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FIRST NATIONS & INUIT HEALTH - ALBERTA ISSUE 3 - FALL 2011

FNIH newsletter

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

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Building Better Communities with you!

In our third edition of the FNIH newsletter, we would like to recognize all the work that is being done to build better First Nations communities. Many of you have been working to protect and improve the health of your fellow community members. These initiatives can range from raising awareness on diabetes with local diabetes walks, planting a community garden to promote healthier eating, or holding exercise classes for new moms and babies.

The theme, *Building Better Communities*, is about paying tribute to all those who are committed to making a difference in their communities. At Health Canada we know that without this dedication, our jobs would be much more difficult. This issue will highlight the various community initiatives, with the same mix of regular topics and nutritional information our readers have come to recognize.

Here's to you and your communities!



A Note from Herman Wierenga

REGIONAL DIRECTOR, FIRST NATIONS
AND INUIT HEALTH - ALBERTA

We're back with our third edition of the FNIH newsletter and we're very excited to highlight the work being done in First Nations communities across Alberta.

We are extremely proud of the strides we've made with your help! FNIH-Alberta offers a wide variety of programs and services, but we could not deliver these without the passion and dedication of community members.

Take some time to read about the activities in your communities. Also, it's never too late to get involved – why not share your skills and talents with your community. Contact your local health centre or our Regional Office at 780-495-2703 for more information.



Thank you for helping Health Canada protect and improve the health of your communities.

*You can
make a difference!*

SHARE YOUR STORIES WITH US!

We really want to hear from you... We're always on the lookout for stories about programs and activities taking place in your community. So, why not take this opportunity to show off a little bit? Tell other First Nations communities what you have been up to. Let's learn from each other.

Send in your submission for the next issue today! Please send any ideas or story submissions to Health Canada - Alberta Region Communications at **Alberta.Communications@hc-sc.gc.ca** or call 780-495-6815.

Mini PIZZAS

Pizza doesn't have to be an unhealthy choice. Make your own with lots of veggies and go light on the cheese.

Enjoy as a snack, or with salad and a piece of fruit for a fast and tasty meal.

Time to prepare: 10 minutes

Time to cook: 5 minutes

INGREDIENTS:

- 1 whole wheat English muffin (or bannock or pita pocket)
- 4 tbsp low sodium tomato sauce
- 1/2 cup chopped vegetables (such as tomatoes, peppers, mushrooms or onions)
- 1/4 cup cooked meat (optional)
- 1/4 cup shredded cheese

INSTRUCTIONS:

Assemble pizzas by spreading the English muffin with tomato sauce and layering with vegetables and meat and top with cheese. Bake in oven at 350° F until the cheese has melted (about 5 minutes) or use a microwave.

Nutrition Tip:

If you are feeling adventurous, try unusual toppings like broccoli and asparagus with feta cheese, or corn and black beans with a little salsa.

Nutritional Information (per mini pizza):

Energy: 294 Calories
Fat: 7g
Protein: 23 g
Carbohydrate: 37 g
Fibre: 6 g
Sodium: 515 mg

Source: Healthy Eating Can Be Fun! Interactive Nutrition Activities for Health Educators Working with Aboriginal Children and Youth (First Nations Inuit Health, Health Canada - Alberta Region)



MOH CORNER: Focus on Communicable Diseases

COMMUNICABLE DISEASES ARE STILL IMPACTING OUR COMMUNITIES, AND EVERY YEAR WE ARE CHALLENGED TO CONTROL THE SPREAD OF MANY PREVENTABLE ILLNESSES.

SHIGELLOSIS

Over the last 12 months, community-based and regional public health staff have been carrying out an effort to control Shigellosis - an illness caused by bacteria - in several First Nations communities across Alberta. Shigella bacteria are **spread very easily** by infected individuals who have the germs on their hands. A person can be infected by eating, smoking, or touching his/her mouth as this bacteria must be swallowed to cause illness. **This infection also spreads very easily from person-to-person** because it only takes a very small number of Shigella bacteria to make a person sick. Since October 2010, nine communities have had at least one confirmed case. However, three First Nations had community-wide outbreaks, with over 300 community members with confirmed or probable disease. One of the three large outbreaks has been brought under control while the other two have seen a decline in the spread of the illness. The people who have had the disease have been identified in various settings in the communities, including households, schools, day care centres, and health care facilities. Disease transmission within and between communities is happening during large community gatherings and through travel. The infection has impacted many age groups, but the largest numbers affected were and still are preschool and elementary school children.

Most people infected with Shigella develop mild to severe diarrhea, fever and stomach cramps. Diarrhea may contain blood or mucous. In some people, especially young children and the elderly, the illness is severe and may require hospitalisation. On average, the illness lasts seven days but it can last for up to a month or as short as one or two days. **Some people infected with Shigella don't have any symptoms but can still spread the bacteria to others if they are not careful.**

WHAT CAN INDIVIDUALS, AGENCIES AND COMMUNITIES DO?

1. Health Canada and the community-based staff have responded in partnership, working together with community leadership, community-based clinicians, and the public health officials in Alberta Health Services Zones to coordinate activities such as the outbreak investigation, client management, community awareness and public education, and disease prevention and control.
2. Members of households who are or become ill with symptoms identified above, should contact their Health Centre; they may require antibiotic medication to treat Shigellosis. Caregivers should not send children to school or daycare if they have diarrhea or vomiting. Individuals affected by this disease should stay home from work or school until at least



WASH YOUR HANDS!!

