

# Assiniboine

## REGIONAL HEALTH AUTHORITY

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de la santé  
**ASSINIBOINE**  
Regional Health  
Authority

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ARHA – Online  
[www.assiniboine-rha.ca](http://www.assiniboine-rha.ca)

Internet users visiting [www.assiniboine-rha.ca](http://www.assiniboine-rha.ca) will be able to access information on programs and services available, Board of Directors and Executive Team profiles, organization structure, career postings, and the latest news and events.

**THE ASSINIBOINE RHA  
INVITES YOU TO VISIT  
THEIR SITE!**

### ANNOUNCEMENT:

## Eight New Physicians Join the Assiniboine Regional Health Authority

The Assiniboine Regional Health Authority is very pleased to announce that eight family physicians will begin practice in the Assiniboine Regional Health Authority throughout the month of February 2009.

Five of the eight physicians recently completed the Medical Licensure Program for International Medical Graduates. This program is a one year residency training program targeted at physicians who have been a resident of Canada for a period of time without practicing medicine. It focuses on the core medical rotations and provides a refresher to physicians to begin active practice in rural and remote settings. This program begins in January of each year and is 12 months in duration. The five physicians completed the training on January 14th and

are all looking forward to starting their medical careers in Manitoba.

Three additional physicians completed the provincial physician assessment process for International Medical Graduates in December 2008. Results from the program became available mid January and all three of Assiniboine's sponsored physicians were successful. These three candidates will also begin practice in early to mid February.

#### Hamiota

Dr. Nagy Wassef will begin practice in Hamiota in early February. He recently completed the one year residency program. Dr. Wassef originates from Egypt.

#### Killarney

Dr. Arshya Khan and Dr.

Nazia Nighat will join Dr. Pio and Dr. Simons at the Killarney Medical Clinic. Both physicians originate from Pakistan where they completed their medical training. They have also both completed the one year residency program in Winnipeg.

#### Virden

Dr. Shaza Abdalla, Dr. Ayman Basta and Dr. Sanjay Santdasani will be joining long time physicians Dr. Roux and Dr. Fitzgerald at the Virden Medical Clinic. Dr. Abdalla originates from Syria where she completed her training and Dr. Basta originates from Egypt where he began practice as a family physician. Both Drs. Abdalla and Basta completed the one year residency program in Winnipeg. Dr. Sanjay

Santdasani comes to Virden directly from India. Sanjay completed the majority of his assessment in Brandon and returned to his home country to await the results. He is looking forward to a new career in Canada.

#### Birtle

Drs. Wassef and Shenoda, a couple originally from Egypt will be starting family practice in Birtle. Drs. Wassef and Shenoda also completed their family practice assessment in Brandon.

The region wishes these new physicians the best of success in their medical careers.

If you wish to make an appointment with any of the listed physicians, please contact their respective Medical Clinics.

## Recruitment Initiatives

**Grad BNs, RNs & LPNs** – One of the programs the Region has been pursuing is the grad mentorship program. Newly graduated nurses awaiting their license from the applicable licensing college are interviewed and awarded supernumerary positions. Dependant on the classification, these positions are either 4 or 6 month term positions. The Grad Nurses are mentored with a nurse on-site, as well as have access to an off-site mentor who can assist with any questions/concerns. The region has been successful in recruiting 11 bachelor of nursing/registered nurse grads since the Grad RN Mentorship Program was developed in the spring of 2007. Since the inception of the mentorship program in 2007 for LPN's, 20 Grad LPN's have secured term or permanent positions. We will be moving forward with this program again in the upcoming years.

**HCA Summer Relief Positions** - The Region posts summer Health Care Aide vacation relief full and part time term positions. These positions target the 2<sup>nd</sup> and 3<sup>rd</sup> year BN nursing students. Since these nursing students have completed some of their nursing studies, they are considered trained Health Care Aides in the ARHA. This gives the students exposure to rural experiences, as well as providing the region with direct contact with future nurses!

**Diploma Nursing Accelerated Program (LPN to RN Program)** - The Assiniboine RHA is excited to announce that Neepawa will be hosting the Red River College LPN to RN program from May 2009 – September 2010. Eight (8) LPNs will have the opportunity to work towards becoming a Registered Nurse.

**Provincial Nursing Recruitment Initiatives** – Through the Manitoba Nurses Recruitment and Retention Fund (NNRF) RN's, RPN, and LPN's are eligible for a provincial \$4,000 Condition Grant for students choosing rural/northern sites in Manitoba. Newly hired nurses are also eligible for a \$2,000 Grant when employment is obtained in a PCH. The PCH grant can be received in conjunction with the Conditional Grant.

**Return of Service Agreements Diagnostics** – In the past three months the RHA has been successful in recruiting four diagnostic students through the use of Return of Service Agreements, similar to what is currently being offered through Diagnostic Services Manitoba. The agreements have been provided to three new diagnostics graduates and one individual completing the Ultrasound program.

**Educational Advance** – Subject to available resources, the Assiniboine Regional

Health Authority will maintain an Educational Advance Program to assist employees to further their education; which will assist the ARHA in the recruitment and retention of identified classifications of staff that the ARHA is experiencing a shortage and/or recruitment difficulty. Each application will be considered on an individual basis.

**Career Fairs** – the Region continues to participate in a number of career fairs targeted at all healthcare disciplines. Recent Career Fairs attended include:

- Red River Community College (Diagnostic, Nursing students)
- Brandon Career Symposium
- Aboriginal Job Fair
- Health Interactions Career Fairs, in partnership with the Manitoba Nursing Recruitment and Retention Fund, attend out of province career fairs (target Diagnostic, Nursing, Pharmacy)
- University Of Manitoba Nursing Faculty
- Brandon University Health Studies Career Day
- Presentations to BN and LPN students

**High School Presentations** - The Region participates in offering to make a presentation (general classes or a special event such as a career fair) on healthcare careers to high schools in the Region.

**Advertising** – Numerous ads were placed in local papers and in the Brandon Sun,

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# Accreditation 2008—Taking Quality to New Heights

The accreditation process is one of the measures that the Assiniboine Regional Health Authority (ARHA) uses to assess its level of performance against a national set of health care standards as developed by Accreditation Canada. Its purpose is to help organizations define, measure, report and improve their quality of care and services. In November 2008, the Assiniboine Regional Health Authority welcomed eight experienced health care professionals from across Canada to assess the care and services provided.

During the survey week, the surveyors met and had discussions with Board members, the leadership team, front-line staff, physicians, clients, patients, family members, and community partners. The main focus of the discussions centered on quality care and patient safety. The

surveyors reviewed the progress of the previous recommendations and observed the current ways that service is delivered. The on-site report that was received from the surveyors identified several strengths as well as recommendations for future improvement.

Recently, the follow-up forecast report was received from Accreditation Canada and it indicated that the region has met 91% of the quality criteria. The region is required to show evidence of actions taken to address the remaining criteria in order to receive full accreditation status by July 2009.

The ARHA is committed to providing quality care and service and the Board, leadership and front-line staff were commended by Accreditation Canada for their continuing efforts towards this goal.



## What is Mental Health First Aid??

Mental Health First Aid is the help provided to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate professional help is received or until the crisis is resolved. Mental Health First Aid shares the same overall purpose as traditional medical first aid – to help save lives.

