

Assiniboine

REGIONAL HEALTH AUTHORITY

Office régional
de la santé
ASSINIBOINE
Regional Health
Authority

Corporate Office
Box 579
192 – 1st Ave. West
Souris, Manitoba
R0K 2C0
Phone: (204) 483-5000
Toll Free: 1-888-682-2253
Fax: (204) 483-5005

Regional Office
Box 310
344 Elm Street
Shoal Lake, Manitoba
R0J 1Z0
Phone: (204) 759-3441
Fax: (204) 759-3127

Board of Directors...

Dean Dietrich – Chair
Deb Eastcott
Randy Hodge
Jacqueline Leforte
Laura McDougald-Williams
Pat Phillips
Bonnie Proven
Eva Whitebird
Kristine Janz
Barry French
Leona Williams
Kelvin Nerbas
Marg MacDonald



ARHA – Online
www.assiniboine-rha.ca

Internet users visiting 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!**

Seeing Clearly

The Importance of Donorship

In May of 2009 Laurel Gerelus from the Rural Municipality of Shoal Lake received her first corneal transplant which was life changing.

“Well I would describe it as a miracle,” said Gerelus. “It’s like looking through a window that has just been made sparkling clean.”

Gerelus suffered from congenital corneal dystrophy which affected the inside cells of both corneas. The condition causes cloudy vision as it affects the cornea which is basically like the window that covers your eye.

“I was struggling with many aspects of my life,” said Gerelus.

Gerelus found it difficult to read small print, to drive at night and found herself very sensitive to bright light. She also suffered from headaches.

Gerelus has three children, two of whom have been identified as having the same disorder.

Jenell Cleland was another transplant recipient who has a condition called Fuch’s Dystrophy which, if left untreated, would result in eventual blindness.

“I was not able to drive and my one eye was quite painful,” explained Cleland. “I was having difficulty at work with my sight as well as the pain.”

Cleland has had one corneal transplant and is waiting to have her second eye done.

“I am trying to be patient as I know there is a long list for cornea replacements,” said Cleland. “But it is hard when it affects your life so much.”

Cleland is still unable to drive and needs a great deal of support from her family. She also continues to struggle at work and has missed opportunities for jobs and her children have missed opportunities to participate in activities because she is limited in what she is able to do.

“I want to be able to see my

children graduate and get married,” said Cleland. “Sight is so important. Just imagine if you were losing your sight.”

Both Gerelus and Cleland would encourage people to register as eye donors and to let their families know of their wishes. It is a simple thing that can change someone’s life in such a profound way.

**For more information
on eye donation
please go online to
www.eyebankmanitoba.com
or call the Lions Eye Bank at
1-800-552-6820.**

Your Cornea May Give Sight

The cornea is the very thin, transparent tissue that covers the front of the eye. Disease, injury, or infection can cause the cornea to become cloudy or damaged. When that happens, vision can be drastically reduced or distorted.

Sight can be restored with a corneal transplant: a simple operation that replaces damaged tissue with a clear, healthy cornea from an eye donor. The effect is much like replacing a frosted window-pane with clear glass. Up to 90% of corneal grafts are successful, restoring vision and greatly improving the recipient's life.

Can I be an eye donor?

A wonderful aspect of corneal tissue donation is that almost anyone, from the very young to older individuals, can donate their eyes. Even if you wear glasses or have poor vision, you still may have a healthy cornea that can help another person see.

How can I become an eye donor?

1. Contact the Lions Eye Bank if you need a donor card.
2. Be sure your family and your doctor know and understand your decision.
3. Carry your card with you at all times.

Frequently asked questions?

What is an eye Bank?

An eye bank obtains, medically evaluates and distributes eyes, which are donated by humanitarian minded citizens for use in corneal transplantation, research, and education. To ensure patient safety, the donated eyes and the donor's medical history are evaluated by the eye bank in accordance

with the Eye Bank Association of America medical standards.

Who can be an eye donor?

Anyone. Poor eyesight and age do not prohibit you from becoming an eye donor. Prospective donors may indicate their intentions on a donor card. It is important for donors to inform family members of their wishes to help ensure their desires are fulfilled.

Why should eyes be donated?

Donated human eyes are necessary for the preservation and restoration of sight. Through transplantation, research and education, more than 92% of operations performed in Manitoba each year successfully restore vision to blind persons suffering from corneal problems.

How prevalent is corneal transplantation?

Corneal transplantation is the most frequently performed human transplant procedure. There are more corneal transplants than all organ transplants combined. Since 1984 more than 1,550 corneal transplants have been performed in Manitoba restoring sight to men, women, and children ranging in age from 9 days to 103 years.

Can the whole eye be transplanted?

No. Only the cornea can be transplanted. However, the entire eye can be used for valuable research and education.

What happens if the corneas are not suitable for transplant?

All donors and eyes are carefully evaluated. Should the corneas be determined as unsuitable for transplant, they can be used for research and education.

How does research and education benefit from eye donation?

In addition to corneas used for surgical procedures, many eyes are used annually for research and education. Research on glaucoma, retinal disease, eye complications of diabetes and other sight disorders, benefit from donations because many eye problems can not be simulated. These studies advance the knowledge of the causes and effects of specific eye conditions that lead to new treatments and cures. Without donated eyes thousands more still would be blind.

Are there religious conflicts to organ or tissue donation?

No. Donation is a gift of life, or sight to others. As such, organ and tissue donation is consistent with the beliefs and attitudes of major religions.

When are the eyes removed?

Donor eyes must be removed

within six to twelve hours after death. Eye donation will not delay funeral arrangements.

Does the donation of eyes affect appearance after death?

No. Eye removal is a clean, simple procedure. When the eyelids are closed, there is no sign of eye donation.

Can I donate my eyes if I wear glasses?

Yes. Your present vision does not effect your donation.

Who will I help be giving sight?

