



Osage Health Newsletter

LATEST HEALTH & WELLNESS NEWS, ACTIVITIES, AND HAPPENINGS

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Health & Wellness Topics

The very latest of a variety of Health & Wellness topics happening today.

Osage Nation Health System Breaks Ground on New Assisted Living Facility in Hominy



Osage Congress Members, Si-Si A-Pe-Txa Board members, ONHS Health Administration, Osage Royalty, and distinguished guests break ground on Wednesday, August 21st.



Osage Nation Health System Assisting Living Rendering coming in 2026

The Osage Nation Health System (ONHS) officially broke ground on its highly anticipated assisted living facility in Hominy, marking a significant milestone in the Nation's commitment to serving its elders. The ceremony, attended by community members, tribal leaders, and distinguished guests, celebrated what will soon be a place of comfort, care, and dignity for one of the Nation's most valued populations.

The \$8.11 million project will feature an approximately 8,995-square-foot cottage with eight living suites, each equipped with a private restroom. The facility will also include a great room, kitchen, dining area, laundry, and additional restrooms, creating a welcoming environment designed to meet the

practical and cultural needs of Osage elders. Completion is expected within the next 12 months.

Chairwoman of the Osage Nation Health Authority Board, Cindra Shangreau, reflected on the project as a new chapter in the Nation's ongoing story, describing it as a heartfelt act of love toward its elders.

The groundbreaking program included an invocation by Vann Bighorse, followed by remarks from Principal Chief Geoffrey Standing Bear, Chairwoman Shangreau, and members of the Osage Nation Congress. After the ceremonial turning of the soil, attendees gathered for group photos and enjoyed refreshments, underscoring the spirit of unity and celebration that surrounded the day's events.

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Osage Nation Health System Breaks Ground on New Assisted Living Facility in Hominy

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The Hominy facility represents a continuation of ONHS's mission to expand services that directly benefit the Osage community. As the project moves forward, it serves as both a promise kept and a testament to the Nation's dedication to caring for those who have laid the foundation for its future.



Principal Chief Geoffrey StandingBear



(from left to right) Si-Si A-Pe-Txa Board Vice Chairman, Michael Bristow, Osage Nation Princess Jada Lynn Phetsacksith, Oklahoma Lt. Governor Candidate Victor Flores, ONHS HR Director Julie StandingBear, and Principal Chief Geoffrey StandingBear



Chairwoman Shangreau Credit: Osage Communication



ONHS CEO Mark Rogers welcoming guests



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Osage Nation Health System Awarded \$3.5 Million Grant to Expand Healthcare in Skiatook

The Osage Nation Health System (ONHS) has been awarded a \$3.5 million grant from the Indian Health Service (IHS) to expand primary care access in Skiatook. The funding will support construction of a new healthcare facility designed to bring vital services closer to Osage citizens, their families, and the surrounding community. The new facility will be located on a 10-acre site



Rendering of the Skiatook Expansion Clinic Coming Soon.

southeast of the Osage Casino and will provide primary care, dental, pharmacy, behavioral health, and rotating specialty services. Once completed, the 8,500 to 9,500 square-foot clinic will strengthen ONHS's ability to meet the growing demand for healthcare in Skiatook, which is home to one of the largest concentrations of Osage citizens outside Pawhuska.

"This grant is a significant investment in the health of our people," said Mark Rogers, Chief Executive Officer of ONHS. "It allows us to build the foundation of a new facility that will improve access to care and reduce travel burdens for Osage families in Skiatook and nearby communities."

Project Overview

- Grant Awarded: \$3.5 million from the Indian Health Service
- Facility Size: 8,500 to 9,500 square feet
- Location: 10-acre site southeast of the

Osage Casino, Skiatook

- Additional Funding Needed: \$2.5 to \$3 million in supplemental funding anticipated to complete the project
- Estimated Opening: Between December 2026 and February 2027

Architectural planning is underway, and the groundbreaking ceremony is scheduled for next month. Once completed, the Skiatook facility will stand alongside ONHS's Pawhuska super clinic, the Wahzhazhe Health Center, as part of a growing network designed to provide comprehensive and culturally responsive healthcare.

"Our vision is to ensure Osage citizens receive high-quality, culturally responsive care right where they live," Rogers added. "This expansion is more than a building. It is an investment in the future health and well-being of our Nation."



PROVIDER SPOTLIGHT

Dr. Kendra Hamilton, MD, joined ONHS bringing with her extensive experience in managing a diverse range of neurological conditions. Her expertise is not only in general neurology but also in headache medicine, areas in which she holds a special interest. Previously, Dr. Hamilton dedicated three years as a Senior Staff Neurologist at the Henry Ford Health System. There, she managed her own outpatient clinic, provided inpatient neurology consultations, and supervised the resident outpatient clinic. Her commitment to her field is evident through her active membership in both the American Academy of Neurology and the American Headache Association. Dr. Hamilton's research has gained national recognition, with presentations at conferences for both organizations. Through her role as the co-founder of the Annual Detroit Headache and Facial Pain Symposium, she has sharpened her leadership abilities, serving both as a moderator and a speaker over the past two years.



