

# COMMUNITY HEALTH PROGRAM NEWSLETTER

## OUR MISSION

Tsi nén:we wa'kwarihwaiéntáhkwen

Our Future – Our Responsibility

September  
Seskehko:wa  
2020

## OUR VISION

With a good mind it is our responsibility to protect and exercise our inherent rights while creating sustainable partnerships and building a strong community for future generations.



### Inside this issue:

September Green Food Bag	2
Immunization	2
Keeping Food Safe to Eat	3
Healthy Body Image in Children	4-5
Covid & Vaping & Smoking	6-7
Bubble Fun Ad	8
World Breastfeeding Week	9



## Contact Us

Kanonhkwa'tsheri:io  
Health Facility

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ext. 3220  
Fax: 613.575.1152

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## Green Food Bag/Tetewatska:hon

To order a Green Food Bag you can call or go to the Community Health office, located at the Kanonhkwat'sheri:io Health Facility.

The cost is \$10.00 per bag.

Deadline to  
Order:  
September 4

### August Pick Up Dates

#### Kana:takon

Date: September 22  
Time: 11am – 4pm  
Place: Tsi Snaihne  
Fire Hall

#### Tsi Snaihne

Date: September 22  
Time: 11am – 4pm  
Place: Tsi Snaihne  
Fire Hall

#### Kawehno:ke

Date: September 23  
Time: 11am- 4pm  
Place:  
A'nowara'ko:wa Arena

# Immunizations for School Entry

Does your child require immunizations to register for school or Head start?

If so, the MCA Community Health Program offers immunizations by appointment. You must call **613-575-2341 ext. 3220** to book an appointment. Immunizations are also available by appointment at the **Kawehnoke Medical Clinic** (613) 932-5808



Vaccinations that are **not** provided by the MCA Community Health Program include:

- **Hepatitis B** vaccine for children in Grade 6 or younger
- **Tdap** vaccine given at 11-12 years of age or before the tetanus booster is due
- A second dose of **Menactra** (meningitis vaccine) for grade 12.





**\*\*These vaccines can be given through our office if you obtain a prescription for the vaccine and cover the cost of the**



#### Tips

- **Update!** Make sure we have the most up to date immunization record for your child (this includes all vaccines your child has received)
- **Don't Wait!** Book your appointment as soon as possible to ensure all vaccinations are completed prior to starting school. Appointments book up fast.
- Be aware that some vaccines required may not be covered through our program. For example, some vaccines required for New York State school entry are not covered through our office.

# Ontario Routine Childhood Vaccination Schedule

Age	Vaccines
2 Months	<ul style="list-style-type: none"> <li>→ Diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b (DTaP-IPV-Hib)</li> <li>→ Pneumococcal (Pneu-C-13)</li> <li>→ Rotavirus (Rot-5)</li> </ul> 
4 Months	<ul style="list-style-type: none"> <li>→ Diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b (DTaP-IPV-Hib)</li> <li>→ Pneumococcal (Pneu-C-13)</li> <li>→ Rotavirus (Rot-5)</li> </ul> 
6 Months	<ul style="list-style-type: none"> <li>→ Diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b (DTaP-IPV-Hib)</li> <li>→ Rotavirus (Rot-5)</li> </ul>
12 Months	<ul style="list-style-type: none"> <li>→ Measles, mumps, rubella (MMR)</li> <li>→ Meningococcal (Men-C-C)</li> <li>→ Pneumococcal (Pneu-C-13)</li> </ul> 
15 Months	<ul style="list-style-type: none"> <li>→ Varicella (Var)</li> </ul>
18 Months	<ul style="list-style-type: none"> <li>→ Diphtheria, tetanus, pertussis, polio, Haemophilus influenza type b (DTaP-IPV-Hib)</li> </ul>
4-6 Years	<ul style="list-style-type: none"> <li>→ Tetanus, diphtheria, pertussis, polio (Tdap-IPV)</li> <li>→ Measles, mumps, rubella, varicella (MMRV)</li> </ul>
Grade 7	<ul style="list-style-type: none"> <li>→ Hepatitis B (HB)</li> <li>→ Meningococcal (Men-C-ACYW 135)</li> <li>→ Human papillomavirus (HPV)</li> </ul> 
14-16 Years	<ul style="list-style-type: none"> <li>→ Tetanus diphtheria, pertussis (Tdap)</li> </ul>

# 5 Steps for Brain-Building Serve and Return

from *Filming Interactions to Nurture Development (FIND)*

Child-adult relationships that are responsive and attentive—with lots of back and forth interactions—build a strong foundation in a child’s brain for all future learning and development. This is called “serve and return,” and it takes two to play! Follow these 5 steps to practice serve and return with your child.



