very loud

volume or turns his or her head to favor one ear over the other when conversing, it may be a sign of hearing loss. If your child wears glasses, you will want to visit the optometrist to make sure that the prescription is current. Finally, don't forget your child's teeth – call your dentist to make an appointment to schedule a routine dental exam. Call 588-1900 today to schedule your child's immunization and well-child check-up appointments at Indian Health Care Resource Center of Tulsa.

Recommended SoonerCare well-baby and well-child exam schedule

This table shows the recommended schedule for regular well-care prevention visits

| Babies | Toddlers | Children age 2 to 5 | Older Children (age 6 to 21) |
|-----------|-----------|---------------------|-------------------------------------|
| Birth | 15 months | 2 years | Every other year until 21 years old |
| 2 months | 18 months | 2 years | |
| 4 months | | 3 years | |
| 6 months | | 5 years | |
| 9 months | | | |
| 12 months | | | |

What does a well-child exam include?

Your child's doctor, physician assistant, or nurse practitioner will give the exam. Whoever performs the exam will check:

- The overall physical condition of your child to see if he or she is growing well
- Ears and eyes
- Teeth
- Diet
- Immunizations (vaccination shots)

- Lab tests (if needed)
- Health and developmental history
- A physical exam

The exam will also provide an opportunity for you to discuss any concerns you may have about your child's health. Your child's health provider will provide helpful advice about health issues for you and your child.



IHCRC Activity Calendar

NURTURING FAMILIES CLASSES

IHCRC main clinic, Ford Room. Every other Wednesday from 1:00-2:00 pm. Everyone is welcome – expecting parents, new or experienced parents and grandparents! Snacks provided, childcare provided and transportation available. Prenatal parents eligible for car seat drawing (last Wednesday session of the month) and baby door prizes.

For more information, contact Susan Dudley, Maternal and Early Childhood Case Manager at (918) 382-1292; LaToyia Williams, Healthy Start Case Manager at 382-1275; Elizabeth Dunclee, LCSW at 382-3237 or Margaret McIntosh, Prenatal Assistant at (918) 588-1900 ext. 4256.

- November 25 – “Healthy and Affordable Meals for Busy Parents” presented by Stephen Eberle, IHCRC Food and Garden Coordinator
- December 9 – “Newborn Care” presented by Dr. Shea Bowling, IHCRC Pediatrician
- January 6, 2010 – “Breathe Smart” presented by Jyl Curry, American Lung Association
- January 20 – “Raising a Smart Baby” presented by Brenda Butchee, Child Guidance Specialist, Tulsa Health Department
- February 3, 2010 – “Breast Feeding” presented by Karen Stockwell, Lactation Consultant, Hillcrest Medical Center

Sign up today for SoonerCare – Oklahoma’s Free Health Insurance Program

SoonerCare is Oklahoma’s free health program for families that can’t afford to buy health insurance.

With SoonerCare, your children can see a family doctor without any office visit fees. SoonerCare will also pay for prescriptions, dental and vision care, behavioral health and substance abuse treatment, and hospital emergency care. Visits to medical specialists, including speech, hearing and language disorder services, are also covered by SoonerCare.

Children under the age of 19 can get free SoonerCare health insurance if their parents qualify, based upon generous family income guidelines. Newborns are automatically eligible for SoonerCare if mom qualifies for prenatal SoonerCare. Pregnant women who qualify for SoonerCare will receive complete prenatal, delivery and post partum maternity care, including vision and dental care. SoonerCare also provides free birth control through the SoonerPlan family planning benefit.

The Oklahoma Health Care

Authority (OHCA) is the state agency that administers the SoonerCare insurance program and the Medicaid program in partnership with the federal government. The Oklahoma Department of Human Services (OKDHS) determines financial eligibility for SoonerCare and Medicaid programs.

How to enroll for SoonerCare

If you want to enroll yourself or your child for SoonerCare health care benefits, you will need to complete an application and submit it to OKDHS. At Indian Health Care Resource Center (IHCRC), our eligibility workers are available to help you sign you or your children up for free SoonerCare health insurance. Our eligibility staff is located in the main clinic lobby. You can reach the IHCRC eligibility staff by calling 382-1219.

SoonerCare Insurance – Choosing your doctor

After your eligibility is confirmed by OKDHS, you will receive a white

SoonerCare medical identification card in the mail from the Oklahoma Health Care Authority. You will use this card as long as you are eligible for Medicaid benefits.

When you enroll your child in SoonerCare, you will also need to pick a primary care doctor who will help coordinate your children’s medical care.

Indians in Oklahoma have a choice of SoonerCare doctors and have the right to use the doctors at IHCRC or any Indian Health Service (IHS) or tribal medical facility.

Indian Health Care is a full partner in Oklahoma’s SoonerCare program. We believe our health center is the perfect choice for you and your family to receive personalized, comprehensive health care. The physicians at IHCRC of Tulsa are well-qualified to serve as your SoonerCare primary care physician. We offer the convenience of “one-stop shopping” for all of your family’s medical, pharmacy, dental, vision and counseling needs.



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Accreditation Association for Ambulatory Health Care, Inc.