Dr. Hamilton's medical journey began at Michigan State University College of Human Medicine, leading to a neurology residency at Henry Ford Health System, where she was honored with the role of chief resident in her fourth year. June 2024 marked a new chapter for Dr. Hamilton as she relocated to Tennessee to support her husband's fellowship endeavors. Outside of her professional life, she finds joy in nurturing a healthy and happy lifestyle with her two young children and husband, alongside her personal interests in fitness and well-being.

Attention Patients:

Please bring all of your current medication bottles to your appointments. This will help our providers and nurses accurately review and enter your information into our new electronic health system, Epic.

Thank you for your cooperation and understanding!



First Foods: How Breastfeeding Could Turn the Tides on Maternal Mortality for Native Mothers and Their Babies

Indigenous lactation consultants are fighting to reclaim breastfeeding as a ceremony while tackling one of Indian Country's most fundamental health challenges.

By: Elyse Wild, NativeNewsOnline



Alaska Native Alissa White feeds her son. Photo: Native News Online

PETOSKEY, Mich.—When Alissa White gave birth at home in May 2020, her newborn son was immediately rushed to the hospital. When the Tlingit mother waited anxiously in the emergency room, separated from her child due to early pandemic protocols, she asked for a breast pump.

“Even in that moment, in the flurry of everything that was happening, I (knew) I could start moving milk and be able to feed my baby in the way I was hoping,” White told Native News Online.

White’s single-mindedness in the moment came from the months she spent in a pregnancy support group led by a Native lactation specialist. Even though White’s baby couldn’t latch during his first week in the neonatal intensive care unit, she maintained a strict pumping schedule.

“I was pumping every two hours, waking up at night as though I had my baby physically there,” she said. “Because I started off the bat, I was consistent and dedicated and was able to have an abundant supply.”

For White, breastfeeding represents more than

infant nutrition—it’s food sovereignty, ceremony and ancestral healing. Across Indian Country, Native women are working to restore these traditional practices that have been disrupted by generations of forced separation, assimilation and colonization.

“This is healing work,” Elizabeth Montez, a member of the Little Traverse Bay Band of Odawa Indians, who led White’s pregnancy

support group, said. “It’s not just a food choice.”

Having Montez — one of just two dozen Native Americans with the rigorous International Board Certified Lactation Consultant (IBCLC) credential in North America — as both consultant and mentor was essential to White’s success.

“It gave me a solid foundation of what to expect,” White said. “Going into pregnancy and birth, I knew I wanted to breastfeed and it was good to have a realistic perspective of what that might look like. I think there is a perception of ‘Oh, if I am going to breastfeed, it’s just this natural thing, I’m going to be fine.’ But so many of us have been removed from that knowledge.”

The generational knowledge disconnect highlights the dual purpose behind bringing lactation support to Native communities: reclaiming breastfeeding as a cultural practice and ceremony and increasing positive health outcomes for mothers and babies.

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First Foods: How Breastfeeding Could Turn the Tides on Maternal Mortality for Native Mothers and Their Babies

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Breaking the Cycle

Native American mothers and infants face alarming health disparities. According to a 2024 KFF brief on racial disparities in maternal and infant health, pregnancy-related mortality rates among American Indian and Alaska Native (AI/AN) women are more than three times higher than the rate for White women (63.4 vs. 18.1 per 100,000 live births).

Angie Sanchez, a citizen of the Grand Traverse Band of Ottawa and Chippewa Indians and a Michigan State University doctoral student, sees breastfeeding support as a critical intervention in the crisis.

“It’s not second nature, it’s not like breathing,” she said. “Lactation is something you learn, and how we typically learn about that is by being a child around a mother who is breastfeeding, but a lot of us never had that.”

The KFF brief also shows that AI/AN infants have markedly higher mortality rates than those born to White people (9.1 vs. 4.5 per 1,000 live births). Breastfeeding is linked to lower rates of conditions that disproportionately affect Native communities, including sudden infant death syndrome (SIDS), respiratory infections, and diabetes.

Sanchez’s own struggle with breastfeeding illustrated how expert support can be for new mothers. Her newborn son had an undiagnosed tongue tie — a tissue condition that restricts tongue movement and makes it difficult for the baby to latch to the mother’s breast — causing weeks of painful nursing that she called “agonizing.”

After turning for help from everyone she knew — friends, family, her OB-GYN, her pediatrician — it was a certified lactation consultant who finally identified the problem. After a brief procedure in which her son’s frenulum tissue



Alissa White said Native-led support she received during her pregnancy helped her know what to expect with breastfeeding.
Photo: Native News Online

under the tongue was cut to release the tie, he was able to latch onto her breast normally.

“It was the first time in 12 weeks that I breastfed without being in pain,” she said.

The experience highlighted a major gap for Sanchez, who was living in Michigan’s capital city, East Lansing, with access to healthcare resources. She thought about the women on her reservation three hours away who didn’t have the same level of support.

“I was privileged to be able to stay home and take care of my baby,” she said. “And I had people around me for support — my husband stayed home for two weeks, my mom came to stay with me, I had friends stay with me. ‘I don’t know too many people who are able to do that ... I felt a sense of responsibility to do something for my people.’”