Serve and return interactions make everyday moments fun and become second nature with practice.

By taking small moments during the day to do serve and return, you build up the foundation for children’s lifelong learning, behavior, and health—and their skills for facing life’s challenges.

**For more on serve and return:**  
[tinyurl.com/serve-return](https://tinyurl.com/serve-return)

**Filming Interactions to Nurture Development (FIND)** is a video coaching program that aims to strengthen positive interactions between caregivers and children. FIND was developed by Dr. Phil Fisher and colleagues in Eugene, Oregon.

**For more about FIND:**  
[tinyurl.com/find-program](https://tinyurl.com/find-program)

1

Notice the serve and share the child’s focus of attention.

Is the child looking or pointing at something? Making a sound or facial expression? Moving those little arms and legs? That’s a serve. The key is to pay attention to what the child is focused on. You can’t spend all your time doing this, so look for small opportunities throughout the day—like while you’re getting them dressed or waiting in line at the store.

**WHY?** *By noticing serves, you’ll learn a lot about children’s abilities, interests, and needs. You’ll encourage them to explore and you’ll strengthen the bond between you.*

2

Return the serve by supporting and encouraging.

You can offer children comfort with a hug and gentle words, help them, play with them, or acknowledge them. You can make a sound or facial expression—like saying, “I see!” or smiling and nodding to let a child know you’re noticing the same thing. Or you can pick up an object a child is pointing to and bring it closer.

**WHY?** *Supporting and encouraging rewards a child’s interests and curiosity. Never getting a return can actually be stressful for a child. When you return a serve, children know that their thoughts and feelings are heard and understood.*



# 5 Steps for Brain-Building Serve and Return

from *Filming Interactions to Nurture Development*  
(FIND)

Did you know that building a child’s developing brain can be as simple as playing a game of peek-a-boo?



3

Give it a name!

When you return a serve by naming what a child is seeing, doing, or feeling, you make important language connections in their brain, even before the child can talk or understand your words. You can name anything—a person, a thing, an action, a feeling, or a combination. If a child points to their feet, you can also point to them and say, “Yes, those are your feet!”

**WHY?** When you name what children are focused on, you help them understand the world around them and know what to expect. Naming also gives children words to use and lets them know you care.



4

Take turns...and wait.  
Keep the interaction going back and forth.

Every time you return a serve, give the child a chance to respond. Taking turns can be quick (from the child to you and back again) or go on for many turns. Waiting is crucial. Children need time to form their responses, especially when they’re learning so many things at once. Waiting helps keep the turns going.

**WHY?** Taking turns helps children learn self-control and how to get along with others. By waiting, you give children time to develop their own ideas and build their confidence and independence. Waiting also helps you understand their needs.



5

Practice endings and beginnings.

Children signal when they’re done or ready to move on to a new activity. They might let go of a toy, pick up a new one, or turn to look at something else. Or they may walk away, start to fuss, or say, “All done!” When you share a child’s focus, you’ll notice when they’re ready to end the activity and begin something new.

**WHY?** When you can find moments for children to take the lead, you support them in exploring their world—and make more serve and return interactions possible.

## What is Diabetes? Who gets Diabetes? Will Diabetes go Away?

Diabetes has 3 major types: Gestational diabetes, type I diabetes and type II diabetes.

Type 2 diabetes is the most common type diagnosed followed by type I diabetes. Gestational diabetes occurs during pregnancy and is usually temporary. Prediabetes is also important diagnosis that will indicate an elevated risk of developing diabetes.