Many of the **mental health problems** that exist are **more common** than physical health problems. In fact, one in three Canadians will experience some form of a mental health problem over the course of their lifetime. Unfortunately, people often know more about physical illness than they do mental illness. This lack of understanding promotes fear and stigma. It prevents people from seeking help early and seeking the best kind of help. It also keeps people from providing appropriate support to friends, colleagues, family members and people around them, simply because they don't know how.

### What is the purpose of the course??

Mental Health First Aid Canada is an evidence-based course developed to teach participants how to help someone showing signs of a mental health problem or experiencing a mental health crisis. The course aims to teach people to:

- Identify when a person may be a risk to themselves or others and to how take steps to preserve life.
- Recognize the early signs of mental health problems and provide help to prevent more serious problems from

developing.

- Provide comfort to someone with a mental health problem and support him or her in the process of recovery.
- Guide a person toward the appropriate professional help.
- Reduce stigma associated with mental health problems.

### What is the content of the course??

Mental Health First Aid Canada is a 12-hour training course delivered in four modules of three hours each by a qualified instructor. It is an interactive course that is provided in a supportive group-learning environment. Practical skills are taught using a model that is easy to remember and apply in real-life situations. Anyone, be it an employer or member of the general public, can benefit from Mental Health First Aid.

The course covers the following topics:

- What is meant by mental health and mental illness/mental health problems.
- Signs and symptoms of common mental health problems, such as depression, anxiety, psychosis and substance abuse, as well as what to do in a crisis situation.
- A basic model to provide Mental Health First Aid.
- Information about effective interventions, treatment options and resources.
- How to access professional help.

*For more information please contact:*

**Misti Bertrand RPN, BScMH, Clinical Services Specialist  
Mental Health First Aid  
Canada Facilitator  
Ph: 571- 2956  
Email: mbertrand@arha.ca**

# Recruitment Initiatives

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Winnipeg Free Press and Yorkton Newspapers as well as numerous websites.

### Other Recruitment Initiatives

Scholarships/Bursaries – numerous available through communities/health auxiliaries. Regional Manitoba Nurses Union Committee. Information is available on the ARHA website.

Student Practicum Placements – The Region supports and encourages the provision of educational opportunities for students who are, or may be interested in pursuing health care related careers by facilitating safe and appropriate placements in regional programs and services.

## Philippine Nursing Recruitment Strategy

### Assiniboine RHA part of Provincial Philippine Nurse Recruitment Initiative

The recent trip to Manila, Philippines, which involved Manitoba Health & Healthy Living, College of Registered Nurses of Manitoba, Manitoba Labour & Immigration and the Regional Health Authorities of Assiniboine, Brandon, Central & Parkland to recruit Registered Nurses, was a wonderful experience and a huge success.

The Province of Manitoba and the Regional Health Authorities are committed to safe and ethical recruitment practices when recruiting internationally skilled professionals. These practices were put in

place for the recruitment of the Philippine nurses.

Seeking Registered Nurses internationally lead us to the Philippines for a variety of reasons:

Filipino nurses are educated in English using an American based nursing school system.

There are over 400 nursing schools in the Philippines.

The unemployment rate is high. Many of the unemployed Filipino nurses volunteer at hospitals to gain experience. Nurse salaries are very low ranging from \$120 - \$250 per month.

The Filipino's are known to be compassionate and loyal people with a strong sense of community and strong family values.

The signing of the memorandum of understanding between the Manitoba Government and the Philippine Government which will assist in streamlining the immigration process including better connection of Filipino applicants with potential employers in Manitoba.

Screening and hiring:

The Philippine based recruitment agency was able to supply the four Regional Health Authorities with over 500 applicants to choose from. Each applicant was pre-screened based on their resume. During the operation week, a total of 349 nurses participated in completing an employer developed test, in which 92 of those were screened by the Assiniboine RHA. Applicants achieving an 80% or higher then moved to the next step in the process. A formal interview was the next step, where a total of 184 interviews took place. Assiniboine RHA conducted 47 interviews during the week, and in turn provided conditional offers of employment to 37 candidates. The total number of conditional offers for the province of Manitoba was 131.

Representatives from the

College of Registered Nurses of Manitoba and Manitoba Labour and Immigration, Nurse Recruitment and Retention (NRRF) were present during the week to provide all the candidates an opportunity to have their questions answered in person.

Credentialing:

The successful Philippine nurses will apply to International Qualifications Assessment Services (IQAS) to have their credentials assessed. The nurse will also apply to the College of Registered Nurses of Manitoba (CRNM) where they will be provided with a temporary nursing license at which time they will be able to practice as a graduate nurse. The graduate nurse will be required to write the Canadian Registered Nurses Exam (CRNE) at the first available opportunity. This national exam is offered three times each year in February, June and October.

Each candidate successful in obtaining the CRNM temporary nursing license will apply and await receipt of their temporary working permit through Manitoba Labour and Immigration, which will allow them to be deployed to Manitoba and begin employment. The anticipated time of deployment to Manitoba is April 2009.

Upon arrival:

The registered nurses will begin employment as graduate nurses and prepare for writing the CRNE. Settlement and integration into the workplace and community will be a challenge faced by the nurses. With the anticipated assistance from the staff and community members they will feel welcomed and supported. Remembering that making a first impression a good impression will hopefully result in an easy decision for them to become long term staff/community members.

## Applied Suicide Intervention Skills Training

Imagine... a suicide-safer community. LivingWorks has been helping become suicide-safer since 1983. LivingWorks programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman's social research and development model, these programs prepare community helpers to intervene and prevent suicide. The learning experiences are interactive and practical. This is a program for everyone who wants to help.

Participants will be able to:

- Recognize Persons at Risk
- Reach Out to Offer Support
- Estimate The Risk of Suicide
- Apply a Model of Suicide

Intervention

- Link People with Community Resources

### Workshop Participants

May Include:

- People concerned About Family and Friends
- Counsellors, Teachers and Ministers
- Workers in health or Justice
- Community Volunteers
- Emergency Service Workers
- Mental Health Practitioners

*If you're interested in this training please contact:*

**Misti Bertrand RPN, BScMH  
Clinical Service Specialist  
ASIST Facilitator  
(204) 571-2956  
Email: mbertrand@arha.ca**

# Client Safety Coordinator Hired

Submitted by **Tonia Barwick**

It is the role of newly hired Client Safety Coordinator, Tonia Barwick, to work with the health care teams, clients and families in all programs and services across the region with the common goal to improve client safety. This will be done in part by assisting teams to ensure that specific standards set by Accreditation Canada, a national organization, are met or exceeded.

Over the past several years, due partly to an adverse events study done in Canadian hospitals<sup>1</sup>, patient safety has evolved into an identified priority in health organizations throughout the country and worldwide. The study found that there were up to 23,000 deaths per year due to unintended preventable events and thus, the need to focus on patient safety quickly became obvious.

The Assiniboine RHA is committed to the patient safety movement as evidenced by the Board's strategic priority:

"ARHA's current and future service delivery will focus on patient safety and balance quality, accessibility and affordability considerations."

Several patient safety initiatives have been implemented in the ARHA in recent years with more to come in the future with the goal of improving the quality of the care and services that are provided to the citizens of the region. You, as the patient or community member, can also play a vital role in making your care safe by becoming an



**Client Safety Coordinator Tonia Barwick**

active, involved and informed member of your health care team. Speak up if you have questions or concerns, and if you don't understand, ask again. Know what medications you take and why you take them. Participate in all decisions about your health care. **You are the center of the health care team.**

If you have any patient safety concerns or suggestions for improvement please feel free to

contact your health care provider or contact Tonia Barwick at 204-534-6259 or [tbarwick@arha.ca](mailto:tbarwick@arha.ca).