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Nurturing Indigenous Solutions



Angie Sanchez, a member of the Grand Traverse Band of Ottawa and Chippewa Indians and a doctoral student at Michigan State University, started a research initiative examining how colonialism disrupted breast feeding practices in Native communities. It also provided training for 60 Indigenous Lactation Consultants across the state of Michigan. Photo: Native News Online Elyse Wild

In 2021, Sanchez channeled that sense of responsibility into action. She spearheaded the Noon Project, a two-year initiative funded by the Michigan Health Endowment that sought to saturate the state's Native communities with specially trained Indigenous Lactation Counselors.

Unlike mainstream lactation consultant certification, which requires hundreds of clinical hours and extensive coursework, the Indigenous Lactation Counselors program was created specifically for and by Native women. Developed by Cammi Goldhammer of Sisseton-Wahpeton Oyate, the 45-hour curriculum is free to Native participants and focuses on traditional Indigenous approaches to breastfeeding support.

The Noon project proved remarkably successful, resulting in nearly 60 new lactation counselors from five of Michigan's 12 federally recognized tribes.

"It's so needed in our communities," Sanchez said. "If there was a way to have this every year in every Indigenous community across Canada and the United States, we would all be much better. It's really returning the ceremony of birth and the ceremony of breastfeeding back to our communities."

This need becomes even more apparent when looking at the current landscape of lactation support. That's due, in part, to a lack of diversity among lactation care providers. A 2019 study conducted by the United States Lactation Consultant Association found that about 80 percent of certified lactation consultants are white, compared to the roughly 11 percent who are American Indian or Alaska Native.

The impact of these specialized Native lactation consultants extends beyond nutrition. While most private insurance plans must cover breastfeeding support under the Affordable Care Act, most Native families who rely on the Indian Health Service or Medicaid bear the out-of-pocket for breastfeeding support. Those costs can be prohibitive, with lactation counseling running from \$150-\$350 per session.

Even for those who are privately insured, only a handful of states license IBCLCs, and just one state, New Mexico, which has a Native American population of around 264,000, licenses and provides Medicaid coverage for IBCs.

According to the IHS website, it supports breastfeeding for the first six months of an infant's life. Eight of the 28 IHS hospitals across Indian Country are certified Baby-Friendly, a designation by UNICEF, meaning they exclusively promote breastfeeding; but it's unclear how many IHS facilities employ Indigenous Lactation Counselors.

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Reclaiming Ancestral Wisdom



Dr. Yolandra Gomez is the project director for her tribe's Maternal and Early Childhood Home Visiting Program. She says physicians need to provide more information to pregnant mothers about the realities of breastfeeding. (Photo: Craig Fitz for Associated Press; licensed)

Dr. Yolandra Gomez, a pediatrician and enrolled member of the Jicarilla Apache Nation, describes breastfeeding as “the most important thing a mother can do for her baby.” Working as the project director for her tribe’s Maternal, Infant and Early Childhood Home Visiting Program, Gomez educates patients about breastfeeding’s many benefits: It’s a fresh, accessible food that doesn’t need to be stored or heated up. It reduces cortisol levels — stress hormones — in both mothers and babies. And it’s filled with therapeutic agents that protect against infection.

While she recommends breastfeeding for her patients, it may not work for everyone.

“And that’s OK,” she said. “I don’t want to vilify a woman who doesn’t want to breastfeed for her personal reasons. I’ll always respect a family’s decision to breastfeed or not breastfeed.”

Gomez wants more physicians to have candid conversations with their pregnant patients to prepare them for the changes and challenges that come with breastfeeding.

“A lot happens when a woman gives birth,” she said. “There is so much excitement, and of course, it’s tiring. There are misconceptions that breastfeeding should just happen naturally and easily, and it doesn’t.”

A woman’s body doesn’t start fully producing milk until 3–4 days after birth; instead, breasts produce colostrum, sometimes referred to in maternal health spaces as “liquid gold.” It’s nutrient-rich and essential in the early days of

life as it prepares the baby’s immune system for regular breast milk; but colostrum is produced in small volumes, leading many women to worry they aren’t producing enough milk to feed their baby.

“I’ve seen women who get so frustrated the day after they give birth,” Gomez said. “There is so much excitement, and of course, it’s tiring. There are misconceptions that breastfeeding should just happen naturally and easily, and it doesn’t.”

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“I’ve seen women who get so frustrated the day after they give birth,” Gomez said. “They’ll say they aren’t getting any breast milk, just a few drops, and I’ll say, ‘Those drops are gold.’”

Training the Next Generation

If you are having a conversation about maternal health in Indian Country, Camie Goldhammer’s name is likely to come up. Along with being a licensed social worker and full-spectrum Indigenous doula, she runs Hummingbird Indigenous Family Services, a Seattle-based organization that offers Indigenous knowledge and culturally competent birthing support to Native women free of charge.

When she was pregnant with her first daughter in 2009, Goldhammer never considered breastfeeding, despite working in maternal health. The topic never came up in any of her prenatal doctor’s appointments, either, she said.

“I never saw anyone breastfeed in real life — ever,” Goldhammer told Native News Online. “I didn’t grow up around it. Once I had my baby, the nurse asked if I wanted to breastfeed her, and I said, ‘Sure, I’ll try.’ And it was amazing.