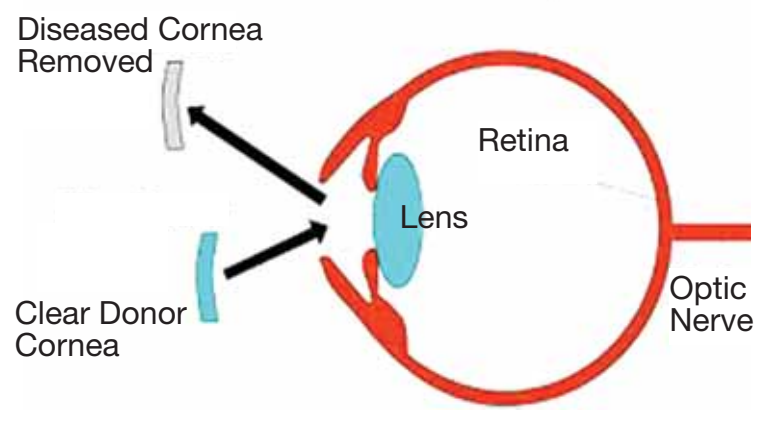
Anyone who has suffered corneal scarring as a result of injury or disease. Many of these people cannot see their own hands; some have only limited perception of light.

Why should I donate by eyes?

The need is great.

Excerpted from the
www.eyebankmanitoba.com

Corneal Transplant



Grandparents Can Make a Difference Supporting Breastfeeding!

By Sandra Smith, RD
COMMUNITY DIETITIAN

Are you going to be a new grandparent? Did you know that there is new research about breastfeeding?

It is now known that breastfeeding is the optimal way to feed a baby. Breastfeeding provides more than just nourishment for baby but also meets emotional and physical needs for both baby and mom. A Grandparent has an important role in breastfeeding – one of supporting the breastfeeding relationship.

Pam, a La Leche League Leader, reminds us that “The recommendations for breastfeeding have changed over the years due to new research on breastfeeding. The information Grandparents were told when they were new parents was correct at the time, but they might not be the current recommendations for supporting breastfeeding”.

Breastfeeding can be viewed as a dance between mom and baby – baby asks for milk and mom supplies it. The more baby asks the more mom builds up the milk supply. “Nursing on demand is what brings in the milk and builds up the milk supply” says Pam. When the dance is interrupted, this can

cause problems with milk supply. Soothers are something that can interrupt the dance, but if parents want to use them then it is now recommended to wait until after Baby is 6 weeks old and breastfeeding is well established. Instead of offering to take baby and give it a bottle to relieve mom (which interrupts the dance), a Grandparent can help out by getting baby ready for a feeding, changing the diaper, comforting and burping baby after feeding, doing housework, doing laundry or making a meal.

Breastfeeding is the natural way to feed a baby, but it is something that both mom and baby need to learn how to do. It takes up to 6 weeks for mom and baby to become comfortable breastfeeding. Grandparents can have a supportive role in helping mom establish breastfeeding by bringing her water and snacks, simply sitting and talking with her while she nurses baby or telling her “You are doing a great job!”

Another important role for Grandparents is “protecting” mothers by educating the “public” on the norm of breastfeeding and that breastfeeding anytime and anyplace is a civil right.

Babies do not need to be on a schedule. The best way to feed a baby is by watching hunger cues



not a clock. This may be 8 to 12 times every 24 hours or even more often. Pam notes that “Just as you and I are different, babies are individual people and have their own routines.” Babies are amazing and are born being able to self-regulate the amount of breast milk they need to grow and thrive. Mom just needs to put baby to the breast. There is no need to limit the time baby is nursing or to switch sides during a nurse. Baby does not usually follow a set time frame for nursing. Baby may cluster feed and have growth spurts. Cluster feeds are feedings grouped closely together and are very common in the evening. During growth spurts babies may have 2-3 “frequent nursing days” as baby grows and

it usually happen at 10 days, 3 weeks, 6 weeks, 3 months and 6 months. Trusting baby to let mom know when they are hungry and feeding baby at that time will help ensure that baby grows the way they are meant to grow. Watching hunger cues and feeding baby on demand will not spoil baby.

How long should baby breastfeed? The Canadian Pediatric Society, World Health Organization, Health Canada and Dietitians of Canada recommend that babies breastfeed exclusively (no other drink or food) for 6 months before complementary foods are added. It is also recommended to continue breastfeeding into toddler years (up to 2 years and beyond).

What isn't new about breast-

feeding is that moms still need support from family and friends – kind supportive words, help with household chores and nourishing meals. Baby also needs to get to know Grandma & Grandpa which can be done by cuddling baby, burping baby after a feeding, reading baby books and telling baby about the world.

Pam mentions “Any interested women, including Grandmothers, are welcome to attend a La Leche League meeting. La Leche League is a non-profit group that helps moms breastfeed through mother-to-mother support and information.” Meetings are held the second Thursday of the month in Glenboro at Glenboro Bible Chapel. If you have any questions about breastfeeding or if mom and baby are having difficulty with breastfeeding you can call a La Leche League Leader: Pam at 827-2706, Sarah at 571-1430, Tammy at 824-3480 and Teresa at 571-0784 or your local Public Health Nurse. Additional support can be found at Baby Steps, a Healthy Baby program offered throughout the region contact your local Public Health Nurse for dates and times in your community.

Reference: Wiessinger, D, West, D & Pitman, T. The Womanly Art of Breastfeeding. La Leche League International 8th Ed. 2010.

