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FIRST NATIONS & INUIT HEALTH - ALBERTA ISSUE 1 - FALL 2010

FNIH newsletter

environmental health • community nursing • health protection • diabetes initiatives • nutrition

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The First Nations & Inuit Health Newsletter is back and better than ever!

Welcome to the first issue of the new and improved First Nations and Inuit Health Alberta Newsletter! This semi-annual newsletter will feature stories about environmental health, community nursing, health protection, diabetes initiatives and nutrition. Important topics for community members, community-based employees and employees in Canada Place or Harry Hays will continue to be a major focus.

Think of this newsletter as a platform - to share everything from healthy recipes to successful injury prevention - and we want you to fill it in with your great stories. We invite you to share your community

stories and we're still eager to receive submissions from other Health Canada - Alberta Region locations.

Each issue will have a theme, based on your interests and current topics. For this fall issue, we've chosen stories related to students returning back to school. Feel free to submit ideas for upcoming issues.

Any comments, questions or suggestions on future themes, can be provided to Alberta Region Communications at ALB_communications@hc-sc.gc.ca.

We hope you enjoy our back-to-school issue!



A Note from Herman Wierenga

Regional Director, First Nations and Inuit Health – Alberta

First Nations and Inuit Health-Alberta is extremely excited to introduce our new regional newsletter to First Nations communities across Alberta. We decided to publish our regional newsletter to reach a broader audience and provide our program areas with an opportunity to share new initiatives and community success stories with you!

This newsletter will include stories from all areas of our business and program areas. We hope to entertain and educate you on various initiatives and programs in the region. This semi-annual newsletter will provide us with an opportunity to update you on the progress we're making in our program areas while promoting tips and health information that affect First Nations individuals.

This first issue is all about back-to-school and includes a wide variety of articles to help parents/guardians and children plan for the school year. Our stories range from how to prepare your child for kindergarten to dental health for your family. So, as you can see this issue is packed with valuable information.

Take time out of your busy schedules to sit and read First Nations and Inuit Health's regional newsletter. We hope you will enjoy this first issue as much as we enjoyed producing it!



SHARE YOUR STORIES WITH US

We're looking for stories from you! We're already working on story ideas for our second issue. The theme of our second issue will be Healthy Living and we would like to hear about healthy living activities in your communities. We want to share your stories so others can learn and promote these initiatives in other First Nations communities.

What is the Indian Residential Schools Resolution Health Support Program? How can it help?

SUBMITTED BY SARA KELLY,
SPECIAL PROJECTS OFFICER, IRS

The Indian Residential Schools (IRS) Resolution Health Support Program (RHSP) provides emotional health and wellness support to former IRS students and their families. The program provides support to those who are eligible for the Common Experience Payment (CEP), Independent Assessment Process (IAP), Alternative Dispute Resolution (ADR), court processes, Truth and Reconciliation Commission of Canada (TRC) events, community and commemoration activities. Services are available before, during, and after all of these processes and activities.

Any individual (and/or their family members) who attended a recognized IRS are eligible for this program. This includes status and non-status Indians (on- or off-reserve), Métis, Inuit, and non-aboriginal peoples.

There are three parts to the RHSP: emotional support, cultural support, and professional counselling.

Part 1: Emotional Support

Emotional support is talking to someone who can help you understand your IRS experiences in a safe way. A Resolution Health Support Worker (RHSW) is a person who will give you emotional support to help you safely address issues related to IRS.

RHSWs are in every region of the province (reserves, fly-in communities, urban centres, and Métis Settlements).



Immunizations: WHAT DOES YOUR CHILD NEED?

Arrangements will be made for an RHSW to provide assistance and support when required/requested.

What does this mean? It means an RHSW will help you through the Settlement Agreement; from understanding government and legal information to connecting you with a counsellor. If you have not received any communication regarding your CEP, an RHSW will do what they can to help. If you feel you have been given conflicting or incorrect information, they will help you in finding the answer.

Services go beyond helping with forms and telephone calls. Many RHSWs have organized healing workshops, circles, and activities for former IRS students, their families, and communities. Your RHSW can be there while you complete your CEP or IAP applications and they can provide support before, during, and after your IAP hearing. They want you to feel safe and comfortable while you walk your path to healing. Your RHSW will be patient and caring throughout the process.

Your RHSW cares about you, your health, and well-being.

Part 2: Cultural Support

Cultural Support Providers (CSPs) are traditional healers or practitioners in your community. They are recognized and respected as people who provide and perform traditional ceremonies or prayers. A CSP provides cultural support before, during and after all components of the Settlement Agreement including the CEP, IAP, ADR hearings, court processes and TRC activities. They are also available to perform a traditional ceremony to open an IAP hearing.

If you would like cultural support but are not sure where to find a service provider, an RHSW can help you find a service provider in your area able to meet your needs.

Always remember that you are in charge of your healing. You choose who you work with and how you want to approach healing and personal growth.

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Part 3: Professional Counselling

Everyone faces difficulty in life. You may want to share thoughts and feelings with someone, but it's not always easy. Some people worry their stories may get shared with others and this may make them uncomfortable. Some are ashamed, or don't want to burden loved ones with their stories.