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First Foods: How Breastfeeding Could Turn the Tides on Maternal Mortality for Native Mothers and Their Babies

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Indigenous Lactation Counselor trainees craft traditional felt and beaded breasts filled with sacred medicines (left); Camie Goldhammer, founder of the program that has trained over 800 Indigenous Lactation Counselors across the United States, Canada, and Guam since 2017 (right). (Photos: Champs National; Jessica Lázaro Moss for Native News Online)



I felt like I became her mom right then when she went to my breast.”

For Goldhammer, breastfeeding her baby opened up a whole new worldview, where breastfeeding was the truest form of food sovereignty and the origin of human connection with the world. But, when her maternity leave ended, she was at a loss when it came to using a breast pump at work.

“I just didn’t even know how or what to ask; no one in my family had ever breastfed, let alone pumped,” she said. “So I googled ‘breastfeeding support for Native Americans,’ and nothing came up. So I thought, ‘Well, I better start something then. I can’t wait for someone else to figure this out.’”

The transformative experience and the realization that no resources existed specifically for breastfeeding Native mothers inspired Goldhammer to create the Indigenous Lactation Counselor program in 2017. A year later, Goldhammer and Kimberly Moore-Salas (Dine) made history as the first Native women appointed to the board of the United States Breastfeeding Committee, a national coalition that works to promote and support lactation.

Goldhammer held the first Indigenous Lactation Counselor training in Alaska with 12 Inupiaq women; the second was held in Minnesota, where 50 Native women participated.

“From there, it just exploded,” Goldhammer said. Today, she and Moore-Salas have trained more than 800 Indigenous Lactation Counselors across the United States, Canada, and Guam. During the training, participants make small felt and beaded breasts, which are stuffed carefully with sacred medicines, such as tobacco, sweetgrass, sage and cedar.

“If someone brings in local medicines that are used to help postpartum mothers with milk supply, sometimes those medicines are added in as well,” Sanchez said. “But also, in these lessons when the content is very clinical, which many participants have a hard time just sitting and listening to, so folks can listen while they craft. It’s kind of like giving them something to fidget with, and helps with processing the information being presented.”

Beyond Formula: Reclaiming Traditional Feeding

One month after Montez gave birth to her firstborn, her infant son was diagnosed with failure to thrive. She was nursing around the clock, frequently in agony, but her son was just slightly over his birth weight. Her pediatrician gave her one directive: Go directly to the store and buy formula.

As Montez stood in an aisle at a Walla Walla, Wash. grocery store, gazing at shelves stacked with baby formula, she felt sad, frustrated and overwhelmed.

“I was standing there looking at all of these different formulas — there’s so many, how do you even pick?” Montez recalled. “They have all of these different claims on them; how do you know what is best? I started feeling this panic rising up. I was nursing around the clock, and I felt like a failure.”

Standing in the grocery aisle with tears running down her face, she called her midwife for guidance.

“She told me to take a deep breath and asked me

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First Foods: How Breastfeeding Could Turn the Tides on Maternal Mortality for Native Mothers and Their Babies

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if I would like extra milk — donor milk — from another parent,” Montez said. “I instantly was like, ‘of course.’ This was nothing I’d ever heard of, I would rather give my baby milk from a community member, instead of formula.”

While 28 donor milk banks exist in 25 states, [a report](#) by the Human Milk Banking Association of North America found that Native communities have limited access to this resource.

In Native communities, breast milk is the first food, and breastfeeding is one of life’s first ceremonies.

While some have an easy time breastfeeding, like Goldhammer, others face physical challenges—including tongue ties, clogged ducts, improper positioning when breastfeeding, stress and anxiety. “Breastfeeding is a practice that we are taught,” Goldhammer said. “When breastfeeding doesn’t go well or doesn’t come quickly, you can feel like a failure, but most of these issues are pretty easy to solve. But if you don’t have support and are discouraged right away, it’s totally understandable why you would quit.”

Breast milk, Goldhammer reminds us, is a matter of supply and demand: once a baby stops nursing, the human body will stop producing milk.

“Traditionally, if we were having a hard time with it, we would have gone to our aunties or our mothers. But they haven’t breastfed in like four generations. That knowledge was taken from them, but it’s still there; it’s just been tucked away and buried. But it still lives in us. It was passed down to us from our ancestors. All we do in our training is bring it alive in our brains. We are just remembering again.”



One month after giving birth, Elizabeth Montez stood in a Washington grocery store, overwhelmed by shelves of baby formula and feelings of failure. Her newborn had been diagnosed with failure to thrive, despite her constant nursing. In tears, she called her midwife — who offered an alternative she’d never considered: donor milk from another parent. (Photo: Elyse Wild)

Montez, who helped White through her pregnancy, has mastered both Indigenous and mainstream approaches to lactation support. She is one of nearly 800 Native women who completed Goldhammer’s Indigenous Lactation Consultant program, while also being among just 24 Native Americans — out of 19,000 total consultants — to earn the IBCLC certification. For her, breastfeeding helped heal intergenerational traumas, but she emphasizes that part of her role is supporting Native women whether they choose to breastfeed or not.

“I really want to uplift that choice,” she said. “If you are standing in your own autonomy and saying, ‘This is my choice,’ that, too, is ceremony.”

