



Healthy Directions

Serving Our Local Communities

www.TCHEALTH.org

FEBRUARY 2009

Rare Genetic Disorder Affects Navajos

TIME SAVING CHANGES COMING TO PHARMACY

The TCRHCC Pharmacy Department is announcing an exciting new change in customer service. A new refill center is slated to be open by March 1, 2009, for patients who need routine refills.

The 30-Day Refill Pharmacy will be in a separate, new modular building at the east end of the hospital parking lot near the Family Wellness Center. Patients who need routine prescription refills will no longer have to endure long waits in the outpatient waiting area.

The new Refill Pharmacy will initially be open seven days a week from 8:00 a.m. to 7:00 p.m. Prescriptions will be ready for pick-up with no waiting time for customers who call in 24 hours in advance for refills. Customers will simply register, pick up and leave. A dedicated toll-free telephone number will be used for prescription refills.

About 25% of the average 1500 prescriptions filled per day at TCRHCC are routine monthly refills. The new service will employ five new pharmacists, six new technicians, and four pharmacy aids to staff the seven-day operation.

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A happy, healthy five-day-old, Faith Autumn Rose Foster of Tuba City, is examined by Dr. William Orman in the TCRHCC Pediatrics Department.

Severe Combined Immune Deficiency Syndrome – A rare problem for special babies, and a new program to help them sooner.

By Dr. Diana Hu, TCRHCC

What a mouthful – Severe Combined Immune Deficiency Syndrome - Athabascan Type (SCID-A)! What is this exotic sounding disease, and why is it a special issue for Tuba City and Navajo children and their families?

Severe Combined Immune Deficiency Syndrome (SCID) is a disease that is found in all races across the world, but is extremely rare in most populations. Children are born missing a critical element of their immune system – the part of your body that fights off infections. There are cells in the blood that are called lymphocytes that help recognize germs of all types, and help create chemicals that kill germs and protect our health that are missing in babies with SCID. These babies are said to have a “primary immunodeficiency” – they were born with it. Before some of the advances of modern medicine, children with SCID had to be protected from all contact from germs or they could get an infection and die.

Children born with SCID are often born to families where there is another child with SCID. Most forms of SCID have autosomal recessive inheritance, meaning the parents are well and are carriers of the gene that causes the illness, but they have a one in four chance of having a baby with SCID if they marry. There is also an “x-linked” form of SCID where the gene is carried on the X chromosome and the disease is only seen in boys.

However, most babies with SCID are born looking totally normal, and it is only when they get ill and do not get better that it is discovered they have SCID. Some of the unusual illnesses that SCID children get are mouth and perianal ulcers in the first six months of life, chronic diarrhea, skin rashes that don't go away, or recurrent, persistent fungal infections like thrush (mouth infection). There are blood tests that tell doctors if a child has SCID and then they are

referred to a transplant center for treatment.

In the past 30 years, science has developed new treatments for children with SCID. The standard treatment is a bone marrow or blood stem cell transplant. These treatments are very successful if the children are treated very early in life. Usually the donor for the transplant is a brother or sister, or sometimes a parent. Transplants are done at major medical centers/children's hospitals, but the follow up care is here in our hospital. Before the last 20 years and intravenous immune globulin and bone marrow transplantation, most children with SCID would die before age two years, and now many of these patients are treated and are adults in our community.

The key is finding out which children have the problem before they get sick with an infection. Once they have an infection, their chance of a cure is less. There are other medicines and treatments that help keep these children well while their transplant helps their bodies learn how to make their own lymphocytes – but these children have several years where they are still at risk for problems, and need intensive medical care.