Proper hand washing with soap and running warm water, especially before preparing food, before eating, and after using the toilet or changing diapers, is the **most important** way to prevent illness and stop the spread of Shigella bacteria.

If you work in an occupation such as food service, childcare, elder care, health care, you may infect those at high risk of severe illness. Your Health Centre Staff will advise when return to work is appropriate.



CONTINUED ON NEXT PAGE

48 hours after diarrhea has stopped. If you are sick, do not prepare food for others.

3. All community agencies (e.g. schools, day care facilities) should notify the community health centre staff as soon as possible of any occurrence of diarrheal illness in their facility to help treat those affected and control the spread of the disease early on. Community-based staff should also remain in contact with various agencies for early identification and intervention of diarrheal illnesses in their facilities.

PERTUSSIS: A reminder on the importance of vaccination

Low rates of immunization coverage against vaccine preventable diseases such as whooping cough (pertussis) result in low levels of protection among community members in various age groups. Though pertussis can make individuals of any age ill,

it is most severe among infants, especially in their first year of life. Newborns are particularly at risk in the first month of their life as exposure to a pertussis-infected coughing older sibling or caregiver who transmits the germs to them may have severe consequences including pneumonia, brain inflammation, seizures or even death during this period when they are unprotected or lacking adequate immunity. Community leaders, parents and caregivers are urged to ensure the protection of their infants and children from these vaccine-preventable diseases. Regional Health Canada communicable disease control staff are working together with community-based nurses and CHRs to enhance community education on these vaccine-preventable diseases and improve the uptake of the available immunization to protect all members of the communities from such severe disease outcomes.



Whole Wheat **SASKATOON MUFFINS**

A tasty treat that nourishes both body and spirit. Saskatoon berries are a traditional food that connects us to our ancestors. Freeze or can them in the summer to enjoy them year round.



INGREDIENTS:

- 2 cups whole wheat flour
- 3 tsp baking powder
- 1/2 tsp salt
- 1/2 tsp cinnamon
- 1.5 cups Saskatoon berries
- 1/2 cup brown sugar
- 1/4 cup vegetable oil
- 3/4 cup milk
- 2 eggs, beaten
- 1/2 tsp vanilla

INSTRUCTIONS:

Preheat oven to 425°F. In a bowl, mix flour, baking powder, salt and cinnamon. Stir in berries. In a separate bowl, combine brown sugar, eggs, oil milk and vanilla and stir until sugar is dissolved. Add to dry ingredients and stir only until well moistened. Fill 12 greased

or paper lined muffin tins. Bake at 425°F for 15 minutes or until evenly browned.

Yields: 12 muffins

Cooking Tip:

If you don't have saskatoon berries on hand, try blueberries, raspberries, cranberries, chokecherries or huckleberries instead.

Nutritional Information (for 1 muffin):

Energy: 90 Calories
Total Fat: 6 g
Saturated Fat: 0.5 g
Protein: 4 g
Carbohydrate: 27 g
Fiber: 3 g
Sodium: 240 mg

Source: Healthy U website (<http://healthyalberta.com/HealthyEating/690.htm>)

Recipe courtesy of Alberta Fruit Growers

BBP/STI Prevention Program Coordinator Karen Saganiuk Honoured with Traditional Naming Ceremony

Karen Saganiuk has a new name and a great honour, courtesy of the Blood Tribe of Southern Alberta.

Karen was named "Holy Feather Woman" by Blood Tribe Elder Charlie Fox in a traditional naming ceremony on July 28, 2011 at the 8th Annual Youth Gathering HOPE in Sturgeon Lake, Alberta – a weeklong event celebrating youth. More than 250 youth and elders were in attendance. Ruth Scalp Lock, an Elder from Siksika Nation and Marilyn Willier, Director of 3 Eagle Wellness Society from Sucker Creek were also present to be a part of Karen's ceremony.

Charlie Fox, who performed the ceremony, explained Karen's new traditional name of NAH-TOI-IHK-KIM-MAH-NAH-KII (Holy Feather Woman): "When I was asked to give her a name, I was honoured to

be able to conduct that ceremony. We use our history as a guideline, what's been passed on from our elders. Looking at names, we look at things that represent that person, based on our values and beliefs."

"The feather is magnificent, representing the golden eagle. We use that for our traditional dress and headdress. It is hard to come by and of high value. People that wear them are like warriors, standing for all the good values, including helping people," said Charlie. "The feather alone is very fragile, easy to crumble, but beautiful. We see the work that she does with young people. It is fragile, but also beautiful and strong. So, we thought that was very appropriate."

The ceremony is not only an honour, but it also signifies the named person's ongoing responsibility



L-R) Karen Saganiuk, Charlie Fox and Ruth Scalp Lock pose together at the 8th Annual Youth Gathering HOPE in Sturgeon Lake

to the community. During the ceremony, Charlie addressed everyone in attendance, "I present to you, this Holy Feather Woman. Ask favours from her to assist you in your journey in life." So, it is the responsibility of that individual to keep contributing.

"Our culture, our way of life, is described as holistic. We still try to utilize the strong values and beliefs of our past. We're a very resilient people and nation," said Charlie. "Karen's been very consistent and helpful. She represents all that is good, being a holistic person. She's never let us down in helping the children and she gets the message out in a very friendly way, to live a healthy, quality life."

RIDING THE DISTANCE FOR A CAUSE

Janice Yellowknee, a chronic care nurse in charge of the Aboriginal Diabetes Initiative Program for Bigstone Health Commission is responsible for initiating one of the Heart and Stroke Foundation's (HSF) most successful Big Bike fundraisers to date in the Grande Prairie area.

