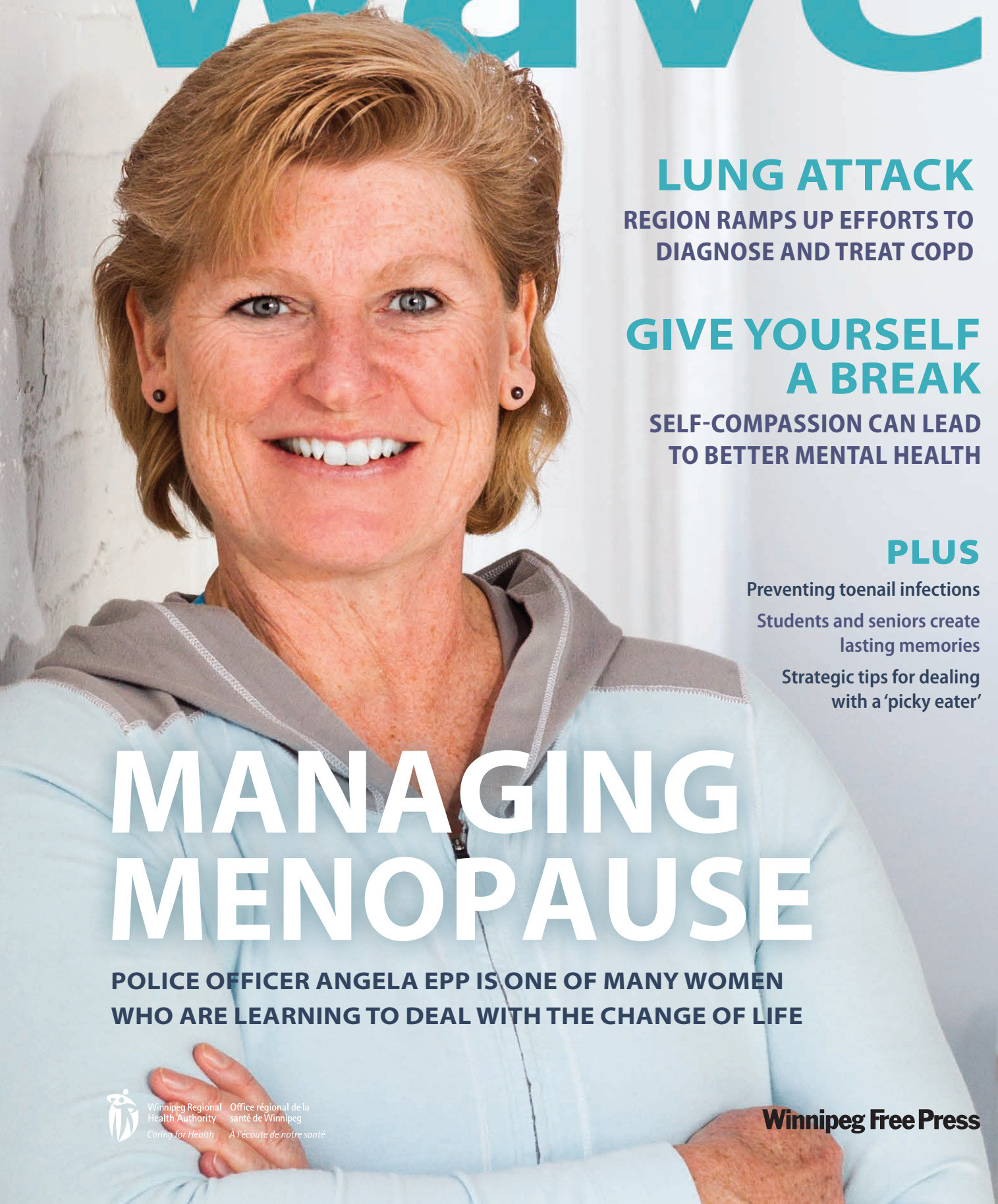


WINNIPEG'S HEALTH AND WELLNESS MAGAZINE MAR/APR 2017

SPECIAL REPORT
RESEARCH MANITOBA

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LUNG ATTACK

REGION RAMPS UP EFFORTS TO
DIAGNOSE AND TREAT COPD

GIVE YOURSELF A BREAK

SELF-COMPASSION CAN LEAD
TO BETTER MENTAL HEALTH

PLUS

Preventing toenail infections

Students and seniors create
lasting memories

Strategic tips for dealing
with a 'picky eater'

MANAGING MENOPAUSE

POLICE OFFICER ANGELA EPP IS ONE OF MANY WOMEN
WHO ARE LEARNING TO DEAL WITH THE CHANGE OF LIFE



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A letter from the
Winnipeg Regional
Health Authority

Milton Sussman,
President and CEO

Balancing the budget

As many readers will know by now, the Winnipeg Regional Health Authority is reviewing its expenditures for the coming year with a view to balancing its budget.

And, as a result, there has been a fair amount of speculation in the media about what that might mean for health-care services.

That is understandable. After all, the Region has run a deficit in each of the last six years. Given that funding from the province is expected to remain relatively flat for the foreseeable future, it's pretty clear that something will have to give.

With that in mind, I'd like to take this opportunity to provide some background on our efforts to balance the books, and what that might mean for the delivery of care going forward.

Let's start with the basics. The Region currently receives about \$2.8 billion a year to deliver health care, and has been asked to trim a minimum of \$83 million in the fiscal year 2017/18.

In order to do that, and to balance our budget in the years ahead, we will have to find ways to manage our resources more efficiently while still maintaining our focus on providing quality care, advancing health equity, and ensuring we remain an employer of choice among health-care professionals.

To that end, we have established two working tables at the Region. One has been focusing on identifying opportunities for savings and service enhancements in our clinical areas, while the other has been looking for similar opportunities in the non-clinical realm.

Since their inception a few months ago, these two groups have been busy generating detailed proposals that will form the basis of our budgetary plan, which we expect to unveil in the next few weeks.

It is important to note here that this search for efficiency is not something new. Over the years, the Region has consistently looked for ways to reduce or eliminate unnecessary expenditures. In some cases,

achieving these efficiencies is simply a matter of following best practice.

The Choosing Wisely Manitoba initiative illustrates the point. Launched a few years ago as a collaboration involving the George and Fay Yee Centre for Healthcare Innovation and Diagnostic Services



Manitoba, Choosing Wisely has a mandate to reduce unnecessary medical tests, treatments and procedures in order to ensure appropriate care and improve efficiency. One example of its work involves the decision to reduce vitamin D testing in Manitoba.

Until recently, Manitobans used to be tested for vitamin D deficiency even if there was no medical reason to do so. That changed in February 2016, after the folks at Choosing Wisely were able to demonstrate that there was no need to continue with this practice. The result was an 86 per cent reduction in testing and a projected savings

for the health-care system of \$659,000 in 2016, and \$785,000 in 2017.

Now, I'm not suggesting that we will be able to balance our budget simply by doing away with unnecessary testing. But the truth is that there are many areas where we can implement efficiencies by confronting entrenched processes, procedures and working models that have been in place for some time, but may no longer be viable.

In some cases, that may mean re-organizing the way we deliver certain services and redeploying resources to meet some of our more pressing needs. To that end, we will be reviewing the findings of two provincial reports on potential health-care system efficiencies, one by Health Intelligence Inc. and Associates, the other by KPMG.