ASSINIBOINE REGIONAL HEALTH AUTHORITY

DONATIONS

for the period ended September 30, 2010

Account Name	Amount
Baldur Health Centre	\$28,290.67
Birtle Health Centre	55,621.29
Boissevain Health Centre	17,954.92
Boissevain - Westview PCH	37,786.26
Carberry Health Centre.....	41,341.05
Davidson Memorial Health Centre.....	5,494.41
Deloraine Health Centre	183,642.99
Elkwood PCH	12,581.47
Erickson Health Centre.....	10,159.43
Glenboro Health Centre.....	96,119.89
Hamiota Health Centre	74,439.52
Hartney PCH.....	12,473.36
Killarney - Tri Lake Health Centre	32,211.83
Melita Health Centre.....	246,296.76
Minnedosa Health Centre.....	54,198.42
Minnedosa PCH	35,667.09
Neepawa Health Centre	92,288.47
Neepawa PCH	198,030.36
Reston Health Centre	23,906.60
Rivers Health Centre.....	79,236.38
Rosburn Health Centre	24,106.75
Russell Health Centre	83,351.39
Russell PCH.....	7,127.48
Sandy Lake PCH	20,939.27
Shoal Lake Health Centre.....	280,039.12
Souris Health Centre	192,591.55
Tiger Hills Health Centre.....	264,478.97
Virден Health Centre	53,512.33
Virден - The Sherwood.....	13,823.84
Virден - Westman PCH.....	40,328.00
Wawanesa Health Centre	17,352.63
Regional Programs	187,047.35
EMS in total	106,009.73
TOTAL	\$2,628,449.58

Prendre soin des autres et de vous-même en cas d'influenza (grippe)

Quels sont les symptômes de la grippe?

En général, les symptômes de la grippe apparaissent soudainement et peuvent comprendre la toux ainsi que de la fièvre, des maux de gorge, des douleurs musculaires et articulaires, et de la fatigue.

Les enfants peuvent aussi souffrir de maux d'estomac, vomir ou avoir la diarrhée. Les personnes âgées, les jeunes enfants et les personnes dont le système immunitaire est affaibli peuvent ne pas avoir de fièvre.

Certaines personnes qui attrapent la grippe ne présentent pas de symptômes mais elles peuvent tout de même la transmettre aux autres, surtout si elles toussent ou éternuent. Il est important que tous les gens respectent l'étiquette respiratoire quand ils toussent ou éternuent, qu'ils se sentent malades ou non.

Quelles précautions de base devrais-je prendre si j'ai la grippe?

- Si vous présentez des symptômes de grippe :
- N'allez pas à l'école ou au travail lorsque vous êtes malade, et limitez les contacts non essentiels avec les autres;
 - Toussiez ou éternuez dans le creux de votre coude ou sur votre manche ou couvrez votre nez et votre bouche avec un mouchoir. Jetez le mouchoir en papier à la poubelle immédiatement après l'utilisation;
 - Lavez-vous souvent les mains avec du savon ou de l'eau, surtout après avoir toussé ou éternué. S'il n'y a pas de savon ou d'eau et que la saleté sur vos mains n'est pas visible, un désinfectant pour les mains peut être une bonne solution de rechange;

- Évitez de vous toucher les yeux, le nez ou la bouche.

Les membres du ménage et les aidants naturels auprès de personnes atteintes de la grippe devraient-ils prendre des précautions?

Si vous êtes membre du ménage ou aidant naturel auprès de personnes atteintes de la grippe, vous devriez :

- Vous laver les mains chaque fois que vous avez été en contact avec la personne malade;
- Vous laver les mains et laver celles de l'enfant après avoir mouché son nez;
- Vous laver les mains après avoir toussé, éternué ou mouché votre nez;

Renseignements sur la grippe

- Vous laver les mains après avoir touché des objets qui ont été manipulés par une personne atteinte de la grippe;
- Essuyer les surfaces (p. ex. celles des jouets, des robinets de salle de bains et des poignées de porte) avec des produits de nettoyage domestique, surtout après que la personne malade a touché ces objets;
- Prendre soin de vous-même et de votre famille en suivant un régime alimentaire sain et équilibré, en étant actif, en évitant la fumée de cigarette et toute autre substance nocive, en vous reposant bien et en dormant suffisamment.

Vous pouvez aussi vous faire vacciner contre la grippe pour réduire le risque de l'attraper. Pour obtenir plus de renseignements à ce sujet, communiquez avec votre fournisseur de soins de santé ou appelez Health Links-Info Santé au 788 8200 ou au 1-888-315 9257

FLU UPDATE

Manitobans Encouraged to Get Flu Shot, Which is Effective Against All Known Flu Types in Province

Manitoba Health reports 343 laboratory-confirmed cases of influenza A and one laboratory-confirmed case of influenza B in the province to January 1. Forty new cases of influenza A were reported during the week of December 26 to January 1. Manitoba Health is also reporting one laboratory-confirmed case of H1N1 influenza. The number of positive lab tests is not necessarily indicative of the actual number of cases, most of which are not tested for influenza. Also, they do not indicate the severity of illness.

Each health region in Manitoba has confirmed flu cases, ranging from a high of 124 in the Winnipeg health region to a low of two each in the Brandon and Churchill health regions. Cases have come from all age groups, with the highest number (58 cases) in the 79 and over age group and the lowest number (nine cases) in the 15 to 19 year age group.

To January 1, there have been 34 hospitalizations, six admissions to intensive-care units provincially and three deaths. Influenza-related deaths should be interpreted with caution, as an underlying cause of death may or may not be directly related to the lab-confirmed positive influenza diagnosis. The hospitalizations and deaths noted are only those with positive lab tests and do not constitute all hospital admissions or deaths in which influenza may have been a factor.

As the flu season could last several more weeks, Manitobans are encouraged to get a flu shot to pro-

tect themselves and those around them. This year's flu shot safely and effectively targets the three main types of influenza that have been seen in Manitoba and Canada this flu season, which include A/H3N2/Perth, A/H1N1/California and B/Brisbane.

The H1N1 case is a person in their 20s from the Central Health Region. The individual was not hospitalized. There have been 68 confirmed cases of H1N1 in Canada this flu season, with 40 new cases reported from December 19 to January 1. The cases are spread equally across the age spectrum, with the majority of cases in Ontario (47), and lesser numbers in Alberta (10), British Columbia (five), Quebec (five) and Prince Edward Island (one).

Flu shots are free for all Manitobans and are available from family doctors and public health nurses. A flu shot is recommended for all Manitobans, especially those at higher risk and their caregivers and close contacts.

Higher risk groups include:

- seniors aged 65 years or older,
- residents of personal-care homes and long-term care facilities,
- children aged six months to four years of age,
- those with chronic illnesses,
- pregnant women,
- health-care workers and first responders,
- individuals of Aboriginal ancestry, and
- people who are severely overweight or obese.