It is important to share difficulties with someone who will listen without judgment and will keep what is said confidential. A professional counsellor does just that. In addition to listening to you, they can also help you build on your strengths and regain your confidence.

How to find us

For more information or to find services in your community please call 1-888-495-6588.



Do you have a child starting kindergarten or grade 1? Have you visited the health centre to make sure that your child/children are up-to-date for their immunizations? Boosters for DTaP-IPV (diphtheria, tetanus, pertussis (whooping cough), polio) and MMR (measles, mumps and rubella) are due between 4-6 years of age. Contact the community health nurse at the health centre to see what your child might need. For older children, Hepatitis B is offered in grade 5, and HPV (Human Papillomavirus) immunization is offered to girls in grades 5 and 9. dTap (diphtheria, tetanus and pertussis) boosters are offered in grade 9, as well as any vaccines that might not be up-to-date. Please watch for information relating to your child's immunization status/requirements - if you don't have a record for your child, please contact the health centre.

Aboriginal Diabetes Initiative

SUBMITTED BY THE SIKSIKA HEALTH SERVICES - DIABETES AWARENESS
TEAM: MICHELLE, DEE DEE, TONI, MAJA, JENNY, AND DENISE

Almost one year ago, we formed the Diabetes Awareness Team. The team members come from a cross-section of our health services—Home Care, Community Health, Dietary/Nutrition Services and our Health Clinic. Along with our existing services (home care, medical care, foot clinic, nutritional counselling, retinal photography, and community health diabetic teaching programs) we developed several new initiatives. Our team has worked together to discuss the clinical issues around diabetes and how to implement “best practices” within the community.

Our team recognizes that all our planning and programs cannot be successful without the support of the Siksika Community. Here are some of our key messages which we plan to use at community events to encourage everyone to think about becoming more actively involved in their health:

- Diabetes is a serious problem facing First Nations people: it affects women more than men and twice as many First Nations people as Non-First Nations people.
- Diabetes is a lifelong condition and can result in health problems that affect the eyes, heart, kidneys, skin, and nervous system.
- A healthy lifestyle (daily exercise, healthy diet, and healthy body weight) can reduce the risk of developing diabetes—Diabetes can be prevented!
- How can individuals, families, and Siksika community members work together to care for diabetics and promote a healthy lifestyle?



Our focus is to raise awareness on the prevention and treatment of diabetes through the following activities:

- 1** The Annual Diabetes Walk is being held in September to encourage participation from all local schools.
- 2** Health Information Clinics promote healthy weight and lifestyles. Participants have their Body Mass Index calculated (an estimate of body fat) and are given information about their ideal weight and how to achieve it.
- 3** The monthly Diabetes Support Group Meeting provides information to diabetics through a 20-minute presentation about a diabetes-related health topic, a diabetic snack. Monitoring of blood glucose and blood pressure is also produced (and a fun activity).
- 4** We have developed an educational brochure to help individuals understand the types of diabetes, how diabetes occurs, prevention activities, and healthy lifestyle activities. We plan to use this brochure to raise awareness in the community about diabetes and how it can be prevented.

Dental Health for your Family

SUBMITTED BY ROSEMARIE KOKOTAILO,
DENTAL PROGRAM MANAGER, FNHI

Keep a child's smile healthy by planning and practicing good oral health habits even before baby is born! Mothers need to eat and sleep properly to ensure the baby's healthy growth and development. If a mother has any dental concerns, she should see a dental health professional before the baby is born.

Once the baby is born, good oral care starts right away with cleaning of the mouth. Even before the teeth start to come in, use a soft cloth to clean their mouth. Did you know that the germs that cause tooth decay can be passed on from one family member to another? This is why it is so important that everyone in the family has a healthy mouth.

Children learn a lot by watching everything that is going on around them. Parents who take care of their mouths show the children that mouth care is part of their lives and needs to be done daily.

Parents and caregivers need to supervise the child's tooth brushing every day. Make sure the child is brushing his/her teeth at least twice a day, and that every tooth is



brushed. Lift your child's lip and look in the mouth and clean any area that the child has missed. Children tend to brush the teeth that they can easily reach so checking the back teeth and along the gum line is important. Once the child gets older (8 years and older), spot checking their brushing makes them aware that you care about his/her oral health.

Book an appointment with the dental team for the child as early as possible. The Children's Oral Health Initiative is offered in most communities on a regular basis. A dental therapist visits the community and offers not only a school-based preventative program but one also for prenatal, infants and preschool children. A community dental therapist will show parents how to clean their own mouths and their children's mouths. The teeth can be checked also and any teeth that are causing or could cause trouble for the child can be discovered early.

Fluoride varnishes can be applied to the teeth by the dental therapist or a trained community aide. The fluoride varnish takes only minutes to apply and helps prevent tooth decay. Contact your health centre to find out when the dental

therapist will be in your community or sign children up to participate in the program.

Children with healthy teeth will find it easier to:

- Concentrate better, making it easier to learn. When teeth are pain free, the child can listen and focus on learning.
- Get a good night's sleep. It's easier when all the teeth are healthy. This also helps the child pay attention to what you are trying to teach them, from drinking from a cup to reading a book.
- Eat healthy food. All those good food choices such as meat and apples can be chewed better by healthy strong teeth. Good food choices help build a healthy brain and maintain a strong body.