However, weeks prior to the Big Bike ride, the town of Slave Lake, only 100 kilometres away from Wabasca, experienced a horrible tragedy – the entire town was evacuated due to an out of control wildfire. Residents of Wabasca also faced the possibility of

evacuation, which among many things, meant a possibility of cancelling the Big Bike ride. There was growing concern from the Big Bike team, Hearts In Action, that their fundraising goal of \$10,000 would not be met.

But on June 20, 2011 the Big Bike arrived at the Wabasca Community Hall and the Hearts in Action Team and community were there to meet it. In ceremonial style, the 29 riders were led by the RCMP, as they pedaled the Big Bike through the town. Laughter and cheers drowned out the sound of the pouring rain. In the end, \$7,158



was raised with an additional donation of \$4,693 from Bigstone Health Commission for a total of \$11,851!

Source: Heart and Stroke Foundation of Alberta, NWT and Nunavut, http://www.heartandstroke.ab.ca/site/c.lqIRLIPJtH/b.7678077/k.8FC6/Wabasca_Big_Bike.htm



The Paul Band First Nation Young Chefs Team (L-R Sandra Gillis, Gina Wildcat, Doreen Bearhead, Lacey Bearhead)



Haylee (L) helps Mercedes (R) prepare nachos



The Paul Band young chefs prepare one of their favourite dishes, cupcakes! (L-R Taelyn, Haylee, Tianna, Teerah, Danielle)



Taelyn (L) and Haylee (R) are ready to dig into the delicious results of all their hard work

Young Chefs Cooking Camp - Paul Band

For four weeks, the young chefs of Paul Band have been cooking up a storm and learning a lot along the way.

The program builds confidence in children, in a fun, practical and approachable way. Using simple recipes, with ingredients they would likely have at home already (e.g. hamburger), they work together to create tasty meals. Though the program is traditionally only open to ages 8-10 and 11-13, this time around they decided to open it up to all ages. During the classes, children of all ages cooperate and work with the volunteers to make a meal. Though simple, the recipes are never dull. In the past they have even altered recipes in order to make meals with traditional bannock in a new way, like pizza, hot dog buns, and even cinnamon rolls.

Lacey Bearhead first volunteered because she liked that her two-year-old son could come along and take part. Soon, she was coming all the time and bringing along the rest of her six children (aged 1-13) because she saw how beneficial it was for them.

So, what do the kids have to say about all this? Well, I asked them:

“What’s the best part of the Young Chefs Camp?”

“The food!” three of the children shouted out at the same time, smiling and laughing. “Cooking!” a few others chimed in, just as enthusiastically.

“And what have been your favourite foods out of all that you’ve made?”

“Nachos, pizza, potatoes and cupcakes!”



For the children, it’s simple. They just really enjoy making (and eating) the food, being together, and showing their parents what they can do.

“The parents are proud of them,” said Sandra Gillis of Alberta Health Services - Addictions and Mental Health, who runs the program at Paul Band and several other communities, “the kids get to take some of the food home and show it off.”

Lacey added, “I like it because the kids get to cook, which they don’t usually get to do at home. They get familiar with the different parts of cooking.” In the camp, the children learn about cooking, measuring, substituting ingredients (problem solving) and more.

“It really builds the children’s self-esteem, making them better prepared to meet the challenges ahead as they grow up,” said Sandra. “It also teaches them the importance of working together, and the many wonderful, positive benefits of healthy relationships.”

The Young Chefs Camp at Paul Band is a partnership between Alberta Child and Youth Services, Alberta Health Services - Addictions and Health and Paul Band First Nation. Some funding is provided by Marie Bird, Health Director of Paul Band Health Centre (FNIH). Aboriginal Parent Link and McMan Child Youth, Family and Community Services Association are also involved with the partnership.



“WALK FOR LIFE” – COMMUNITY DIABETES AWARENESS WELLNESS WALK

SUBMITTED BY JOYCE BALL, RN, COMMUNITY OUTREACH WELLNESS COORDINATOR

Despite inclement weather conditions, the community came out on June 7th to show their support. It was encouraging to have young community members participate in helping increase awareness of diabetes and preventing this chronic

condition. It is our hope and vision to see the next generation living diabetes-free.

We believe that **every step** counts in moving the community forward to wellness.

The CHOICES Program

SUBMITTED BY JULIA MacLAREN – DIETITIAN, ABORIGINAL DIABETES INITIATIVE

CHANGING HEALTH OUTCOMES THROUGH INDIVIDUAL COUNSELLING AND EDUCATION SUPPORTS

Self-management and healthy lifestyle are pillars of preventing and managing chronic conditions. But, First Nations clients in Alberta can have limited access to clinical support for changing health behaviours.

Health Canada’s First Nations and Inuit Health (FNIH) dietitians are launching a new videoconference program focused on nutrition counselling and education to help clients make lasting changes. Through one-on-one counselling and group education classes, the program will support clients living with diabetes, obesity and related chronic health conditions. Clients who are seeking more support for self-management and behaviour change may benefit from this refreshing approach.

The counselling service offers referral-based nutrition therapy and helps clients create action plans to improve their health. The client and dietitian meet over videoconference to set priorities and goals around the challenges of living well with a chronic condition. The dietitian develops a care plan with the client and their referring health worker. As the service focuses on offering clients specialty care and follow-up in their community, clients have access to quality care close to home.