LE POINT SUR LA GRIPPE

On encourage les Manitobains à se faire vacciner contre la grippe afin de se protéger efficacement contre tous les types de grippe dans la province

Santé Manitoba rapporte plusieurs cas de grippe confirmés en laboratoire, soit 343 cas de grippe A et un, de grippe B. Le ministère a rapporté 40 nouveaux cas de grippe A au cours de la semaine du 26 décembre au 1er janvier, ainsi qu'un cas de grippe H1N1 confirmé en laboratoire. Le nombre de tests positifs de laboratoire ne reflète pas nécessairement le nombre réel de cas, la plupart n'étant pas des tests pour la grippe et n'indiquant pas la gravité de la maladie.

Chaque région sanitaire du Manitoba a des cas confirmés de grippe, variant de seulement deux cas dans les régions sanitaires de Brandon et de Churchill jusqu'à un nombre élevé de 124 cas dans la région sanitaire de Winnipeg. Les cas proviennent de tous les groupes d'âge, soit 58 cas, le nombre le plus élevé, du groupe des 79 ans et plus et neuf, le nombre le plus bas, du groupe des 15 à 19 ans.

Jusqu'au 1er janvier, il y a eu 34 hospitalisations, six admissions à des services de soins intensifs et trois décès. Il faudrait interpréter avec prudence les décès attribués à la grippe, la cause sous-jacente de ces décès pouvant ou non être directement liée à un diagnostic de grippe positif confirmé en laboratoire. Les hospitalisations et les décès enregistrés ne sont que ceux qui ont eu des tests positifs en laboratoire et ne constituent pas toutes les admissions à l'hôpital ni les décès dans lesquels la grippe pourrait avoir été un facteur contributif.

La saison grippale pouvant durer plusieurs autres semaines, on encourage les Manitobains à se faire vacciner contre la grippe pour se protéger ainsi que leurs proches. Le vaccin contre la grippe de cette année cible en toute sécurité et avec efficacité les trois principaux types de

grippe qui se sont manifestés au Manitoba et au Canada au cours de cette saison grippale, notamment les virus des types A/H3N2/Perth, A/H1N1/California et B/Brisbane.

Le cas de H1N1 est celui d'une personne d'une vingtaine d'années qui vient de la région sanitaire du Centre. Cette personne n'a pas été hospitalisée. Il y a eu 68 cas confirmés de H1N1 au Canada au cours de cette saison grippale, dont 40 nouveaux cas rapportés du 19 décembre au 1er janvier. Les cas se sont propagés en nombre égal dans tous les groupes d'âge, la majorité en Ontario (47) et, en plus petit nombre, en Alberta (10), en Colombie-Britannique (cinq), au Québec (cinq) et à l'Île-du-Prince-Édouard (un).

La vaccination contre la grippe est gratuite pour tous les Manitobains et peut être administrée par les médecins de famille et les infirmières de la santé publique. La vaccination contre la grippe est recommandée pour tous les Manitobains, particulièrement pour les personnes plus à risque ainsi que pour leurs fournisseurs de soins et leurs proches.

Les groupes plus à risque incluent les suivants :

- les personnes âgées de 65 ans et plus;
- les résidents des foyers de soins personnels ou des établissements de soins prolongés;
- les enfants âgés de six mois à quatre ans;
- les personnes souffrant de maladies chroniques;
- les femmes enceintes;
- les travailleurs de la santé et les premiers intervenants de santé;
- les personnes d'ascendance autochtone;
- les personnes faisant beaucoup d'embonpoint ou qui sont obèses.

Caring for Yourself and Others with Influenza (the Flu)

What are the symptoms of the flu?

Flu symptoms usually appear suddenly and can include cough and a fever, sore throat, muscle aches, joint pain and exhaustion.

Children may also feel sick to their stomach, vomit or have diarrhea. Elderly people, young children and people with lowered immunity may not have a fever.

Not everyone who gets the flu develops symptoms but they still may be able to spread it to others, especially if they cough or sneeze. It's important for all people to practice proper cough and sneeze etiquette,

whether or not they feel ill.

What basic precautions should people with the flu take?

If you have flu symptoms:

- Stay home from school or work and limit contact with others while you are sick.
- Cough or sneeze into your elbow or sleeve or use a tissue to cover your nose and mouth. Place the tissue in the garbage immediately.
- Wash your hands often with soap and water, especially after you cough or sneeze. When soap and water are not available and your hands aren't visibly soiled, hand sanitizers may be an acceptable alternative.

• Limit touching your eyes, nose or mouth.

Do household members or caregivers of people with the flu need to take any precautions?

If you are a household member or caregiver of someone with the flu, you should:

- Wash your hands after being in contact with the person who is sick.
- Wash your hands and a child's hands after wiping a child's nose.
- Wash your hands after coughing, sneezing or wiping your nose.
- Wash your hands after touching objects handled by someone who has the flu.

• Clean surfaces (such as toys, bathroom taps and doorknobs) with household cleaners, especially after an ill person has touched them.

• Take care of yourself and your family by maintaining a healthy balanced diet, being active, avoiding cigarette smoke and other harmful substances and getting enough rest and sleep.

Getting a flu shot can also help to reduce your risk of catching the flu. Talk to your health care provider or call Health Links-Info Santé at 788-8200 or 1-888-315-9257 to find out more.



Planning to Travel?

Travel Health Clinic at the Town Centre

A5-800 Rosser Ave. • Brandon, MB R7A 6N5 • (204) 571-8469

Call 578-2521 for questions or to make an appointment

Fee for services and vaccines. Prices are subject to change without notice.

Feeding the “Picky Eater”

Parents need to understand the “Division of Responsibility”

Some parents are fortunate enough to have children who are “good eaters.” That means the child has a curious, open attitude towards trying new foods and enjoys just about everything that is put in front of them. Feeding time is a pleasure. However, some children are not so easy going when it comes to new things and can be “picky” about what they will or will not eat.