The former is available to read online at www.gov.mb.ca/health/documents/pcpsp.pdf, and contains a number of interesting proposals for how we might be able to implement efficiencies and improve care at the same time.

In addition, we will be looking to see what we can learn from other jurisdictions across the country. It's a little-known fact that our Region tends to be an outlier when it comes to providing certain services and medical equipment at no charge to the patient or client. It may be that some of these practices are out of date and will need to be changed to bring us more in line with what is happening elsewhere.

Where will this process end up?

It's still too early to say. But one thing is certain: we can't simply implement across-the-board cuts on our way to a balanced budget. Rather, we must redouble our efforts to identify potential areas for savings while still meeting our commitment to improve the level of care we provide to our patients and their families.

That won't be an easy thing to do. But it is something we must do if we are to continue providing high-quality, sustainable health care – not just now, but in the years to come.

Lasting Memories

STUDENTS AND SENIORS COLLABORATE ON SCRAPBOOK PROJECT



BY SHARON CHISVIN • PHOTOGRAPHY BY MARIANNE HELM

As 81-year-old Andrew Kehler settles into his comfy chair in his main floor suite at Harmony Court on a recent winter morning, his two guests lean toward him and gently begin peppering him with questions.

Where did you grow up? Did you have brothers or sisters? What was your favourite holiday?

Kehler's guests, Mirza Nazri and Ishe Matanga, are not just being nosy.

Rather, the two Grade 9 students from Henry G. Izatt School in the Winnipeg neighbourhood of Whyte Ridge are seeking answers to help them pull together a scrapbook of Kehler's memories.

In fact, they are among a group of 25 students carrying out interviews with other residents on this morning, all with the goal of producing scrapbooks that reflect the lives of the individuals in question.

It's all part of an intergenerational social engagement project organized by the school and Harmony Court, which is a supportive housing residence located in the

Riverwood Square complex on Pembina Highway.

"We provide the residents of Harmony Court with every service and support we possibly can," says Riverwood Square manager Linda Sherrin. "This includes meals, housekeeping, cueing and reminders to help them with active living, but the biggest piece by far is social engagement."

Much of that social engagement comes from Riverwood's burgeoning relationship with Henry G. Izatt, which is part of the Pembina Trails School Division.

Over the last four years, students from the middle school have regularly visited the residence for holiday celebrations and various other programming. Students and seniors have danced together in Zumba classes, written and performed songs

together, and even curated personalized iPod music playlists together.

"Research has demonstrated that social engagement is the key to healthy living, and intergenerational interaction has an even more dramatic effect," says Jan Legeros, Executive Director of the Manitoba Long Term and Continuing Care Association.

"Intergenerational programming helps create lasting memories for both students and the residents," she adds. "The students learn friendship and respect. Most of all, they learn how seniors and students can contribute to each other's well-being."

The scrapbook project, entitled His Story – Her Story, is the latest project between the seniors and the school.

Launched in December 2016, the project



Students Zyn Al-Ali (left) and Nick Pizarro chat with resident Mary Coughlin.

involves students meeting with selected residents every couple of weeks, interviewing them about their lives, and creating personalized scrapbooks for them that reflect those lives. Most of the seniors participating in the project are compromised by early-stage dementia. All of the students volunteering with the program participated in a special course that taught them the basics about dementia.

Although Kehler does not remember meeting his student interviewers a few weeks earlier, he welcomes their company and their inquiries. The questions, prepared in advance by Riverwood's Health and Wellness Director Shannon Gaulke, are specifically designed to twig memory in the seniors while providing the students with inspiration and ideas for their scrapbooks.

Nazri and Matanga take turns quietly asking the questions, and respectfully and patiently wait while Kehler tries to conjure up images and names in response.

"Holy dynamite," he says, when Nazri asks him if he

A new Wave is hitting the web

The Winnipeg Regional Health Authority is excited to announce that Wave magazine is moving to a new digital-only format this spring.

Beginning with the May/June issue, all the informative, engaging and helpful content of the print edition will now be found exclusively online.

Wave was launched by the Region in the spring of 2009 with a mandate to engage readers on issues relating to their health and well-being. Since then, the magazine has been published six times a year with a print run of 30,000 copies per issue.

Over the years, Wave has cultivated a loyal following and won recognition for its editorial content – including a Magazine of the Year Award from the Manitoba Magazine Publishers' Association.

But the time has come to join countless other successful publications in transitioning to a web-only format. We are confident this new format will better meet the needs of existing readers and will attract new readers to our publication. The web-only format allows for increased interactivity and provides the opportunity to target specific information to our readers when and how they want it. Look for new features such as quizzes, slideshows and videos to enhance the regular stories and columns of Wave.

The new site – currently in development – will ultimately make it easier for users to access a comprehensive treasure trove of helpful and meaningful information on the thing that matters most – their health and well-being.

The new Wave magazine website will go live in mid-May. See you there!



The cover of the first issue of Wave, published May, 2009

can remember his first car. It takes him a few minutes, but with gentle prodding he eventually comes up with the answer.

"It was a '48 Chevy," he says. "A kind of brown or tan colour."

Upstairs in her fourth-floor suite, 82-year-old Mary Coughlin is attempting to answer similar questions from her interviewers.

"My memory is not very good," she tells Zyn Al-Ali and Nick Pizarro apologetically. "One of the things that happened to me is I can't remember things too well."

But Al-Ali and Pizarro are both encouraging and empathetic, and tell her that she is doing a great job. A question about her past participation in sports eventually leads to a discussion about the Winnipeg Jets, and Mary tells them that she is a big fan and watches all of the games on television.

Although almost seven decades separate the students and seniors in this project, none of the students appear ill at ease with their elderly counterparts. In the course of their interviews, young and old laugh together, joke together and occasionally

shed a tear together. It is obvious that both the teenagers and the seniors are enjoying and benefitting from the interaction.

"I volunteered for this program because I wanted to work with older people," Nazri says.

"The program is good for me," she adds candidly, "because sometimes I am too open and talk too much about myself. This makes me focus on another person."

Nazri's impressive self-awareness and interest in the elderly is shared among her classmates. "I have two grandmothers who live with me," says Haaron Kinnarath, "so this felt like a good thing to do. "And," he adds, "I love talking to people."

Henry G. Izatt Principal Peggy Hobson says that her school's partnership with Riverview benefits her students in numerous ways.

"The opportunity to have a significant partnership with a seniors' residence

provides so many links with curricular areas," she says, "but most importantly, it provides another avenue for our students to develop relationships and learn with others in a very meaningful way."

Similarly, Linda Sherrin sees the benefits that her residents accrue from their interaction with the students.

"We actually see changes in both behaviours and outlook," she says. "A very reserved, quiet person will be visually happier, and for some folks who may be depressed and anxious, the engagement provides relief and refocus."

The seniors very much enjoy the conversations, the storytelling and engagement, she adds. They are always glad to see the students and always ask when they will be coming back.

Sharon Chisvin is a Winnipeg writer.



Students Haaron Kinnarath (left) and Mirza Nazri.



Resident Andrew Kehler chats with student Ishe Matanga.