For further information on client safety go to:

[www.mbips.ca](http://www.mbips.ca)  
(Manitoba Institute of Patient Safety)

[www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

<sup>1</sup> 2004, Baker and Norton, "The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada"

## Join Us For Coffee!

This is our own home grown strategy to carry the Mental Health Promotion message forward in concert with the National Events that will be taking place Canada wide during Mental Health Week hosted May 4 – 10th, 2009.

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion goes beyond health lifestyle to well-being." (WHO, 1986).

Mental health promotion is the process of enabling and enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.

With greater awareness and better understanding of mental health and its importance many reasons propel momentum to heighten

awareness of community alliances and capacity building around mental health. There is a growing awareness of mental disorders being common and disabling. In Canada, one person in five will experience some problem with their mental health in the course of a year (Government of Canada 2006) and one person in three will experience a mental health problem in their lifetime (Slomp, Bland, Patterson, & Saul 2007).

Mental health still generates misunderstanding, prejudice, confusion and fear. Some people with mental health issues report that the stigma is at times worse than the illness itself. People may be less willing to offer support and empathy if someone is suffering from a mental health problem.

Reducing stigma requires community education and a willingness among individuals to challenge others when discrimination occurs.

The Assiniboine Community Mental Health Team will be moving towards an active Mental Health Promotion strategy in Celebration of 'Mental Health Promotion' week May 4th – 10th, 2009, mark your calendars!

## Personal Care Home Standards Reviews

Manitoba Health will be conducting Personal Care Home Standards Reviews across the region between April and December 2009. During these one day visits, a team from Manitoba Health and the ARHA will review all aspects of care and service in the Personal Care Home. These standards visits occur every two years and evaluate each Personal Care Home against the provincial standards. These standards visits are an important part of our continuous quality improvement program.

Standards areas include; Resident Rights and Councils, Care Planning, Nursing, Pharmacy, Medical, Recreation, Dietary, Housekeeping, Spiritual Care and Staff Education.

For more information on the upcoming Review visits contact your local Area Manager or Lori Jones, Coordinator PCH Program Standards (204-522-4309).

## Family Support GROUP

**FOR FAMILY MEMBERS AND FRIENDS Of Those Who are Affected by Mental Illness**

*Are you feeling isolated, frustrated and at a loss as to what to do while coping with a family member or friend affected by a mental illness? Come and join us for an evening of support and care. All group sessions are confidential and free.*

**Every 3rd Tuesday of the Month  
Time: 7:00—9:00 pm  
Place: Centre for Adult Psychiatry  
Conference Room  
150 McTavish Ave. East  
Brandon, Manitoba**

**For more information call:  
725-8555 or 725-8550**

**Support Team**

**Mood Disorders Association of Manitoba  
Anxiety Disorders Association of Manitoba  
Manitoba Schizophrenia Society**

# Province Launches First-of-its-Kind Web Tool for Manitoba Doctors

**New Online Registry Gives Physicians New Resources to Find Right Specialists for Patients: Oswald**

Manitoba has launched a first-in-Canada online tool that helps physicians quickly find the right medical specialists for their patients, saving time both for doctors and Manitobans receiving care, Health Minister Theresa Oswald announced today.

“This new resource puts up-to-date information at doctors’ fingertips, giving referring physicians new tools to connect patients with the right specialist more quickly than before,” Oswald said. “As part of our strategy to decrease wait times, this is an innovative solution that will create new efficiencies and help us deliver better care.”

Doctors will be able to quickly search the new Catalogue of



Specialized Services (CSS) by areas of clinical expertise to create a short list of doctors providing specialized services such as orthopedics, psychiatric services or internal medicine. The tool will help physicians ensure they are connecting their patients with the most appropriate specialist to best

meet their patient’s needs and reduce misdirected referrals. The catalogue will list all specialists in the province.

“Winnipeg is home to many of the province’s specialized medical doctors and we want to make ourselves easy to find when we’re needed,” said Dr. Jamie Boyd,

medical director of the Winnipeg Regional Health Authority’s family medicine program. “This new tool will help show the way and improve the patient’s journey.”

The new \$80,000 tool was developed in partnership with the medical community to improve efficiency and co-ordination among health-care providers. It lists the doctor’s location and the medical services provided and is designed to direct patient referrals to the right clinician the first time.

“This should save time for the family doctor, the specialists and the patients, since all of the important information is pulled together in one accessible tool,” said Dr. Robyn Olson, president of the Manitoba Medical Association. “Physicians can be confident that they’re making the right referral to the right specialist.”

Every doctor and referring clinician in the province will be

given a unique user name and password to access the catalogue. Doctors who provide specialized services will be able to log in and update their areas of expertise to ensure the catalogue remains an up-to-date online resource for referring physicians, especially for new Manitoba doctors and those in rural and remote parts of the province.

“This is a great tool for family physicians and their patients,” said Dr. Fran Berard, president of the Manitoba College of Family Physicians. “Finding the right specialist can be a challenge, especially for doctors who practise in rural Manitoba. This will really make the referral process much more efficient and will improve quality of care for all Manitobans.”

The development of this important resource has been made possible, in part, through a contribution from Health Canada.

## La Province Lance la Première Trousse à Outils en Ligne Pour Les Médecins du Manitoba

**Un nouveau registre en ligne donne aux médecins de nouvelles ressources pour trouver les spécialistes dont leurs patients ont besoin, annonce la ministre de la Santé**

La province du Manitoba vient de lancer la première trousse à outils en ligne du Canada conçue pour aider les médecins à trouver rapidement les spécialistes médicaux nécessaires pour leurs patients, ce qui permet aux médecins et aux patients de gagner du temps, a annoncé aujourd’hui la ministre de la Santé, M<sup>me</sup> Theresa Oswald.

« Cette nouvelle ressource offre aux médecins un accès rapide aux renseignements les plus à jour, ce qui leur donne un moyen de mettre leurs patients en relation avec le bon spécialiste plus rapidement qu’auparavant, a indiqué M<sup>me</sup> Oswald. Cette solution novatrice, qui s’inscrit dans notre stratégie de réduction des temps d’attente, apportera une nouvelle dimension d’efficacité et nous aidera à offrir de meilleurs soins de santé ».

Les médecins peuvent rapidement consulter le nouveau Catalogue de services spécialisés, qui comporte un classement par domaine de spécialisation clinique, afin de créer une présélection de médecins offrant des services spécialisés tels les soins orthopédiques, les services psychiatriques ou les services de médecine interne. Cet outil aidera les médecins à s’assurer qu’ils mettent leurs patients en relation

avec les spécialistes qui répondront le mieux à leurs besoins, réduisant par-là même le nombre de renvois inadéquats. Ce catalogue répertoriera tous les spécialistes de la province.

« Nombre de médecins spécialistes du Manitoba exercent à Winnipeg, et nous voulons nous assurer que nous sommes faciles à contacter lorsqu’on a besoin de nous, a ajouté le D<sup>r</sup> Jamie Boyd, qui est directeur médical du Programme de médecine générale de l’Office régional de la santé de Winnipeg. Ce nouvel outil nous mettra sur la bonne voie et nous aidera ainsi à faciliter le parcours des patients ».

Ce nouvel outil, dont le coût est de 80 000 \$, a été mis au point en partenariat avec la communauté médicale en vue d’améliorer l’efficacité des soins et d’assurer une meilleure coordination entre les fournisseurs de soins de santé. Il offre une liste des médecins, de leurs coordonnées professionnelles et des services médicaux qu’ils offrent, et est conçu pour orienter immédiatement les patients vers le bon spécialiste.