Research shows that 25-35% of all healthy developing young children have some sort of difficulty with food acceptance and eating. This is where Ellyn Satter’s philosophy of feeding children may be helpful in avoiding conflicts over food. As a registered dietitian and expert in childhood feeding for over 40 years she has concluded that there is a division of responsibility when it comes to feeding children that creates the best environment for a child to become a successful eater. There is the parent’s responsibility and then there’s the child’s. This helps parents to recognize it is not their

responsibility to “make their child eat” - but it is their responsibility to provide healthy choices and good role modeling to influence healthy eating patterns. The division between parent and child is as follows:

The parent of a young child (starting at the age when table food is served) **decides what food is served or available** in the home. The parent does the meal planning keeping in mind family preferences but not short order cooking or catering only to what they KNOW their child will eat. Offering a variety of at least 4-6 foods to choose from at each meal ensures the child will be able to select and eat something from that meal. Children need to be offered new foods many, MANY times, with the freedom to learn to enjoy new foods on their own initiative. From her experience Ellyn says “pressuring the child to take a bite does not increase food acceptance!”

As children grow older, to school age and beyond, obviously they have more opportunities to “help themselves” to foods they want—but this guideline (of the parent deciding what is available

and offered) still applies as much as reasonably possible.

The parent decides when it will be served. Everyone eats better with structured times and sitting down at a table to enjoy a meal as a family. Grazing any time of the day does not promote family meal times. Consistent timing of meals and snacks are important so that appetite can be more easily regulated. Nothing in between meals and snacks, except water, ensures children are likely to come to the table with a healthy appetite. Milk and juice whenever a child wants can ruin a healthy appetite (and ruin teeth). Ellyn believes “hunger is the best spice” to encourage food acceptance.

The parent also decides where and how meals will be conducted. Having family rules about sitting at a table until the child is finished eating, using manners and behaving appropriately, all help to teach children how to behave at mealtime. Turning off the T.V. and cell phone is important so that family conversation can occur. Meal time is about more than just eating, it’s about connecting relationally and emotionally as well.



The child decides whether to eat any of the foods served. They can say “no” to the ones they don’t want, but there are no second meals being prepared. Being a “short order cook” for the family does not help them learn to eat a variety of foods. However being considerate of the child’s age, stage and preferences, is called “family friendly meal planning”. Preparing one new food alongside other familiar ones may make it more easily accepted.

The child decides how much to eat according to their hunger and fullness. If the child wants to eat more of a food offered, allow them to have it (without having to clean the plate first). If the child says he is full, don’t force him to finish his plate. Generally speaking, the more a child feels pres-

sured to eat or restricted in how much they are allowed to eat, the more a child will lose the ability to self-regulate their intake appropriately.

As with all aspects of parenting, there is a fine balance, between guiding eating behaviours and allowing children some freedom to make their own age appropriate choices as outlined above. The most important principle to keep in mind is to provide a positive, pleasurable eating experiences for children so that they will have a healthy attitude towards food and eating. Making time for family meals, cooking tasty meals and following this division of responsibility is the foundations to raising successful eaters.

If you have any questions related to this article about feeding your infant or child, please contact Barbara Hodson R.D. Community Nutritionist with the Healthy Baby Program, Virden Health Unit, 748-2321, ext 181.

Further reading: Ellyn Satter, (2008) Secrets of Feeding a Healthy Family: How to Eat, How to Raise Good Eaters, How to Cook.

Canada’s Food Guide Focus on Preschoolers



FRIENDS & FAMILY MEMBERS



IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS
PLEASE DO NOT VISIT OUR CLIENTS

INFLUENZA-LIKE SYMPTOMS

- New cough
- Fever
- Muscle aches
- New shortness of breath
- Chills

OTHER INFECTIOUS DISEASE SYMPTOMS

- Diarrhea
- Vomiting
- Rash



Women's Wellness Clinics

Winter 2010 - Spring 2011

FOR CERVICAL SCREENING AND CLINICAL BREAST EXAMINATIONS

Baldur Medical Clinic – Baldur Health Centre

February 4, 2011 10:00 a.m. – 3:00 p.m.
 April 8, 2011 10:00 a.m. – 3:00 p.m.
 May 27, 2011 10:00 a.m. – 3:00 p.m.

Call 1-877-378-3077 for an appointment. *Walk-ins welcome.*

Birdtail Sioux First Nation – Birdtail Sioux Health Unit

January 12, 2011 10:00 a.m. – 3:00 p.m.
 March 16, 2011 10:00 a.m. – 3:00 p.m.

Call 568-4545 for an appointment. *Walk-ins Welcome.*

Birtle Medical Clinic - Birtle Health Center

February 16, 2011 2:00 p.m. – 6:00 p.m.
 April 6, 2011 2:00 p.m. – 6:00 p.m.
 June 15, 2011 2:00 p.m. – 6:00 p.m.

Call 842-3990 for an appointment. *Walk-ins welcome.*

Deloraine Medical Clinic – Deloraine Health Centre

January 27, 2011 10:00 a.m. – 3:00 p.m.
 March 24, 2011 10:00 a.m. – 3:00 p.m.
 May 26, 2011 10:00 a.m. – 3:00 p.m.

Call 747-2461 for an appointment. *Walk-ins welcome.*

Erickson Primary Care Access Site - Erickson Health Center

January 10, 2011 9:00 a.m. – 1:00 p.m.
 February 14, 2011 9:00 a.m. – 1:00 p.m.
 March 7, 2011 9:00 a.m. – 1:00 p.m.
 April 18, 2011 9:00 a.m. – 1:00 p.m.
 May 9, 2011 9:00 a.m. – 1:00 p.m.
 June 20, 2011 9:00 a.m. – 1:00 p.m.

Call 636-6809 for appointment. *Walk-ins welcome.*

Glenboro Medical Clinic – Glenboro Health Centre

January 14, 2011 10:00 a.m. – 3:00 p.m.
 February 11, 2011 10:00 a.m. – 3:00 p.m.
 March 11, 2011 10:00 a.m. – 3:00 p.m.
 April 15, 2011 10:00 a.m. – 3:00 p.m.
 May 13, 2011 10:00 a.m. – 3:00 p.m.