Remember, some of the most important things you can do to have a healthy mouth is to brush and floss every day, eat healthy, nutritious food and visit a dental professional regularly. Take the time to enrol in the Children's Oral Health Initiative in your community and keep smiling!



MOH Corner

SUBMITTED BY DR. WADIEH YACOUB, MEDICAL OFFICER
OF HEALTH AND DIRECTOR, HEALTH PROTECTION, FNIH

Some people may wonder about the value of health protection, promotion and prevention.

Here are just a few of the preventative successes in public health:



Immunization

According to a recent study in Canada, one million cases of H1N1 were prevented in Ontario alone as a result of the vaccination program introduced during the 2009 pandemic. This translates into a more than adequate return on the investment in this H1N1 influenza immunization program.

Injury prevention

Seat belt wearing has reduced fatalities and health care costs from motor vehicle collisions and crashes, saving hundreds of lives every year.

Secondary prevention

Annual eye exams have detected specific changes in the retina reducing the risk of getting sight-threatening eye changes and vision loss among diabetics.

Cancer prevention

- i. Cancer has surpassed heart disease to become the number one cause of death in the United States in people under 85 years of age. Smoking cessation, weight loss and exercise have been effective preventative measures.
- ii. Cervical screening (Pap test) among women has resulted in the reduction of invasive cervical cancers.

HIV prevention in newborns

25 per cent of babies born to untreated women with HIV will be infected by the virus. Medications provided to HIV-infected pregnant

mothers reduces mother to baby transmission to less than two per cent.

Tuberculosis (TB) preventative medications

These medications reduce the risk that persons with HIV, who have latent TB infection, will develop TB disease.

Does prevention work? The answer is a resounding YES.

Prevention of complications of hypertension

A sustained weight loss of 4.4 kg (9.7 lbs) or more reduces blood pressure. A lower intake of dietary sodium (salt) reduces the risk of heart disease, especially in those who are overweight.

Does prevention work? The answer is a resounding YES.



GET YOUR INFLUENZA IMMUNIZATION THIS FALL

Children are great transmitters of diseases because they often carry organisms without being ill. This means that they can bring illnesses like influenza home and potentially infect others living in the household. This is especially of concern if other members in the household are over 65, have any chronic health condition, are less than 2 years of age as they are at increased risk of being seriously ill if they develop influenza. When the influenza vaccine is available in October, everyone 6 months of age and older should receive the influenza vaccine before the influenza season really starts. For more information, please contact the health centre staff.

How do I prepare my child for kindergarten?



Q: How do I prepare my child for kindergarten?

A: As your child's first day of school creeps up, you will both experience different feelings. You're excited that he's old enough to start school. At the same time, you wonder if he will adjust to the new routine.

Your child may also be excited. But if she's never spent time away from you she may feel a bit overwhelmed by the prospect. Similarly, for a child who is already in a childcare setting, spending part of her day in junior or senior kindergarten may pose some new challenges. A new and unfamiliar routine and teacher may take some getting used to.

Whether it's your child's first time away from you or he's making the transition from childcare to school, here are some things you can do to help make the move easier.

- **Talk about the new routine.**

Talk to your caregiver about the new routine when school starts. Share this with your child so he is prepared for the change.

- **Talk about what won't change.**

Prior to school starting, both you and your caregiver can talk about kindergarten, providing reassurance by reminding your child about all the things that will still be the same.

- **Visit the school in advance.**

If possible, during the summer, visit the school your child will be attending. If there is a playground, you may even want to spend some time there letting her play to become familiar with the environment.

- **Find out the name of your child's teacher.**

School administrative offices are often open before the first day of school and may be able to provide you with some information.

- **Ease your child into class.**

Ask the school if you can visit during the first week perhaps staying for the first hour or until your child seems settled.

- **Reassure your child that you will be back.**

Make sure your child knows who will pick her up when school finishes. An anxious child may want to know exactly when that will be. Offer a cue from the routine, for instance: "After you clean up the room you will hear the bell ring and you will know it's time to go home. We'll be waiting to pick you up."

- **Be enthusiastic about school.**

Talk about the wonderful things he will be doing at school – making friends, different kinds of art and play activities and of course learning. This should be done at home with you as well as with your child's caregiver.

- **Help your child find friends from school.**

Find other children in the neighbourhood attending school. Your caregiver can help. Talk about them noting how much they enjoy school. Schedule some play dates in advance and have at least one familiar face.

- **Share your own stories.**

Talk about some of your own stories about school – what was it like for you when you started. If there are older siblings have them join in also.

- **Get ready together.**

Include her in the preparation for school. This can be as simple as deciding on snacks to send each day or buying school supplies. Including her will make her feel that this day is special and it really is all about her.

- **Share the excitement of growing up.**

Starting school is often seen as a sign of being a "big boy". Talk to your child about how he feels about school. Being a "big boy" may be just what he wants or the prospect may be overwhelming. Be sensitive to his feelings and gently continue to talk about the wonderful things that happen at school.

- **Create a neighborhood walking bus.**

If there are other children in the neighborhood who your child knows and will be attending the same school you may want to walk to school together giving a sense of community to your child even away from his home.