« L’utilisation du Catalogue devrait permettre aux médecins de famille, aux spécialistes et aux patients de gagner du temps, dans la mesure où tous les renseignements nécessaires ont été rassemblés sous la forme d’un outil unique facilement accessible, a précisé le D<sup>r</sup> Robyn Olson, présidente de l’Association médicale du Manitoba. Les médecins peuvent avoir confiance qu’ils envoient leurs patients au bon

spécialiste ».

Chaque médecin traitant de la province recevra un nom d’utilisateur et un mot de passe uniques pour accéder au catalogue. Les médecins qui offrent des services spécialisés pourront se connecter au système pour mettre à jour les renseignements concernant leurs domaines d’expertise, ce qui permettra de garantir que le catalogue demeure

une ressource en ligne à jour pour les médecins traitants, en particulier pour les nouveaux médecins de la province ainsi que pour les médecins des régions rurales et isolées du Manitoba.

« C’est un outil formidable pour les médecins généralistes et leurs patients, a déclaré le D<sup>r</sup> Fran Berard, présidente du Collège des médecins et chirurgiens du Manitoba. Trouver

le bon spécialiste peut parfois s’avérer difficile, surtout pour les médecins qui exercent dans les régions rurales du Manitoba. Cet outil rendra vraiment le processus d’orientation plus efficace, ce qui permettra d’améliorer la qualité des soins de santé pour tous les Manitobains et Manitobaines ».

Santé Canada a contribué, en partie, à l’élaboration de cette importante ressource.

## Have You Met ERIK? Your best friend in a Medical Emergency!

ERIK is an Emergency Response Information Kit designed to provide vital medical information to health care personnel responding to emergency situations.

ERIK contains a Health Information form that includes information about your medical condition and the medications you take. It also contains a Health Care Directive; and an organ donation card. This kit is placed on the owner’s fridge where emergency personnel will know to look for it.

The kits were originally adopted by the ARHA as an information tool for ambulance staff and emergency rooms alike. The kit is ideal for seniors, chronically ill persons, those who live alone or who have caregivers and others who have speech difficulties or communication barriers.

ERIK kits are available through your local Support Services to Seniors Coordinator. The



kits cost about \$1.00/kit to produce and are provided free of charge whenever possible. In many communities the cost of the kits are covered through donations from local service clubs and individuals.

When an emergency occurs and EMS personnel arrive at a home they look for the ERIK kit on the fridge as it will contain helpful information about the ill person...Jonathan Lovegrove, Erickson EMS states that “we value the ERIK kits for the wealth of information they provide – it really makes our job so much easier, which in turn directly benefits the patient”.

Nurses in our Health Care facilities are so appreciative when someone arrives in the emergency room with their ERIK kit in hand.

If you don’t have an ERIK kit please consider getting one and if you do have one, take this opportunity to update it. Contact local Support Services for Seniors for more information.

## Eating Disorder Awareness Week

Eating Disorder Awareness Week (EDAW) is an annual effort by groups across Canada, the U.S., Europe and Australasia to educate the public on the relationship between dieting, body dissatisfaction and eating disorders. The goal is to increase awareness of the factors causing individuals, particularly women, to develop anorexia, bulimia and weight preoccupation.

EDAW continues to be a huge success. A number of organizations and community groups work together to promote healthy body image and self-esteem, and to celebrate the diversity of shapes and sizes in our culture during the first week in February.

Self-esteem and social value are still unrelentingly connected to physical appearance, particu-

larly for women. The beauty ideal today is uniformly thin, white, able-bodied, smooth-skinned, young and “glamorous”. Given that less than 1% of us fit this ideal, it is not surprising that most women in our society are dissatisfied with their bodies. The displacement of other issues onto our bodies creates pressure to meet an unattainable standard of beauty, and leads us to develop harmful feelings toward ourselves and our bodies.

Many women and men act on these feelings and go to dangerous and damaging lengths to change their bodies. Given that we have a genetic predisposition to a particular weight, shape and size; it is no wonder that dieting fails for 95% of individuals.

This is why the slogan

“Celebrating Our Natural Sizes!” was chosen for Eating Disorder Awareness Week February 1 – 7th, 2009.

The week encourages individuals to move away from one narrow ideal of beauty to healthy lifestyles and a celebration of natural diversity. This allows people to accept their bodies, get beyond appearance, and concentrate on putting their energies into more empowering, enjoyable activities. It is important to take a strong stand in challenging rigid, unrealistic and damaging expectations.

### Goals and Objectives of EDAW

#### GOAL:

- To reduce the prevalence of anorexia, bulimia, dieting and body image problems through a public education program emphasizing social factors causing their development.

#### OBJECTIVES:

- To provide information on eating disorders, dieting and weight preoccupation, emphasizing social factors and dispelling common myths.

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## Dans le cadre de la Semaine

Dans le cadre de la Semaine des troubles de l'alimentation, des groupes d'un bout à l'autre du Canada, des États-Unis, de l'Europe et de l'Australie déploient des efforts afin d'éduquer le public sur la relation entre les régimes amaigrissants, l'insatisfaction corporelle et les troubles alimentaires. L'objectif de la Semaine est de davantage sensibiliser les gens, en particulier les femmes, aux facteurs qui les poussent à devenir anorexiques, boulimiques ou préoccupés par leur poids.

La Semaine des troubles de l'alimentation continue à s'avérer une grande réussite. Au cours de la première semaine de février, bon nombre d'organismes et de groupes communautaires collaborent à la promotion d'une image corporelle et d'une estime de soi saines et à la célébration des diverses formes et tailles dans notre culture.

L'estime de soi et la valeur sociale sont toujours liées à l'apparence physique, surtout chez les femmes. L'idéal de la beauté de nos jours est une femme mince, blanche, en bonne forme physique, à la peau lisse, jeune et éblouissante. Étant donné que moins de 1 % des femmes atteignent cet idéal, il n'est pas surprenant que la plupart des femmes dans notre société soient insatisfaites de leur corps. Ces attentes nous incitent à désirer des normes de beauté inaccessibles et nous poussent à développer des sentiments néfastes envers nous et notre corps.

Beaucoup de femmes et d'hommes donnent suite à ces sentiments et prennent des mesures dangereuses et nuisibles pour transformer leur corps. Vu que notre prédisposition génétique détermine notre forme, notre taille et notre poids, il n'est pas étonnant que les régimes ne fonctionnent pas chez 95 % de la population.

Voilà pourquoi le slogan « Célébrons notre taille naturelle » a été choisi pour la Semaine des troubles de l'alimentation qui se déroule du 1<sup>er</sup> au 7 février 2009.

La Semaine invite les gens à s'éloigner de cet idéal de beauté étroit et à adopter un mode de vie

sain tout en célébrant la diversité naturelle. Cela leur permet d'accepter leur corps, de voir au-delà des apparences et de concentrer leurs énergies sur des activités stimulantes et agréables. Il est important d'adopter une attitude ferme face à ces attentes rigides, chimériques et destructrices.

### But et objectifs de la Semaine des troubles de l'alimentation

#### BUT :

- Réduire la prévalence des problèmes liés à l'anorexie, à la boulimie, aux régimes amaigrissants et à l'image corporelle par l'entremise d'un programme d'éducation publique mettant l'accent sur les facteurs sociaux qui provoquent leur développement.