SCID-A is a special form of SCID that is specific to Athabascan Native Americans, including Navajos, Apaches, and the Dene tribes of British Columbia. Navajo children, especially on the western part of the Navajo Nation, have a risk of SCID-A of one in two thousand births, meaning it is over 100 times more likely than in a non-Athabascan child. It is possible that Athabascan children are at high risk because of a gene mutation that occurred long ago before the tribal migration to the Southwest, and because of some of the population loss that occurred in the 19th Century. Children with SCID-A are born without lymphocytes, and they undergo transplant as soon as possible once they are diagnosed. There are children across the Navajo and Apache communities who have had a transplant and receive care here in Tuba City and at other Navajo Area IHS hospitals with coordina-

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BLOOD DRIVE

Thursday, March 12th

NATIONAL Blood Donor MONTH



TCRHCC Kompare Room

9:00 a.m. - 2:00 p.m.
(appointments available)

Info:
Veronica Granger
283-2910



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SCID, *Continued from page 1.*

tion with teams of specialists from University of California at San Francisco (UCSF) and other universities.

TCRHCC is proud to be participating in a research project with UCSF to figure out a way to diagnose children with SCID-A at birth, before they get sick. All babies in the U.S. are supposed to have a blood test called a Newborn Metabolic Screen before they leave the hospital when they are born. This test is to find very rare diseases that can cause problems for children later in life, but if found early, can be treated or cured. The researchers at UCSF have developed a blood test that may be able to detect SCID-A from one drop of blood, and it is hoped that this can be included in the newborn blood tests that all babies get. If it is successful, hopefully any baby that had SCID-A would be diagnosed before 2 weeks of life, before they could get sick, and could get life saving treatment as early as possible.

Mothers who deliver their baby here at TCRHCC will be asked for two additional drops of blood to be sent to UCSF at the time the baby already has the blood test for the newborn metabolic screen, and we will find out if the new test can help diagnose SCID-A sooner. Not only will this help our Navajo babies, but if successful, this test can help babies with primary immunodeficiency around the world.

For more information, contact Dr. Diana Hu in Pediatrics at TCRHCC.

**Pharmacy**, *Continued from page 1.*

Prescriptions will now be available on weekends for those who do not make it to the main Pharmacy in time on a Friday afternoon, or for those receiving prescriptions in the Emergency Room on weekends. Typically ER patients have to come back on Monday mornings for additional medications as the ER maintains limited supplies and is not equipped to dispense a high volume of medications.

The Pharmacy staff in the existing Pharmacy will be able to concentrate on clinical and in-patient needs enhancing service for those patients.

With the entire TCRHCC operation moving to electronic health records (EHRs) in late 2009, the Pharmacy Department is being updated to implement the advantages of EHRs. Automated refill equipment in use in the present Pharmacy Department will also be utilized in the new Refill Pharmacy. Filling such a large number of prescriptions per day would not be possible without automation.

Pharmacist Steven Kos, Outpatient Pharmacy Coordinator, "Modern techniques using automation, bar coding and cross checking by computer make filling prescriptions today much safer."

As with the present pharmacy operation, consultants will be available in a private setting to discuss medications and their proper use.

In the future there may be a move to automatic prescription refills or even mail order refills.

A few prescription safety tips:

- Always take medications as instructed by your doctor, pharmacist or other health care professional. Do not change the way you take them unless instructed to do so. If a medication is intended to be taken until the full prescription is gone, do so.
- Keep medications in their original labeled containers.
- Store medications where children cannot see or reach them, or in a secured cupboard or cabinet. Teach children that medications can be dangerous if misused. Never refer to medications as candy.
- Do not chew, crush or break capsules or tablets unless instructed to do so.
- Do not store medications in bathroom medicine cabinet or in direct sunlight as humidity, heat and light can affect a medication's potency. Do not store in a refrigerator unless instructed to do so.
- Never take another person's prescription medication or share yours with anyone, even if the other person appears to have the same medical condition as you.
- Do not take medication in the dark. Although you may think you know what's in a bottle or that you grabbed the correct bottle, turn on a light to be sure.



TCRHCC Security



Tuba City Regional Health Care Corporation created its own in-house security department on October 1, 2008. Jeremy Simpson, has overseen the transformation in the new Security Department. An in-house department was created to enhance professionalism, customer service, assistance for patients and the TCRHCC staff and community. One enhancement has been to create more of a visible presence in TCRHCC facilities, parking lots, housing areas and grounds.