- **Make a special exhibit at home.**

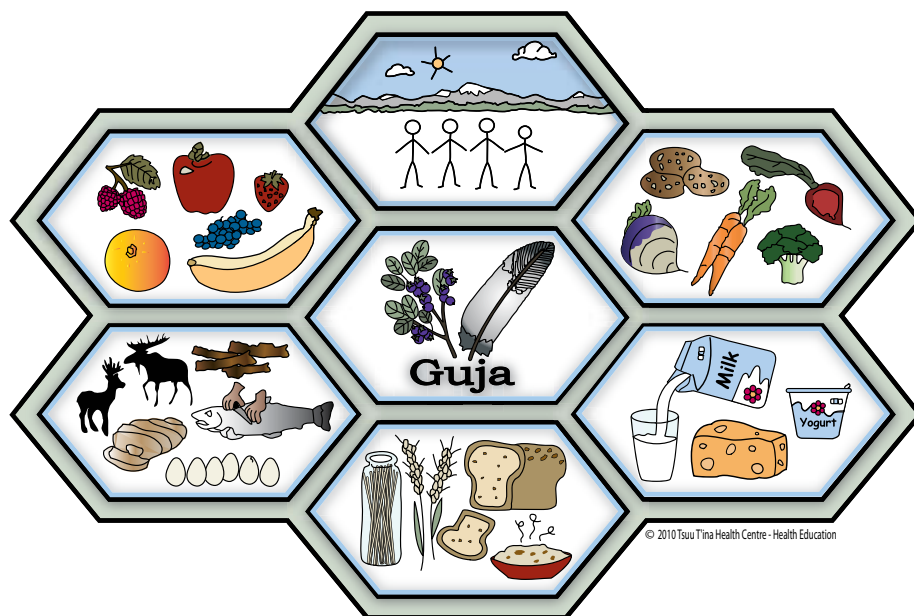
Set up a special place at home where your child will be able to display work that comes home from school. Even before school starts you can decorate this space together.

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“Guja” logo highlights healthy food choices for Tsuu T’ina First Nation

SUBMITTED BY DAWN REDMOND, RN BN, TSUU T’INA FIRST NATION HEALTH AND WELLNESS CENTRE

The Tsuu T’ina First Nation Health and Wellness Centre recently created the *Guja* logo, in consultation with Tsuu T’ina Elders and a graphic artist. *Guja* foods include those that are lower in fat, sugar, and sodium, but higher in fibre, as per guidelines established by the Canadian Heart and Stroke Foundation. The logo helps Tsuu T’ina Nation members identify healthier food choices, quickly and easily. Before the *Guja* logo was introduced into the community, some members found it difficult to identify healthy food choices due to inconsistent food labeling. This was leading to increased childhood and adolescent obesity, as well as incidences of type 2 diabetes in aboriginal youth.



Each vendor was trained in which foods qualify as *Guja*. *Guja* stickers with the logo were applied to packaged or wrapped food items that met the *Guja* criteria. Vendors were also provided a small incentive to purchase healthier food items.

Vendors also offered hot, healthy *Guja* meals on a weekly basis. *Guja* magnets are placed next to healthy food items on cafeteria menus. Nation Members completed a survey to help The Centre identify appealing *Guja* meals. By rotating days and sites, a hot, healthy meal is available daily on the reserve.

Approximately 82.5 per cent of members chose *Guja* meals. The introduction of the *Guja* logo has not only increased the awareness of healthy food amongst Nation Members, but also those who supply the food. Food vendors have increased the amount of *Guja* food they sell in response to the campaign. As a result, by increasing the visibility and availability of healthy food, the *Guja* logo is helping decrease incidences of childhood and adolescent obesity, and the chronic diseases associated with obesity on Tsuu T’ina First Nation.

THE GUJA LOGO

The whole honeycomb is one entity. The honeycomb offers opportunities within opportunities. Here, we have an opportunity to teach people how to make informed decisions about their own health, and in turn, those decisions will impact the health of their families and the whole community



TIPS TO STOP THE SPREAD OF GERMS

Does your child know how to prevent sharing germs and illnesses? Covering a cough (tissue or coughing into the elbow), washing his/her hands with soap and water, drinking lots of water (but not sharing cups or straws etc.), eating fruit and vegetables and staying home when sick are great strategies to teach your child and to practice yourself.



Environmental Public Health Education Series via Telehealth

SUBMITTED BY TONY THEPSOUVANH,
EDUCATION COORDINATOR/ENVIRONMENTAL HEALTH OFFICER,
ENVIRONMENTAL PUBLIC HEALTH SERVICES

Environmental Public Health Services is continually looking for new and innovative ways to engage and inform our First Nations communities. Our goal is to provide our on-reserve partners with timely and relevant environmental public health information which they can use in their day-to-day activities. In the past we have held water training workshops, and most recently our *Health Protection Forum*. Despite being successful in sharing ideas and information, these gatherings were only held on an annual basis.

Our latest effort is the *Environmental Public Health Education Series (EPHS)*. Using Telehealth, we plan to provide regular sessions that will include educational presentations, training opportunities and hosting guest speakers on relevant and emerging environmental public health issues. Telehealth offers many advantages such as reaching remote communities, reducing the cost

and need for travel (especially in inclement weather) and it requires relatively short set-up times. The sessions can also be recorded and posted online for later viewing.

