



The Regional Sun

website: www.suncountry.sk.ca
healthline: 1-877-800-0002

Vol. 5

January
2006

Box 2003
Weyburn, SK
S4H 2Z9
Tel: (306) 842-8399
Fax: (306) 842-8738

Students are eating the good stuff at Estevan Comprehensive

Curtis Hack set a movie date with his wife one Saturday night last year and the lives of all the high school students in Estevan changed soon after.

Curtis is the Chef Instructor at Estevan Comprehensive School. The movie he watched was *Super Size Me*, a documentary by filmmaker Morgan Spurlock who ate only McDonald's fast food for a month and then made a documentary about the impact.

Spurlock was a 33-year old, former vegan. During the month he ate fast food, he saw his cholesterol level rise as he ate hamburgers, milk shakes and fries, three times a day, doubling his daily calories to 5,000 from 2,500.

Before he was finished the experiment, three doctors and a dietician urged him for the sake of his health to stop eating the sugar-laden, fat-smearing, nearly fibre-free "diet." The documentary was nominated for an Oscar. It energized Curtis.

"The documentary shows three different kinds of school cafeterias," says Curtis.

"There is the fast food cafeteria, the one that offers both healthy and fast food, and the one that offers only healthy food.

"When the movie was over, I looked at my wife and said, 'I want my cafeteria to be like the third one.'"

His was the second cafeteria that offered all the nutritionally sound foods along with the junk food. That was not good enough anymore.

Curtis and physical education teacher Malinda Strueby devised a plan, assisted heavily by nutritionist Naomi Shanks and Chief Medical Health Officer Dr. Shauna Hudson from the Sun Country Health Region (SCHR).

It was easy to find good arguments in favour of the plan, he says.

"I quickly learned from public health nutritionists in Sun Country Health Region that this corner of the province is the fattest, for instance," he says. SCHR's annual report shows 34 per cent of the population 18 and over in this region are considered to be overweight and another 25 per cent of the population here are considered obese.

The situation is not getting better, according to national information. The 2004 Canadian Community Health Survey says only three per cent of children aged 2-17 were obese in 1978 but that jumped to



Enjoying the new menu: Estevan Comprehensive School student Ariel Hunter prepares for lunch from the healthy new menu at her school.

A small 14 oz. slush drink contains about 16 teaspoons of sugar, while a 75 oz. (1.18 L) large slush drink contains about 40 teaspoons of sugar. Slush drinks contain slightly more sugar than pop.

Just six buffalo wings (without dip) contain 680 calories, 50 grams of fat and 1230 mg of sodium! So if you ate 12 wings, you would consume more fat than is in an entire rotisserie chicken!

About 27 per cent of North Americans say they clear their plate, no matter what the portion size is. As portions grow, so do our figures! So if you don't mind your platter, your body will get fatter!

eight per cent in 2004. Nationally, about 23 per cent of adults are obese, compared to 14 per cent in 1978.

Obesity is a major risk factor for type 2 diabetes, heart disease and certain cancers. It is also linked to

poor mental health. Canada's community health survey found that among young people, the biggest increases in obesity rates over the past 25 years

Continued on page 2

Continued from page 1

occurred among adolescents aged 12 to 17, where the rate tripled from three per cent to nine per cent.

Those are the high school years and in Estevan, those years are in the hands of the school board, argued Curtis.

"We have a duty as educators, as a school, and as a community to take ownership of the health of the school," he told them. "Be progressive and put this unhealthy food out of our school."

"Students won't make the right choice if it's not presented to them," he says.

Curtis showed the board the difference in nutrition between a chicken wrap made of fresh ingredients, and a chicken burger made of processed meat. "Why not eat real chicken instead of processed chicken?" he asks.

National nutrition information to help inform decision-makers is not so easy to find as one would think, according to Health Canada.

Health Canada relies on a 20-year old study to find out what's going on: the 1984 Study on Health Attitudes and Behaviours, which identified several problem areas in the eating habits of school children. Among these problems were the following:

- nearly one-half did not eat a balanced diet as defined by *Canada's Food Guide*;
- one-third of the students did not eat vegetables daily;
- 20 per cent of 15-year-olds rarely ate breakfast;
- two-thirds of children had high fat intakes;
- 25 per cent had high sugar intakes; and
- as children got older, they were less likely to eat yellow vegetables, fish, beans and whole grain breads and cereals.

Canada's Food Guide to Healthy Eating recommends eating 5-10 servings of vegetables and fruit each day. It also recommends that fat intake for one day be 30 per cent or less of total calorie intake. For a 2000 calorie diet, this is 65 g of fat /day or less.

Board members soon were convinced and the rest is history. Estevan high school students are eating healthy.

The documentary changed Curtis' personal life, too. His wife is an RN with St. Joseph's Hospital in Estevan and they have a busy life with two small children.

"We used to eat two or three times a week at a fast food place. We don't any more," says Curtis. "Now, we plan meals better for the busy weeks and we're better prepared. We've proven it's possible to do it," he says.

It was quite a natural change for them, he said.