Some officers stayed on from Navajo Security, Incorporated and some were new hires. There are currently 11 officers.

Most visitors first encounter a security officer at the hospital entrance. This area is planned for changes to make the entrance more welcoming and visitor friendly.

Security services continue 24 hours a day and seven days a week.

Simpson, who came to TCRHCC from Tuba City Schools where he was Safe School Coordinator, said, "Patrols have become more proactive. Officers get to know the staff and the property, including the housing areas, and get to know who generally belongs on the property and in housing areas."

Security officers enforce housing and hospital policies as well as speeding, trespassing, vandalism and other problems that may occur. Parking lots are patrolled and handicapped parking areas are enforced.

TCRHCC does not make arrests, rather, on occasion, it detains some violators. The priority is to establish the safety of the public, the individual(s) involved and the officer(s). Any arrests are made by NNPD or Coconino County. TCRHCC officers receive training in subduing and takedowns with refresher training each year. They also receive training in report writing.

There have been problems with vandalism, damage to cars in the parking lots, infractions to housing policies, along with one or two drunk and disorderly situations per month.

Security recently converted all report writing to a computerized system for incident reports, logs, wheelchair assistance on the property, emergencies, etc.

Three officers work each eight hour shift, one at the front desk, one on foot and one in the patrol car.

Officers are: Calvin Begay, Leonard Canyon, Lucinda Fowler, Michelle John, Harold Lane, Allen Rockie, Joseph Semallie, Tyler Timms, Gary Werito, Larry Yazzie and Lucretia Yazzie.



Jennifer Burden, a certified pharmacy technician at TCRHCC checks the accuracy of a prescription filled by the state-of-the-art, modern equipment in the Pharmacy Department.

HEALTH PROMOTION / DISEASE PREVENTION

FEBRUARY 2009

BIGGEST LOSER

Tuba City Community Challenge

Starting March 1st – Become part of a national movement that will transform your body, your health, but most importantly your life. We all have our own reasons when it comes to being healthier. This 12-week challenge will help you get started. Getting back on the walking trail, stepping foot back in the Wellness Center, or making better food choices can be hard; let's do this together as a community.

Included Events / Activities:

- Health lectures on Portion Sizing, Food Label Reading, My Pyramid, Calorie/Fat gram counting
- 2-Hour Aerobics Challenges
- Movie Night: "Super Size Me"
- Game Night (basketball tournaments, adventure games, etc.)
- Community Challenge will consist of 3 divisions: Individual, Family, and Teams.



For more information:
(928) 283-1420



FUTSAL

FUTSAL is an indoor version of football (soccer). Its name is derived from the Spanish word futbol sala/de salon, which can be translated as 'indoor football' (indoor soccer). In 1985 the name futbol de salon changed into FUTSAL. FUTSAL is played between two teams of five or more players, one of whom is the goalkeeper. Unlike some other forms of indoor football (soccer), the game is played on a hard court surface with a regulation sized ball and balls rebounded off the wall is allowed. The rules create an emphasis on creativity and technique as well as ball control and passing in small spaces.

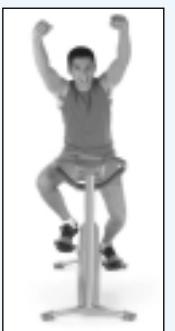
In 2005, the Tuba City Health Promotion Program organized its very own FUTSAL League in the Tuba City community area. In 2009 we would like to see even more children come out and play.

Futsal is now in progress, having started on January 14, 2009, and continuing for the next 8 week (every Wednesday) at the Tuba City Junior High Cafeteria. **Three age divisions:** starting with 4-5 year olds from 5:00-5:30pm, then 6-7 year olds at 5:35-6:15pm and finishing the evening with 8-10 year olds from 6:20pm-7:05pm. If you have any more questions feel free to contact out HPDP department at 283-1420.



