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Plastic Anyone?



In today's world, living without plastics is unimaginable. Since the father of plastics, Alexander Parkes, developed the first form of plastic in 1862, it has been a hit with its variety of uses and cheap manufacturing¹. Since 1976, plastic has been the most used material in the world and was voted one of the top 100 news events of the century and today plastics are found in the items like unbreakable baby bottles to big screen TVs¹. However, as needed as plastics are in daily life, contributing to "health, safety and peace of mind," studies are beginning to show a strong correlation between chemicals found in plastics and negative health problems such as chronic diseases and even developmental irregularities.

Plastics seem harmless but as can be found in *TIME Magazine's* April 2010 article *The Perils of Plastic*, there are mounting links between plastic chemicals leading to health problems. What are these chemicals and what exactly are the health problems they are contributing to? The *Time* article does not directly state that chemicals in plastics contribute to the linked illness caused by too much exposure to these chemicals; however, studies well cited within the article can help one conclude that there is definite correlation between plastic chemical exposure and health abnormalities.

According to Centers for Disease Control and Prevention (CDC), a biomonitoring survey found traces of 212 environmental chemicals in Americans and 93% of Americans over the age of 6 had traces of bisphenol A (BPA) in his or her urine. BPA as well as phthalates are key ingredients in plastics and studies have linked

them to the *possibility* of being the cause of many health related problems such as the disruption of the endocrine system that can lead to developmental problems such as obesity, diabetes, autism and attention deficit/hyperactivity disorder. There are also links that because BPA is a synthetic estrogen, it can contribute to serious reproductive problems in males as well as females. In 1998, Patricia Hunt, a geneticist at Washington State University, found that mice exposed to BPA while pregnant resulted in corrupted eggs and their offspring also developed corrupted eggs. BPA created a generational disruption of reproduction. Links to mice abnormal reproduction is not the only study linking BPA to an array of abnormalities, both BPA and phthalates have also been linked to earlier breast development in girls which could ultimately lead higher risks of breast cancer. In pregnant women, it was also found that exposure to the phthalate during pregnancy could lead to their baby boys having "genital abnormalities like undescended testicles, smaller penises and hypospadias (a correctable deformity in the urethra) than those born with women who had lower exposure to this chemical"

Again studies have concluded that links between BPA and phthalates *may* exist but no definite conclusion has determined as of yet and because no definite study has linked BPA to these harmful effects today some 6 billion pounds of this chemical is manufactured globally each year. BPA was invented in 1891 and has since been used the 1940s to "harden polycarbonates plastics and make epoxy resin that is used in the lining of food and beverage containers, among many other products" So, how exactly can an individual be exposed to such a chemical? BPA can break down, especially when the plastics they are found in are washed, heated or stressed, this allowing BPA to leach

into the food and water they contain and BPA enters the body by way of the food and water that is ingested.

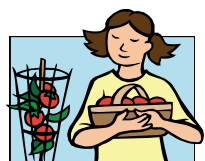
Currently there are some restrictions to stop the manufacturing of plastics with BPA but this is currently only occurring in the US and in some parts of Europe. No regulations have been set in motion to prevent the other hundreds of chemicals found in plastics today that may have similar negative effects on the human body, because "[c]hemicals are deemed safe until the EPA can prove that they are dangerous." The only governmental solution that is currently being set in motion to prevent the exposure to plastic chemicals is to further develop the new field of green chemistry that is aimed to create plastic products that are not only non-toxic but also leave no dangerous residue as well as use less energy to create. As fantastic as this solution may be it is certain that this solution is far from completely developed and it will not be completely developed within the next years. So, before individuals can rely on green chemistry it is up to each individual to read up on and develop their own understanding of what affects and threatens the human body be it from the plastic chemicals in a baby's bottle or in a big screen TV. So, next time perhaps rethink using plastics.

References

1. http://www.americanchemistry.com/s_plastics/doc.asp?CID=1102&DID=4665
2. Walsh, B. (2010, April). *The Perils of Plastic. Time Magazine.* 44-54.

Written by: Enid Picart

The Importance of Eating Vegetables



Children can be picky eaters when it comes to vegetables. Children need the vitamins and nutrition that vegetables provide. Vegetables have vitamins, such as vitamin E that helps battle free radicals and helps build a strong immune system. Vitamin C helps keep teeth and gums healthy as well as also helps heal cuts and wounds. Vegetables can be anything from mushrooms to cauliflower, carrots or squash.

Here are some tips that can help parents get their children to eat vegetables:

- Be a role model by eating healthy vegetables yourself
- Incorporate vegetables into every dinner and lunch as part of the main course
- Add vegetables to casseroles or soups
- Mix vegetables with your child(ren)'s favorite food
- Involve children in preparing dinner or lunch
- Never force children to eat vegetables.