Our first session was held in late June and focused on Hantavirus and bedbugs, both of which have been dealt with recently by our environmental health officers. We could not be happier with our first session as it went off smoothly and was well attended by approximately 20 communities. The group generated excellent questions and discussion. Two additional sessions were scheduled for July and August.

The success of the EPH Education Series relies heavily on the involvement of our public health partners in First Nations communities. Not only are we looking for their participation in attending these educational sessions, we are also continually seeking constructive

feedback. After each session, an evaluation form will be provided for attendees to voice their comments and provide ideas for future sessions.

Our goal is to provide our on-reserve partners with timely and relevant environmental public health information which they can use in their day-to-day activities.

Lastly, we also want to acknowledge our Telehealth program staff (Sibi Abraham, Kari Mayer and Holli-Anne Passmore) who have provided invaluable assistance to our program in promoting our series and getting this initiative off the ground.



Students are presented with ribbons for their participation in the health fair.



Grade 4 and 5 students make healthy smoothies for community members.



The Grade 6 booth demonstrated the different parts of a healthy breakfast.

O'Chiese First Nation Community Health Fair May 2010

SUBMITTED BY SANDRA LIVINGSTON, RN, BSN

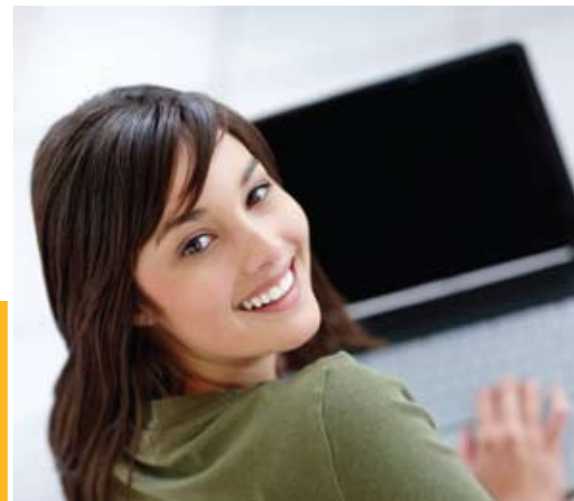
The annual Health Fair was held again this year, with a bit of a twist. This year, students at O'Chiese School took control and chose all topics to be presented. Collaboration between the school and the health centre resulted in an incredible experience for all involved.

Each group of students was invited to submit a proposal, including a budget, on a health-related topic that they were interested in researching. The proposals were individually reviewed and approved. Then, teachers assisted students in the preparation of a display suitable for all age groups. Students were responsible to man their own booths and answer questions.

- > **K5/Grade 1** researched dental health and hand washing. They set up a booth that promoted and demonstrated correct brushing of teeth and washing of hands.
- > **Grades 2/3** created a display about disability awareness. Also, activities at the booth allowed students to experience disabilities related to loss of sight, touch and movement.
- > **Grades 4/5** used the fastest blender to whip up healthy smoothies for the community. Fitness was demonstrated by volunteers from the crowd who entertained everyone with their fitness feats on a Nintendo Wii video game system.
- > **Grade 6** demonstrated what kind of foods make up a healthy breakfast and fed it to the crowd.

- > **Grade 7** presented the "Toxic Hamburger." They researched the long life of a fast food hamburger and how the additives preserve the food for an extended period of time!
- > **Grade 8** presented an "Intoxication Simulation" by letting the community experience changes in personal control similar to those experienced after drinking alcohol or using drugs.
- > **High School** students provided information about sexual health and Sexually Transmitted Infections with an excellent hands-on display using microscopes and pictures.

The results were truly amazing! The information and experiences of the day were useful to all ages. Ribbons were given out at the end of the day to all classes that participated.



The share of NIHB client population under 20 years of age (36.9%) is high compared to the overall Canadian population (23.6%). There is a much higher percentage of seniors (65 and over) in the Canadian population (13.7%) than in the NIHB client population (6.1%). The average age of NIHB clients is 30, which is well below the Canadian average of 39.

Non-Insured Health Benefits (NIHB) and You

The objectives of the NIHB program are to provide benefits to eligible First Nations and Inuit in a manner that 1) is suitable to their unique health needs 2) helps eligible First Nations and Inuit to reach an overall health status on par with other Canadians 3) is cost effective 4) will maintain health, prevent disease and assist in detecting and managing illnesses, injuries, or disabilities.

To become eligible under the Program, an individual must be a resident of Canada and have at least one of the following statuses:

- A registered Indian according to the *Indian Act*; or
- An Inuk recognized by one of the Inuit Land Claim organizations; or
- An infant less than one year of age, whose parent is an eligible client; and
- Currently registered or eligible for registration, under a provincial or territorial health insurance plan; and
- Is not otherwise covered under a separate agreement (e.g., a self-government agreement) with federal, provincial or territorial governments.

Pharmacy expenditures accounted for 40.5% of the Alberta Region's total expenditures, medical transportation costs ranked second at 26.5%, followed by dental at 18.7%. Premiums, vision care and other health care accounted for 7.4%, 3.9% and 2.9% of total expenditures respectively.