The group education classes use evidence-based resources to build knowledge, skills and abilities for living well with a chronic condition. Through visual and interactive learning, clients discover strategies for problem-solving and decision-making to increase self-care. The group education format lets clients share

unique experiences with peers and creates a comfortable space where thoughts and feelings about living with a chronic condition are accepted. Clients learn from each other and are more likely to adopt and maintain healthy changes long-term.

Craving Change, Diabetes Conversation Maps and a FNIH weight management series are some of the sessions that will be offered. This clinical series is designed for clients to attend one or all classes. Clients will be referred to a specific class, and have the freedom to attend the classes in the order that meets their needs.

The program will be launched in January 2012 to all First Nations communities in Alberta! Stay tuned or contact Nicole Leclair (nicole.leclair@hc-sc.gc.ca, 780-495-3001) for more information.



Measuring and Improving Community Well-Being

SUBMITTED BY NATHALIE LACHANCE, MANAGER, ABORIGINAL HEALTH TRANSITION FUND

For most of us, well-being refers to a general state of happiness, ease and confidence, but can it actually be measured?

For many international organizations like the United Nations, which has developed its Human Development Index, the well-being of populations is assessed through reviewing and comparing countries in terms of education, income, labour force activity and housing data. It does so, by asking questions such as:

- **Education:** What is the high school graduation rate for both genders?
- **Income:** What is the income of individuals in a given country and how does it compare to those of another country?
- **Labour force activity:** What is the percentage of the adult population working?

- **Housing:** Are the houses crowded? Do they need major repairs?

In most of these studies, Canada does well, regularly being ranked in the top five, and quite often in the top three, if not the leading position.

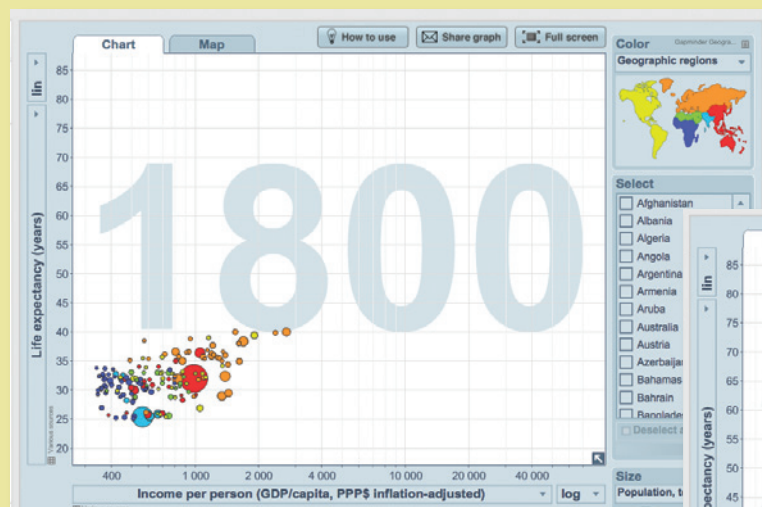
In a 2010 BBC broadcast, an international team of researchers examined the relationship between income and life expectancy in over 200 countries around the world over the last 200 years. This four-minute, animated clip uses leading edge technology to demonstrate that significant progress has been made.

Graph 1 shows how in the 1800s, most countries had low income and very few had a life expectancy reaching 40. Graph 2 uses the most recent data available to show that, by 2009, income and life expectancy had increased tremendously in most countries.

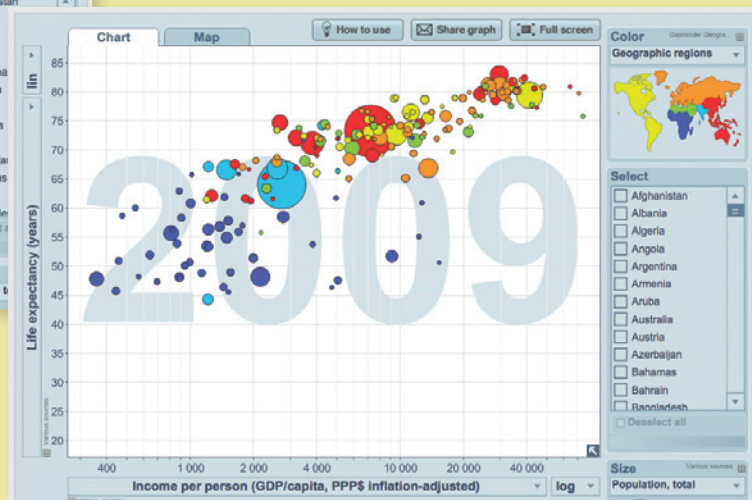
Visit www.gapminder.org/world to view the clip and for more information.

The study went on to examine the results within countries and highlight that while some countries have made important gains, those are not necessarily shared equally within any given country. Canada is no exception. While the country routinely scores well on these indicators, results vary significantly across provinces and territories, cities, especially inner cities, and First Nations communities. Aboriginal Affairs and Northern Development Canada (AANDC) has reviewed Census data from the last 25 years and sought to identify trends in community well-being across Canada.

Graph 3 shows the overall Community Well-Being Index (CWBI) in Alberta for both First Nations communities and other, non-First Nations, communities. The graph highlights a significant gap over the entire 25-year period. It also shows that First Nations communities have remained remarkably stable throughout the



Graph 1: Life expectancy and income around the world, 1800



Graph 2: Life expectancy and income around the world, 2009

entire timeframe and that stability has resulted in a widening of the gap as other communities have succeeded in improving their CWBI score. Although, not all CWBI scores for First Nations communities have remained stable; a number of communities have seen increases in their CWBI, including Alexander, Fort McKay and Siksika. Some First Nations communities have actually seen their CWBI score decrease.