It is good to offer a variety of choices. When children participate in making choices, they feel like they have participated in making the decision.

Daily Recommendation of Vegetable Servings

Children	2-3	1 cup
	4-8	1 ½ cup
Boys	9-13	2½ cup
	14-18	3 cup
Girls	9-13	2 cup
	14-18	2½ cup

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1. http://www.usda.gov/wps/portal/ut/p/_s.7_0_A/7_0_10B?navtype=SU&navid=FOOD_NUTRITION
2. http://www.healthcastle.com/children_vegetables.shtml
3. http://nutrition.about.com/od/healthymainmeals/a/mmm_salads.htm

Written by: Dee Cha



WHERE ARE THE 2009-2010 AMERICORPS MEMBERS?

Ariel Backman

Golden Valley Health Centers (Merced)

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Inland Behavioral and Health Services

Inc. (San Bernardino)

Barbara Obena

Golden Valley Health Centers (Merced)

Blanca Fernandez

Clinica Sierra Vista (Bakersfield)

Carla Morales

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Dee Cha

Clinica Sierra Vista (Fresno)

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Merced County Health Care Consortium

(Merced)

Marlene Her

Community Medical Centers (Stockton)

Ismah Jawed

Family Health Center (Chico)

Jennifer Xiong

Golden Valley Health Centers (Merced)

Karissa Garza

United Health Centers (Parlier)

Paloma Morales

Clinica Sierra Vista (Bakersfield)

Stephanie Garza

Central Valley Health Network (Fresno)

Zoe Doyle

Central Valley Health Network

(Sacramento)

Tax for Health



Hundreds of books are published on implementing a tax for health each year. At least 50 studies are conducted each year to shed light to this topic and too many articles to count are published each year on the internet on this topic. With so much information out there about the American diet and nutrition you'd think we have it figured out. But the truth is that there are still an untold number of books to be written, articles to be uploaded to the internet, and studies to be published before we can fully understand the complexities of our diets.

There is one topic though that really leaves no room for discussion and that is that tiny little spot at the top of the food pyramid called the "Use sparingly," section. It includes fats, oils and sugar. While many myths about fats and oils have been debunked like how we know the difference now between good and bad fats, is there really a good sugar out there? According to a recent article in the New York Times, "no sugary beverage and no caloric sweetener is blameless. Not ordinary table sugar (which the body breaks down to a 50-50 combination of

glucose and fructose, the makeup of high-fructose corn syrup); not brown sugar or raw sugar; not honey; not agave syrup; not even fruit juice concentrate." And when we add any of these sugar sources to our beverages we are racking up empty calories which can comprise up to 7% of the daily calories that Americans consume. This makes not only soda, but a growing market of sports drinks, energy drinks and sweetened tea the single largest source of calories in the American diet. These excess calories become fat in the body when they are not burned up thus leading to larger and larger Americans.

As our country embarks on a new era to reform our health care, the state of New York is taking things into their own hands to improve the health of its citizens. New York is considering an excise tax that will put about a penny of tax on every ounce of high-calorie sugary beverages. In the past we were told to refrain from sweet drinks because of tooth decay, but as we know now the risk of consuming large amounts of soda and sweetened drinks puts us all in a much graver position than just bad teeth. According to a community strategy paper to prevent obesity, published on the CDC website in 2009, "Approximately two thirds of U.S. adults and one fifth of U.S. children are obese or overweight." So it is no surprise that as waistlines have increased so has the consumption of soda, energy drinks and sports drinks. Though the American Beverage Association would balk at such a rash causative relation-

ship, no nutritionist would ever include any of these sugary drinks as an important part of our daily diet.

The case for the sugar tax is strong on the side of health and could prevent those who have the least amount of money to spend on food from spending their dwindling dollars on high-calorie sugary drinks that have no health benefits. According to the article in the New York Times, "Adding a penny-per-ounce excise tax on sugary soft drinks could reduce consumption by more than 10 percent and would generate an estimated \$1.2 billion in New York State alone," the authors projected." This tax would not only generate funds for New York, but it would also help cut down on health care costs associated with obesity and type II diabetes, as fewer and fewer people develop these conditions.