#### OBJECTIFS :

- Fournir des renseignements sur les troubles alimentaires, les régimes amaigrissants et la préoccupation à l'égard du poids, souligner les facteurs sociaux et réfuter les mythes communs.

- Lancer une campagne médiatique nationale conçue pour sensibiliser la population à la Semaine des troubles de l'alimentation et pour établir des liens entre les troubles alimentaires et les problèmes d'image corporelle dont souffrent la plupart des femmes.

- Plaider en faveur de changements généralisés sur le plan des attitudes sociales.

- Encourager les personnes ayant des troubles alimentaires et leur famille à reconnaître le problème en question, les diriger vers les ressources appropriées et leur fournir des renseignements et de l'appui.

- Éduquer les professionnels sur l'importance de la prévention primaire et secondaire et offrir des occasions de perfectionnement professionnel aux travailleurs de la santé, aux conseillers et aux thérapeutes.

- Conscientiser le gouvernement au financement supplémentaire requis pour la promotion de la santé, la prévention primaire et les programmes de traitement.

- Célébrer la diversité des tailles et des formes chez tous et chacun.

## Prairie Health Matters Receives National Recognition



Prairie Health Matters, the diabetes and heart health program with Brandon RHA and providing services to the Assiniboine RHA, has received national recognition as a centre of excellence for diabetes. The program has been granted the prestigious 'Recognition' status by the Canadian Diabetes Association (CDA) for delivering 'superior diabetes education services for people in the community it serves'.

To achieve this status, Prairie Health Matters successfully demonstrated that it exceeds the stringent standards of education set by the CDA. Only 2 diabetes education programs across Canada earned 'Recognition' status in 2008, which is granted for a five-year period. 'Staff of Prairie Health Matters have worked very hard in their quest for continuous quality improvement,' says CEO Carmel Olson.

'They are very deserving of this award and people that access their services can be assured that they are best practice.'

In commending Prairie Health Matters, the CDA highly praised the education team for adjusting programs and services to meet client needs. The program received a strong commendation for the use of workload measurement, statistical indicators and client feedback to revamp education sessions and identify new programming needs. Prairie Health Matters also earned kudos for identifying and offering programs to high-risk groups and for strong community partnerships.

Prairie Health Matters travels to communities in the Assiniboine RHA four days a week. If you are interested in receiving education for diabetes or heart health, contact Kari at 571-8357.

# Winter 2009 Class Schedule

January – March 2009


## Prairie Health Matters Diabetes and Heart Health Promotion

Unit A5-800 Rosser Ave. Brandon, Manitoba R7A 6N5  
Phone: (204) 571-8357 Fax: (204) 726-8743


<b>Minnedosa</b>	
<i>Diabetes Class</i>	March 6, 10:00-12:00
Also in Minnedosa on March 17 and 27	
<b>Hamiota</b>	
<i>Risk Factors Class</i>	March 3, 10:00-12:00
Also in Hamiota on March 24	
<b>Russell</b>	
<i>Cholesterol Class</i>	February 24, 10:00-12:00
Also in Russell on March 10 and 31	

**Here are the communities PHM are visiting for one on one appointments:**

<b>Neepawa</b>	March 5 and 12
<b>Glenboro</b>	February 27 and March 20
<b>Killarney</b>	March 19
<b>Boissevain</b>	February 26 and March 26
<b>Souris</b>	March 4 and 18
<b>Viriden</b>	February 25, March 11 and 25
<b>Deloraine</b>	March 13
<b>Erickson</b>	March 17
<b>Birtle</b>	February 24 and March 31



Please phone Prairie Health Matters (204-571-8357) to book an appointment.



# Community Health Assessment

The Assiniboine RHA Community Health Assessment is getting into full swing, with a series of 10 Community Engagement Meetings to be held across the Region from January through March. The purpose of the Community Health Assessment, or CHA, is to learn more about the health and health status of the people who live in the Region. This information is provided to the Board of Directors to assist them in setting priorities for the RHA over the next 5 years. The CHA report will be completed at the end of this coming September.

Managers and staff in the Region use the CHA information to determine how well their programs fit the needs of the community.

*An example of a change resulting from the last CHA in 2004 was the development of the Women's Wellness Clinics. The CHA results pointed to a need for increased preventative services for women, and the Primary Care program now provides nurses for the Women's Wellness Clinics, which have been quite well attended.*

## The CHA Process:

A large amount of statistical information is provided by Manitoba Health and Healthy Living, as well as the Manitoba

Center for Health Policy. This is combined with information from health care providers, other service agencies and the community to identify the most important topics.

An essential part of CHA is talking with community about health. The CHA Team are working with representatives from communities across the Region to ensure that a wide range of people are invited to the Community Engagement meetings, where residents have the opportunity to discuss ways of improving health in their communities. These meetings have been planned in consultation with the Board in an attempt to cover every corner of the region.

Meetings were located in smaller communities to allow for people from all walks of life to attend, as well as to prevent the appearance of favouring any communities with health care facilities. Community Engagement meetings are being held in: Kenton, Cypress River, Cartwright, Foxwarren, Pierson, Cromer, Newdale, Brookdale, Eden and Minto.

The CHA Team are especially grateful to the contacts in our communities for assisting us to find representative community members to invite to the Community Engagement meetings. We are also grateful to the

staff who have met with us to tell us their thoughts and to partners such as major employers, who have been approached to allow working people to provide their thoughts through the workplace.

Once the information has been gathered, it will be reviewed to identify common themes and issues. A list of issues will be developed from these themes. This list will be sent to our contacts in the communities to ask them to rate how important each issue is to their community. This process will assist the Board to establish their strategic priorities.

This is an evolving process and we are excited to be able to invite this type of participation from our communities. Stay tuned for updates on the CHA process. If you have questions about the CHA, please feel free to contact Jody at 759-4527 or Stacy at 851-6309.

## The CHA Team:

Jody Allan – Project Lead  
 Stacy Oliver – Research Assistant  
 Amy Rogasky – Administrative Assistant  
 Colin Williams – Data Analysis  
 ARHA Board  
 &  
 All the community members, staff and partners who participate!

## Adult Health Survey

The Adult Health Survey has been quite successful to date. Many people have indicated that they have been called to provide information about healthy lifestyles and their communities. This information will be very useful for the Region's Chronic Disease Prevention (CDPI) Initiatives.

Funded by the Public Health Agency of Canada, the Adult Health Survey is a follow-up to the Youth Health Survey that was completed two years ago by Grade 6-12 students in schools across the Region. These surveys provide information to health providers, schools and communities about the lifestyle choices that affect chronic disease.

Chronic diseases are conditions that people generally have for a long time, such as diabetes, heart and lung disease. Many of the risk factors for chronic disease are preventable, such as increasing our physical activity, eating a healthy diet, and not smoking. The main topic areas were; physical activity, healthy eating, tobacco and substance use, as well as school or community qualities.

The Adult Health Surveys have been done with residents of many of our CDPI communities, as well as some communities with similar people. This will

allow us to see if there are any differences in lifestyles among people in the CDPI communities compared to people in the communities that haven't had a CDPI project. The information will also be useful as the CDPI communities plan their chronic disease prevention activities for the future.

Other communities may also be interested in learning about lifestyles that could be improved to prevent chronic disease. If you would like to know more about the Adult Health Survey or the Youth Health Survey, please contact Jody at 759-4527.