Graphs 4 and 5 take a closer look at each of the four components of the Community Well-Being Index (CWBI):

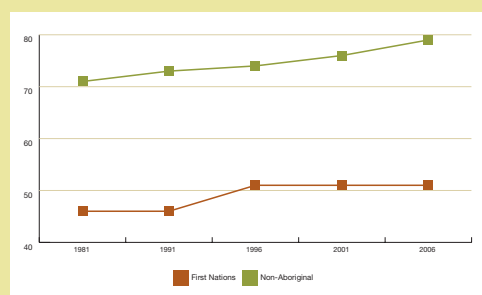
- **Income:** Gains have been made for both First Nations and non-First Nations communities in Alberta, but the gap has been increasing slightly.
- **Education:** The non-First Nations communities in Alberta have shown fairly constant growth

over the last 25 years; this is not the case for First Nations communities. In fact, the education component of the CWBI has remained virtually identical since the 1996 Census.

- **Housing:** Housing data has barely fluctuated in the last 25 years, non-First Nations communities have maintained their score of 93, while First Nations communities had a small decline in their score between the 1981 and the 1991 censuses and have remained stable ever since.
- **Labour Force Activity:** Small gains have been made by non-First Nations communities; it may partly reflect the increasing number of women in the workforce. Data for First Nations communities have fluctuated slightly returning to the same score of 68 in 1981, 1996 and 2006.

There is no doubt that a number of factors play a role in building a healthy community. Are these four indicators the best indicators to actually measure it? Maybe not, but they do allow for comparisons between populations, regions and countries. The factors are clearly inter-connected, the links between education, employment, income and housing are strong, and so is their overall relationship to health, well-being and life expectancy.

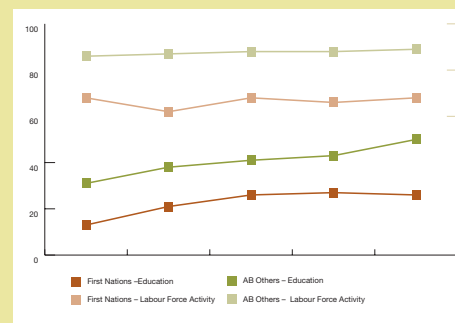
The fact remains that education is a key factor and that other studies have demonstrated that the threshold for increasing labour force activity and income is high school graduation. So, if there is one thing you would like to do in response to this article, it may be to encourage your children, grandchildren, nephews, nieces and friends to graduate high school!



Graph 3: Community Well-Being Index First Nations Communities in Alberta (1981-2006)



Graph 4: Community Well-Being Index Scores - Income and Housing, First Nations Communities in Alberta (1981-2006)



Graph 5: Community Well-Being Index Scores - Education and Labour Force Activity, First Nations Communities in Alberta (1981-2006)



Be Active Outdoors This Winter

SUBMITTED BY ALISON AMERO, REGIONAL PHYSICAL ACTIVITY COORDINATOR, FIRST NATIONS AND INUIT HEALTH BRANCH

YES, you can be active in the outdoors during the cold Alberta winter! How? Layer your clothing.

Keeping dry is the most important aspect for enjoying the outdoors this winter and layering your clothing will help keep you dry.

Layering your clothing means you're wearing three layers of clothes including a base layer (underwear layer), a middle layer (clothing) and a shell (jacket layer).

BASE layer or Moisture Management

This is your next-to-skin layer or "long underwear." Materials such as wool and synthetics are the best to have as they help to "wick" the moisture from your body. Wool and synthetic materials come in different weights. Light, medium and heavy - the choice depends on your activity level and the temperature.

MIDDLE layer or Insulation

The insulating layer helps to trap the air close to your body. Polyester fleece vests, jacket and tights are classic example of insulation and are ideal for outdoor activities. This type of clothing not only traps the air close to your body but is also made with moisture wicking fibres to help keep you dry.

Wool and goose down are excellent insulators. Wool sweaters and shirts offer soft, reliable warmth and keep you insulated even when wet.

Fleece provides warmth for a variety of conditions. It is lightweight, breathable and insulates even when wet. Fleece garments are available in three weights for different uses:

- Lightweight – running type of activity or mild climate

- Midweight – moderate activity – climate
- Expedition weight – low activity – cold climate

SHELL layer or weather protection

The shell or outer layers protects you from wind, rain or snow. Shells are designed to block precipitation and hold in your body heat while allowing water vapour to escape. Most are treated with a durable water repellent (DWR) finish to make water bead up and roll off.

An outer shell is an important piece in bad weather, because if wind and water are allowed to penetrate to your inner layers, you begin to cool off. Furthermore, without proper ventilation, perspiration can't evaporate but instead condenses on the inside of your shell.

Fit is another consideration. Your shell layer would be roomy enough to fit easily over layers and not restrict your movement. Shells can be grouped into the following categories:

Waterproof/ breathable shells: These are the most functional choices. They'll keep you comfortable in any weather and are especially suited to wet, cold climates and alpine activities

Water-resistant/breathable shells: These are best for mild weather, light rain and high activity levels.

Once you try dressing in the base, middle and shell layers you will realize a whole new WARM winter.

Finally, don't forget your hat and mitts! Have fun outdoors and enjoy winter activities including snowshoeing, skiing, walking your dog, skating, ice fishing, tobogganing, making snow people or whatever else you like to do.

Source: www.rei.com

Are you prepared for a dental emergency?

Thousands of dental emergencies – from injuries to a painful, abscessed tooth – take place every day.