National
BREASTFEEDING
AWARENESS MONTH
— AUGUST —



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Tuesday, Aug. 19

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Tuesday, Aug. 26

**Pawhuska Flagpole
Corner of Lynn and
Hwy 60**

10AM - 2 PM

Contact ONHS Public Health Department at 539.212.2374

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Back to School: Tips for Keeping your Children's Teeth Healthy

By: Miranda Scholz, DDS, ONHS Dental Director



Cavity Check. Photo: @canva / Credit: studioroman

As summer winds down and the school year begins, parents are busy shopping for supplies, organizing schedules, and preparing kids for a successful academic year. While pencils and backpacks often take center stage, it's important not to overlook your child's dental health. A healthy smile can boost a child's confidence and play a big role in their overall well-being, both in and out of the classroom.

Back-to-school season is a great time to schedule a dental checkup. Regular visits help catch issues like cavities or orthodontic concerns early, preventing painful distractions during the school day. Dental hygienists can also provide cleanings that remove plaque buildup and can offer protective treatments like fluoride or sealants, especially important for children who are still learning proper brushing techniques.

Untreated dental decay is one of the leading causes of missed school days among children. Toothaches, infections, and emergency dental procedures can keep kids out of class and make it difficult for them to concentrate when they do attend. According

to the CDC, children with poor oral health are nearly three times more likely miss school due to dental pain. By prioritizing preventive care and daily hygiene, parents can help their children stay healthy and present, both mentally and physically, throughout the school year.

Incorporating good oral hygiene into your child's daily routine can set them up for long-term dental health. Encourage brushing for two minutes twice a day with fluoride toothpaste

once a day. If your mornings are hectic, consider packing a small toothbrush in your child's lunchbox so they can brush after meals. Limiting sugary snacks and drinks is another simple way to protect teeth from decay.

Finally, don't forget about hydration. Encourage your child to drink plenty of water throughout the day. Water not only keeps them focused and energized, but also helps wash away food particles and bacteria that can lead to cavities. A little planning goes a long way in ensuring your child starts the school year with a clean bill of dental health and a confident, healthy smile. Call the WahZhaZhe Health Center at (918) 287-9300 and schedule your dental check-up today!



Why are MMR Immunization and Herd Immunity Important?

By: Bruce Bowles, RN, Public Health Nursing



MMR Vaccine Photo: @canva / Credit: Samara Heisz

Why are MMR immunization and Herd Immunity important?

The Vulnerable Among Us: Why Herd Immunity Matters

One of the most compelling arguments for herd immunity is its role in protecting the most vulnerable:

Newborns and infants, who may be too young to receive certain vaccines.

Immunocompromised individuals, such as cancer patients, organ transplant recipients, or those with autoimmune disorders.

Elderly populations, who often have weaker immune responses.

People with severe allergies to vaccine components.

These individuals rely on the immunity of others to reduce their exposure risk. When herd immunity is achieved, the virus or bacteria is less likely to circulate, reducing the odds of contact. It's not just a public health strategy,

it's a responsibility 92.5% of 2024-25 kindergartners got their required measles-mumps-rubella shots, down slightly from the previous year. Before the COVID-19 pandemic, the vaccination rate was 95% which is the level that makes it unlikely that a single infection will spark a disease cluster or outbreak.

The U.S. is currently experiencing its worse year for measles spread in the last 30 years. There are over 1300 cases reported so far.

Help do your part in keeping our most vulnerable people safe.

Sources:

<https://www.sciencenewstoday.org/herd-immunity-explained-with-medical-facts>

<https://www.msn.com/en-us/health/other/us-childhood-vaccination-rates-fall-again-as-exemptions-set-another-record/ar-AA1JFOjq?ocid=BingNewsSerp>

Gastroparesis Symptoms, Causes, Diagnosis, and Treatment

By: Baystate Health

Gastroparesis (GP) refers to when the stomach takes longer than usual to empty its contents into the small intestine. Sometimes referred to as delayed gastric emptying, a lazy stomach, or stomach paralysis, gastroparesis affects 16% of the U.S. population and can stem from a variety of potential causes, making diagnosis and treatment challenging.

According to Dr. Kais Zakharia, an advanced endoscopy and gastroenterologist with Baystate Gastroenterology, GP can have a profound impact on daily living, but “understanding its causes, diagnosis, and ever-increasing treatment options can help with symptom management and quality of life.”

What is Gastroparesis?

As Dr. Zakharia explains, in a healthy individual, food usually passes from the stomach to the small intestine in two to four hours. In that time, the muscles of the stomach contract to mix food with digestive juices to break it down into small particles. Once it's broken down, those same muscles push the food into the small intestine through the pyloric valve.

“However,” he notes, “for people with GP, both digestion and the movement of food are slowed or don't happen at all due to the stomach muscles not contracting properly. Instead, food sits in the stomach, leading to a range of uncomfortable symptoms.”

Symptoms of Gastroparesis

Gastroparesis symptoms include:

Nausea and vomiting

Feeling full quicker than normal

Upper abdominal pain

Bloating

Loss of appetite

Acid reflux

Heartburn

In severe cases, gastroparesis can lead to weight loss and malnutrition.

What Causes Gastroparesis?