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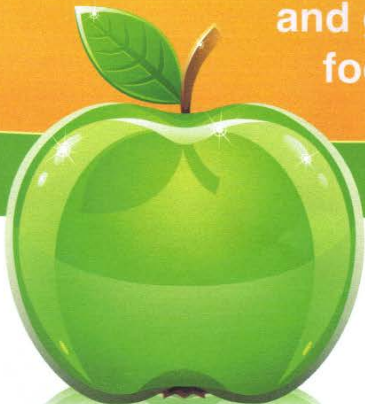
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LUNG ATTACK

REGION RAMPS UP EFFORTS TO DIAGNOSE AND TREAT COPD

By Bob Armstrong | Photography by Marianne Helm

Karen Murray's problems started about three years ago.

"I was just having shortness of breath and chest pain," says the 56-year-old Winnipeg woman.

"I thought, you know what, I've got to go see a doctor. I knew something was wrong."

Initially, Murray thought the pains were caused by a problem with her heart. But when she was examined by a cardiologist, he could find nothing wrong, so he referred Murray to a respirologist, who conducted more tests.

And that's when Murray got the news. The chest pain she was experiencing had nothing to do with her heart, but it had everything to do with her lungs.

As it turned out, Murray had something called chronic obstructive pulmonary disease (COPD), a debilitating condition that constricts the airways and damages the small sacs in the lungs, making it difficult to breathe.

In technical terms, COPD occurs when the alveoli – the tiny sacs where oxygen and carbon dioxide are exchanged – are damaged, usually by airborne contaminants. Gases are exchanged at the surfaces of the alveoli, and the large numbers of alveoli inside the lungs, like grapes clustered on a vine, have a large surface area. But as the alveoli are damaged, they end up forming larger "blobs" instead of clusters of individual alveoli. As well, the airways in the lungs become inflamed, creating a tighter space for the air to move when inhaling or exhaling.

News of the diagnosis took Murray by surprise. Although COPD, an umbrella term that includes emphysema, bronchitis and some other lung diseases, is often linked to smoking, it can also be caused by inhaling pollutants, such as welding fumes and grain dust.



Karen Murray is managing her COPD symptoms.

And while Murray used to smoke, she had given up the addiction years earlier – long before she had started to experience any health problems.

“I thought I had dodged a bullet because I’d quit smoking,” she says. “It (the diagnosis) was a real eye-opener.”

Unfortunately, Murray is not the first person to be taken aback by a diagnosis of COPD. Nor will she be the last, according to Craig Hillier, Regional Manager, Respiratory Therapy (Acute Care) with the Winnipeg Regional Health Authority. In fact, he suggests that as many as four per cent of Winnipeggers – about 28,000 people – have diagnosed or undiagnosed COPD.

Many of these people have been referred to the Region’s Pulmonary Rehabilitation Program. The program is run out of three facilities – the Wellness

Institute at Seven Oaks General Hospital, Deer Lodge Centre and Misericordia Health Centre – and specializes in helping people with COPD and other lung conditions.

As Hillier explains, COPD tends to creep up on people slowly. But it can also cause an “exacerbation” – a sudden worsening of the condition that health-care providers refer to as a “lung attack.”

These lung attacks account for an ever-growing number of patients in the city’s emergency departments, says Hillier. “People with COPD are coming through our hospitals in big numbers,” he says, noting that it is one of the top five reasons people are admitted to emergency.

Indeed, a year after her initial diagnosis, Murray ended up in the emergency department at Concordia Hospital after

again experiencing severe chest pains.

At the time, it was thought the pains might have been caused by pleurisy, but it is also possible they were connected to her COPD. In any case, it was following that trip to emergency that Murray was referred to the Pulmonary Rehabilitation Program at the Wellness Institute.

Although COPD is a serious condition that affects many people, it is not a top-of-mind illness for most Canadians. A study carried out by the Canadian Lung Association and the Canadian Thoracic Society a decade ago is still likely relevant today, says Hillier. It revealed that, while 99 per cent of Canadians had knowledge of breast cancer, and similarly high percentages were familiar with other illnesses, fewer than 20 per cent of Canadians were familiar with COPD.

That same study also showed that only



Respiratory therapist Kristin Peleck holds a portable spirometer as respiratory therapist Sherri Vautour (left), Respiratory Therapy Manager (Acute Care) Craig Hillier and respiratory therapist student Sheila De Los Santos look on.

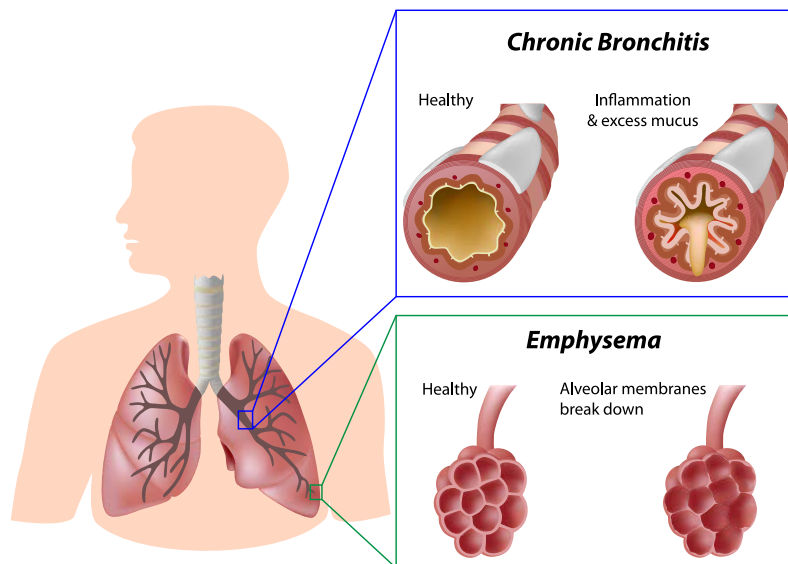
a minority of doctors used basic diagnostic tools, such as a spirometry test, which can be used to measure lung capacity, to diagnose COPD and that only a small minority of them felt comfortable interpreting the results of such a test.

The end result is that the first signs of COPD are often missed – because people don't necessarily recognize the early symptoms, and because doctors don't always test people who are at risk for the disease.

"We know we are under-diagnosing or diagnosing late," says Hillier.

Although the condition is often associated with people who are 50 years of age or older, Hillier says the initial stages of the disease can often be discovered earlier in life. "It can be detected (in people) as early as their 30s," he says. "But we usually see people when they start experiencing symptoms. They say to their doctor, 'I'm coughing all the time' or 'When I walk through the mall with my wife, I can't keep up with her.'"

Chronic Obstructive Pulmonary Disease (COPD)



DO YOU HAVE COPD?

The Winnipeg Regional Health Authority is taking steps to enhance access to diagnosis and treatment for chronic obstructive pulmonary disease (COPD). As part of that effort, staff use a simple five-question screening test developed by the Canadian Thoracic Society to identify people who should be tested for the disease using a spirometer, a device that measures lung capacity. Candidates for testing include anyone who is a current or ex-smoker over the age of 40 and answers "yes" to any of these questions:

- 1 Do you cough regularly?
- 2 Do you cough up phlegm?
- 3 Do even simple chores leave you short of breath?
- 4 Do you wheeze when you exert yourself?
- 5 Do you get frequent colds that persist longer than other people's colds?