Would you know what to do if your child broke a tooth or had a tooth knocked out while playing outdoors? What if you had a bad toothache in the middle of the night and couldn't get to the dentist until the next day? Knowing what to do can lessen the pain and save a tooth that might otherwise be lost.

Keep your dental office phone number and an emergency number where the dentist can be reached after hours with other emergency numbers, such as your family doctor, and fire and police departments. Some families post these numbers on the refrigerator or inside a kitchen cabinet door near the phone. Call the dentist immediately for instructions on how to handle a dental emergency.

TOOTHACHE

Rinse the mouth with warm water to clean it out. Gently use dental floss or an interdental cleaner to remove any food or other debris that may be caught between the teeth. Never put aspirin or any other painkiller

against the gums near the aching tooth. This could burn gum tissue. If the toothache persists, try to see the dentist. Don't rely on painkillers. They may temporarily relieve pain but your dentist should evaluate the condition.

KNOCKED-OUT (AVULSED TOOTH)

Try to find the tooth! This may not be as easy as you think if the injury took place on a playground, basketball court or while skateboarding, so try to stay calm. Hold the tooth by the crown and rinse the root in the water if the tooth is dirty. Don't scrub it or remove any attached tissue fragments. If it's possible, gently insert and hold the tooth in its socket while you head to the dentist. If that's not possible, put the tooth in a cup of milk and bring it to the dentist. Time is critical for successful reimplantation, so try to get to your dentist immediately.

BROKEN TOOTH

Rinse your mouth with warm water to clean the area. Use cold compresses on the outside of the cheek to help reduce the swelling.



TONGUE OR LIP BITES OR WOUNDS

Clean the area gently with a clean cloth and apply cold compresses to reduce any swelling. If the bleeding can't be controlled, go to a hospital emergency room or clinic. You may be able to reduce bleeding from the tongue by pulling it forward and using gauze to put pressure on the wound.

OBJECTS CAUGHT BETWEEN TEETH

Try to gently remove the object with dental floss. Never use a sharp instrument to remove any object that is stuck between your teeth. If you can't dislodge the object with floss, contact your dentist.

POSSIBLE BROKEN JAW

Apply cold compresses to control swelling. Get to the hospital emergency room immediately.

Source: The American Dental Association. Sample Articles.
www.ada.org



BIGSTONE HEALTH COMMISSION SEEING DOUBLE

SUBMITTED BY LEONA CARDINAL, CPNP LEAD

Bigstone Health Commission has had a very busy year with their Canada Prenatal Nutrition Program (CPNP). This program has been extremely successful in the community with three sets of twins being a part of the group. This year's classes were held every week, instead of every

other week, providing new moms added support and camaraderie. As part of the classes, the new moms made baby blankets, moss bags and baby moccasins. The CPNP team in Bigstone is looking forward to another successful year.

HEALTH CANADA PRESENTS: ALBERTA FIRST NATIONS AND INUIT HEALTH COMMUNITY-BASED WORKER AWARD OF EXCELLENCE

SUBMITTED BY DARCY JAGODZINSKY, AHHRI REGIONAL COORDINATOR

First Nations and Inuit Health- Alberta Region is proud to announce the first recipients of the prestigious *Alberta First Nations and Inuit Health Community-Based Worker Award of Excellence*.

These recipients are community-based workers, who are impacting their communities in areas of programming and service. These workers are making a difference and have been awarded this honour based on the following categories:

1. Contribution to the Improvement of Health
2. Program Management Excellence
3. Leadership

4. Innovation and Creativity
5. Exceptional Contribution
6. Culture

Here are the award recipients, the respective communities that they serve and the type of award they have received.

Lisa Monias

Heart Lake First Nation

Medical Transportation

Contribution to the Improvement of Health

Pearl Long Time Squirrel

Blood Tribe

Family Violence Prevention

Contribution to the Improvement of Health



Kimberly Hallock

Kapown

Treatment Centre

Innovation and Creativity

Congratulations to all the award winners!

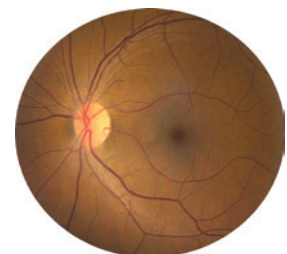
New eye program to help individuals living with the complications of diabetes

Health Canada will launch a new eye program for clients with diabetes (over the coming months) called the **Alberta First Nations Diabetes Eye Program**. This Program will focus on preventing vision loss from diabetes in many northern communities. It will provide standard of care eye assessments for people with diabetes while testing hemoglobin A1C levels.

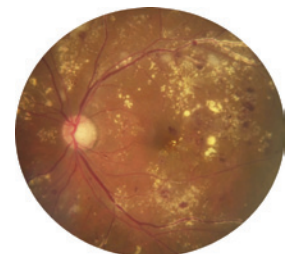
Diabetes is a leading cause of preventable vision loss in Alberta, particularly amongst the First Nations population. **The Canadian Diabetes Association and the Canadian Ophthalmological Society recommends that all people**

with Type 2 diabetes have an eye examination once (1) a year.

Early detection of eye disease can prevent vision loss. Photographs of the eye are captured through a dilated pupil. Dilation is very important to allow a full examination of the back of the eye. The images are sent to the Department of Ophthalmology, University of Alberta to be reviewed by an ophthalmologist specializing in the management of diabetic retinopathy. Once the eyes are assessed, a report is sent back to all clients with recommendations for follow-up and/or treatment. Most clients can be followed this way on a



NORMAL RETINA



DIABETIC RETINOPATHY

yearly basis. All referral appointments are arranged directly with the client and the eye specialists. For more information, please speak to your local eyecare specialist.