The man of change: Chef Curtis Hack takes a break during lunch preparation in the cafeteria at the Estevan Comprehensive School. His dedication to healthy food changed the lunch menu at the school.

"In the school, it was a drastic change."

But it was not implemented in a drastic manner.

It changed over almost three months. "We did it slowly. We helped them come down off that grease and sugar over time," he laughs.

All the candy, chips and pop were taken out of the school. Deep fried chicken burgers were replaced by baked or grilled chicken breasts. All the processed mini pizzas, corn dogs and hot dogs were removed. Processed hamburgers were replaced by 100 per cent char-broiled beef so the grease is cooked off.

One compromise was made. Some of the teachers wanted to keep some of the sports drinks for their athletes.

Some students stopped going to the cafeteria for lunch but Curtis says the school gained a whole new group of athletes and other health conscious students who hadn't eaten there in the past. Now the students demolish the salad bars every day.

"They've settled in," he says. "Most days, students will say 'Great lunch Curtis,' as they leave the cafeteria" he says. "And I don't go home smelling like French fries every day."

If students ask for something new, he puts it on the menu as long as it's nutritionally balanced.

A big question for school boards before a change like this, is cost. Will healthier foods cost more to purchase or prepare?

Curtis says it's no more expensive to buy real food than it is to buy processed food.

"We had to raise the price of some specials last fall but that was

because of the higher cost of trucking, not the cost of the food," he said. The price of gasoline affects a lot of things. The change in Estevan Comp was not a drastic approach to nutrition in schools. Neither is the use of schools to teach nutrition a drastic avenue to take.

In fact, 15 years ago, a national committee of health experts recommended to Health Canada that school systems are one of the ideal places for intervention in Canada's eating habits.

"There are two principal opportunities for nutrition intervention programs in the school system: in the classroom and in the food services system of the school," said the committee's report.

"The former can be used primarily to educate students and families about nutrition and a healthful diet; the latter to reinforce the educational message by providing an environment supportive of healthy nutrition behaviour.

These efforts must be supported by comprehensive food and nutrition policies in the school," said the committee.

Curtis could have written the recommendation.

The board of the Estevan Comprehensive School that approved these menu changes was amalgamated into the new South East Cornerstone School Division as of Jan. 1, 2006.

For more information contact:
Adine Oxelgren
Dietitian, Public Health
Sun Country Health Region
Box 2003
Weyburn, SK S4H 2Z9
Tel: (306) 842-8622

Is your food safe?

The Public Health Inspectors at Sun Country Health Region sponsored their popular "Food Safety for Volunteers" classes in the region again last fall.

"We began these classes as the result of an increase in questions from the public about safe food handling practices for fowl suppers, fund-raisers, pot lucks, community barbecues and so on" says Derrick Mooney, one of the Public Health Inspectors who teaches the food safety classes.

"There were so many people wondering what was safe and what wasn't that we decided to develop and present these two-hour classes," he said.

The Food Safety for Volunteers class is a condensed version of the eight-hour long FoodSafe Class that is required by law for professional food service workers.

There is no requirement for volunteers to take the two-hour class. "It is a free opportunity to verify the common sense food handling practices that many believe are safe," says Derrick.

A main feature of the class is the "Food Myths" section which debunks 24 common beliefs that often appear at food events run by volunteers.

One of the biggies in that category is the use of bleach for dishwashing, says Derrick.

Bleach is a sanitizer, which means it kills 99.9 per cent of germs, but it doesn't work when it's placed in the dishpan with soap, he says.

"The bleach gets used only for a short while until it's used up by the soap."

As a result, Derrick says proper dish cleaning for the public requires a sink with hot water and soap, a second sink of clear water for rinsing, and a third sink, containing one cap of bleach for every gallon of water.

The bleach evaporates off the dishes when they are air-dried, or is wiped off if they are dried with a towel at home, he says.

Another myth surrounds the use of vinegar instead of bleach.

Vinegar is not a sanitizer, says Derrick. "It doesn't kill all the bacteria."

Any church, service club or sports organization that feels it can generate 20-50 participants can qualify for this free class.

For further information contact
the Public Health Department
Tel: (306) 842-8633

Vaccine myths: why they are dangerous to your family's health

By Dr. David Butler-Jones,
Chief Public Health Officer and head of Public Health Agency of Canada

It's hard to imagine what Canada would be like today if not for immunizations. Hospital wards would remain crammed with young patients with polio, many in iron lungs over most summers. We may not have invented knee or joint replacements because the surgeons are too busy dealing with post polio effects.

Immunization has been arguably the single most effective, low cost and safe intervention to improve health in the past century.