### **Type II Diabetes**

People living with type II diabetes can not properly use the insulin made by their bodies, or their body is not able to produce enough insulin. Approximately 90% of people living with diabetes have type II diabetes. Type II diabetes usually develops in adulthood, but can also occur in childhood. Sometimes it can be managed by healthy eating, and regular exercise. May require medication or insulin therapy. Symptoms of type II diabetes could include some of the following:

- Unusual thirst
- Frequent urination
- Weight change (gain or loss)
- Extreme fatigue or lack of energy
- Blurred vision
- Trouble getting or maintaining an erection
- Diabetes Ketoacidosis (DKA)

### **Type I Diabetes**

Type I diabetes is an autoimmune disease is also known as insulin- dependent diabetes. People living with type I diabetes are not able to produce their own insulin. Cannot regulate their blood sugar because their body is attacking the pancreas. About 10% of the population have type I diabetes. Type I will develop in childhood, adolescence but can develop in adulthood. They will need to inject insulin or use an insulin pump. Symptoms of type I diabetes could include some of the following:

- Unusual thirst
- Frequent urination
- Weight change (gain or loss)
- Blurred vision
- Frequent or recurrent infection
- Trouble getting or maintain an erection
- Diabetes ketoacidosis (DKA)

### **Gestational Diabetes**

Gestational diabetes is a temporary form of diabetes that occur during pregnancy. 3-20% of pregnant women will develop gestational diabetes, depending on their risk factors. A diagnosis of gestational diabetes may increase the risk of developing diabetes later in life for both mother and child.

### **Prediabetes**

Prediabetes is a condition where blood sugar levels are higher then normal but not high enough to be diagnosed with type 2 diabetes. Speak with your health care provider and ask them about being tested for prediabetes.

Currently there is no cure for Type I or Type II diabetes. With good management and support team helps to reduce complications of diabetes.

Any other question regarding Diabetes please do not hesitate to call the Community Health Diabetes Services at 613-575-2341 ext. 3247 to speak with a Certified Diabetes Educator.

Information was taken from Diabetes Canada at [www.diabetescanada.ca](http://www.diabetescanada.ca)

**As a general rule, there is no need to avoid alcohol because you have diabetes.**

You *should not* drink alcohol if you:

- are pregnant or trying to get pregnant
- are breastfeeding
- have a personal or family history of drinking problems
- are planning to drive or engage in other activities that require attention or skill
- are taking certain medications. Ask your pharmacist about your medications.

**Consider the following questions when deciding what is best for you.**

	Yes	No
1 Is my diabetes under control?	<input type="checkbox"/>	<input type="checkbox"/>
2 Am I free from health problems that alcohol can make worse such as disease of the pancreas, eye disease, high blood pressure, high triglycerides, liver problems, nerve damage or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
3 Do I know how to prevent and treat low blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no" to any of these questions, you should speak to your diabetes educator or health-care professional before drinking alcohol.

If you answered "yes" to all of these questions, it is OK to drink alcohol in moderation.

**Moderate alcohol intake is limited to 2 standard drinks/ day or less than 10 drinks/ week for women; and limited to 3 standard drinks/ day or less than 15 drinks/ week for men.**

This recommendation is the same for people without diabetes. For people with high blood pressure, alcohol should be limited to 1 drink/day for women and 2 drinks/day for men.



## What is a “standard drink”?

### 1 standard drink (10 g of alcohol):



#### Beer

341 mL (12 fl.oz)  
of regular strength beer  
(5% alcohol)



#### Spirits

43 mL (1.5 fl.oz) of spirits  
(40% alcohol)



#### Wine

142 mL (5 fl.oz) of wine  
(12% alcohol)

Note: If you are carbohydrate counting, do not take insulin for the carbohydrate content of alcoholic drinks.

## Health risks of alcohol use

You may have heard that alcohol has certain health benefits. However, any pattern of drinking can be harmful. Proven ways of improving your health include: healthy eating, being active, and being a non-smoker.

### The Diabetes Canada Clinical Practice Guidelines recommend that:

- People with type 1 diabetes should be aware that moderate consumption of alcohol with, or 2 to 3 hours after, an evening meal may result in delayed low blood sugar (hypoglycemia) the next morning after breakfast, or up to 24 hours after alcohol consumption. This also applies to people with type 2 diabetes who are using insulin or insulin secretagogues.
- Alcohol should be limited to 2 standard drinks/ day or less than 10 drinks/ week for women, and limited to 3 standard drinks/ day or less than 15 drinks/ week for men.
- People with diabetes should discuss alcohol use with their diabetes health-care team.