While several things can contribute to or cause gastroparesis, for 30-50% of patients, the cause is unknown, or idiopathic.

Some commonly recognized causes include:



Diabetes: Roughly 25% of all patients diagnosed with GP have either type 1 or type 2 diabetes. Over time, uncontrolled sugar levels damage the nerves surrounding and going into the stomach, leading to GP.

Viral infections: Common gastrointestinal viral infections, including COVID-19 and norovirus, that cause gastrointestinal symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea, constipation, bloating, heartburn, and indigestion) can contribute to GP. In some cases, symptoms of GP go away on their own months or years after the initial illness.

Surgery: Certain surgeries are thought to contribute to GP; specifically, surgeries that change the stomach due to the formation of scar tissue or damage to the vagus nerve.

Medication: Use of medications that block the nerve signals that activate your stomach muscles can lead to temporary GP. These include narcotic pain relievers, calcium channel blockers, antispasmodics, some antidepressants, and certain medications for diabetes, including Ozempic.

Marijuana: Some research suggests that cannabis may slow down the process of gastric emptying, which can trigger GP or contribute to worsening symptoms.

Getting a Gastroparesis Diagnosis

According to Dr. Zakharia, the first step in diagnosing gastroparesis is ruling out other conditions.

“We typically start with a medical history and

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Gastroparesis Symptoms, Causes, Diagnosis, and Treatment

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physical exam to get a clear picture of all the factors that might contribute to a patient's problem," he says. "Previous surgeries, medical conditions, and current medications all provide insight."

The next step in diagnosing GP is performing an endoscopy to ensure there is no blockage in the stomach or upper intestine. This involves inserting a thin, flexible tube with a camera (called an endoscope) through the mouth into the stomach and upper small intestine.

"If no blockage is found," says Dr. Zakharia, "we move onto a gastric emptying test."

Considered the gold standard for diagnosing GP, a gastric emptying test involves eating a meal with a small amount of radioactive tracer. A special camera is used to track how quickly your stomach empties.

"As noted before," says Dr. Zakharia, "a healthy stomach typically empties in two to four hours. If the test reveals the stomach is still 50% full at four hours, we can confirm a diagnosis of GP."

Gastroparesis Treatment Options

In the same way that GP symptoms can range from uncomfortable to debilitating, treatment options run the gamut from simple to complex.

For mild cases of GP, initial treatment options include:

Dietary Changes: Eating smaller, more frequent meals that are low in fat and fiber can help manage symptoms. Liquid or pureed foods may be easier to digest.

Blood Sugar Control: For people with diabetes, managing blood glucose is crucial.

Proper hydration and nutrition: Proper hydration and nutrition is essential to overall health.

Medications: Drugs can help stimulate stomach muscle contractions (prokinetics and antibiotics) or control nausea and vomiting. **NOTE:** As medications often come with significant side effects, including infertility and involuntary muscle movements, long-term use is NOT recommended.

Dr. Zakharia notes that, unfortunately, these initial treatment options tend to work for only 70% of patients. For the remaining 30%, next-step options include: **IV Nutrition:** When nutrition is a concern, intravenous nutrition may be required.

Decompression and feeding tubes: For severe cases, a tube may be inserted in the stomach to vent gas and drain fluid to provide relief from the small bowel to provide nutrition and bypass the

stomach.

Surgery and procedures: While there are surgical options for gastroparesis, the most promising and effective approach is a minimally invasive procedure called gastric per-oral endoscopic myotomy, or G-POEM.

Currently, Baystate is the only healthcare facility in western Massachusetts performing the relatively new G-POEM procedure.

Dr. Zakharia explains how it works:

"G-POEM involves cutting the pyloric muscle between the stomach and the small intestine. While it doesn't increase contractions of the stomach, it does remove the barrier between the stomach and the small intestine, so that the contractions that are happening can more effectively move food out of the stomach."

While the procedure itself takes 30-45 minutes to perform, and most patients go home the same day, Dr. Zakharia notes that preparing for G-POEM may take up to a week.

"Depending upon the medications a patient is taking, it can take a week to clear the drugs from their system," he explains. "It's important to talk to your doctor about all the medications you are taking and developing a plan for how and when to stop their use if needed prior to G-POEM."

Most patients are able to go home a few hours after the procedure but need to follow a liquid diet for 24 hours and take an antibiotic for five to seven days.

Of all the treatments for symptoms of gastroparesis, G-POEM offers the highest rate of success and the lowest rate of complications.

"Post-procedure analysis has found a 75% success rate after 36 months and very low rates of adverse effects," says Dr. Zakharia. "While the efficacy of G-POEM compared to surgical options offered elsewhere is similar, the length of time required to complete G-POEM and the length of post-procedure stay are significantly less."

Living with Gastroparesis

As challenging as gastroparesis is, Dr. Zakharia notes it is possible to live well with the condition.

"It's important to ask questions of your doctor to ensure you understand the condition, available treatment options—including the risks, benefits, and potential side effects. Again, there's no cure for gastroparesis, but there are ways to manage the symptoms and live a productive and happy life."

NOW OPEN!
July 15, 2025



WAHZHATHE HEALTH CENTER
OSAGE NATION HEALTH SYSTEM

AAAHC
ACCREDITED
AMBULATORY HEALTH CARE

316 E. Main Street
Pawhuska, OK. 74056 918.287.9300

Let us share our Culture of Caring. Now Accepting New Patients.