Regular epidemics of measles would be leaving behind many deaths, deafness and other problems. Pertussis and haemophilus influenza would regularly cause not only the deaths of young children but leave many with brain damage as well. There would be regularly large numbers of miscarriages, and many more infants born with birth defects, because their mothers caught rubella (German measles) during pregnancy. And so the story goes, with a range of childhood diseases we now no longer worry about causing epidemics each year, not in the small bunches we see today, but in the thousands and tens of thousands. Fortunately that is not the case. Not only have we wiped out smallpox, but we are on the verge of eliminating polio on the planet, not just in Canada. The recent outbreak of rubella in Southwestern Ontario that has infected over 150 children and at least five pregnant mothers is a taste of what can happen if we are not careful. Of course, respect for religious beliefs is an essential part of our

free and open society. Deeply held, principled convictions can be a real strength for a community. However, risks like preventable disease outbreaks will arise, if vaccines are not taken. More worrisome though is the anti-vaccine views fueled by misinformation, or bad science. This is the "umbrellas cause rain because we see more umbrellas on rainy days" phenomenon.

Seizure disorders, autism, SIDS all show themselves in early childhood. Coincidentally, this is also the period when most immunizations are given. So often, vaccines are connected to an illness only in terms of time. The real issue is not whether problems occur within days or weeks of an immunization, but whether they occur more often after receiving a vaccine.

On this point, study after study has shown that these serious effects occur at the same rate with or without vaccine.

However, those not immunized are more likely to get sick or die, or have brain damage, from the infection the vaccine could have prevented.

It must be stated that no medication, procedure, therapy, vaccine or home remedy is completely without risk. The secret is to maximize the benefit, with the least intrusive measure with the fewest side effects.

Immunization has been arguably the single most effective, low cost and safe intervention to improve health in the past century.

These are the facts and it is a needless tragedy when a child dies or is crippled for lack of a vaccine. It also is needless when seniors die prematurely in a nursing home because all eligible staff members were not immunized against the flu and some brought it with them to work.

Perhaps because vaccines have been so successful, many feel they are no longer needed. But these diseases can return if we let down our guard.



Most Improved Property: The Bengough Twilight Auxiliary focused time and money on the improvement of the outside courtyard at the Bengough Health Centre this summer. Members of the Auxiliary purchased new patio furniture, shrubs, perennials, and annuals to beautify the outside area. Facility Manager Leila McClarty says the residents enjoyed the improvements and participated in the planting. The changes to the courtyard earned the facility "The Most Improved Commercial Property Award" in the community this year.

HIV/AIDS is only one problem resulting from unprotected sex

The criminal charge of aggravated assault against a football player with the Saskatchewan Roughriders last fall is a dramatic reminder that this mostly rural province is not immune to HIV/AIDS. It is not only a big city disease or a disease found in Africa.

Sexually transmitted infections, or STIs, for short, are considered an epidemic by the Canadian Public Health Agency.

The football player is alleged to have had unprotected sex with a partner without advising that he tests positive for HIV. While the courts will resolve the legal question, the issue of protection is one that every individual can address for themselves, on a daily basis. Ten people died of HIV in Saskatchewan in 2004. Saskatchewan's Population Health department also reports that between 24-43 people in the province have tested positive each year for HIV since 1984 when reporting began.

Health Canada said HIV infection rates in Canada are still rising. "Many marginalized and vulnerable people continue to show alarming rates of new infection," says a report released last fall.

"This situation is compounded by the reality that an estimated 17,000 Canadians are unaware that they are living with HIV, which hampers their ability to remain healthy or

access care in a timely fashion, and diminishes the effectiveness of prevention programs," says the report.

Women are increasingly vulnerable to contracting HIV. The United Nations AIDS program estimates that girls and young women are 2.5 times more likely to be infected than their male counterparts in the coming years.

But it is not only HIV that can result from unprotected sex.

In 2005, Health Canada found continued increases in all three nationally reportable sexually transmitted infections (STI): chlamydia, gonorrhoea, and infectious syphilis. This upward trend in STI rates has been reported since 1997.

The rate of chlamydia in Canada reached an all time high in 2002, which is an indication of a high rate of unprotected sex. Nationally, 179.3 per 100,000 people were reported with chlamydia, compared to 113.9 in 1997.

The problem is slightly less threatening, in terms of numbers, in Sun Country Health Region (SCHR).

The 2004-05 annual report for SCHR shows that the chlamydia rate of 115 per 100,000 for women and 95.4 per 100,000 for men in this region is well below the provincial rates and are among the lowest in the province.

Public health nurses here say it's probably because of the older population in this region, which is less likely to engage in high-risk sexual activity.

For more information contact Public Health

Tel: (306) 842-8618.

Fax: (306) 842-8637

To all the home care volunteers in Sun Country Health Region

*Thank you for your thoughtfulness
and your cheery assistance.*

Happy New Year

From the Region's home care staff.



Retiring CEO of Sun Country Health Region recalls

Lee Spencer was a student nurse in his early 20s when he first saw death.

He was working when one of the patients died, alone and afraid.

"There were no friends or family around. It was just him, and me to hold his hand and give a prayer," he says starkly.

The experience framed his entire career in the health care field.

"It always stuck with me that people should have some kind of comfort," he says.

He's seen and encouraged a lot of changes in health care over the past 44 years, but that one thought hasn't changed.

"We need to ease the loneliness and fear," he says.

"To be a professional is to look at every person as a complete human being," he says.

It's that philosophy of comfort and privacy that guided planning for the new Tatagwa View Long Term Care Centre that opened this year under his direction in Weyburn.