## Risks for people with diabetes

### Alcohol can:

- affect judgement
- provide empty calories that might lead to weight gain if taken in excess
- increase blood pressure and triglycerides
- cause damage to liver and nerves including brain and sexual organs
- contribute to inflammation of the pancreas
- dehydrate the body which is very dangerous in someone with high blood sugar
- worsen eye disease

### For young people in particular, alcohol use:

- can lead to addiction
- is associated with a dramatic increase in injuries and death





## Carbohydrate and calorie content in some common alcoholic beverages and mixes

(The amounts listed are a general guide only)

Beverage	Standard serving size	Energy (kcal)	Carbohydrate content (g)
<b>Beer:</b>			
regular	341 mL (12 fl.oz)	147	12
light	341 mL (12 fl.oz)	99	6
non-alcoholic*	355 mL (~12 fl.oz)	40-80	9-17
low carb*	341 mL (12 fl.oz)	96	3
<b>Spirits/Hard liquor</b>	43 mL (1.5 fl.oz)	98	0
<b>Liqueurs &amp; Cordials</b>	43 mL (1.5 fl.oz)	155-190	10-25
<b>Wine:</b>			
regular	142 mL (5 fl.oz)	106-127	2-4
dessert	142 mL (5 fl.oz)	233-243	18-21
non-alcoholic	142 mL (5 fl.oz)	9	2
<b>Cooler:</b>			
regular	355 mL (12 fl.oz)	178-258	21-38
light*	330 mL (12 fl.oz)	100	1
<b>Mixes:</b>			
Sugar free pop	250 mL (8 fl.oz)	0	0
Regular pop	250 mL (8 fl.oz)	107	28
Club soda	250 mL (8 fl.oz)	0	0
Tonic water	250 mL (8 fl.oz)	88	23
Orange juice	250 mL (8 fl.oz)	118	27
Tomato juice	250 mL (8 fl.oz)	44	9
Tomato and clam juice	250 mL (8 fl.oz)	123	28

Reference: Canadian Nutrient File, 2018; USDA Food Composition Databases, 2018; \*Actual Label  
The caloric and carbohydrate content may vary by brand, be sure to check the labels

### THE BOTTOM LINE

- If you do not drink alcohol, don't start.
- If you choose to drink alcohol, intake should be moderate (daily intake should be limited to 2-3 drinks for adult men and 1-2 drinks for adult women). When drinking alcohol, make sure you know how to prevent and treat low blood sugar.
- Heavy alcohol drinkers (more than 21 drinks/week for men and more than 14 drinks/week for women) are strongly advised to reduce the amount of alcohol they drink. Heavy alcohol use can make blood sugar control more difficult and increases other health risks.
- Talk to your diabetes educator or health-care professional if you have questions.

**Related article:** *High blood pressure and diabetes*



diabetes.ca | 1-800 BANTING (226-8464) | info@diabetes.ca

Diabetes Canada is making the invisible epidemic of diabetes visible and urgent. Eleven million Canadians have diabetes or prediabetes. Now is the time to End Diabetes - its health impacts as well as the blame, shame and misinformation associated with it. Diabetes Canada partners with Canadians to End Diabetes through education and support services, resources for health-care professionals, advocacy to governments, schools and workplaces, and, funding research to improve treatments and find a cure.

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# Reducing Risk of West Nile Virus Infection

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West Nile Virus (WNV) is a potentially serious illness. It is transmitted to humans through the bite of an infected mosquito. While anyone can be infected with WNV, the chances of having a severe illness are greater as you get older or if you have a weakened immune system. Children are not at greater risk of illness from WNV.

## Tips to Avoid Mosquito Bites

- Wear light-colored, long-sleeved shirts and pants when outdoors.
- Apply insect repellent containing DEET or icaridin and follow the manufacture instructions
- Take extra care during peak mosquito biting time (dusk and dawn) by using mosquito repellent and wearing protective clothing.
- Remove standing water from property, where mosquitoes can breed.
- Ensure your home has tight-fitting screens on windows and doors.
- Mosquitoes develop in stagnant water. You can reduce the number of mosquitoes around home by eliminating stagnant water on property.