Call 1-877-378-3077 for an appointment. *Walk-ins welcome.*

Hamiota Medical Clinic - Hamiota Health Centre

January 19, 2011 10:00 a.m. – 3:00 p.m.
 February 28, 2011 10:00 a.m. – 3:00 p.m.
 March 22, 2011 10:00 a.m. – 3:00 p.m.
 April 21, 2011 10:00 a.m. – 3:00 p.m.
 May 19, 2011 10:00 a.m. – 3:00 p.m.
 June 14, 2011 10:00 a.m. – 3:00 p.m.

Call 764-2412 for appointment. *Walk-ins welcome.*

Hartney Medical Clinic – Hartney Health Centre

January 20, 2011 10:00 a.m. – 3:00 p.m.
 May 24, 2011 10:00 a.m. – 3:00 p.m.

Call 858-3107 for appointment. *Walk-ins welcome.*

Melita Medical Clinic – Melita

January 7, 2011 10:00 a.m. – 3:00 p.m.
 February 25, 2011 10:00 a.m. – 3:00 p.m.
 March 11, 2011 10:00 a.m. – 3:00 p.m.
 April 15, 2011 10:00 a.m. – 3:00 p.m.
 May 27, 2011 10:00 a.m. – 3:00 p.m.
 June 10, 2011 10:00 a.m. – 3:00 p.m.

Call 522-8353 for appointment.

Reston Medical Clinic - Reston Health Centre

February 10, 2011 10:00 a.m. – 3:00 p.m.
 April 14, 2011 10:00 a.m. – 3:00 p.m.

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

Rosburn Medical Clinic – Rosburn Health Centre

January 12, 2011 10:00 a.m. – 3:00 p.m.
 February 23, 2011 10:00 a.m. – 3:00 p.m.
 March 23, 2011 10:00 a.m. – 3:00 p.m.
 April 13, 2011 10:00 a.m. – 3:00 p.m.
 May 18, 2011 10:00 a.m. – 3:00 p.m.
 June 15, 2011 10:00 a.m. – 3:00 p.m.

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

Russell Medical Clinic – Russell

January 14, 2011 9:00 a.m. – 4:00 p.m.
 February 25, 2011 9:00 a.m. – 4:00 p.m.
 March 11, 2011 9:00 a.m. – 4:00 p.m.
 April 15, 2011 9:00 a.m. – 4:00 p.m.
 April 29, 2011 9:00 a.m. – 4:00 p.m.
 May 13, 2011 9:00 a.m. – 4:00 p.m.
 June 3, 2011 9:00 a.m. – 4:00 p.m.
 June 17, 2011 9:00 a.m. – 4:00 p.m.

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

Waywayseecappo First Nation – Waywayseecappo Health Unit

January 13, 2011 10:00 a.m. – 3:00 p.m.
 February 24, 2011 10:00 a.m. – 3:00 p.m.
 April 28, 2011 10:00 a.m. – 3:00 p.m.
 May 12, 2011 10:00 a.m. – 3:00 p.m.
 June 16, 2011 10:00 a.m. – 3:00 p.m.

Call 859-5080 for an appointment. *Walk-ins welcome.*

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



**MANITOBA
 CERVICAL CANCER
 SCREENING PROGRAM**

**PROGRAMME
 MANITOBAIN DE
 DÉPISTAGE DU CANCER
 DU COL UTÉRIN**

Are you sick and tired of being sick and tired?

Or are you managing well and want to stay that way?
Either way GET BETTER TOGETHER is for you.

A free program to support people living with the discomfort and limitations of health conditions will be available in several ARHA communities this Spring. **Get Better Together** is a self-management program for people with any ongoing problems with their health such as pain, fatigue, diabetes, depression, heart disease, arthritis, multiple sclerosis, asthma, anxiety or cancer. Frequently participants are coping with more than one condition and just sick and tired of being sick and tired.

Get Better Together consists of 2½-hour workshops delivered once a week, for six weeks, in community settings. People with health issues discuss solutions for frustration, fatigue, pain and isolation, effective communication with health professionals and appropriate physical activity and nutrition. The process is led by volunteer peer leaders who are themselves coping with chronic conditions. Get Better Together isn't a substitute for treatment; it works alongside regular medical care by supporting people to better manage their conditions and

cope at a higher level.

"The disease isn't going to go away from attending the sessions, but maybe participants will start to eat better and increase their activity level to reduce fatigue, or maybe they will learn to handle stress and control pain to reduce their level of disability" explains Caitlin Keyzer, provincial coordinator for Get Better Together.

Graduates of past **Get Better Together** programs have said:

"It has helped me. I now know that I can deal with everything going on in my life, just differently and better."

"Lifestyle changes are hard enough to change when healthy, this group helped change those in the most severe season of my illness. If that can happen, anybody would find this beneficial."

"The sessions were very helpful. They reinforced the fact that no one is alone in his/her discomfort or anxiety. I found the facilitators were well prepared and able to assist or lead discussions. The brainstorming was always great. Probably the best aspect of the course was the individual ac-

tion plan. It transferred the responsibility from the facilitators to the participants and urged everyone to consider their own abilities instead of disabilities."

"We're excited to continue offering this program in our region because we know there are many people with chronic conditions visiting their doctors and coming to hospital that could use more help to do what they can to be healthier on their own," said Jocelyn Dowden, regional coordinator for **Get Better Together**.

The delivery of the Get Better Together program in our region is possible because of the partnership between the ARHA, the Wellness Institute and the Province of Manitoba. The Wellness Institute is an award winning medical fitness facility at Seven Oaks General Hospital in Winnipeg.

For more information contact:
Jocelyn Dowden
ARHA Regional Coordinator for the Get Better Together Program
Telephone: 204.328.7101
E-mail: jdowden@arha.ca

NEW PHYSICIANS

to the Assiniboine Regional Health Authority

The Assiniboine Regional Health Authority is pleased to announce five new physicians have started family practice in the region since June.