Lee retired as chief executive officer of Sun Country Health Region in October.

He started in health care in 1963 as a nursing aide at Saskatchewan Hospital, Weyburn.

"I find it ironic that my career both started and will end in Weyburn, especially after working in many different provinces in Canada," he says.

In the fall of '63, Lee was accepted and began training in the school of nursing at Weyburn Hospital.

It wasn't an easy program. When he worked the night shift from midnight to 8 a.m. at the hospital, he was still expected to attend classes from 1-5 p.m. That went on for three years, weekends included.

"We took 700 hours of didactic education," he says. "I am proud of the thorough education we received."

"But like all of my jobs, I've always been grateful to get it. It was a privilege to get that

training," he says.

After graduating in 1966, Lee went on to earn a Registered Nursing designation from the Regina Grey Nuns Hospital and then became a nursing consultant for the Saskatchewan government.

While working for the Department of Health, he completed a two-year course in health care administration from the University of Saskatchewan.

Early on, he decided to stay no more than five years at a job. It was time to move after that, he says. "You need to be refreshed and start learning again."

"At lunch I went for a swim and then I'd put my suit back on and go back to work. It was a great life," he muses.

One of his most challenging management positions was director of nursing for the Penetanguishene Forensic Hospital in Ontario, one of the toughest psychiatric hospitals in all of Canada.

But it was situated on the beautiful Georgian Bay, which gave him an idea.

"At lunch I went for a swim and then I'd put my suit back on and go back to work. It was a great life," he muses.

Lee then moved to Saskatoon as the hospital administrator for a new 120-bed, university-affiliated psychiatric hospital which he helped to build. He operated it for the next five years.

Chief Executive Officer for the Whitehorse General, in the Yukon, was his next challenge.

"The Yukon was all I expected it would be and more; wild, open and just like the Robert Service poems," he says.

One thing about it puzzled him for a long time, though.

He was in good physical shape when he lived in the Yukon but found himself very tired while driving on the Yukon roads. It was so strange, he said, given that he had been used to flat prairie roads all his life.

"I later found out the flatness in the Yukon is an optical illusion caused by the angle of the mountains. I decided I will always be a prairie boy."

Lee then accepted a promotion with the federal government as zone director, in Thompson, Manitoba, managing all health services north of the 52nd parallel. "It was there that I learned about primary care," he says.

The primary care nurses in those stations delivered babies and dispensed medication with no doctors on site.

"Of course, the medical transportation was second to none, but it proved to me that primary care does work," he says.

The next move came when Lee accepted the position as chief executive officer in Swift Current. His main responsibility was to integrate the two previous organizations serving public and mental health under one management structure.

That done, he went to Smithers, B.C. as CEO of a general hospital, then Battleford Psychiatric Hospital as CEO for the next five years.

Lee completed his career circle by moving back to Weyburn in 1995 to work as the CEO of South Central Health District, now the Sun Country Health Region.

Watching all those people in all those places has convinced him that, in some cases, specialization is not necessarily a good thing.

"I think it could detract from the



Lee Spencer

care given," he says. "We were trained as generalists; we saw the patient as a whole person and the system as a whole system."

But no matter what the physical facility is, there should be only one focus and that is the client, he says.

"It's been my responsibility to ensure the resources exist and the working environment is positive so the staff members can use their capabilities and skills collectively."

"That's always been my goal," he says.

SCHR's new CEO appreciates small town life and work

In a previous life, Cal Tant would have been walking the halls of academia rather than the health facilities of Sun Country Health Region. He has the air of a management professor, direct and very much to the point.

He even wears a tie. Every day. Cal is the new chief executive officer of SCHR. He has been making himself an office on the second floor of Tatagwa View since Nov. 1 and is looking for a home in Weyburn.

For the time being, he will live alone, until his wife and three children follow him at the end of the school year. They remain in Prince George, B.C. where the family has lived for the past five years.

It is partly his keen interest in rural community health that has tied Cal and his family to smaller communities in Canada throughout his career, and his love of the outdoors.

He is a fisherman, as a prized photo indicates from its spot on his new window sill. It was a big fish and it obviously didn't get away. "Getting outdoors, that's my therapy," he says.

"My wife and I appreciated the lifestyle of a rural community very early on in our lives together," he says. "We found we could have a house on the water and all the benefits of town, as well as rural life."

He speaks with experience about both rural and urban life. He began his education in a big city, at the University of Toronto. He holds a Master of Health Sciences degree from the University of Toronto and an Honours Baccalaureate from the University of Western Ontario. Then he had an opportunity to work in hospitals in Windsor and Mississauga, and then to Lindsay, Ont. where he experienced his first "smaller" hospital, only 200 or so beds.

"At the time, that was a smallish hospital but now it would be considered large," he says. But hospitals are not his only experience.

Cal's subsequent work in community health centres in different regions also taught him the importance of healthy living programs as a fully rounded health program.

"It's important that people don't think of 'health' as a facility," he says. "People need to take care of themselves, too."