## Tips on Reducing Standing Water

1. **Keep your yard clean:** Uncovered garbage containers and junk piles collect water in which mosquitoes can breed.
2. **Always inspect pools and ponds:** poorly maintained pools and swimming pools can be breeding sites for mosquitoes.
3. **Clean out eaves, gutters and drains:** Clogged gutters will accumulate water and create a place for mosquitoes to breed. Check flat roofs frequently for standing water.
4. **Eliminate stagnant water:** Clean up and empty water in toys, birdbaths, tires, flowerpots, wheel barrows, and other garden objects where mosquitoes can breed.
5. **Maintain yards and lawns:** Fill in low depressions in lawn areas. Eliminate standing water in gutters or storm drains to prevent small ponds. Install screens over catch basins. Turn compost over frequently.
6. **Fix faucets and hoses:** Repair any leaks to faucets and hoses to prevent possible breeding sites. Prevent water from pooling around downspouts and air conditioners.
7. **Repair window screens and screen doors:** Crawl spaces, attic vents, and broken screens allow mosquitoes to enter your home. If you don't have screens, try to keep windows closed between dusk and dawn.

# Tomato Sauce

Yield: NA

Prep Time: 120 minutes

Processing Time: 60 Minutes

Difficulty: Intermediate



Basic tomato sauce is handy to have on hand to add to pasta sauces, chili, soups or stews.

When ready to use this sauce, add any combination of seasonings you desire. For thin sauce, an average of 35 lb (15.8 kg) is needed for seven 1 L jars. For thick sauce, an average of 46 lb (20.8 kg) for seven 1 L jar is required.

## Ingredients:

- Tomatoes
- Bottled lemon juice or citric acid
- Salt, optional
- Dried herbs, to taste, optional

## DIRECTIONS:

- Place the required number of clean 500 ml or 1 L mason jars on a rack in a boiling water canner; cover jars with water and heat to a simmer (180°F/82°C). Set screw bands aside. Heat SNAP LID® sealing discs in hot water, not boiling (180°F/82°C). Keep jars and sealing discs hot until ready to use.
- Wash tomatoes, remove cores and trim off bruised or discoloured portions.
- Option 1 – Quarter tomatoes and pass through a food mill or Victoria strainer that separates out seeds and skins from tomato pulp and juice.
- Option 2 – Quarter 1 lb (500g) tomatoes (about 2 cups/500 ml) and place in a large stainless steel saucepan over high heat. Stir and crush tomatoes until mixture boils rapidly. Then continue to slowly add and crush freshly cut tomato quarters to the boiling mixture. Be sure to maintain a constant, vigorous boil while adding remaining tomatoes. Remove from heat and cool slightly. Press mixture through a fine sieve or food mill to remove seeds and skins.
- Return 4 cups (1 L) of sieved mixture to large diameter, deep stainless steel saucepan. Bring to a vigorous boil. Add additional tomato mixture 1 cup (250 ml) at a time, maintaining a steady boil. When all of mixture has been returned to pan, continue stirring occasionally and boiling gently until sauce reaches desired consistency. Boil until volume is reduced by about one-third for thin sauce or by one-half for thick sauce.
- Add quantity of lemon juice or citric acid specified below to each hot mason jar before filling with sauce. If using, add salt and dried herbs to jar prior to filling: herbs and salt are optional.

- |            |                 |                   |                |
|------------|-----------------|-------------------|----------------|
| • Jar size | Lemon juice     | or Citric acid    | Salt, optional |
| • 500 ml   | 1 tbsp. (15 ml) | or 1/4 tsp (1 ml) | 1/2 tsp (2 ml) |
| • 1 L      | 2 tbsp. (30 ml) | or 1/2 tsp (2 ml) | 1 tsp (5 ml)   |

- Ladle hot sauce into a hot jar to within 1/2 inch (1 cm) of top of jar (headspace). Using non-metallic utensil, remove air bubbles and adjust headspace, if required, by adding more sauce. Wipe jar rim removing any food residue. Centre hot sealing disc on clean jar rim. Screw band down until resistance is met, then increase to fingertip tight. Return filled jar to rack in canner. Repeat for remaining sauce.

Cover canner: bring water to a boil at an altitude up to 1000ft (305 m), process- boil filled jars according to times below:

- 500 ml 35 minutes
- 1 L 40 minutes

Remove jars without tilting. Cool upright, undisturbed 24 hours: **DO NOT RETIGHTEN** screw bands. After cooling check jar seals. Sealed lids curved downward. Remove screw bands: wipe and dry bands and jars. Store screw bands separately or replace loosely on jars.