SPIROMETRY TEST

People deemed to be at risk for COPD will be tested with a spirometer, a device that is used to measure lung capacity.

With a spirometer test, a patient exhales into a tube attached to a mechanical device for six seconds, beginning by forcing out the air as powerfully as possible. One of the things the test measures is how much air a person is able to exhale in the first second. A person with healthy lungs will be able to largely empty them in that first second. Because of constricted airways, a person with COPD will empty out their lungs much more gradually.

After taking the test, a print-out of numbers on the volume exhaled and the speed of exhaling provides health-care professionals with information that can be used for a diagnosis.



"PEOPLE WITH COPD ARE COMING THROUGH OUR HOSPITALS IN BIG NUMBERS."



Respiratory therapists Christine Lam (sitting) and Raquel Fernandes demonstrate how a spirometer machine is used to test lung capacity.

As a result, the Region is working to raise awareness about the condition and to improve access to early diagnosis and treatment. As Hillier explains, although there's no cure for COPD, providing education and therapy programs for people with the disease can offer substantial benefits. "Our goal is to help people feel independent, have a better quality of life, and not have to go to the hospital as often."

To that end, the Pulmonary Rehabilitation Program, in conjunction with the Region's Primary Care Program and the Chronic Disease Collaborative, has taken a number of steps.

For example, members of the three programs have developed a clinical practice guideline to make spirometry testing more readily available through doctors' offices and ACCESS clinics located throughout the city. In addition, the group secured funding from the Manitoba Lung Association to help support the training of 20 health-care providers, including an interdisciplinary team of nurses, physiotherapists, pharmacists and dietitians, to carry out spirometry testing at these facilities.

Carol Schaap, Initiative Lead for the Region's Primary Health Care Program, says that since the illness is often caused

by smoking, an early diagnosis might provide the incentive to quit before the damage gets worse.

The Region is also taking action on the treatment side. Last year, with funding support from the Canadian Foundation for Healthcare Improvement, the Region launched a pilot program at Concordia Hospital called Inspired. This program is designed to optimize and standardize care for COPD and other advanced-stage lung diseases. Included in the project have been educational sessions for family doctors who admit patients to Concordia's medical beds, in which they learn how to read spirometry results.

Another aspect of the Inspired project focuses on the transition from hospital to the community for COPD patients who are returning home. It is designed to provide a specialized level of care for patients with severe COPD by providing them with education about their condition and access to services designed to support them in their own home, such as home care. Eventually, Inspired will be rolled out to other facilities in the city.

COPD is also being targeted by the My Health Teams initiative, which is designed to support the creation of health-care provider teams in the community to help Manitobans get access to care, says

Hillier. Through the My Health Teams approach, funds are being made available so that physicians can have chronic disease clinicians – often nurses with expertise in fields like COPD or diabetes management – working in their offices or clinics.

As Hillier explains, once someone is diagnosed with COPD, the goal is to help the patient manage their condition and prevent them from experiencing a lung attack – and a trip to emergency.

As in Murray's case, this will often mean a referral to the Pulmonary Rehabilitation Program. About 200 people a year go through the eight-week program, which provides participants with instruction on medications, nutrition, lifestyle adaptations, and signs of possible attacks.

As part of their course, participants also walk, either on the track at the Wellness Institute or in the hallways at the other locations, or use treadmills or exercise bikes. Improving general fitness helps to manage the overall effects of COPD because it helps ensure that even if lung function is impaired, the heart is better able to circulate the oxygenated blood.

Over the eight weeks, participants often find their walking ability is dramatically improved, says Hillier. "We've had people come to the program and say that just getting into the shower was a nightmare. But by the time they were finished, they were walking five or six loops around the track."

The program has had a big impact on Murray's health.

As she explains, once she was diagnosed with COPD, she started to notice the times she found herself short of breath, such as when climbing the stairs. She also found that breathing could be a challenge in extreme cold and in summer heat and humidity.

Following her diagnosis, Murray started taking medication in the morning to keep her airways open and uses a Ventolin inhaler for occasions when activity or something in the air causes shortness of breath.

Today, with medication and exercise, she's able to carry on with daily activities like gardening, shopping and her work as a seamstress.

"When I first started the class, I'd get winded after six or eight laps," she says. "Now I can walk 45 minutes on the track."

Murray found the activity component of the class so valuable that she and her husband both became members of the Wellness Institute after the program.

"I thoroughly enjoyed the program," says Murray. "I thanked my respirologist for referring me to it."

Bob Armstrong is a Winnipeg writer.

Karen Murray walks the track at the Wellness Institute to improve her endurance.



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MANAGING MENOPAUSE

POLICE OFFICER ANGELA EPP
IS ONE OF MANY WOMEN WHO
ARE LEARNING TO DEAL
WITH THE CHANGE OF LIFE





“I KNEW IT WAS A
NATURAL PART OF AGING,
SO I WAS SURPRISED
AT HOW DEBILITATING
THE SYMPTOMS
WERE, ESPECIALLY
THE DEPRESSION AND
MEMORY PROBLEMS.”

BY SUSIE STRACHAN • PHOTOGRAPHY BY MARIANNE HELM

Like all middle-aged women, Angela Epp expected to experience some of the more common symptoms typically associated with menopause.

So the hot flashes, night sweats and insomnia didn't come as much of a surprise.

But then Epp started to experience more severe symptoms. She found herself feeling unhappy, suffering from mood swings and, most distressingly, finding it hard to concentrate on her work and worried that she was forgetting important facts needed for her job as a police officer. Then it got worse.

“I was waking up in the night with heart palpitations that were so bad, I thought I was having a heart attack,” she says, recalling her first few months of being menopausal.

As it turns out, Epp's experience with menopause, which started about three years ago when she was 50, is not all that unusual, according to Dr. Debra Evaniuk, an obstetrician-gynecologist at the Mature Women's Centre at Victoria Hospital and one of the Winnipeg Regional Health Authority's leading experts on the subject.

As Evaniuk explains, menopause is clinically defined as the absence of a woman's period for 12 months. This dramatic change of life, characterized by a reduction in the production of estrogen and the end of fertility, is often accompanied by a

number of common physical symptoms, such as those initially experienced by Epp.

Less well known, though, is the fact that as many as one out of 10 women going through this transition will experience more severe symptoms, including lack of energy, lack of interest in sex, and brain fog. In addition, many women may experience psychological effects, such as mood swings, anxiety and depression.

Evaniuk says many women are able to deal with the less-severe symptoms of menopause, which can last up to 15 years or more, without too much trouble or need of medication, such as hormone replacement therapy.

“But when the symptoms are having an impact on their lives, they should seek help from their family physician or another health-care professional.”

That is exactly what Epp did. When she first sought treatment, she was given a prescription for hormone replacement medications and a low-dose antidepressant. The hormone replacement medication resolved her hot flashes, anxiety and insomnia almost right away. But it was about this time that Epp also started to gain some weight, something that can happen as women age.

Angela Epp says she uses exercise to help manage menopause symptoms.

ABOUT THE MATURE WOMEN'S CENTRE

The Mature Women's Centre at Victoria Hospital specializes in dealing with a range of gynecological issues, including menopause transition and hysterectomy alternatives.