One of the consistently big issues for rural/northern areas is recruitment of professionals for both programs and facilities. Cal is proud of the fact he has successfully recruited health care professionals for northern Manitoba and northern B.C.

"Of all the warm welcomes I've experienced in other provinces, this is the warmest."

"I've found the key to successful recruitment is to get students to train in the location," he says. Retention of employees is just as important as the initial hire, he says.

"Once they've made friends, and maybe a family, they are more likely to stay."

"The point is to stop the revolving door. Make them feel wanted. Get them young, early and committed. If they learn in the community, they get comfortable working in that environment."

"There are more opportunities in rural health than there are in

downtown Toronto," he says. "I know it may be intimidating for some new graduates but there is a huge opportunity for a diverse practice in rural settings."

Even general practitioners are very specialized in a city, he notes. "Almost as soon as the patient moves past a lump or a bump or a sniffle, they are sent to a specialist."

Keeping professionals in rural areas requires community involvement, he says.

He applauds the local support he has already seen from the communities in southeast Saskatchewan in helping to attract doctors.

"There are communities in other provinces where the people feel it's solely the government's job to find professionals. Here, people have already taken that first step."

The friendliness he's found here also can be used to help keep professionals, he says.

"Of all the warm welcomes I've experienced in other provinces, this is the warmest."

Cal's first priority for the region is the establishment of a dialysis program in Estevan.

"I've been going through the SCHR's annual report and I'm very impressed. I want to support the good work that's been done here and add whatever expertise I can."



Cal Tant



Sun Country Health Region
Box 2003
Weyburn, Saskatchewan
S4H 2Z9
Tel: (306) 842-8399
Fax: (306) 842-8738

Email: info@schr.sk.ca
Web: www.suncountry.sk.ca

The importance of shoes

"She changed her shoes that day and it changed her life." That was the statement from a nurse manager at a recent meeting of facility managers in the Sun Country Health Region's hospitals, health centres and long term care facilities.

Leila McClarty was talking about a member of her Bengough staff who prepared to act fast after she listened to a convincing explanation from the region's activity coordinator about the benefits of fitness activities.

She wanted to go home and start walking right away.

"But get a pair of good shoes that fit properly first," warned activity coordinator Corrie Schultz.

That caught the aide's attention. She did as Corrie suggested.

And she hasn't looked back.

Leila says all of the staff members at that facility who heard the "shoe conversation" that day were energized by the information.

Many of them took up the challenge to be more active.

They thought about changing their shoes for work as well as play.

"If your shoes don't give you support for 8-10 hours a day, maybe you need to throw them away," says Leila.



"Some people think they can buy a cheap pair of shoes and get away with it, and office people don't even think about the kind of shoes they wear," she says. They can end up paying with back, knee or hip problems, or with callouses and corns. Or hammertoes. Or serious foot troubles that make walking difficult. Those are some of the problems that Sun Country Health Region podiatry assistant Carrie Lanktree sees on a regular basis. Fit is the most important aspect of buying shoes, she says.

The Golden Rule is: if in doubt, don't buy.

"Late in the afternoon is a good time to buy," she says. "You are more like to buy shoes that are big enough but not too big."

"She changed her shoes that day and it changed her life."

Look for a "toe box" that is wide enough for your foot and see if you can get a finger in between the back of your shoe, says Carrie.

"Those are indications of good fit."

She also recommends buying shoes that lace up, to keep your foot from sliding back and forth.

"You need something to hold your feet back into the heel of the shoe."



Those considerations are also very important for another large group of people in Sun Country Health Region: senior citizens and people with diabetes.

Shoes and foot care are particularly important for them.

"I recommend that seniors should wear shoes in their house, even sandals or slippers are okay as long as they fit properly," says Carrie.

Sun Country Health Region's new Diabetes Information Booklet recommends people with diabetes buy shoes with good support, good treads and cushioning soles.

Choose heels that are less than two inches in height and shoes that are soft, breathable materials like leather rather than plastic, says the book, which is available from Diabetes Nurse Educator Kay Steele.



People with diabetes also need to make sure there are no pressure areas, ridges or bumps inside the shoe or sock, says Kay.

Besides protecting your joints and allowing you to walk properly, good shoes also help protect people from falls, especially those members of the population who might already be a bit wobbly.

Sun Country Health Region has a higher than average number of residents over the age of 65 years, 17.5 per cent of the population compared to 14.5 in Saskatchewan as a whole.

About 20 per cent of the women in the region are over 65 years of age, compared with 16 per cent in the province as a whole.

That means that preventing falls is more important in this region than many others, both to keep people healthy and to keep hospital costs down.

The region's annual report notes that 52 per cent of accidental falls by seniors occurred in their homes and were the result of "slipping, tripping, or stumbling."

That translates into more than 1,500 women in the region every year who will end up hospitalized for a period of time because of a fall that might have been prevented with better foot care or shoes that fit better.

Sun Country Health Region Public Health Nurse Corrine Galarneau has put together a book to help home care aides and seniors on their own to recognize the kinds of situations that are more likely to lead to a fall.