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1. http://www.ohsu.edu/healthyaging/caregiving/images/food_pyramid.gif
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm?s_cid=rr5807a1_e

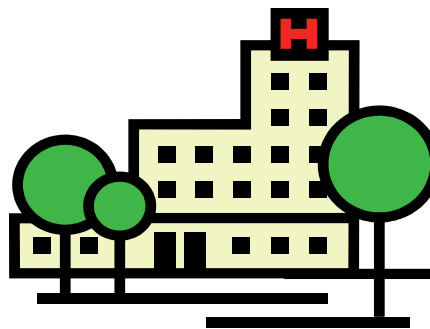
Written by: Ariel Backman

The Concept of a Patient-Centered Medical Home

The term "medical home" has been around since the late 1960s when it was first used to "describe a single source of medical information about a patient"¹. The term has now evolved to describe a medical facility where a patient can access continuous primary care services from a wide range of providers (not just a primary care physician but also a health educator, optometrist, dentist, or dietitian) in a culturally sensitive environment. The community health centers which Community Health Corps members are placed at are examples of medical homes, also known as health homes, to patients who represent various - socioeconomic, educational, linguistic, and/or cultural backgrounds.

The guiding philosophy behind a medical home is to provide "patient-centered care". Though it is logical that patient care should always be aimed towards each

individual patient, this isn't always the case, especially in community health centers that often carry the burden of serving high volumes of underserved



populations (such as the homeless, undocumented citizens, migrant farm workers, and the uninsured). A lot of pressure is put on community health centers as they do their best to provide comprehensive medical care to underserved populations with a limited amount of time, space and staff.

Generally a "patient-centered medical home" incorporates the following features: a personal physician, a physi-

cian directed medical practice, whole person orientation, care that is coordinated and/or integrated, quality and safety, enhanced access, and payment reform². All these features contribute to better delivery of primary care services as it allows for developing a strong physician-patient relationship over time as medical care is coordinated appropriately.

As health care reform moves forward, the concept of the "patient-centered medical home" will continue to grow and may take a new shape or form. Perhaps as more providers learn about it, they may incorporate it in their practice, allowing for better care for patients everywhere.

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1. http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/pcmh.Par.0001.File.dat/PCMH.pdf
2. <http://www.medicalhomeinfo.org/joint%20Statement.pdf>

Written by: Barbara Obena

Who Are You?

Oswaldo Gallardo — El Centro



In a small town, just 10 miles east of Merced there is a new community center called El Centro. Two employees of Golden Valley Health Center head up the center and several volunteers pitch in to make things happen. One such volunteer is Oswaldo Gallardo, a Planada resident and a freshman at Le Grand High School. Oswaldo lived in Guanajuato, Mexico as a child and has been a resident of Planada for the last 8 years. In this interview he talks about his role at El Centro and how he thinks it has affected the community.

Q: What is your role with the El Centro project?

A: I am a Youth volunteer. I help out with the activities, helped paint the Community Center, I help flyer the town for upcoming events, and I am a youth member of the Building Healthy Communities (BHC) steering committee. I just want to let people know about all the stuff that's going on in the community, I just want people to use their voices in this community.

Q: Have you had any interesting experiences while volunteering?

A: It was pretty cool when we painted the center, because it was really fun getting dirty. Before we had El Centro we went to Yosemite National Park [for meetings], and the Los Monarchas Unidas had a meeting there and we went exploring around Yosemite.

Q: How do you think the community as a whole has changed because of El Centro?

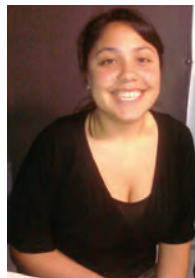
A: Well people, when we first started, no one knew about it, and one person would come and go tell another person, and then another person would come. So we started to build a calendar and now it includes drum circles, movie nights, Zumba classes, computer training classes, and hopefully nutrition classes in the future, we have a diabetes class once a month, Project Lean (they teach community members about changing school policies to improve nutrition in the schools). We also have this youth group that meets here at El Centro and we do projects in the community. Right now we are working on a mural of Cesar Chavez, that one of the girls in our youth group is going to paint in the park right outside El Centro

Q: Have there been any changes in the health of your community?

A: I think a lot of women take care of themselves more, because of the Zumba classes and the walking group. They have more opportunities to be fit I think! Maybe if someone fixed the basketball courts or opened the soccer field at the middle school then there would be more than one field to play on so then the guys in town would have more stuff to do.

Interview by: Ariel Backman

Mayra Campos—Golden Valley Health Centers



Mayra Campos is part of Golden Valley Health Center's staff. She is a Health Educator who wears MANY hats in her job! Not only does she see patients for one on one consultations, she is heavily involved with multiple projects at Golden Valley Health Centers that affect how patient care is delivered. In her interview, she notes that her job has some limitations but she enjoys it because of her ability to educate and affect patient's lives.

Q: What is your position?