“Guja” Going Strong

SUBMITTED BY DAWN REDMOND AND KELSEY BIG PLUME

Greetings from the Tsuu T’ina Nation Health and Wellness Centre! We continue to promote the “GUJA” food labelling program within the community and we are proud to say that momentum is building. The “GUJA” program enables individuals to identify and implement healthy food choices that are lower in fat, sugar and salt, and higher in fibre.

The “GUJA” program has expanded from using stickers and magnets with our logo, which helps identify healthy food choices in established food vendors, to partnering with numerous community events to ensure healthy choices are available as often as possible.

By partnering with community events, we are able to model healthy food choices and provide an opportunity for people to try new foods. The response has been very positive, with each event resulting in a request to partner at other events. For example, the annual Diabetes Walk, hosted by the Health Centre, served a healthy bbq lunch. Nation members in attendance, then asked us to coordinate food for the annual Treaty Day celebrations. We worked with

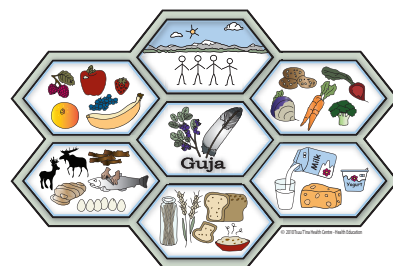
caterers to develop a healthy lunch menu, which included fruit for dessert.

Water and 100% fruit juice were the only beverages served.

Approximately 750 people turned out for the Treaty Day celebrations. With each successive event, the behaviour of healthy eating is further ingrained.

In August, we partnered with the Tsuu T’ina Recreation Department to provide healthy and simple snacks to children participating in a week-long hockey school. By choosing a variety of foods from each of the four food groups, the participants received enough protein, vitamins, and minerals to support growth, development and physical activity. On the final day, we made ‘Yogurt Parfaits’ for the hockey players. It was a big hit!

“GUJA” is becoming an umbrella program. By partnering with the Recreation Department, we are able to promote healthy eating and increased physical activity in efforts to prevent childhood obesity and chronic disease. We look forward to expanding our program by increasing awareness around physical activity.



For more information, visit the “Guja” Facebook page.

Yogurt PARFAIT

INGREDIENTS:

- Low-fat plain or vanilla yogurt (or other flavors)
- 1 cup granola cereal
- Mixed berries

DIRECTIONS:

1. Place 2 tbsp of granola in a parfait glass, top with 2 tbsp yogurt, 2 tbsp fruit.
2. Repeat layers.
3. Top with remaining granola.

Note:

Mix any of your favorite fruits into the yogurt before assembling. Layer fruit in between yogurt and granola layers, if so desired.





Kinuso hits a knockout with bootcamp

In Kinuso and surrounding areas, Lee Tanghe's "boot camp" is attracting people of all ages, offering vigorous exercise and boxing lessons in one session.

This twice a week workout has participants doing a series of cardiovascular and stretching exercises and finishes off with Tanghe teaching them boxing techniques.

Warm-up activities include running around the gym, running in place, side steps, power jumping, planking, mountain climbing, power strides, sit ups, squat jumps, scrunches, rolling push-ups, donkey kicks and the "duck walk." For boxing, he gets them to do a speed drill by running in place

and punching a mat on the wall. Then he has them repeat the drill, run to the centre line and run back. For the finale, he gets them to divide into groups, form a circle around an instructor and punch their training gloves with combinations of jabs.

Tanghe's goal is to make exercise fun and appeal to people of all abilities. The program offers strength training and a good cardiovascular workout. The trick is to not overwork the participants, to keep them interested and coming back.

Source: "Bootcamp proves effective in Kinuso School", Mac Olson, The South Peace News, <http://www.southpeacenews.com/newsdesk/volume49/110202/spotnews1.html>

Sweet Potato PANCAKES

Sweet potatoes give this breakfast favourite a tasty twist.

Time to prepare: 30 minutes
Time to cook: 15 minutes



INGREDIENTS:

- 1 cup mashed cooked sweet potato (about half of a large sweet potato)
- 1 tbsp non-hydrogenated margarine, melted
- 2 egg whites, lightly beaten
- 1.5 cups milk
- 1 cup all purpose flour
- 2 tsp baking powder
- 1/4 tsp ground cinnamon

INSTRUCTIONS:

1. In a large bowl combine sweet potato, margarine and egg whites. Stir in milk.
2. In another bowl, combine flour, baking powder, salt and cinnamon. Stir into the sweet potato mixture.
3. Heat a non-stick skillet sprayed with vegetable oil over medium heat. When pan is hot, pour in about 2 tbsp batter to make pancakes about 3 inches in diameter. Cook on one side for about 2 minutes or until pancake starts to bubble. Turn pancake over and cook for another 1 minute until browned.

Cooking Tips:

- There are three easy ways to cook a sweet potato:
 1. In a pot of boiling water
 2. On a baking pan in the oven
 3. Wrapped in foil on the barbeque
- If you do not have sweet potato, canned pumpkin works well in this recipe. Be sure to use pure pumpkin, not pumpkin pie mix.
- These pancakes freeze very well, simply reheat frozen pancakes in your toaster or oven.

Makes about 16 pancakes.