## ARHA communities with CDPI projects are:

- Erickson
- Hamiota
- Keeseekoowenin
- Killarney
- Minnedosa
- Neepawa
- Rosburn
- Shoal Lake
- Treherne
- Virden
- Waywayseecappo

## Eating Disorder Awareness Week

continued from page 5

- To launch a national media campaign designed to heighten awareness of EDAAW and to make connections between eating disorders and body image problems experienced by most women.
- To advocate for widespread changes in social attitudes.
- To encourage individuals with eating disorders and their families to acknowledge the problem, to encourage and direct them to appropriate resources, and to provide them with information and support.
- To educate professionals on the importance of primary and secondary prevention, and to provide professional development for healthcare workers, counselors and therapists.
- To make governments aware of the need for additional funding for health promotion, primary prevention and treatment programs.
- To celebrate the diversity of body sizes and shapes of all people.

# Healthy Weight Loss

by Sandra Smith, RD

Was your New Year's resolution to lose weight? Did you know that diets typically don't work for long-term weight loss?

Why do diets not work? They are a temporary solution and do not change our long-term eating patterns. When we stop dieting, usually we gain the weight back that we have lost, and sometimes more. This is because we live in a culture that promotes weight gain. Everywhere we go there is pressure to eat too much food and often the choices are unhealthy. Portion sizes have dramatically increased over the years, which have distorted what we think of as a portion of food. Most food, from the cinnamon bun to the restaurant meal is a larger portion than what we would see on *Canada's Food Guide*.

Diets also promote rapid weight loss, which may make you lose muscles along with the fat. Muscle is important. It weighs less than fat and helps burn off energy. When we 'diet' we may put our bodies into 'survival mode' making the body save energy and therefore burn less calories than normal. Diets can result in unhealthy relationships with food. If we deprive certain foods, it can lead to craving food, which in turn, can lead to binge eating.

What is the healthiest way to lose weight? It has been proven that changing one's long-term eating patterns allows us to achieve a healthy body weight and satisfy our hunger. A great tool is *Eating Well with Canada's Food Guide*, which gives advice on how much food you should be eating, the healthiest types of food along with portion sizes. Here are some other tips for healthy eating:

- Eat less – don't supersize your meals, but ask for smaller portions. Share appetizers and desserts in restaurants. Plan on bringing a portion of your meal home with you when you dine out. Choose to eat off a smaller plate, as this is often enough food and you don't feel that you have been cheated, as your plate looks full!
- Listen to you hunger, and stop eating when you are full. You don't have to finish the last 2 bites of your meal.
- Choose healthy nutritious foods and minimize the processed and junk foods. Limit yourself to a small treat occasionally (such as once a week).
- Load up with vegetables and fruit. A healthy plate at a meal should consist of ½ plate of vegetables and a great dessert is fruit.
- Make your grain products whole grain at least half the time. The term 'whole grain' is the

umbrella term for grain products that include all of the grain in the processing. Whole wheat is a type of whole grain, but it may also include any other grain product, such as oat or barley. Look for whole grain breads, oatmeal, brown rice, whole wheat pasta and high fibre cereals. Whole grains are more filling, which means that you can eat less and they keep you fuller longer.

• Choose low fat foods, such as low-fat dairy, leaner cuts of meat, poultry, and fish and vegetables and fruits. Be aware of the portion sizes for condiments that you add to your food such as salad dressings, mayonnaise, sour cream, and cooking oils. *Canada's Food Guide* recommends 2-3 tablespoons of unsaturated fat a day, which would be the size of your thumbnail at each meal.

• Eat regularly – our metabolism works the best when we eat smaller portions every 4 hours. Eating breakfast has been shown to help with weight maintenance or loss, as this is what gets your metabolism going for the day. Breakfast may be as simple as a smoothie or banana, slice of toast and a glass of milk. Healthy snacks are also part of healthy eating as they allow you to keep your hunger in check, so you don't overeat at your next meal. At meals, aim to include 3-4 food groups, and 2-3 food groups at

snacks.

• Add protein to your meal – protein helps to control your hunger and may prevent you from overeating at the next meal. Good sources of protein are meat, fish, poultry, dairy products, nuts and seeds, peanut butter, legumes, tofu and soy beverage.

• Love what you eat – all foods fit, but some in smaller portions than others.

If you do make a New Year's resolution to lose weight, make sure that you arm yourself with a copy of *Eating Well with Canada's Food Guide*. Here you will also find information on how to use the food guide, as well as make your own food guide with the food you frequently eat.

Changing your eating habits takes some time, and it helps if the whole family is on board. Learning healthy eating habits and lifestyles is a worthwhile goal for the whole family and can greatly benefit children in the future.

For more information on healthy eating, visit the Dietitians of Canada's website at [www.dietitians.ca/eatwell](http://www.dietitians.ca/eatwell). Receive your own copy of *Eating Well with Canada's Food Guide* at [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) or by calling a Registered Dietitian.

*Adapted from: Dietitians of Canada; Step Right Up to Healthy Eating: Losing Weight without Going on a Diet.*

# Primary Care Program

The Primary Care Program's focus is to assist in the delivery of health care services to clients who may have difficulties finding or accessing a health care provider or services. The program helps provide screening to clients, providers to those who need to access one, education, and help clients try to maintain as healthy a life as they can. The program consists of a team of Primary Care Nurses working collaboratively with physicians within the region as well as a team of nurses trained to provide cervical screening to women accessing established clinics. Currently the program has two sites staffed with full time Primary Care Registered Nurses with expanded duties through delegation of function and two sites staffed with part time RN(EP)-Nurse Practitioners.

The Rossburn and Erickson Primary Care Access sites are staffed with the Registered Nurses with delegation of function. Both of the Access sites deliver services on a full time basis- Monday to Friday. Both nurses work in conjunction with physicians at their respective sites. Dr. Roos is available to Sandra Hallam in Rossburn from 0800 hours to 1600 hours. Sandra Hallam is currently also holding an Access Site Clinic every

Friday at the Waywayseecappo First Nation Health Unit for the residents of the community. Appointments with Sandra can be made by calling: 204-859-2566 for Rossburn and 204-859-5080 at Waywayseecappo. Dr. Breytenbach works with Josie Coulson at the Erickson Access site from 0900 hours to 1700 hours. Appointments with Josie can be made by calling: 204-636-6809.

The Hamiota and Wawanesa Primary Care Access sites are staffed with part time RN(EP)-Nurse Practitioners. Both of these Access sites provide service on a part time (0.5 eft) basis. Judy Marvin works with the Hamiota Physician group of Dr. Kristjanson, Dr. Breneman, Dr. Juce and Dr. Ranson seeing clients. Judy provides service two days a week at the Hamiota Clinic. Judy has also held Women's Wellness Clinics at Birdtail Sioux First Nation. Appointments with Judy can be made by calling: 204-764-2412. Vicki Wenger, RN (EP)- Nurse Practitioner, provides services out of the Wawanesa Medical Clinic with the support of Dr. Lee. Vicki also works on a part time basis and is available two days a week. Appointments with Vicki can be made by call-

ing:204-824-2993.

We currently have a full time vacancy for an RN (EP)- Nurse Practitioner for the Virden Medical Clinic to work with the physicians in the clinic. We continue to actively recruit for this position.