Here are some interesting facts on NIHB:

Fact 1)

The NIHB client population has been growing steadily at an average rate of 2.0 per cent over the last ten years. As of March 31, 2009, 815,800 First Nations and Inuit clients were registered in the Status Verification System and were eligible to receive benefits under the NIHB Program.

Fact 2)

The First Nations and Inuit population has a higher growth rate than the Canadian population as a whole. This is primarily because First Nations and Inuit have a higher birth rate compared to the overall Canadian population. In addition, amendments to the *Indian Act*, such as the passage of Bill C-31, have resulted in greater numbers of individuals being able to claim or restore their status as Registered Indians.

Fact 3)

When clients are eligible for benefits under a private health care plan or a public health or social program, claims must be submitted to those plans and programs first before submitting them to the NIHB Program.

Understanding your Benefits...

For more information on Non-Insured Health Benefits, please visit the Health Canada website: www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php



EYE AND VISION CARE BENEFITS

What is covered?

- Eye examinations, when they are not insured by the province/territory;
- Eyeglasses that are prescribed by a vision care provider;
- Eyeglass repairs;
- Eye prosthesis (an artificial eye); and
- Other vision care benefits depending on specific medical needs of recipient.

How do eligible recipients access vision care benefits?

- Recipients must be examined by an optometrist or an ophthalmologist;
- Recipients should then take prescriptions to a recognized vision provider, such as an optician or an optometrist; and
- The recognized provider will call or fax Alberta Regional Office or the responsible First Nations and Inuit Health Authority for prior approval of the benefit.

Who can prescribe vision care benefits?

- The vision care benefit must be prescribed by a licensed vision care professional who has studied a specific program, passed the exams and received a certificate that entitles him/her to work in that field (for example an optometrist or ophthalmologist).

Does Education Pay?

SUBMITTED BY NATHALIE LACHANCE, MANAGER, ABORIGINAL HEALTH TRANSITION FUND, FNIH

As the smell of new books and school supplies quickly fades away and routine sets in, students may start to wonder, “Is education really that important?”

Recently released data shows that it is. Individuals significantly increase their chances of being employed by simply graduating from high school. If they decide to go a few steps further seeking trades, college or university education, prospects continue to improve. With increased employment opportunities also comes increased income.

In order to assess the impact of education, we looked at the relationships between education and employment and between education and income. To assess the relationship between education and employment, we used the employment rate.

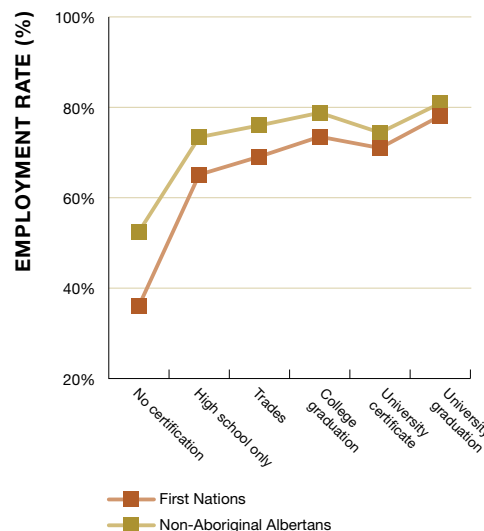
Figure 1 clearly shows:

- The employment rate quickly climbs with education. Its most significant jump happens between those who have not completed high school and those who have. More than twice as many high school graduates are working compared to those who have not graduated.
- The two curves are fairly similar, showing that if education levels are equal, First Nations employment rates are generally the same as for non-Aboriginal Albertans. For example, four out of five First Nations and non-Aboriginal individuals with a university degree are employed.

Figure 1 clearly demonstrates that education is closely related to employment. But, does education pay?

Figure 2 (page 13) shows that indeed it does. The median income quickly rises with education. For First

Figure 1: Employment Rate for 15-64 Years Old Population by Educational Certification and Identity, Alberta (2006)



Nations, it ranges from \$11,064 for individuals who have not graduated high school to \$33,013 for those

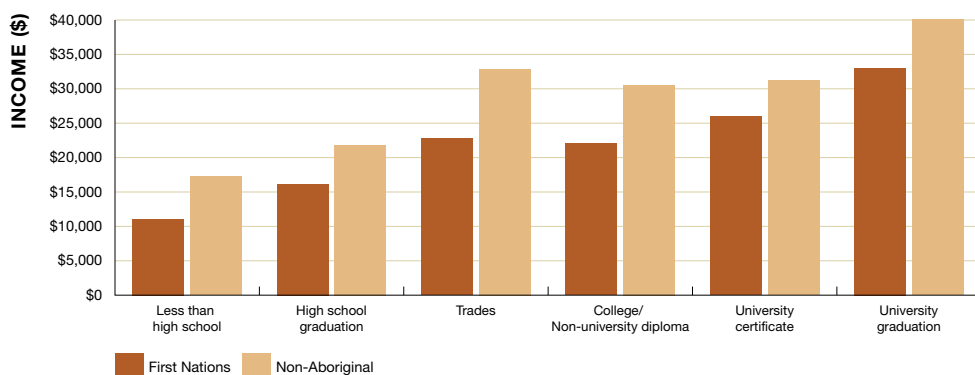


Is Your Child Ready for Preschool/Head Start?