Information about shoes is part of Corrine's book, for good reason. Statistics in the region show that once an elderly woman falls and has been hospitalized for an injury, it is less likely she will spend much more time in her own home.

She's more likely to need to move to a long term care centre for more attention to her physical needs.

All for the need of a better pair of shoes? Sometimes it's that simple for all of us.

Corrie Schultz says one year of good support is about as long as you can expect from a pair of good shoes.

"People need to watch the bottom of their shoes for the wear pattern," she says.



For example, if you look at the bottom of your shoe and see that you're wearing the outside edge of your runner, you need to find a runner that offers an extra support on the outside, she says.

"Once that's gone, you're not getting the support you need, she says.

For more information contact:

Kay Steele

*Diabetes Nurse Educator
Tel: (306) 453-2319*

Corrine Galarneau

*Falls Prevention
Coordinator
Tel: (306) 637-2410*

Corrie Schultz

*Staff Physical Activity
Coordinator
Tel: (306) 842-8705*

Carrie Lanktree

*Podiatry Assistant
Tel: (306) 842-8635*

Pandemic Influenza Preparedness

Sun Country Health Region is among all other health agencies in Canada preparing a plan to cope with the major flu epidemic predicted by international health officials over the past few years. Public health officials in Sun Country Health Region (SCHR) have organized a Pandemic Influenza Planning Committee to gather input from local municipal officials, essential and emergency service agencies, and the private sector, and to put the plan in place and prepare for an emergency of this level.

(The dictionary definition of a pandemic is: an epidemic over a wide geographic area and affecting a

large proportion of the population.)

According to Janice Giroux, SCHR's Vice President of Community Programs, anywhere from 15 to 35 per cent of the population in the region could become ill within a two to three month period if a flu pandemic or other sort of widespread illness reaches Saskatchewan.

"It is estimated in this scenario that from 1,000 to 2,800 people may require hospitalization and 300 to 1,000 people in this region may die of influenza complications during a pandemic," says Janice.

She says SCHR's human re-

sources working group is examining mutual aid agreements with unions and regulatory bodies; and looking at volunteer recruitment and employees to maintain services during a pandemic outbreak, as critical staff shortages are likely to exist.

The Pandemic Committee is also examining internal and external communication planning to ensure the public is well informed during a situation like this, she says.

In the meantime, non-traditional sites like sports arenas are being studied to determine if they can be staffed.

Janice says SCHR is also looking at partnering arrangements with

existing emergency committees and wants to see if capacity at existing facilities can be enhanced. SCHR and its facilities are also making decisions about how and what to stockpile, including antiviral drugs and health equipment, and what sort of scarcity of resources is likely to occur during an emergency.

"Comprehensive pandemic planning extends well beyond the health system and requires involvement of provincial and local Emergency Measures Operations, municipal governments and agencies involved in essential services like police, fire safety, power, gas and water," says Janice.

Health Inspectors help protect the public

by Ken Cross,
Sun Country Health Region Public Health Officer

Any successful organization's performance can be rated by the multidisciplinary professionals who make up that organization. The Sun Country Health Region is no exception to this rule.

All disciplines offer the best health care and protection from disease to those living within this Health Region when they are working together as a team.

Among the disciplines working to protect the public's health is that of the Public Health Inspectors. This department consists of the Senior Public Health Inspector Grant Paulson, Inspectors Derrick Mooney (Weyburn office), Tom Shaw (Estevan office) and Ken Cross (Weyburn office).

Public Health Inspectors earn a bachelor's degree in Environmental Public Health, plus they must obtain certification by the Canadian Institute of Public Health Inspectors (CIPHI).

CIPHI is the only professional organization in Canada that certifies Public Health Inspectors. It is a national body made up of branches representing each province and northern territory.

The president of the Saskatchewan branch of the professional organization is Weyburn inspector Ken Cross. He represents all Saskatchewan Environmental Public Health Inspectors and Environmental Health Officers.

SCHR reaps the benefits of having the Saskatchewan Branch President in its employ because he attends national meetings and shares the most current health issues with his co-workers.

Enforcement of the new tobacco legislation is a good example of that. B.C., Manitoba, The provinces of Newfoundland and Prince Edward Island approved public tobacco restrictions before Saskatchewan did and their challenge and identification of the pitfalls helped here.

Not only are the Public Health Inspectors more knowledgeable as a result of their membership in CIPHI, they are participating in annual public awareness projects. The Saskatchewan Branch held its annual Environmental Public Health Week on January 2-8, 2006.

Environmental Public Health Week recognizes the hard work of all Environmental Public Health Professionals across Canada and the importance of environmental public health programs in our health care system.

Public Health Inspectors are dedicated professionals who are committed to the promotion and protection of public health and who continue to tackle the new challenges brought on by our environment that can affect human health.



Did You Know?