- **DR. GEORGE NASRALLA** commenced his practice in Neepawa at the Beautiful Plain Community Medical Clinic in June. Dr. Nasralla comes to the Region with an educational background from Egypt.
- **DR. FRASER HEWETT** commenced his practice in Killarney at the Medical Clinic in June. Dr. Hewett comes to the Region with an educational background from United Kingdom.
- **DR. MUHAMMAD TARIQ** commenced his practice in Neepawa at the Beautiful Plain Community Medical Clinic in August. Dr. Tariq comes to the Region with an educational background from United Kingdom.
- **DR. ALIREZA ERFANFAR** commenced his practice in Russell at the Medical Clinic in November. Dr. Erfanfar comes to the Region with an educational background from Iran.
- **DR. MOLUD ALI** commenced his practice in Deloraine at the Medical Clinic in November. Dr. Ali comes to the Region with an educational background from Libya.

All five physicians have completed the International Medical Graduate Program offered at the University of Manitoba as well as Clinical experience in various locations across Manitoba.

Get Better Together!

A FREE program for living better with ongoing health conditions

Are you sick and tired of being sick and tired?
Join us to take control of your health...

Hepatitis
Fibromyalgia
Lupus Osteoporosis
Chronic Fatigue Syndrome High Blood Pressure Arthritis
Depression Asthma Anxiety Multiple Sclerosis
Heart Disease Parkinson's Disease Stroke
Cancer Chronic Pain Diabetes Weight Management



Patient Safety, Client Safety, Resident Safety, Improving safety

Why are we hearing the word safety more and more these days?

Hasn't healthcare always been safe?

Health care is a risky business. Here are some examples of what makes it risky:

- It is a large & diverse industry
- Involves birth to death, from wellness to treatment and palliative (end of life) care
- Low tech to high tech
- Simple hands on care to very complex care
- Caring for very young to very old people
- **Human beings work in these very complex systems**

Not all adverse events are predictable or preventable and sometimes it is difficult to determine that, even after the fact. So back to the mantra...Healthcare is risky business, so as a patient, ask questions, be informed and be part of the team. As a health care provider, listen to your patient and treat them as part of the team and answer all questions for everyone's safety.

What do the numbers tell us?

If a large jet crashed every three days in Canada do you think we would be demanding answers?

It is estimated that across Canada an average of 63 people die per day due to medical error.* This number would be the same as one large jet crashing and killing all of its

passengers every three days in Canada.

What does this mean for people providing health care?

For years in the health system it has been normal to punish people who make a mistake, especially when a patient is harmed. The punishment could even mean losing their job. Most people have supported this type of treatment for those who made mistakes.

That way of thinking is slowly changing in health care. We all make mistakes and if we expect health care workers to be perfect then we aren't being very realistic.

Isn't it better to learn instead of blame?

In health care we are trying to learn from mistakes instead of blaming people for making them. While accepting accountability for actions, when a health care worker reports a mistake, the Assiniboine Regional Health Authority will look into the whole situation to find ways that may help to make it not happen again and then share the information learned with all staff.

Lets work together to improve safety Things the RHA is doing

- Making sure we check your identity before we provide any treatment or service.
- Following a falls prevention and management strategy.
- Following a safe surgery checklist which has been accepted world wide in order to decrease risk involved with surgeries.
- Tracking infection rates in order to find out where improvements can be made.

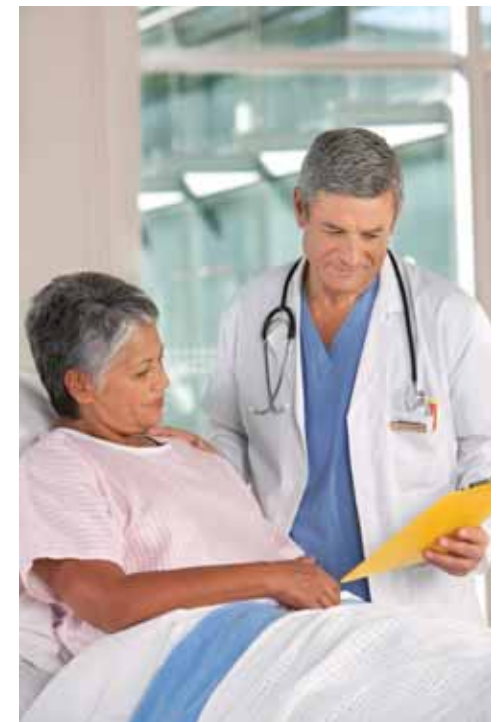
- Checking your medications that you are taking at home with the medications the doctor orders, then asking the doctor about any differences.
- Limiting our use of abbreviations to reduce the chance of misunderstanding.
- Following infection control regulations.
- Teams throughout the organization consistently review standards to ensure we are keeping up with the changes and recommendations across Canada and the world.
- Tracking all incidents in order to identify areas for improvement.

Things you can do

- Ask questions about your care and if you do not understand, ask for clarification.
 - Ask people to wash their hands before treating you.
 - Speak up when you have a concern.
 - Carry a current list of your medications with you at all times.
 - Share your medication list with your doctor, pharmacist and nurse.
 - Know your medication.
 - Before taking a medication tell the staff your name.
 - Before an appointment, write down questions and take the list with you.
 - Have patience when we are asking you so many questions. The intent is to keep you safer.
 - Know your rights. (Rights and Responsibilities pamphlet is available at www.assiniboine-rha.ca)
- Many of the safety processes listed above

have come about because we have learned from within our region and from other regions about some of the areas where we can help prevent mistakes. It is important for everyone seeking health care services to also take an active role in making sure your care is safe. Please support health care staff in doing their job safely because they do it for you.