Founded in 1994 at Health Sciences Centre Winnipeg, the centre moved to the Victoria Hospital in 2006 and currently sees about 5,000 patients a year. It offers referred patients a multi-disciplinary approach to care that includes doctors and nurses, as well as a pharmacist, dietitian and a kinesiologist.

"We have a quiet, calm atmosphere," says Kerry Antonio, a clinical resource nurse at the centre. "The team goes to the patient, rather than the other way around."

The nurse-managed model of care at the centre emphasizes health promotion, and disease and disability prevention, from a physical, cultural, emotional and spiritual perspective, she adds.

While menopausal patients tend to be 50 years of age or older, the centre also has patients between the ages of 20 and 40, according to Leanne Chernecki, a nurse clinician. These younger women are experiencing premature menopause due to surgery, radiation, chemotherapy or other treatment-induced causes, along with a condition called primary ovarian insufficiency.

"These are young women, often with young families, who find themselves dealing with something they didn't expect to happen until much later in life," says Chernecki. "There's often not a transition through peri-menopause to menopause, either. The symptoms can come on immediately after surgery to remove the ovaries, for example."

Younger women experience the same symptoms, like night sweats and hot flashes, but they are at higher risk for cardiac and bone health problems.

Treatments for menopause include

hormone replacement therapy as well as alternatives to those who interested in pursuing that option.

Most patients come to the centre hoping for relief of their symptoms, and are seen by the nursing team, with the pharmacist brought in to discuss medications. They soon learn they can make lifestyle changes as well, such as changing their diet, increasing exercise and decreasing stress.

"Menopause is associated with weight gain for many women, as well as changes in the body's shape and metabolism," says Wendy Borody, the centre's dietitian. "Women lose the protection that estrogen gave to their body, which protected the bones and heart."

Dietary modification may be as simple as adding calcium and vitamin D, and reducing foods with high amounts of sugar, salt and certain types of fat. "We also talk about foods that may trigger symptoms, such as hot

● For more information about menopause, as well as other health issues, visit the Mature Women's Centre at Victoria Hospital: www.vgh.mb.ca/mwc/

Members of the health-care team at the Mature Women's Centre, from left: Karen DiMarco, pharmacist; Wendy Borody, registered dietitian; Dr. Debra Evaniuk; Janet Antoshko, kinesiologist; Kerry Antonio, clinical resource nurse.



drinks or spicy foods, and red wine, among other alcoholic drinks that may cause hot flashes."

For many women, adding exercise to their already-busy life seems impossible, according to Janet Antoshko, the clinical kinesiologist at the centre. But, as she points out to her patients, exercise is medicine.

"It helps with everything: both the physical side of things and your mood, helping you decrease stress, anxiety and depression," says Antoshko. "So we have to fit it into busy schedules. Sure, it's harder to go to a gym when you have work and a family. So we work around that. I tell people that just 10 minutes matter."

Women worrying about weight gain during menopause

should do both aerobic exercises to strengthen their heart, and strength exercises for their bones. "We lose three to five per cent of our bone density after menopause, which is why we need to take calcium and vitamin D," says Antoshko. "This is also why women need to do strength training three to five times a week."

But rather than focusing on trying to regain the shape many women had in their youth, menopausal women should focus on how they feel, says Antoshko. "Are you sleeping better? Do you have more energy? Most women find that their resting heart rate has gone down, and that their aches and pains are gone."

So, after talking to her doctor, Epp decided to drop the antidepressants and make some lifestyle changes. Now, in addition to taking hormone replacement medication, Epp is also eating healthier, swimming five days a week, and doing yoga to stay flexible.

"Right now, I'm re-tuning my happiness," she says, adding that the changes have helped alleviate her menopause symptoms.

But it wasn't just the seriousness of her symptoms that Epp felt compelled to take care of.

Along with making lifestyle changes to her diet and exercise routines, she took up the cause of being a menopause advocate at her workplace: the Winnipeg Police Service.

As a staff sergeant, Epp is one of an increasing number of senior female leaders in a largely male workforce. She was worried that menopause was having a negative effect on her performance as a 25-year member of the service.

"My mother didn't talk to me about menopause, so I didn't know what to expect," says Epp. "I knew it was a natural part of aging, so I was surprised at how debilitating the symptoms were, especially the depression and memory problems. I wasn't happy, I was hot all the time, and I work primarily with men. It's hard to have a conversation about it."

As part of her research into the issue, Epp discovered that many women going through menopause often felt like they were perceived as having lost their drive and focus, no matter what line of work they were in. Women also found it hard to speak to male superiors and managers about their symptoms, a situation that led to increased anxiety about their jobs, she says.

"There is a sentiment that menopause is a lifestyle choice," she says. "But it is a biological certainty for all women and a natural part of life for women. Still, it was too often a taboo topic in the workplace."

Among the 1,985 members employed by the Winnipeg Police Service, approximately 11 per cent are women, she says. Among the civilian work force, 68 per cent are female. And in both groups, about 35 per cent are of the age when they are experiencing menopause transition.

While attending an international conference for policewomen in Wales in 2015, Epp became intrigued by Kathryn Colas, a presenter who spoke about the effects menopause has on the body and the mind and tied it into police work.

"That was my 'aha!' moment," says Epp. "I knew that when I got back, I wanted to do something. So I began by speaking to senior police officers in Winnipeg. I received permission to make presentations at professional development days and 'lunch and learn' sessions. And since I'm a police officer and we like this sort of thing, I gave it a name: Project M."

The presentations, which are open to everyone, are designed to demystify menopause and help reduce the anxiety women feel in the workplace as they go through the change of life.



MENOPAUSE & YOU

Dr. Debra Evaniuk is an obstetrician-gynecologist at the Mature Women's Centre at Victoria Hospital. She says there are several key things that women must know about menopause:

Menopause is defined as the absence of a woman's period for 12 months, a development that usually occurs around the age of 51.

Symptoms can include hot flashes, night sweats, insomnia, mood swings, vaginal and urinary problems, anxiety, depressed mood, trouble focusing, memory loss and loss of libido.

Treatment may include hormone therapy, which is safe for the majority of women.

Any vaginal bleeding after menopause needs to be discussed with a physician.

Menopause symptoms can be alleviated by lifestyle changes, including eating well, increasing physical activity, quitting smoking and decreasing alcohol intake.

The Mature Women's Centre at Victoria Hospital has a team of health-care professionals that can treat the physical and mental effects of menopause. Ask your health-care professional for a referral.

Menopause is not something a woman has to suffer through. Seek help from a health-care professional.



“I thought: how hard can it be? I know about the drugs, I’ve read about the symptoms. And then, one August, it hit like a ton of bricks.”

— Grazia Prochazka

“Women need support, from their peers and their managers and senior leadership,” she says.

In the case of the police service, support starts with recognizing some of the unique challenges women face as they go through menopause. For example, a police uniform, with its utility belt and body armour adding an extra 25 pounds, can exacerbate the effects of a hot flash, says Epp.

In addition, many women experience menopause-related insomnia, a condition compounded by the shift work that is an integral part of being a police officer.

Epp says the police service has demonstrated a willingness to discuss issues that women going through menopause face in the workplace.