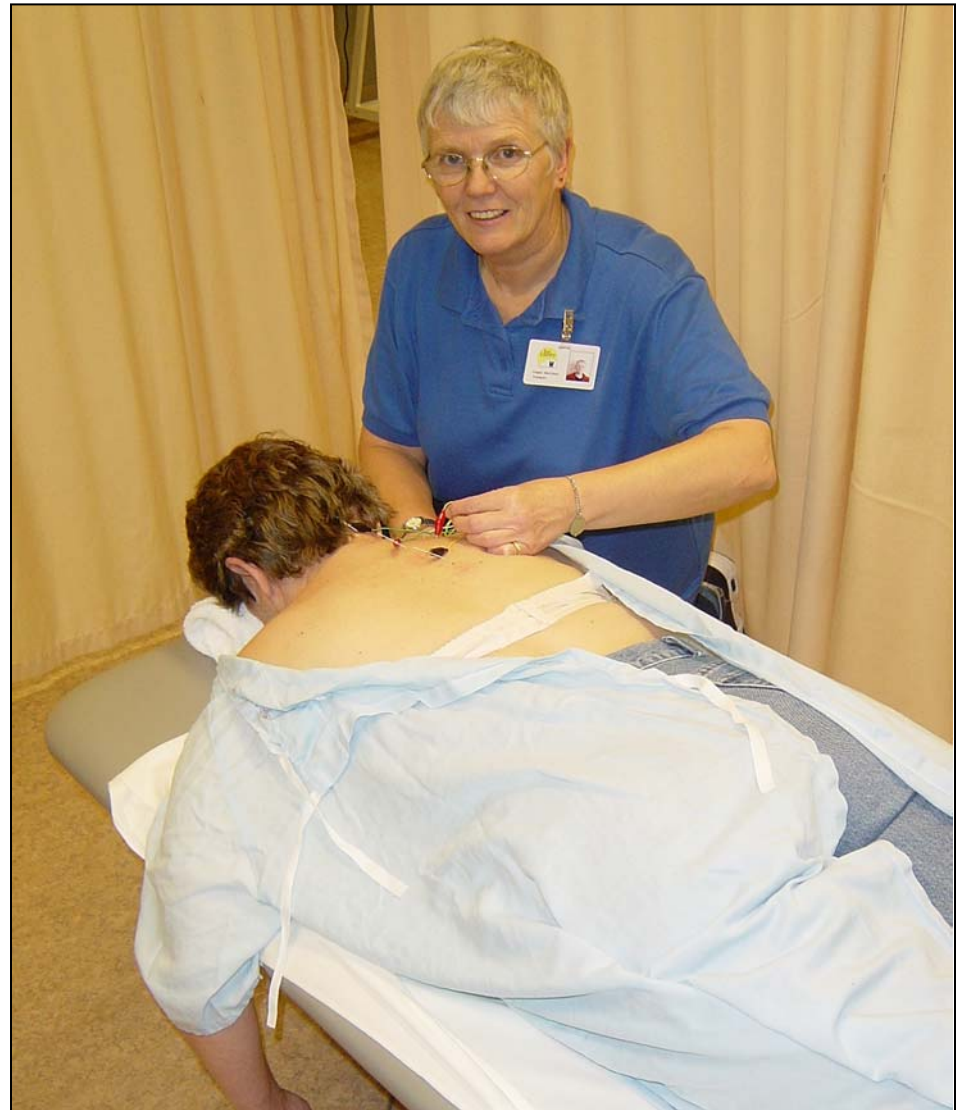
- Bulemia is an eating disorder that can lead to self-induced vomiting. When teeth are constantly exposed to the acid in vomit, tooth enamel will wear away, making teeth sensitive. This may lead to tooth decay and infection.
- In an average lifetime, a person produces 10,000 gallons of saliva. As we age, our saliva diminishes, making us more vulnerable to dental infections, and bad breath.
- About 75 per cent of adults have some form of gum disease. Recent studies show the highest concentration of bacteria in your body is just under the gums. These bacteria can travel in the blood stream and may play a role in heart disease. Keep your mouth clean!
- Studies show that power brushes are very effective in improving the health of the gums for those with gum disease, for those wearing orthodontic appliances and for adults with dental implants.
- Bleaching of your teeth brightens discoloration caused by aging, smoking, and drinking coffee tea and colas. Some teeth may lighten more than others.
- If you wear oral jewelry, use an antiseptic mouth wash after each meal, brush your jewelry at the same time you brush your teeth, avoid hard and sticky foods, have regular dental checkups.
- Pop is a sweetened, acidic drink. The combination of sugar and acid is double trouble for your teeth and gums. Although there is no sugar in diet pop, the acid alone can damage your teeth. To lessen the damage, drink pop through a straw to reduce direct contact with your teeth. Better yet, when thirsty, drink milk or water.
- A soft or super soft tooth is recommended by dentists. It needs to be the right size for the individual's mouth and hand. If it is uncomfortable to hold, or if the head of the brush is too large, it will make toothbrushing uncomfortable. Children and teenagers may avoid brushing as a result.
- Dry mouth can lead to serious tooth decay and mouth infections. It can be caused by over 400 prescription medications, some diseases, cancer treatment, alcohol and tobacco use, dehydration.
- Oral piercing is becoming more popular, especially piercing of the tongue and lips. If you are considering an oral piercing, consult your dentist. The mouth contains millions of germs so infection is a common complication with oral piercing.
- In 2003-04, there were 24,180 people age six to 55 with asthma in Saskatchewan, of whom 49 per cent were female. overall prevalence of asthma in this age group was four per cent.