We have a variety of services:

- Primary Care
- Dental
- Optometry
- Behavioral Health
- Diabetes & Wellness
- Growing Specialty Services
- and More!

MyChart at the OSAGE NATION HEALTH SYSTEM



New Patient Portal:

- Improved access to your health information
- Communicate directly with your provider
- Request an appointment
- And more!

Install the app on iPhone or Android for real-time access to your health information.

Apple version note: MyChart app versions 10.0 and above require iOS 10

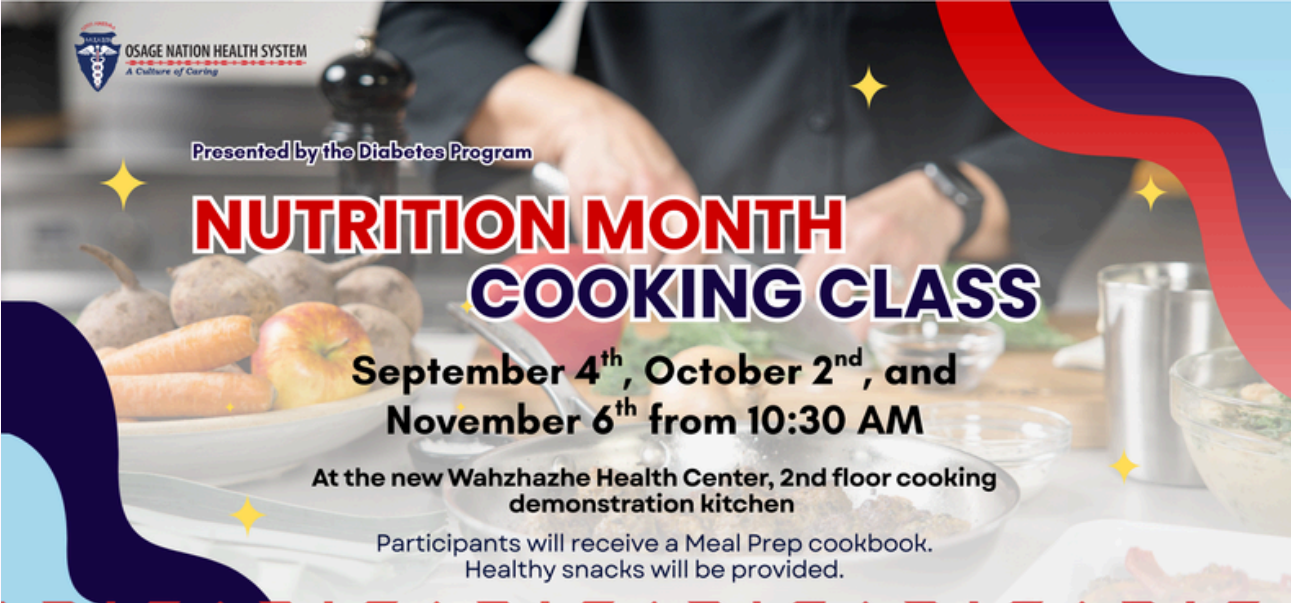


Download on the App Store

GET IT ON Google Play



OSAGE NATION HEALTH SYSTEM
A Culture of Caring



Presented by the Diabetes Program

NUTRITION MONTH COOKING CLASS

September 4th, October 2nd, and
November 6th from 10:30 AM

At the new Wahzhazhe Health Center, 2nd floor cooking demonstration kitchen

Participants will receive a Meal Prep cookbook.
Healthy snacks will be provided.

316 E. Main Street, Pawhuska 539.212.2373



OUTDOOR FAMILY MOVIE NIGHT

SATURDAY, OCT. 24
VENUE OPENS AT 6:00 PM

OSAGE NATION OUTDOOR HEALTH COMPLEX
PREVENTION DEPARTMENT
539.212.2521





OSAGE NATION HEALTH SYSTEM
A Culture of Caring

BACK-TO-SCHOOL SPORTS PHYSICALS, IMMUNIZATIONS, AND WELL-CHILD CHECKS

Call Us for an appointment 918.287.9300

**Eligibility: New and Current Native
American Patients.**

As the new school year approaches, it's time to check off three of the most important items on your back-to-school list. Students planning to play school sports must have a physical after May 1st.

Services Available:

- ✓ Required childhood & adolescent immunizations
- ✓ Sports physical exams
- ✓ Well-child checks

At our new location
Wahzhazhe Health Center
316 E. Main Street, Pawhuska
918.287.9300





Sponsored by ONHS Community Health
Representatives and Senior Services

2nd Annual Community HEALTH FAIR

**Wednesday,
October 15th**

at Osage County
Fairgrounds-Ag Building
10:00am - 1:00pm

Free health screenings,
resources, information,
giveaways, door prizes,
and MORE!

For more information contact ONHS
Community Health Representatives at
539.212.2615 or CHR@osagehealth.org

Wellness Walk begins at
9:30 AM.

Lunch provided and T-
shirts available (both)
while supplies last.

This event is free and open
to the public.