“We’re talking about it, which makes a huge difference,” she says. “I talk to the supervisors about how to support women, on an individual basis. Given support, women can work through their symptoms and be a driving force again.”

Another woman who also had difficulty with menopause is Grazia Prochazka.

Initially, Prochazka thought she had everything about menopause figured out, thanks to her work as a pharmacist. “I thought: how hard can it be? I

know about the drugs, I’ve read about the symptoms,” she says. “And then, one August, it hit like a ton of bricks.”

She found herself irritable, with frequent hot flashes and night sweats. After consultation with her doctor, she was referred to the Mature Women's Centre at Victoria Hospital.

“I’ve been coming here for three years now,” says Prochazka, who works as a clinical resource pharmacist in geriatrics and rehab at Deer Lodge Centre and Riverview Health Centre. “I initially went through all my symptoms with a nurse. And then I talked about my diet with a dietitian, and my exercise and stress levels with a kinesiologist.”

She looked at hormone replacement therapy, but decided to try changing her lifestyle first. “I learned coping mechanisms, like carrying a fan and wearing layers I could take off,” she says.

She also learned that exercise guidelines for adults – which call for 150 minutes of moderate to vigorous exercise a week – weren’t enough for her goals of losing the weight she’d gained around her middle.

“Those are just maintenance minutes,” she says. “I had to take it up to 250 minutes, and add 5,000 steps to

DEALING WITH THE CHANGE OF LIFE

SYMPTOMS OF MENOPAUSE

There are a number of symptoms associated with menopause, commonly referred to as the change of life. They include:

Hot flashes and night sweats: A sensation of intense heat, sweating, and rapid heartbeat that causes the skin of the face and neck to appear flushed. The hot flash can last for one minute or longer. The median duration of symptoms is four to eight years, with some women having hot flashes for as long as 15 years or more. Night sweats are hot flashes that occur when you wake up at night.

Sleep problems: Women can suffer from menopause-related insomnia. But women can also experience sleep issues from a variety of other health issues, including sleep apnea, stress, anxiety, depression, chronic illness, and some medications.

Weight gain and slowed metabolism: While not directly related to menopause, many women gain weight around their middle due to aging and lifestyle.

Memory loss: There is data that suggests memory loss or brain fog is a symptom of the transition to menopause, and also that memory loss clears up afterward.

ABOUT HORMONE REPLACEMENT THERAPY

The most common medication for menopause is hormone replacement therapy (HRT), which consists of female hormones estrogen and progesterone.

HRT is a safe and effective treatment for women who are 60 years of age or less, or within 10 years of beginning menopause, and are experiencing moderate to severe bothersome symptoms, including hot flashes, night sweats, irritability, insomnia, brain fog, and minor bone aches and pains, says Dr. Debra Evaniuk, an obstetrician-gynecologist at the Mature Women's Centre at Victoria Hospital.

Women are advised to talk to their doctor about hormone replacement therapy, as many can benefit from using it for several years, until the symptoms pass, says Evaniuk. Age and medical history will affect whether your health-care provider prescribes HRT. Lifestyle changes can also help alleviate symptoms. Exercise, a healthy diet, not smoking, and consuming alcohol in moderation may all help with menopausal symptoms.

Useful tips for dealing with menopausal symptoms include wearing clothing in layers that can be removed when you have hot flashes. "Use a fan, avoid hot drinks, spicy foods and red wine, and turn down the heat in your house," says Evaniuk. "Smokers often have more intense symptoms, so reduce or stop smoking. Overweight women may also have a harder time, so lifestyle changes to reduce weight are important."



Winnipeg Police Service Staff Sergeant Angela Epp has become an advocate for women dealing with menopause in the workplace.

my week. I bought a fitness tracker, and now I walk everywhere, including 10 minutes at lunch and 10 before supper. I have walking DVDs that taught me to move around and get more exercise."

Both Prochazka and Epp looked at using herbal supplements, like black cohosh, red clover or soy, but decided against them, and also some more questionable treatments, like laser therapy.

"I did my own research on supplements and also spoke (to another pharmacist), but I decided I would rather go the exercise and diet route," says Prochazka.

"Working with the folks at the (Mature Women's) Centre helped me work through the symptoms. They helped me deal with the symptoms and make them more manageable. Just because they're natural doesn't mean you have to suffer," she says in reference to menopause symptoms.

Evaniuk says hormone replacement therapy is recommended

for alleviating the bothersome symptoms of menopause. Lifestyle changes, such as eating a balanced diet and becoming more active, can also help someone going through menopause feel better. But she cautions against using herbal supplements without speaking to a doctor or pharmacist first.

Evaniuk's final word on the subject? Women need to give themselves permission to seek help. "This is an opportunity for women to focus on their health. There are many years ahead and menopause is the perfect time to refocus on health promotion and disease prevention. There is a lot of misunderstanding around menopause," she says. "Women need to take time for themselves, and get the help or the medication they need if their symptoms are severe or bothersome."

Susie Strachan is a communications specialist with the Winnipeg Regional Health Authority.

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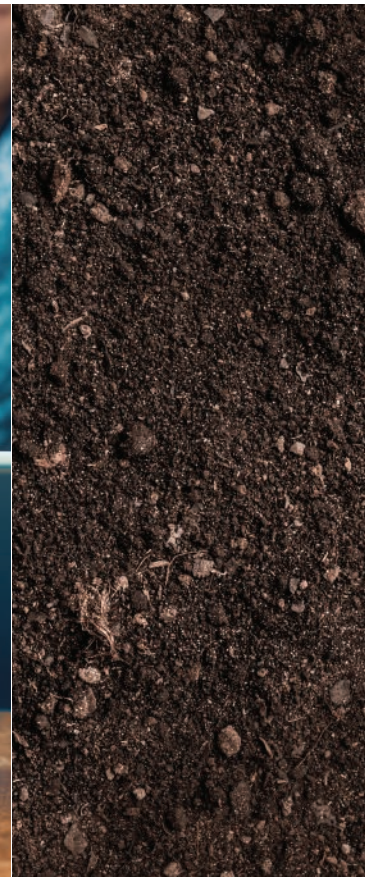
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BREAKING NEW GROUND

MEET FOUR POST-GRADUATE STUDENTS WHO ARE WORKING TO MAKE MANITOBA STRONGER

By Joel Schlesinger



What do worms, canola, iPads and groceries have in common?

They're all the focus of important research going on at Manitoba universities that could have economic, social, environmental, and health benefits for Manitobans. Moreover, they're all supported financially by Research Manitoba, the provincial government's funding arm for

innovation and research.

This kind of support is incredibly important for graduate and post-graduate students involved in research, says Dr. Toby Martin, a professor at the University of Manitoba, and supervisor of one of the researchers.

"Research Manitoba funding

allows students to focus on their research without having to worry about working a part-time job on the side, which ultimately would end up dragging out their research program longer than it should," he says. "Basically, it offers students the freedom and independence to focus

on research and develop the experience that will allow them to embark on successful careers."

The four stories that appear on the following pages of this special report provide a glimpse into some of the work being carried out by students with the support from Research Manitoba.