SUBMITTED BY TAMARA ELM, ABORIGINAL HEAD START ON-RESERVE

Most Alberta First Nations have an Aboriginal Head Start on Reserve program. Each program accepts children at different ages, but the majority of the programs accept children between the ages of 2.5 years to 5 years of age. When deciding if a child is ready for Head Start, here are some questions to help determine if your child is ready for preschool.

Figure 2: Median Personal Income by Highest Level of Education Completed for Alberta (2006)



have graduated university. Therefore, university graduates are making as much as three times more money every year than those who have not graduated high school.

For more information on this topic and other social determinants of health, please consult the “Health Determinants for First Nations in

Alberta 2010” which can be obtained by visiting www.onehealth.ca or at www.hcom.ca or by contacting First Nations & Inuit Health, Health Canada – Alberta Region.

*Figure 1 & 2
Source: Custom tables, 2006 Census, Statistics Canada*

EMPLOYMENT RATE

It divides the number of individuals between the ages of 15 and 64 by the total population for that age group.

We know, starting the data tabulation at 15 seems early, as 15 years-old should still be in school, but as we compare the same age group for all, it does provide a valid estimate.

University graduates are making as much as three times more money every year than those who have not graduated high school.

1. Is your child independent?

Can your child take care of some basic needs, like washing hands or eating lunch without assistance? Is your child potty trained?

2. Has the child spent time away from you?

If your child has been cared for by a babysitter or a relative, he/she will be better prepared to separate from you when they begin at Head Start. If your child is not sure about being separated from you, it may be better to allow him/her to be away from their caregiver for short periods of time and gradually move into a full day.

3. Can your child work on projects on his/her own?

Head Start usually involves crafts and reading, which require concentration and the ability to focus on an individual task. If your child enjoys drawing at home or doing puzzles and activities on their own they are a good candidate for Head Start.

4. Is your child ready to participate in group activities?

Most Head Start programs have activities like “circle time” that require all children to participate at the same time. This gives the children

a chance to play and learn together, but it also requires them to sit still, listen to stories and sing songs.

Head Start is an amazing way for young children to make new discoveries and it starts your child on the path of lifelong learning. Playing, meeting new friends, reading stories and all the other activities children participate in at Head Start help to stimulate your child’s brain and keep them active. If you believe your child is ready for Head Start, contact the Head Start Coordinator in your community for more information.

Food Safety Tips - Preventing Foodborne Illness



Mornings are busy and packing lunches takes time. But, why not take an extra few minutes to follow these tips from Canada's food safety experts? After all, they pack lunches, too!

Three quick and easy steps to making safe a lunch

1. Get off to a CLEAN start!

Handwashing is one of the best ways to prevent the spread of foodborne illness. Do you wash your hands for at least 20 seconds with soap and warm water before and after handling food?

Are your countertops and utensils clean and sanitized? Sanitizing kills bacteria and can prevent foodborne illness. Don't forget to clean your lunchbox.

BLEACH SANITIZER

Combine 5 mL (1 tsp) of bleach with 750 mL (3 cups) of water in a labelled spray bottle. After cleaning, spray sanitizer on the surface/utensil and let stand briefly. Rinse with lots of clean water, and air dry (or use clean towels).

Foodsafe tip: Because raw fruits and vegetables can be contaminated with bacteria, viruses and parasites, wash them thoroughly with clean, safe water before you prepare and eat them. Use a brush to scrub produce with firm or rough surfaces, such as oranges, cantaloupes and carrots.

2. Keep cold food cold

Perishable food like meat, chicken, seafood, eggs, mayonnaise, dairy products and all leftovers must stay cold to stay safe. Use frozen freezer packs to keep your food at or below 4°C (40°F).

Use an insulated lunch box. Keep it out of direct sunlight and away from radiators and other heat sources.

Foodsafe tip: Half an egg sandwich left over after lunch? Put it in the fridge right away or throw it out. Freezer packs work in your insulated lunchbox for a few hours but they can't keep food cold for the whole day.

3. Keep hot food hot

To be safe, hot food like soup, chili and stew must stay hot-at or above 60°C (140°F). Use insulated containers and keep the containers closed until lunchtime. Or, if you have a microwave available, take your food cold and reheat it at lunchtime.

Foodsafe tip: Preheat your insulated container by filling it with boiling water and letting it stand for a couple of minutes. Pour out the water and fill the container with your hot food right away.

For more information, please visit www.foodsafety.gc.ca/english/introe.asp

Reference: www.inspection.gc.ca/english/fssa/concen/tipcon/bagboxe.shtml

RECIPE:

APPLE BREAD PUDDING

4-6 servings

Baking time: 1 hour

INGREDIENTS:

- 6 slices of whole wheat bread
- 2 apples
- 4 eggs
- 2 cups skim or 1% milk
- 1 tbsp oil
- 1 tsp cinnamon
- 1/3 cup sugar

VARIATIONS:

Use 2/3 cup skim milk powder and 2 cups of water in place of milk.

Add raisins to the apple layer.

INSTRUCTIONS:

Step 1: Turn oven to 350°C. Grease a two litre baking dish.

Step 2: Cut bread and apples into small pieces. Place half the apples in baking dish. Add bread, apples again and finish with bread.