A: I am Health Educator III and I conduct one on ones with patients to manage their health conditions. Also, I act as front reception for the Medical Outreach Mobile (MOM) at the D St Homeless Shelter in Merced registering patients, participate in panel management of Golden Valley Health Centers patients, and I manage "Team Up for Health" patient advisors.

Q: What do you like about your position/working at Golden Valley Health Centers?

A: I like interacting with patients during the one on ones because I get to educate them on things they may have not known before. I also enjoy the challenge of patients who aren't compliant!

Q: Which do you prefer: high salary or job satisfaction?

A: I prefer job satisfaction. I've had jobs where I was paid that I dreaded going to!

Q: What do you think is a challenge working at Golden Valley Health Centers?

A: I think the biggest challenge are the limitations I have on helping patients. Many patients are self-pay without insurance and can't afford most health care services. They are usually the type of patients that want to make changes but can't because of their financial situation.

Q: What is your idea of fun? If you had one day off from work, how would you spend it?

A: I would spend my day off from work at home! I would sleep in, do some housekeeping, garden, go running, biking—anything active!

Interview by: Barbara Obena

Recipe of the Month: Creamy Avocado and White Bean Wrap

Tired of the same ol's chicken wrap? Ready to try something more vegetarian? This vegetarian wrap filled with a variety of veggies (technically avocado is a fruit) is full of color as well as flavor and nutritional value. Avocado has numerous benefits such as containing oleic acid that helps lower cholesterol level in the blood as well as potassium that helps regulate blood pressure and white beans are known to curb appetite and increase energy! Nothing against chicken, but take 25 minutes to create this beautiful hearty snack that will satisfy your palate and benefit your body. Bon appetit!



Preparation

1. Whisk vinegar, oil, chipotle chile and salt in a medium bowl. Add cabbage, carrot and cilantro; toss to combine.
2. Mash beans and avocado in another medium bowl with a potato masher or fork. Stir in cheese and onion.
3. To assemble the wraps, spread about 1/2 cup of the bean-avocado mixture onto a wrap (or tortilla) and top with about 2/3 cup of the cabbage-carrot slaw. Roll up. Repeat with remaining ingredients. Cut the wraps in half to serve, if desired.

Nutrition

Per serving : 411 Calories; 18 g Fat; 4 g Sat; 7 g Mono; 15 mg Cholesterol; 50 g Carbohydrates; 13 g Protein; 13 g Fiber; 633 mg Sodium; 396 mg Potassium

2 Carbohydrate Serving

Exchanges: 2 1/2 starch, 1 vegetable, 1 lean meat, 2 fat

Source:

http://www.eatingwell.com/recipes/creamy_avocado_white_bean_wrap.html

*Brought to you by:
Enid Picart*

Ingredients

- 2 tablespoons cider vinegar
- 1 tablespoon canola oil
- 2 teaspoons finely chopped canned chipotle chile in adobo sauce
- 1/4 teaspoon salt
- 2 cups shredded red cabbage
- 1 medium carrot, shredded
- 1/4 cup chopped fresh cilantro
- 1 15-ounce can white beans, rinsed
- 1 ripe avocado
- 1/2 cup shredded sharp Cheddar cheese

What's Going on in May?

The Whole Month:

Cystic Fibrosis, Foot Health Awareness, Hepatitis Awareness, Huntington's Disease Awareness, Medic Alert, Multiple Sclerosis Awareness, National Physiotherapy, Speech and Hearing Awareness

May 2: Annual Hike for Hospice Palliative Care

May 4: World Asthma Day

May 8: World Red Cross Day

May 10: Move for Health

May 12: International Nursing Day, Fibromyalgia and Chronic Fatigue National Awareness

May 17: International Day Against Homophobia

May 31: No-Tobacco Day



Source: <http://www.hc-sc.gc.ca/ahe-asc/conferences/calend/index-eng.php#apr>



Central Valley Health Network

Incorporated in 1998, the Central Valley Health Network (CVHN) is a consortium of 12 Federally Qualified Health Center corporations that provide comprehensive preventive primary care services and advocate on behalf of low-income and medically underserved families throughout the northern, Central Valley and Inland Empire areas of California. In most Central Valley communities, CVHN members are the only safety net provider.

CVHN's mission is to facilitate community health centers' strength in the marketplace and to support member's effective delivery of high quality and accessible health care. CVHN staff support members through: advocacy, technical assistance, program development and administration, and training.

The AmeriCorps Informer is a monthly publication written, edited and reviewed by current AmeriCorps members throughout CVHN. Its purpose is to provide insightful and informative news and current events to our members. The newsletter also serves as a means to stay informed about events or changes happening within the organization. It also introduces all AmeriCorps members to the entire network therefore encouraging networking and collaboration opportunities.

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