CANOLA'S PROTEIN POTENTIAL

RESEARCHER EXPLORES EXPANDING VALUE OF ONE OF CANADA'S TOP CROPS IN THE GLOBAL FOOD CHAIN

By Joel Schlesinger

Canola is already one of Canada's most important agricultural crops, worth an estimated \$20 billion a year in economic activity. But researcher Ashley Ammeter wants to make it even more important to Canada, as well as to the global food chain.

The master's student in plant science at the University of Manitoba's Faculty of Agricultural and Food Sciences is hoping to help make canola a nutritional powerhouse by figuring out a way to improve its protein characteristics.

As Ammeter explains, soy bean meal is currently the main source of plant-based protein for human consumption around the world, and is used in a variety of foods, from pasta to cereal to meat products. By comparison, canola is used to make cooking oil and feed for livestock.

Canola's potential can be found in two important proteins – cruciferin and napin – which could be enhanced to boost the plant's overall protein levels and be tailored for specialized uses.

A number of companies are already working towards developing canola into an additive that could be utilized in a variety of food products.

This is where Ammeter's research comes into play.

She's examining the potential to increase the content of cruciferin and napin in canola through breeding and genetics.

"If specialty meal types could be developed, the value of canola meal could be increased multiple times," says Dr. Rob Duncan, assistant professor of plant science and Ammeter's supervisor.

And that's why Ammeter's work could prove so valuable.

Canola meal content already contains about 60 per cent cruciferin and 20 per cent napin.



Ashley Ammeter with canola plants in a greenhouse at the U of M.

If their levels can be modified, extraction efficiency could be improved. However, the degree to which the levels of cruciferin and napin can be modified remains largely unknown.

"The goal would be to find out what the current range in levels is and then try to move higher levels into commercially viable genotypes."

Ammeter's research will do just that.

"My work is looking at the genetic control of these two proteins, and how the environment and the genes interact with one another to affect the content of cruciferin and napin," she says.

Ammeter is also examining how hybridization – the process of crossing different plants –

may help augment the protein content of canola.

"Hybrid vigour is a phenomenon that occurs when you take two different parents and cross them. In many cases, the offspring could outperform those two parents," she says.

To date, there has been significant breeding effort directed to canola, but much of that work is rooted in a desire to increase the amount of oil in the plant's seed, which inversely reduces the level of protein in the canola meal, she says.

Ammeter's work is part of a larger body of research being carried out in collaboration with a team from Agriculture and Agri-Food Canada that includes Drs. Sally Vail, Isobel Parkin, Dwayne Hegedus and Janitha





Photo by Marianne Helm

Wanasundara.

These scientists have worked closely with Ammeter's supervisor Duncan to study the genetic traits of canola.

This type of research is extremely important, says Duncan. As the population grows, the world will need even more sources of plant-based protein, as it is unlikely that animal sources can keep pace without high cost and potential environmental concerns.

"The Food and Agriculture Organization of the United Nations has recognized the need for more plant-based protein sources," says Duncan. "One of the main reasons I started down this research path was that so many people around the world do not meet

the necessary daily protein intake requirements."

One of the interesting things about Ammeter's work is that it delves into a previously unexplored genetic aspect of canola. While napin and cruciferin are not new discoveries, little has been done to understand how they can be exploited to make canola even more valuable to farmers.

"From the point of view of a producer, if there's going to be a market for canola protein for humans, there would need to be more value embedded in that crop – like higher protein content – so farmers could potentially earn more from a field of canola compared with what they can now," she says.

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FOOD FOR THOUGHT

GROCERY STORE STUDY WILL PROVIDE PLANNERS WITH KEY DEMOGRAPHIC INFORMATION

By Joel Schlesinger

Larissa Blumenschein has spent a lot of time in downtown corner stores and other places where groceries are sold.

Yet it's not because she lives downtown and needs a bite to eat. Rather, the master's student of city planning at the University of Manitoba's Faculty of Architecture has an interest in how the built environment of a neighbourhood may affect how residents shop for affordable, healthy foods like fresh vegetables and fruits.

As she explains, there has long been a concern that Winnipeg's downtown is a virtual food desert, lacking in grocery shopping options and larger stores that tend to offer the best prices. This is a potential problem because lack of access to fresh, affordable food, especially for lower-income households, has been linked to a higher prevalence of heart disease, obesity and diabetes.

Blumenschein wanted to test this notion by getting the lay of the land, finding out what kind of options residents indeed have in downtown and how they shop for groceries.

Although her study is not yet complete, the early findings are interesting.

"So far, I was surprised to find how much choice there is downtown for food at corner stores and small grocery stores," she says. "There's almost a misconception that there are not

enough options for food."

Yet while options do exist, they don't satisfy everyone's needs. A survey of downtown residents indicated that while some can get by shopping for food downtown, others said they needed to go to the larger stores in the suburbs for their groceries. And there are also barriers.

Of particular concern were individuals with mobility issues – such as seniors – who struggled to get access to fresh, affordable groceries, downtown or otherwise.

Clearly, the data being gathered by Blumenschein will be helpful in better understanding the shopping patterns of downtown residents today and the barriers they may face in their quest for fresh, affordable groceries. But it will also be an important guide for planners and developers going forward, according to Dr. Orly Linovski, an assistant professor at the U of M and Blumenschein's research supervisor.

"Food deserts usually refer to low-income and other marginalized communities, but Larissa's focus has a broader perspective," says Linovski.

With the trend toward more residential development downtown, it will be increasingly vital for municipal governments



Photo by Marianne Helm

Larissa Blumenschein is studying grocery shopping patterns.

to ensure there are enough services – including affordable groceries – accessible to everyone. In order to do that, governments need data.

"The main reason I'm looking for responses from those living downtown right now is to bring to light the issues and barriers they face, rather than looking at a specific group of people who have yet to live there," Blumenschein says. "But the work may have big implications for those who do want to live

there in the future, especially with all the development going on downtown right now."

With the information now gathered, Blumenschein's next step is analyzing and organizing the data so it can serve as a helpful guide for city planners and other stakeholders.

"Through this research, I am hoping to be able to come up with information policymakers could use when thinking about building healthy downtown communities," she says.



AS THE WORM TURNS

DOES THE HUMBLE NEMATODE HOLD THE KEY TO UNDERSTANDING EARTH'S ECOSYSTEMS?

By Joel Schlesinger

You've probably never heard of a nematode, much less seen one with the naked eye.

But this microscopic worm, abundantly found in soil, could prove pivotal one day in better understanding the effects of climate change on the prairies, says Victory Coffey, a graduate student in the University of Winnipeg's Bioscience, Technology and Public Policy program.

That's because the nematode is one of the most plentiful multicellular organisms on the planet, and is often a key indicator as to the health of the soil it inhabits.

To better understand the connection between nematodes and soil health, Coffey is studying the restoration of prairie fescue grassland near Lake Audy in Riding Mountain National Park.

As she explains, that piece of fescue grass prairie was converted to a large spruce plantation in 1930 and then back again in 1997.

"Parks Canada realized eventually that this (the original conversion) was a mistake because of all the problems associated with white spruce, so they decided to remove the grove and restore the original fescue prairie," says Coffey.

As part of her research, Coffey is examining which plants have returned to the land, and studying the soil and the diversity of nematode worms as an indicator of ecosystem health.