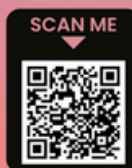
Saturday, October 11th

Osage Hills State Park
2131 Osage Hills Park Road, Pawhuska, Ok.

Registration opens at 6:45 AM, Race begins at 8 AM

Male and Female 1st, 2nd, 3rd places will be awarded.

Free to sign up, participants will receive T-Shirts, prizes,
and snacks.



OR sign up at this link:

<https://runsignup.com/osagenation5kbuffalorun>

QUESTIONS? CONTACT:

Katie Weigant, RN at

539.212.2373, katie.weigant@osagehealth.org



OUTDOOR FAMILY MOVIE NIGHT

SATURDAY, SEPT. 20

**VENUE OPENS AT
6:00 PM**

OSAGE NATION OUTDOOR HEALTH
COMPLEX

PREVENTION DEPARTMENT
539.212.2521



Employee Recognitions May through July



May Birthdays



May Anniversaries



June Birthdays



June Anniversaries



July Birthdays



July Anniversaries



May Employee of the Month -
Giovannie Soliano



June Employee of the Month - KC Bills,
award accepted by David James



July Employee of the Month -
Ethan Schulze

Employee Recognitions May through July



May Special Leadership Award -
Shelby Bohner



June Special Leadership Award -
Julie Gilmore (Accepted by July
StandingBear)



July Special Leadership Award -
Jacqualyn Nightengale



May Unsung Hero - Stephanie Millard



June Unsung Hero - Daisy Spicer
(Accepted by Anthony Shackelford)



July Unsung Hero Award - Tye Long



FAMILY VIOLENCE PREVENTION

MONDAY- FRIDAY 8AM TO 4:30PM:

539-212-2411

24 HOUR CRISIS LINE:

866-897-4747

ADDRESS:

1201 E. 11TH STREET, PAWHUSKA, OK 74056

EMAIL:

FAMILYVIOLENCE@OSAGEHEALTH.ORG



Osage Nation Health System Happenings:



"Substance Abuse Recovery Starts Here!"

OSAGE NATION COUNSELING CENTER PRIMARY RESIDENTIAL TREATMENT (PRT) CENTER

ARE YOU OR SOMEONE YOU LOVE SEEKING SUPPORT FOR RECOVERY FROM DRUG OR ALCOHOL ADDICTION? THE OSAGE NATION PRIMARY RESIDENTIAL TREATMENT (PRT) CENTER IS NOW ACCEPTING NEW CLIENTS, WITH SPECIAL OPENINGS AVAILABLE IN THE WOMEN'S RESIDENTIAL PROGRAM!

- 90-Day Residential Program
- For Native Americans (with CDIB)
- Culturally Based Healing Approaches
- Safe, Supportive Environment
- Located at New Osage Nation Counseling Campus



TAKE THE FIRST STEP TOWARD HEALING. "RECOVERY IS POSSIBLE!"



OSAGE NATION HEALTH SYSTEM
COUNSELING CENTER

473 Elks Lodge Road, Pawhuska, OK. 74056
539.212.2499 / Osagehealth.org



ATTENTION PATIENTS:

As we come into the new year, we request all patients please bring all insurance cards in for every appointment. This includes dental, vision, medical cards, and Medicare cards.



OSAGE NATION HEALTH SYSTEM
A Culture of Caring

Questions? Call Patient Registration
918.287.9300

August is National Immunization Awareness Month



OSAGE NATION HEALTH SYSTEM
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**OSAGE NATION
HEALTH SYSTEM**
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OUR WEBSITE IS NOW LIVE!!



www.osagehealth.org



Accredited by
AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.



On our website you can see department resources and information, upcoming ONHS events, make inquiries and so much more. Follow the Osage Nation Health System on facebook for the official announcement.



SCAN ME

Observances for August and September

August:

- Children's Eye Health and Safety Month
- Digestive Tract Paralysis Awareness Month
- Gastroparesis Awareness Month
- National Breastfeeding Month
- National Immunization Awareness Month
- Psoriasis Action Month

September:

- National Suicide Prevention Week: September 8-14
- Blood Cancer Awareness Month: Throughout September
- Childhood Cancer Awareness Month: Throughout September
- Gynecological Cancer Awareness Month: Throughout September

September Continued:

- National Cholesterol Education Month
- National Childhood Obesity Awareness Month
- National Sickle Cell Awareness Month
- Ovarian Cancer Awareness Month
- Pain Awareness Month
- Prostate Cancer Awareness Month
- Healthy Aging Month
- World Alzheimer's Day: September 21
- National HIV/AIDS and Aging Awareness Day: September 18
- National Celiac Disease Awareness Day: September 13



FAMILY VIOLENCE PREVENTION

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EMAIL:
FAMILYVIOLENCE@OSAGEHEALTH.ORG





IMPORTANT NUMBERS

Wahzhazhe Health Center
918.287.9300

Title VI 539.212.2510
Prevention 539.212.2521
ONHS Security 539.212.2559

Family Violence Prevention (FVP)
539.212.2506
FVP 24/7 Crisis Hotline
866.897.4747

24/7 Suicide Crisis Lifeline:
988

ONHS Counseling Center
M-F 8a-4:30p
539.212.2499

988 SUICIDE & CRISIS
LIFELINE