Tuba City FAMILY Wellness Center

In partnership with
Rez Fitness Leaders
Health Promotion/Disease Prevention



Group Fitness Class Schedule

6:00 a.m. - 9:00 p.m. (DST)

MONDAY

- 12:00 p.m. Step Aerobics w/ Preston
- 6:30 p.m. Step Aerobics w/ Jeri
- 6:30 p.m. Beginning Spinning w/ Sam
- 7:45 p.m. Intermediate Spinning w/ Sam

TUESDAY

- 12:00 p.m. Stretch & Tone w/ Elida
- 12:00 p.m. Spinning w/ Laverne
- 5:30 p.m. Aerobics w/ Evie
- 7:00 p.m. Step Aerobics w/ Laverne

WEDNESDAY

- 12:00 p.m. Step Aerobics w/ Laverne
- 6:00 p.m. Aerobics w/ Minnie
- 6:30 p.m. Beginning Spinning w/ Sam
- 7:45 p.m. Intermediate Spinning w/ Sam

THURSDAY

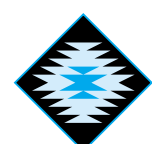
- 12:00 p.m. Stretch & Tone w/ Elida
- 12:00 p.m. Spinning w/ Laverne
- 6:00 p.m. Martial Arts w/ Julie
- 7:00 p.m. Kickboxing w/ Jimmie

FRIDAY

- 12:00 p.m. Step Aerobics w/ Laverne
- 6:30 p.m. Beginning Spinning w/ Sam
- 7:00 p.m. Zumba w/ Jimmie
- 7:45 p.m. Intermediate Spinning w/ Sam

Times subject to change.
Inquire at: (928) 283-3058

Health Promotion/
Disease Prevention:
(928) 283-1420



A Healthy Recipe

Veggie Sghetti – Dinner for Two

- 4 cups - Any combination of: chopped carrots, green/red/yellow bell peppers, chopped zucchini, chopped mushrooms.
- 1 pkg. 10 oz. frozen chopped broccoli, cauliflower or spinach
- 12 oz. spaghetti (preferably whole wheat)
- 1 Tbsp. Olive oil
- 1 Med. Onion chopped in wedges
- Chopped garlic (2 cloves)
- 20 oz. Extra lean ground turkey breast (optional)
- 1 Jar (26 oz.) Spaghetti sauce
- 1 Tsp. Salt
- 2 Tsp. dried basil
- Dash Red pepper flakes (to taste)

Clean and chop all vegetables or use chopped frozen vegetables to save time.
Start pot of boiling water for spaghetti. Follow instructions on package so it is ready when sauce is ready.
Heat spaghetti sauce to simmer. Add oregano, basil, (and red pepper flakes to taste).
Heat oil in a large nonstick saucepan over medium-high heat. Add onion, garlic and chopped vegetables. Sauté until tender. Add turkey, making sure it is thoroughly browned. Add sauce to vegetables and stir.
Drain spaghetti and serve with sauce.
Serve with tossed salad & garlic cheese toast.

Healthy Living 101

HL101 is a series of classes that help individuals & families develop healthy lifestyles
It's Free and Open to All!

Feb 25	Heart, Health & U
Mar 11	Portion Distortion
Mar 25	Food Label Reading
Apr 8	Pilates
Apr 22	Sleep 101
May 6	Stress Management

**Location & Time to be forthcoming.

HL101 Classes Coming Soon

TCRHCC HEALTH PROMOTION DISEASE PREVENTION
(928)283-1427, BHOORE.HOLUJAH@TCHEALTH.ORG

UPCOMING EVENT

Co-Ed Volleyball League

Season Starts March 2009

Team Packets Available: Feb 2
REGISTRATION DEADLINE: FEB 25

Mandatory Coaches Meeting March 2, 6pm-7:30pm HPDP Modular-Classroom	Divisions Gold: Competitive Blue: Non-Competitive
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Contact Gwen Riggs at (928)283-1422 or 1420 for registration information.
Pick up team packets at the TCRHCC HPDP modular, east of the hospital.