Nutritional Information (per pancake):

Energy: 65 Calories
Fat: 1g
Protein: 2 g
Carbohydrate: 11 g
Fiber: 1 g
Sodium: 76 mg

Source: Recipe & Food Facts Cards, Health Canada, 2007

Health Canada's version was adapted and reprinted with permission of Robert Rose Inc. from Better Food For Kids

The **Environmental Public Health Program** receives accolades for commitment to **First Nations communities**

The Environmental Public Health Program has been a long-standing fixture in First Nations communities in the Alberta Region. Under this Program, Environmental Health Officers (EHOs) provide advice, guidance, education, public health inspections and recommendations to First Nations and their leadership to help them manage public health risks associated with the environment. They also gather data required to analyze what steps can be taken to promote public health in First Nations communities.

The Alberta Region EHOs have been recognized for their commitment and innovation to their role in First Nations communities with several awards. These awards include the Alexander Officer Award from the Canadian Institute of Public Health Inspectors. This award is issued to an organization or agency for outstanding and meritorious achievements in the field of public or environmental health. The award was presented to the EHOs for the development of the water database, the streamlining of the sampling and reporting process and significantly improved drinking water sampling numbers. The EHOs are better able to analyze and respond to poor water quality results.

The group also received an Alberta Regional Director General Award of Excellence for Innovation. This award was given to the group for new discoveries and creative solutions that are not constrained by pre-existing assumptions and

that have had a significant impact on either managing the work or in achieving the objectives of the Branch. This award highlighted the creation of the water database and the development of a functional Geographic Information System that increases our analysis of water quality and environmental hazards.

Finally, the EHOs were recognized with the Regional Award of Excellence from Aboriginal Affairs and Northern Development Canada (AANDC). This award was presented to the team for meeting the following criteria: significant contribution to benefit the client group, innovative problem solving in relation to operational or policy issues and support and responsiveness to departmental-wide initiatives. This award was in relation to their assistance with the National Assessment of Water and Wastewater systems in First Nations communities. Through interdepartmental collaboration, EHOs and our data team were able to provide AANDC and the rest of the water team with a very comprehensive and accurate assessment.

The EHOs work very hard to promote and improve the health of First Nations in the Alberta Region. Health Canada-Alberta Region would like to celebrate their dedication to First Nations communities. EHOs are on the frontline of various public health issues and are a visible part of Health Canada in First Nations communities.



DRIFTPILE PUTS ON THEIR WALKING SHOES TO **RAISE AWARENESS ABOUT DIABETES**

Driftpile community members hit the road for the Annual Intertribal Diabetes Walk to raise awareness about diabetes, a chronic condition that is 2-5 times higher in Aboriginals. Local students from kindergarten to grade 8 were joined by Driftpile community members in a walk that began at the Driftpile First Nations Community School and continued to the Driftpile walking trail and back to the Health Centre.

Following the walk, a presentation by "Believing We Can Reduce Aboriginal Incidence of Diabetes" was given to bring the idea of living with diabetes home to the students. It also included draw prizes like a small fishing rod, skipping rope and cookbooks for lucky participants.

Source: "Driftpile walks for diabetes awareness", Diego Syz, The South Peace News, <http://www.southpeacenews.com/newsdesk/volume49/110615/spotnews2.html>



theme of the month

event theme

DECEMBER

December 1 – World AIDS Day
December 3 – International Day of Disabled Persons
December 6 – National Day of Remembrance and Action on Violence Against Women in Canada

JANUARY

Alzheimer Awareness Month

January 15-21 – National Non-Smoking Week
January 19 – Weedless Wednesday
January 27 – Family Literacy Day

FEBRUARY

Heart Month

February 4-World Cancer Day
February 6-12 – White Cane Week
February 12 – Sexual and Reproductive Health Awareness Day

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

Non-Insured Health Benefits information at your fingertips

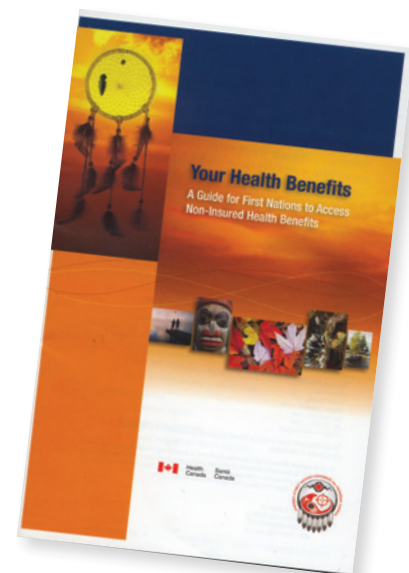
A new Non-Insured Health Benefits (NIHB) handbook, named “Your Health Benefits,” has been created to provide eligible First Nations individuals with up-to-date information on medically necessary goods and services covered under the NIHB Program.

These goods and services include prescriptions and over-the-counter drugs, dental care, eye and vision care, medical supplies and equipment, short-term crisis intervention mental health counseling and medical transportation. The NIHB Program provides coverage for these goods and services to eligible First Nations individuals who are not entitled through other plans and programs.

This handbook, jointly produced by Health Canada’s First Nations and Inuit Health Branch and the Assembly of First Nations (AFN), provides accessible information to First Nations clients.

The Alberta Region also has Regional NIHB Navigators to support and provide assistance to eligible First Nations and Inuit clients with access to Non-Insured Health Benefits. The Navigator works to identify ways of improving health services and providing more accessibility for First Nations clients.

For more information, or to speak with your Regional NIHB Navigator, please contact First Nations and Inuit Health - Alberta Region, NIHB Program at 780-495-2694 or refer to the handbook for contact information.



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