The use of the Electronic Primary Care Records has become one of our initiatives within the region. The electronic record is functioning at all clinics with Primary Care Nurses working within them as well as other Medical clinics that have shown interest and are willing to invest in converting their current practice into a paperless system. Currently there are eight clinics on the same shared system with the Electronic Primary Care Record- Russell, Birtle, Hamiota, Souris/Hartney, Erickson, Treherne, Rossburn with access from Waywayseecappo and the Wawanesa Clinics. The introduction and implementation of the Electronic Primary Care Record for Virden will occur in February 2009. We recognize that patients access health care services in neighboring communities and are hopeful that the increased availability of medical information, to specific health care providers throughout the region, will improve continuity of care, lessen duplication of lab tests or services and result in better quality medical services for all clients with the implementation of the Electronic Primary Care Record.

The Women's Wellness Clinic Nurses hold screening clinics for women in different communities across the ARHA. The Women's Wellness Clinics allow women to get cervical screening (PAP test) and/or a clinical breast examination completed by a trained female provider. To date we have had 456 women screened from a total of 51 clinics including clinics held at Waywayseecappo, Canupawakpa and Birdtail Sioux First Nations.

The newest service the Primary Care Program has been providing, in conjunction with RANA Medical Services, educational sessions on Chronic Obstructive Pulmonary Disease (COPD). Educational sessions include: An Introduction to COPD and Breathing Exercises, Recognizing and Understanding Symptoms, Understanding Medication for COPD, COPD and Healthy Living and Exercise and COPD. Primary Care Nurses deliver the educational sessions at scheduled sites and answer any questions or concerns. Currently we provide these sessions with RANA in the communities of Russell, Minnedosa and Neepawa. We hope to expand these educational sessions to other communities in the ARHA that RANA Medical visits. These sessions are open to clients and/or their families as well as the general public who wish to attend and learn about Chronic lung disease.

If you require further information about the Primary Care Program or the services it provides- please don't hesitate to call 204-859-3504.

*"Primary Care –  
A Partner in Your Care!"*

## Women's Wellness Clinics Winter-Spring 2009

### For Cervical Screening and Clinical Breast Examinations

#### Birtle Medical Clinic - Birtle Health Center

March 5, 2009	2:00 pm – 8:00 pm
April 2, 2009	2:00 pm – 8:00 pm
May 6, 2009	2:00 pm – 8:00 pm
June 3, 2009	2:00 pm – 8:00 pm

Call 842-3990 for appointment. Walk-ins welcome

#### Canupawakpa First Nation- Canupawakpa Health Unit

February 27, 2009	10:00 am – 3:00 pm
April 24, 2009	10:00 am – 3:00 pm
June 5, 2009	10:00 am – 3:00 pm

Call 854-2990 for appointment. Walk-ins welcome.

#### Erickson Primary Care Access Site

##### - Erickson Health Center

March 4, 2009	9:00 am – 2:00 pm
April 22, 2009	1:00 pm – 6:00 pm
May 6, 2009	9:00 am – 2:00 pm
June 10, 2009	1:00 pm – 6:00 pm

Call 636-6809 for appointment. Walk-ins welcome

#### Melita Medical Clinic – Melita

March 6, 2009	10:00 am – 3:00 pm
March 20, 2009	10:00 am – 3:00 pm
April 10, 2009	10:00 am – 3:00 pm
May 8, 2009	10:00 am – 3:00 pm
May 22, 2009	10:00 am – 3:00 pm
June 5, 2009	10:00 am – 3:00 pm

Call 522-8353 for appointment. Walk-ins welcome

#### Waywayseecappo First Nation

##### - Waywayseecappo Health Unit

Call 859-5080 for an appointment date at your convenience.

#### Russell Medical Clinic - Russell

February 25, 2009	9:00 am – 4:00 pm
March 18, 2009	9:00 am – 4:00 pm
April 22, 2009	9:00 am – 4:00 pm
May 20, 2009	9:00 am – 4:00 pm
June 17, 2009	9:00 am – 4:00 pm

Call 773-2146 for appointment. Walk-ins welcome.

#### Rossburn Medical Clinic- Rossburn

March 19, 2009	9:00 am – 4:00 pm
May 15, 2009	9:00 am – 4:00 pm

Call 859-2566 for an appointment. Walk-ins welcome.

#### Reston Medical Clinic- Reston

February 27, 2009	10:00 am – 3:00 pm
April 24, 2009	10:00 am – 3:00 pm
June 19, 2009	10:00 am – 3:00 pm

Call 877-3925 for an appointment. Walk-ins welcome.

#### Virden Medical Clinic – Virden Health Center

March 13, 2009	10:00 am – 3:30 pm
April 17, 2009	10:00 am – 3:30 pm
May 22, 2009	10:00 am – 3:30 pm
June 12, 2009	10:00 am – 3:30 pm

Call 748-1345 for an appointment. Walk-ins welcome.

All Clinics are done by a team of trained Registered Nurses from the Assiniboine Regional Health Authority.

## RANA RESPIRATORY CARE GROUP WITH PRIMARY CARE NURSES

RANA Respiratory Care Group and Primary Care Nurses are hosting sessions with the opportunity for education, support and networking. The clinics are open to individuals with a chronic lung disease such as asthma, emphysema, chronic bronchitis, their support persons, or a community member who would like to learn more about managing chronic lung disease. Any health professional can refer a client to the clinic or clients themselves can also self refer.

### Dates and Times for Educational Opportunities/Support by Primary Care Nurses

#### RUSSELL HEALTH CENTER

Monday, February 23, 2009	10:00 am to 3:00 pm
Monday, March 23, 2009	10:00 am to 3:00 pm

#### BIRTLE HEALTH CENTER

Tuesday, February 24, 2009	1:00 pm to 3:00 pm
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#### MINNEDOSA HEALTH CENTER

Tuesday, January 20, 2009	1:00 pm to 3:00 pm
Wednesday, February 18, 2009	10:00 am to 3:00 pm
Wednesday, March 18, 2009	10:00 am to 3:00 pm
Tuesday, April 14, 2009	10:00 am to 3:00 pm

#### NEEPAWA HEALTH UNIT

Tuesday, January 13, 2009	10:00 am to 3:00 pm
Tuesday, February 10, 2009	10:00 am to 3:00 pm
Tuesday, March 10, 2009	10:00 am to 3:00 pm
Tuesday, April 7, 2009	10:00 am to 3:00 pm

#### VIRDEN HEALTH CENTER

Friday, February 13, 2009	10:00 am to 3:00 pm
Friday, March 13, 2009	10:00 am to 3:00 pm

#### TREHERNE HEALTH CENTER

Friday, February 20, 2009	10:00 am to 3:00 pm
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#### GLENBORO HEALTH CENTER

Friday, January 23, 2009	10:00 am to 3:00 pm
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Informational sessions include, but are not limited to, an Introduction to Chronic Lung Disease, Signs and Symptoms, Medications, Lifestyle, and Exercise.

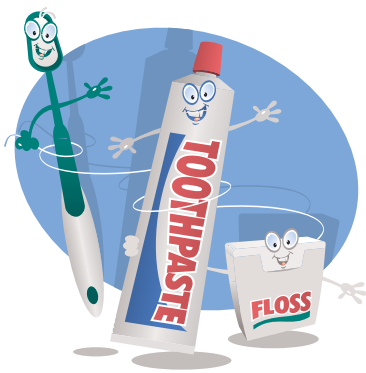
# Brush and floss your teeth everyday

The keys to keeping your teeth happy and healthy.

Brushing and flossing your teeth are the very best ways to preserve the health and longevity of your teeth. Plaque is your mouth's number one enemy. It's a tenacious film of saliva and bacteria that clings to your teeth and gums, leaving cavities and gum disease in its wake. If you don't show it who's boss by brushing and flossing regularly, it will thrive in its favorite environment: your mouth.