TCRHCC • HEALTH • PROMOTION • DISEASE • PREVENTION



TUBA CITY REGIONAL HEALTH CARE CORPORATION
Main Telephone Switchboard (928) 283-2501
Emergencies: Call Navajo Nation Police (928) 283-3111

- Adult Walk-In Clinic** 283-2669
 - Monday - Thursday: 8:00 a.m. - 5:00 p.m. (After hours go to Emergency Room)
 - Friday: 8:00 a.m. - 6:00 p.m.

- Family Medicine Clinic** 283-2458
 - Monday - Friday: 8:00 a.m. - 5:00 p.m. (Some evening hours available.)

- Pediatric Clinic** 283-2679
 - **Walk-in Patients**
Monday - Thursday: 8:00 a.m. - 5:00 p.m.
Friday: 8:00 a.m. - 4:00 p.m.
 - **Appointments:**
Monday - Wednesday & Friday: 8:00 a.m. - 5:00 p.m.
Thursday: 8:00 a.m. - 12:00 p.m.

- Outpatient Pharmacy** 283-2754
 - Monday - Thursday: 8:00 a.m. - 9:00 p.m.
 - Friday: 8:00 a.m. - 7:00 p.m.
 - 24-Hour Pharmacy refill line: 283-1350

- Cardiac Rehabilitation** 283-2960
 - Monday, Wednesday, Friday: 8:00 a.m. - 12:00 p.m. (In Physical Therapy Department)

- Dental Clinic** Tuba City: 283-2672
Cameron: 213-8161
 - **Tuba City**
Monday - Friday: 7:00 a.m. - 5:00 p.m. (Thursday afternoons - urgent care only)
 - **Cameron**
Wednesday & Thursday: 7:00 a.m. - 4:30 p.m.

- Diabetes/Internal Medicine** 283-2689
 - Monday - Friday: 8:00 a.m. - 5:00 p.m. (Some evening hours available by appointment only.)

- Diabetes Education Program** 283-2895
 - **Appointments and walk-ins**
Monday - Friday: 8:00 a.m. - 5:00 p.m.
- Abdul Baco: 283-2895 - Ruby Whitthorne: 283-2963
- Health Technicians: 283-2693

- Ear/Nose Throat (ENT) Clinic** 283-2974
 - Monday - Wednesdays: 8:30 a.m. - 5:00 p.m. (By referral only)

- Environmental Health** 283-2844
 - **Car Seat Day**
Every Thursday: 8:00 a.m. - 5:00 p.m.

- Eye Clinic** 283-2748
 - Monday - Friday: 7:00 a.m. - 5:00 p.m.

- HP/DP**
 - Health Promotion Program 283-1429/1420
 - Diabetes Prevention Program 283-1429/1420 (Located on the east side of TCRHCC)

- Mental Health** 283-2831
 - Monday - Friday: 7:00 a.m. - 6:00 p.m.

- OB/Gyn Clinic (Women's Health)** 283-2460
 - Monday - Friday: 8:00 a.m. - 5:00 p.m., except Tuesday start at 9:30 a.m.

- Occupational Therapy/ Speech Therapy** 283-2593/2594
 - Monday - Friday: 8:00 a.m. - 5:00 p.m.

- Orthopedic Clinic/Surgical** 283-2660
 - **Orthopedic Clinic**
Tuesday: 8:00 a.m. - 5:00 p.m.,
Thursday: 8:00 a.m. - 12:00 noon
 - **Urology, Podiatry & Surgery**
Monday - Friday: 8:00 a.m. - 5:00 p.m. (Call for specific clinic times)

- Physical Therapy** 283-2659
 - Monday - Wednesday & Friday: 8:00 a.m. - 5:00 p.m.,
Thursday: 8:00 a.m. - 12:00 noon

- Respiratory Therapy** 283-2596/2572
 - Everyday 24 hours a day

- Extended Hours (Evening Clinics)**
 - Selected nights, Monday - Thursday
 - Diabetes Prevention: 283-2689
 - Diabetes/Internal Medicine: 283-2689

- Dinnebito Clinic** 725-3110
 - Tuesdays: 10:00 a.m. - 2:00 p.m., (except holidays)
 - Diabetes Clinic: Quarterly

- Urgent Care Clinic**
 - Monday - Friday: 4:00 p.m. - 12:00 midnight
 - For patients in need of medical care after normal, daily Walk-in hours.
 - Go to the Emergency Department to be screened and registered - shorter waiting times for less severe, non-life threatening medical needs.
 - All ages. No appointment necessary.