Step 3: Mix eggs, milk, oil, cinnamon and sugar in a bowl. Pour egg mixture over bread and apples. Bake for one hour or until the pudding is set in the centre. Test with a toothpick; it will come out clean when done. Serve warm or cold.

Instant Chef 2, Grant MacEwan College, 2004.

RECIPE:

VEGGIE AND FRUIT KABOBS



INGREDIENTS:

Choose a mixture of fruit, vegetables and cheese such as:

- apples
- orange sections
- grapes
- melon
- pear
- peaches
- bananas
- cherry or grape tomatoes
- broccoli
- cauliflower
- bell peppers
- carrots
- zucchini / cucumber
- cheese cubes

INSTRUCTIONS:

Cut the vegetables and fruit into bite-sized chunks. Thread the pieces onto skewers or toothpicks to make kabobs. Kids love to help with this!! The kabobs can then be enjoyed with a bit of dip such as low-fat ranch dressing or yogurt.

Adapted from: "Healthy Eating Can be Fun"; Interactive Nutrition Activities for Health Educators Working with Aboriginal Children and Youth, Health Canada, FNIH, Alberta Region, 2010

Healthy Lunch Checklist

Give yourself one checkmark for each of the elements that were included in your lunch:

- ☐ Check this box just for packing a lunch

Give yourself a check mark for each of the four food groups that are in your lunch:

- ☐ Vegetables and Fruits
☐ Grains Products
☐ Milk and Alternatives
☐ Meat and Alternatives

If you answer yes to the following questions, give yourself a checkmark:

- ☐ Is there a dark green or orange vegetable choice such as broccoli, bell pepper, spinach, romaine lettuce or carrot?
☐ Is there a whole grain choice?
☐ Is there milk or a lower fat milk alternative?
☐ Is there a lower fat meat, or meat alternative such as eggs or legumes?

Add another checkmark if:

- ☐ The beverage option is plain water, milk or 100 per cent fruit or vegetable juice or milk.
☐ The serving sizes are reasonable.
☐ Foods higher in calorie, fat, sugar or salt (the ones that are not part of the four food groups) are absent or represent only a small portion of the whole lunch.
☐ The cold food is kept cold and the hot food is kept hot until lunch time.
☐ There is a little something special to make the lunch more enjoyable.

Total: out of 14

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theme of the month

Influenza Immunization Awareness Month
International Walk to School Month
SIDS Awareness Month
(Sudden Infant Death Syndrome)

event theme

OCTOBER

Oct. 1, 2010 — International Day for Older Persons
Oct. 4-10, 2010 — World Breastfeeding Week
Oct. 10, 2010 — World Food Day
Oct. 17-23, 2010 — National School Safety Week

NOVEMBER

Diabetes Month
Osteoporosis Month

Nov. 6-12, 2010 — National Seniors Safety Week
Nov. 14, 2010 — World Diabetes Day
Nov. 16, 2010 — Day for Tolerance
Nov. 16, 2010 — National Addiction Awareness Week
Nov. 20, 2010 — National/Universal Children's Day

DECEMBER

Dec. 1, 2010 — World AIDS Day
Dec. 3, 2010 — International Day of Disabled Persons
Dec. 6, 2010 — Elimination of Violence against Women Day
Dec. 10, 2010 — Human Rights Day

For more information on these days, weeks and months, please visit www.hc-sc.gc.ca/ahc-asc/calend/index-eng.php

What parents need to know about over-the-counter cold medication

SUBMITTED BY SUHAS THALESVAR, REGIONAL PHARMACIST, FNIH

One of the most common questions I hear in the pharmacy from parents around back to school time is how to treat their child's cold.

As a parent of three small children, I understand that there is a perceived need to do something to comfort your little one who may be feeling the effects of a runny nose or cough. Often this strategy involves wanting to medicate them to ease their symptoms. However, it is important to know that the practice of using cold medications in young children has changed.

In 2008, Health Canada reviewed over-the-counter cold medications and concluded that, although we have used these medications for many years in children and infants, the evidence to support their effectiveness is very limited. In addition to this, there is a history of rare serious side effects to the

medications, especially when used incorrectly. Thus, in the fall of 2009 Health Canada required that all manufacturers re-label their over-the-counter cough and cold products to indicate that they should not be used in children under the six years of age.

Keeping this in mind, it is more important than ever to consult with your pharmacist before self-selecting anything for a cold to treat your child. They will likely screen to determine if the issue is a cold, flu or environmental allergies (or if a clinic visit is warranted). If a medication is recommended, then care should be taken to use a calibrated dropper to avoid serious side effects caused by improper dosing.

Mostly, I now recommend treating colds in young children with "Grandma's Remedies." These



include drinking lots of fluids, saline nose drops, humidifiers, etc. Single entity acetaminophen or ibuprofen can be given for mild fever to help them stay comfortable.

More information about these medications as well as tips to help you decide when to head to the clinic can be found on the Health Canada website: www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2008/2008_184-eng.php

CONTACT INFORMATION | FNIH

First Nations and Inuit Health Alberta | General Inquiries
780-495-2703

Non-Insured Health Benefits
Toll-free
1-800-232-7301

For all other inquiries, please contact **Health Canada – Alberta Region** general inquiry line at 780-495-6815