**The Canadian Adverse Events Study: G. Ross Baker, Peter G. Norton 2004*



Primary Care Program

“Primary Care - A Partner in Your Care!”

submitted by
Barb Kostas
Regional Primary Care
Practice Manager

Assiniboine's Primary Care Program provides a great addition in the delivery of health care services. For communities who might have difficulty accessing a family physician, Primary Care nurses are available to provide a wide spectrum of health services. The program offers a variety of screening options for clients as well as one on one health education, striving to help clients maintain as healthy of a lifestyle as they can. The program consists of a team of Primary Care Nurses and RN (EP)-Nurse Practitioners working collaboratively with physicians within the region as well as a team of nurses trained to provide cervical screening to women accessing established clinics.

The designation of RN (EP) refers to a nurse that is registered on the extended practice registry. This demonstrates that he/she has completed advanced education and has passed an approved examination on extended practice competencies. RN (EP)s can pre-

scribe medications, order and manage the results of screening and diagnostic tests and perform minor surgical and invasive procedures. RN (EP)s can practice in a variety of community, acute and long term care settings. They provide nursing services in the areas of health promotion, illness prevention, management of specific illnesses, palliation, and rehabilitation determined by his/her competence.

The Rosburn and Erickson Primary Care Access sites are staffed with Registered Nurses with delegation of functions. Both nurses work in conjunction with physicians at their respective sites. Sandra Hallam, Primary Care Nurse in Rosburn provides clinic services Monday to Thursday. Sandra Hallam is currently also holding an access site clinic every Thursday 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 Rosburn and 204-859-5080 at Waywayseecappo.

Josie Coulson, Primary Care Nurse in Erickson provides clinic services Monday to Friday. Josie

is currently providing one day a month of service to the Keeseekoowenin First Nation Health Unit. Appointments with Josie can be made by calling: 204-636-6809.

The Hamiota, Wawanesa, Carberry Russell Medical Clinics as well as the Neepawa (Country Meadows) and Russell Personal Care Homes are staffed with RN(EP)- Nurse Practitioners. Three of these sites provide service on a part time basis. Judy Marvin provides clinic services in conjunction with the Hamiota physician group two days per week. 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 provides services out of the Wawanesa Medical Clinic. Vicki works on a full time basis providing three days a week at Wawanesa, every Tuesday at the Canupawakpa Dakota First Nation Health Unit as well as one day a month at the Sioux Valley First Nation Health Unit. Appointments with Vicki can be made by calling: 204-824-2993.

Sherie Wray is providing service to the Neepawa Personal Care

Home (Country Meadows) two days a week and a further two days a week at the Carberry Medical Clinic. Appointments with Sherie can be made by calling: 204-834-2126.

The newest RN(EP) to join the Primary Care Team is Tara Chaisson who works on a part time basis and provides services to the Russell Medical Clinic and Personal Care Home as well as every Friday to the Waywayseecappo First Nation Health Unit. Appointments with Tara can be made by calling: 204-773-2146.

A very important component of our primary care programs is the Electronic Primary Care Record. All Primary Care Nurses and Family Physicians working within the communities identified, as other Medical clinics throughout the region, utilize an electronic record. Currently there are sixteen clinics on the same shared system with the Electronic Primary Care Record- Russell, Birtle, Hamiota, Souris/Hartney, Erickson, Treherne, Rosburn with access from Waywayseecappo, Wawanesa, Virden with access from Canupawakpa, Baldur, Boissevain, Rivers,

Melita, Deloraine, Glenboro and the Beautiful Plains Community Medical Clinic in Neepawa. 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.

If you require further information about the Primary Care Program or the services it provides-please don't hesitate to call 204-859-5304.



Good Samaritan or Not?

Well it's winter in Manitoba once again, and with that, the number of calls to 911 for vehicles in the ditch has jumped significantly. As it seems every year, we need to remind 911 callers to PLEASE ensure that there is actually a need for emergency response vehicles to attend prior to calling. One call to 911 for either someone simply needing a tow truck, or reporting an accident WITHOUT injuries, results in the dispatching of Police, Fire and Ambulance services. This often involves serious misuse of emergency resources, that especially at this time of year, may be needed elsewhere.

So what's the message here? In order to be the Good Samaritan, we need you to confirm the actual need for emergency response vehicles by naming which are needed, and provide details as to what's happened. This cannot obviously be done by simply

driving by a location. **These drive-by calls result in multiple dispatches of all three agencies to one location, increasing delays in response to actual emergency locations, risk to the responders and overall cost to the system.** Without having actually checked to see if there's a problem, the majority of these calls end up being cancelled after agencies have responded.

Your willingness to assist someone is an act of valued hu-

manitarianism. We ask that you go one step further and ensure that your actions are not harmful, by providing the best possible help that you can. Simply by confirming injuries, you can potentially save many lives. Oh, and we'd appreciate your help in reminding people that calling a tow truck is done through 411, not 911. Please pass along this important message from your ARHA Emergency Medical Services providers.



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 a 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: Carberry, Elkhorn, Neepawa, Minnedosa, Virden, Rivers, Russell, 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 to complete electronic tax returns for individuals and families. Community partners provide computer access and a meeting place /drop-off/pickup location for the volunteers and clients. Volunteers sign confidentiality agree-

ments. 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
Riverdale Health Centre
Telephone: 204.328.7101
E-mail: jdowden@arha.ca

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 (CDA) 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

Assiniboine Regional Health Authority



Visit the Assiniboine RHA website for career opportunities in health care:

www.assiniboine-rha.ca

CONTACT INFORMATION

Human Resources
ARHA Regional Office
 Box 310 Shoal Lake, MB R0J 1Z0
 Tel 204.759.4518 Fax 204.759.3264
 Email: humanresourc@arha.ca

Public Notice: Telephone Scam

Recently a resident in one of the ARHA Personal Care Homes was contacted by phone and the caller identified themselves as a friend of the resident's grandson. The caller then explained that the grandson had been in a skiing accident in Montreal and needed some money to be wired to him. Fortunately, the resident's family

member happened to be in the room at the time of the call and knew that this call was a hoax.

The region would like to alert the public, seniors and family members of our personal care home residents to make them aware of this scam. ARHA staff are being vigilant in sites and will be reporting these calls to the RCMP.