Information courtesy of the Saskatchewan Dental Health Educators

SCHR offers advanced acupuncture

Angela MacCleary has been curious about acupuncture for many years. "I figure anything that's worked for 4,000 years must have some value to it," she says. Angela is a physiotherapist who works in the Sun Country Health Region therapies department. After 38 years in the field, she's still expanding her knowledge. Two years ago, her interest gelled into a Level One certificate that allows her to treat people with the familiar type of anatomical acupuncture that places tiny needles at varying depths into a client's skin. Acupuncture is one of several methods of treatment that physiotherapists use, she says. "It's fascinating although, like everything else, it carries no guarantee." The training requires a bit of learning about traditional Chinese medicine, she says. "We learned that certain meridians belong to hot or cold, that sort of thing," she says. Last year, she went a step further and studied the Gokavi Transverse Technique (GTT) of advanced acupuncture, developed over the past 25 years by Dr. Cynthia Gokavi of Saskatoon. In November, Angela was one of only three people in Canada to be certified in the technique. Dr. Gokavi is the past president of the Acupuncture Foundation of

Canada and is on the teaching faculty of both the Acupuncture Foundation of Canada Institute and the American Academy of Medical Acupuncture. GTT is a different therapy from other acupuncture, says Angela. "It treats chronic pain that nothing else seems to shift." Many people who have taken the treatment can achieve sufficient relief that they can switch to a treatment every six weeks rather than every week, she says. Only two other people in Saskatchewan wrote the first set of exams for GTT certification, making Angela one of three in the province who can use this method of pain relief. The method uses high frequency electrical stimulation of acupuncture needles to activate low threshold skin and muscle receptors, causing the brain to bypass the endorphin system and create an analgesic effect. Then another set of needles is inserted into the relaxed muscle to increase mobility and reduce pain. Information can be found on the website - www.gokaviacupuncture.com But Angela is careful to point out that not even her advanced information would qualify her to be called an acupuncturist. "The difference between a physiotherapist and an acupuncturist is a lifetime of study and a different kind of medical practice," she says.



Inserting the needles for a therapy session: Sun Country Health Region Physiotherapist Angela MacCleary inserts acupuncture needles in the back of a client during a recent therapy session.

On death and dying

The kind of confusion created by the case of the late Terri Schiavo two years ago, who died in Florida after years of legal arguments over the use of a feeding tube might not occur if people prepared living wills, says the bioethicist at Saskatoon's Royal University St. Paul's Hospital. Dr. Mark Miller spoke in Sun Country Health Region this summer about the issue of advance care directives, or living wills as they are most commonly called. These documents have been legally available in Saskatchewan since 1997 but probably only 10 per cent of people have prepared one, which sometimes leaves families and friends in turmoil over end of life decisions, he said. "Often when we care for people with modern interventions, we do harm rather than good," he said. "A feeding tube is a good example. It can cause suffering for patients while they are dying," he said. Dr. Miller is also a Catholic priest.

"There are times when we force-feed people for our need, not for that of the patients," he said. It's very important that family members know the wishes of their parents and siblings regarding treatment after a serious illness or a collapse, said Dr. Miller. It's the next of kin, beginning with the spouse, and then the children, from oldest to youngest, who will be making the decisions in this province if something dire happens and no advance directive is provided, he said. That directive, as well as the naming of a proxy to make a decision in case you are incapacitated, can be written on the back of an envelope. They must be signed and dated to be valid but they both should be ready in advance, he said. "Advance directives may make communication among family members much easier," says Dr. Miller. Sometimes people have the fear that if their loved one is dying, or if they are dying, they will be

abandoned if no medical treatment is allowed but that's not the case where palliative care is available, he said. "Medicine is not about keeping people alive forever. Our goal is to provide care and cure where we can, and care that is appropriate when people are dying," he says. Sun Country Health Region uses both a Request for Compassionate Terminal Care form and a Do Not Resuscitate Advance Directive. The Region's director of patient counselling, Gloria Fong, says advance preparation of the forms is a decision to "let nature take its course." The first form recognizes that there comes a time when palliative care is the only appropriate care, she says. The first form is used most often in long term care centers and hospitals when people have decided they want no heroic measures taken if their heart stops, she says.

"Once the heart stops irreversibly for 10 minutes, and respiration ceases, a person's life is gone." "It's sometimes difficult for some people to make that choice but it's much more difficult to make it for someone else," she says. No lawyers are required to sign either form at an SCHR facility and there is no cost. The form will be collected with all other patient information in a file. They also can change the directive at any time. Lawyers in the region also have prepared their own forms for living wills, if people feel more comfortable going that route. One lawyer says it will cost anywhere from \$50 to \$150 to prepare these forms, depending on whether a proxy is also chosen to make medical decisions on incapacitation. "These are issues that society has to struggle with, says Dr. Miller. "We need to instruct people better so they can make informed choices and communicate more clearly with their loved ones."