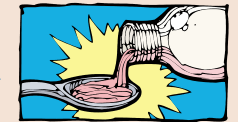
YOUR HEALTH

Nonprescription Medications: What's Right for YOU?



Home medicine cabinets contain a growing number of nonprescription, over-the-counter (OTC) medicines to treat a range of ailments. The U.S. Food and Drug Administration (FDA) determines which medicines are prescription or nonprescription. The term prescription refers to medicines that are safe and effective under a doctor's order. Nonprescription (OTC) drugs are medicines that the FDA decides are safe and effective to use without a doctor's prescription. The FDA also decides when a prescription drug is safe enough to be sold directly to consumers over the counter. Consequently, many products sold over the counter today use ingredients or dosage strengths available only by prescription years ago.

The best way to be better informed about OTC medicines is to read the labels, or ask your health care professional.



It's On the Label

- Ingredients
- Any recent significant product changes.
- **"Indications"** - What the medicine is for.
- **"Usual Dosage"** - Directions for use.
- **"Warnings"** - When to stop taking the medicine; when to see a doctor; possible side effects.
- **"Expiration Date"** - When to throw it out.

You listen to your doctor's instructions for using prescription drugs, so don't ignore the label when taking a nonprescription medicine. And when it comes to medicines, more does not necessarily mean better. You should never misuse OTC medicines by taking them longer or in higher doses than the label recommends. Symptoms that persist are a clear signal that it's time to see a doctor.

Drug Interactions

Although relatively uncommon, interactions involving OTC drugs can produce unwanted results or make medicines less effective. It's especially important to know about drug interactions if you're taking prescription drugs and OTC medicine at the same time.

Some drugs can also interact with foods and beverages, as well as with health conditions such as diabetes, kidney disease and high blood pressure.

- Avoid alcohol if you are taking antihistamines, cough-cold products with the ingredient dextromethorphan or drugs that treat sleeplessness.
- Do not use drugs that treat sleeplessness if you are taking prescription sedatives or tranquilizers.
- Do not use laxatives when you have stomach pain, nausea or vomiting.
- Unless directed by a doctor, do not use nasal decongestant if you are taking a prescription drug for high blood pressure or depression, or if you have heart or thyroid disease, diabetes or prostate problems.

This is by no means a complete list. Also, take special care when giving medications to children. Abide by instructions. Follow age limits on the label.

Information found here is not a replacement for professional medical opinion. Always seek the advice of your medical doctor or other qualified health professional.

CONTRACT HEALTH SERVICES (CHS)
Toll-Free Telephone: 1-866-944-7601

Call the TCRHCC Contract Health Office before you seek non-emergency services or appointments at any medical facility or with any medical provider other than TCRHCC. You are not automatically covered for payment with Contract Health Funds!

In the event of emergency medical care (severe or life-threatening) away from TCRHCC or any other IHS/638 facility you have 72 hours to call and notify Contract Health to begin the process qualify for payment.

Failure to follow CHS procedures may mean you are fully responsible for all charges.

The Tuba City Regional Health Care Corporation consists of a 73-bed acute care referral hospital and integrated health system. It provides a broad range of outpatient specialized care services in addition to inpatient care. The patient population includes Navajo, Hopi and San Juan Southern Paiute.

Tuba City Regional Health Care Corporation
Healthy Directions
 Community Information
 Vincent Shirley, CHC
 P.O. Box 600 • Tuba City, Arizona 86045
 (928) 283-2078