## The right way to brush your teeth

Always use a soft-bristled brush. Put your brush next to the teeth at a 45-degree angle. Move the brush back and forth in short strokes, several times for each side of each tooth, and brush the back teeth on all sides. Dentists agree: brush for at least two minutes — less just doesn't cut it. To get the most plaque-removing mileage out of those bristles, replace your brush every three months. Electric brushes might make brushing a little easier, but they don't let you off the hook. You still need those two minutes. Time is the issue, not speed. Electric toothbrushes cannot reduce the amount of time required for brushing.



## The truth about flossing

Floss is as important as a toothbrush in fighting tooth decay and gum disease. Experts advise flossing twice a day. If you haven't flossed in awhile, your gums may bleed when you do. This means your gums are inflamed and bacteria are present. Be happy. It means you've cleaned out the built-up stuff and taken the first step toward strengthening your gums. After a time or two, the bleeding will quit. Oral irrigators and toothpicks are not a substitute for floss.

## Choosing the right toothpaste

The first consideration in choosing any toothpaste, of course, is being sure that it contains fluoride and has the

Canadian Dental Association Seal of Approval. Products with the CDA Seal have met the CDA's requirements for safety and effectiveness. All CDA recognized toothpastes contain a mild abrasive that works with your toothbrush to remove plaque. These abrasives in toothpastes do not cause enamel to wear away. More likely, enamel erosion occurs as a result of over-vigorous brushing. Tartar control toothpastes help prevent tartar (hardened plaque that may cause gum disease) from forming.

Some studies have shown they can reduce tartar as much as 36 percent. But these toothpastes do not remove tartar. Only a professional tooth cleaning can do that. Desensitizing toothpastes can reduce the tube-like channels that pass through the teeth and connect to nerves, or reduce the ability of the nerves to transmit pain. While these toothpastes can make it easier for patients with sensitive teeth to tolerate hot and cold drinks and food, it may be four to six weeks before improvement is noticed.

To find out more about brushing and flossing, talk to your dentist. We care about you and your teeth.

*This information courtesy of your Manitoba Dentist*

## Community Volunteer Income Tax Program

Many people do not complete income tax returns because they may not work full time or work at all and often they do not have the money to pay to have their taxes done. Often students and seniors face the same income challenge.

Income is the most important determinant of health. Lower income is associated with poorer health status. For this reason, the Assiniboine Regional Health Authority supports the Health Promotion Coordinator to facilitate the Community Volunteer Income Tax Program (CVITP). This free program assists people who cannot afford to pay to have their taxes completed and as a result, obtain income they would not otherwise receive. The CVITP trains volunteers to help low income individuals and families complete their tax returns. Completing a tax return is needed in order to qualify for many government funded programs, including the Child Tax Benefit and the GST rebate.

The CVITP is a partnership of Assiniboine Regional Health Authority with Canada Revenue Agency, which provides training and



technical support to volunteers. Numerous local partners in the following ARHA communities are offering the program this year: Neepawa, Minnedosa, Virden, Rivers, Souris and possibly Killarney. Local community partners include recreation directors, adult learning centres, municipal libraries, Manitoba Agriculture, Food and Rural Initiatives (MAFRI), and other local service providers.

Community volunteers receive training from Canada Revenue Agency in February to complete electronic tax returns for individuals and

families. Community partners provide computer access and a meeting place /drop-off/pick-up location for the volunteers and clients. Volunteers sign confidentiality agreements. All records are kept by the individual client and Canada Revenue Agency. No electronic or paper documents remain with the volunteers, the CVITP, or Assiniboine RHA.

As a volunteer, participating in the CVITP is a rewarding opportunity to assist others who otherwise might not file an income tax return. It is a short time commitment because the program is completed by April 30th of each year.

Community volunteers and the Community Volunteer Income Tax Program help to put money in the pockets of those who need it most.

For more information, to find out if the CVITP is for you, or to volunteer, please contact:

**Jocelyn Dowden**  
Health Promotion  
Coordinator  
Assiniboine RHA  
Box 10, Souris, MB  
R0K 2C0  
204.483.7328 x 171  
or [jdowden@arha.ca](mailto:jdowden@arha.ca)

## The Health Care Directive

In Manitoba, a Health Care Directive is a legal document. You can write your Directive on any piece of paper, but you may find it better to use a form specifically designed for this purpose. Your health care provider can tell you what forms are available.

A Health Care Directive is written to tell others what you would want if you ever become too sick to speak for yourself. Your instructions should be written and signed indicating who has been chosen as your proxy if you have one chosen.

A proxy is a family member or a friend that you trust to speak for you to doctors and other health care providers. A proxy's role is to communicate your wishes and beliefs so that they are respected as decisions made about your medical care and treatment. You may decide to name more than one person to be your proxy.

A Health Care Directive is not complete until you have included your signature and the date.

### Where should I keep my Health Care Directive?

It is very important to keep your Health Care Directive where you and others can find it quickly in an emergency such as in your purse or wallet. If you keep an Emergency Response

Information Kit (ERIK) on your fridge, it is important to put a copy of your Directive in there. It is also a good idea to give a copy to your proxy and your doctor.

If you are admitted to a hospital or a personal care home, take your Health Care Directive with you and tell staff about it. Your Health Care Directive will become a part of your health record. At some point in the future you may decide to write a new Health Care Directive, at which time all older copies of your Health Care Directive should be destroyed.

### Where can I get more information?

If you have questions, or would like to receive more information about Health Care Directives, there are a number of resources for you. You can talk with your doctor and other health care providers. You can call Manitoba Health and ask about Health Care Directives, or visit their website at [www.gov.mb.ca/health/living-will](http://www.gov.mb.ca/health/living-will). If you want to find out more about the Emergency Response Information Kits (ERIK), you can contact your local Support Services to Seniors organization.

Reference ARHA Health Care Directive and Advance Care Plan policy (February 23/07)

## INTERESTED IN PROVIDING A MEANINGFUL CONTRIBUTION TO HEALTH CARE IN THE ASSINIBOINE RHA?

### Assiniboine Health Advisory Committee

In accordance with Assiniboine Regional Health Authority policy the region will have an active Assiniboine Health Advisory Council (AHAC) that is to be a focal point for engagement and collaboration on health issues identified by the Board of Directors, as well as an additional communications link with the people of the Assiniboine Region.

The Assiniboine Health Advisory Council forums will provide an opportunity for public input into regional policy development and implementation; into ongoing community health assessment processes; and into working groups, committees, task forces established by the Board of Directors to address/make recommendations on specific issues.

### Nomination Process

The Board is currently making the call for new members for possible appointment to this advisory group. Any citizen of the Assiniboine Regional Health Authority including the general public, municipal councils, and members of health interest groups may nominate an individual for the Assiniboine Health Advisory Council. Selections and appointments to the AHAC will be made by the Board of Directors in accordance with regional policy.

### Responsibilities of AHAC members

- Facilitate the distribution of information and material to and from the Regional Health Authority.
- Inform the Regional Health Authority about public perception, opinion and information which may be important in decision making.
- Initiate and complete health and community development projects at the request of and/or approved by the Regional Health Authority.
- Provide input as requested by the Regional Health Authority into regional policy development and implementation.
- Attend daytime meetings on a quarterly basis.

**Nomination forms are available at municipal offices and by calling the ARHA office at 1-888-682-2253. The deadline for nominations is March 31, 2009.**

*Please note these nominations are not for Board appointments but for participation on the Assiniboine Health Advisory Council that is appointed by the Board.*