"The larger question here is that this (the tree plantation) was an initiative to transform prairie into a forest, and that's a model for how climate change

can impact the prairie," says Dr. Rafael Otfinowski, an assistant professor at the U of W and Coffey's research supervisor.

As the climate changes, warmer weather will likely favour invasive species such as Kentucky blue grass as well as varieties of trees in forested areas that border prairie grassland. As a consequence, the native plants of the fescue prairie – an important natural habitat for many animals, as well as livestock – could eventually be forced out and disappear. These new plant species may also change the very chemistry of the soil, impeding efforts to conserve and restore fescue grasslands.

Nematodes could prove pivotal to understanding the potential impact, as certain species of the organism exist in conjunction with specific plants and soil conditions. As such, they offer clues about the soil health of the prairie. In fact, Coffey suspects the presence of some worm types may be necessary for native grasses to grow, while others – associated with invasive plants – may actually inhibit restoration efforts.

The grassland project in Riding Mountain is unique in that it provides a window to the future impacts of encroaching non-native species on the prairies.

"In this case, by removing the trees as Parks Canada has done, we have an opportunity to see what the lasting effects are of a forest on a prairie, and whether it's possible to restore prairie after trees have actually

encroached upon it," she says.

Plains rough fescue – a species of grass tolerant to extreme cold, which makes it an important food source for wildlife in the winter – is already under threat.

"Less than five per cent of the original fescue prairie remains in Canada," Coffey says, adding that agricultural and other human activities have largely led to its disappearance. "Aside from human land use, climate change is also a huge factor because as temperatures change and natural disturbance regimes change – like fires – trees then take the opportunity to spread

into areas where they previously would not have grown."

And make no mistake: preserving what's left of the natural prairie is vital in the fight against climate change because fescue grass and other native species absorb large amounts of carbon dioxide in their extensive roots. As a result, efforts to restore it by cutting down or using fire to remove invading trees could play an important role, too. One very essential piece of this puzzle, however, is whether the prairie will actually return to its natural order.

"One of the concepts we're working with, in collaboration with Dr. Mario Tenuta (University of Manitoba), is legacy effects, the lasting impact of a previous condition in an ecosystem, which in this case are the trees," Coffey says. "If we are seeing in the plant community that native plants are not returning, I predict that there are legacy effects in the soil and that maybe the nematode communities will give some indication of this."



Photo by Marianne Helm

Victory Coffey prepares to examine a nematode under a microscope.

WHAT'S APP?

EXAMINING THE IMPACT OF COMPUTER TECHNOLOGY ON TUTORS WHO TEACH KIDS WITH AUTISM

By Joel Schlesinger

Technology is undoubtedly a powerful tool for educators.

But just how helpful can it be in providing early learning services for children with autism spectrum disorder?

That's the question researcher Amy Brown hopes to answer with her latest research project.

A master's student in the University of Manitoba's Department of Psychology, Brown says the issue is whether data on a student's progress can be best captured the old fashioned way – by pen and paper – or by using a new app developed for the iPad.

"The idea is that I'm evaluating two different methods of collecting data for children who are receiving early learning services provided through St. Amant," she says, referring to the Winnipeg-based centre that works with Manitobans who have developmental disabilities such as autism.

The children in question receive education via St. Amant through a program called Early Intensive Behavioural Intervention (EIBI). It is often provided in a one-on-one format with a tutor in the home of a child prior to reaching school age.

The tutor and child typically engage in a number of activities including matching real objects with the appropriate image in a photograph and working on making eye contact during social interaction.

The tutor then compiles the child's responses and other related information – like how long it took to answer a request – by writing them down on paper. The information is then stored in a binder for a supervisor who

assesses the progress.

Brown says the potential benefits of going digital are apparent. "We're a society that is leaning toward going green, so just establishing a process that uses less paper is really nice," she says. "We're also anticipating that it will save time in how long it takes us to actually record and use the information."

The administrative time savings could have many benefits for tutors and their students. Top of the list is that tutors can focus on learning rather than paper-work.

Moreover, "when you're working with kids, you're trying to have fun playing around with them, and papers can get damaged and lost," she says. "So having something stored in one place, safely, is a little bit more advantageous."

Dr. Toby Martin, Brown's research supervisor, says the research is cutting-edge in many ways.

For one, it leverages the power of information technology.

"An umbrella term that applies here is 'e-health' or electronically-based health-care systems," he says. "We have them already for many different areas of health care, but the problem with EIBI delivery is there has been very little application of it so far, despite its potential for a big benefit."

Brown says the hope is that digital data entry, compilation, storage and analysis will help improve learning and outcomes for students.

"It's great to have a program that can offer more efficient data collection because time is of the

essence for these kids," she says.

For example, with pen and paper, it takes much longer for a tutor and supervisor to review information and determine how the child's program should be adjusted to promote learning.

"Having a reduction in latency – where we can lessen the amount of time it takes to make those decisions – is always a welcome thing because that increases the time that can be spent on effective learning opportunities," Brown says.

"And that means there's a better chance we can target the areas that will help produce the best outcomes."

Ultimately, if information gathering and analysis can be made in near real-time to measure progress, supervisors and tutors can change the lesson plans more quickly or even direct consultants that are developing the programming to adjust curriculum to make it more effective. "Because we're publicly funded with limited resources, we want to make sure that we're maximizing our efforts with these children," Brown says. "We want to provide them with the best kind of learning that can help them be successful in their lives."

Amy Brown is using new technology to collect information about student progress.



Photo by Marianne Helm



Pensez-vous avoir besoin de soins à domicile?

« Les soins à domicile sont là lorsque j'en ai besoin. »

Marcel

Client des soins à domicile

Brigitte, inf. aut.
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The Pilates Method

POWERHOUSE WORKOUT
MAY BE YOUR TICKET
TO BETTER HEALTH
AND WELL-BEING



Photos by Marianne Helm

Many people never hear the word “pilates” until their doctor or physiotherapist recommends they take a class to deal with chronic pain or to increase flexibility and strength.

Other folks hear about the benefits from a friend who has taken a class, and find themselves intrigued about what pilates can do for them.

Either way, more and more people are learning how pilates can help enhance their health and well-being. In fact, some experts suggest that one precisely executed session of pilates is worth more than several hours in the gym.

The pilates method was first conceived by Joseph Pilates, who believed that physical health and mental well-being are interrelated. He developed a series of floor routines that demand balance, flexibility, strength, power, agility, and acute mental focus in order to execute the moves correctly, creating a lot of awareness on the connection of the mind and body.

The core concept of pilates involves strengthening “the powerhouse” or the central muscle groups like the abdomen, back, and pelvis. This is done through any number of the more than 500 different exercises that have been developed as part of the pilates method.

All of these exercises are performed on

the mat or on special pieces of equipment that use springs for resistance. They are designed to develop your muscular flexibility and your strength simultaneously. This helps increase metabolism, enhance respiratory and circulatory function, and improve bone density and muscle tone.

Pilates can be particularly beneficial for people who tend to spend much of their day sitting in an office. It’s a little-known fact that the body needs to move around during the day in order to work muscles and pump oxygen into your brain and body. Sitting behind a desk all day can leave you in a constant state of oxygen deprivation and poor muscle development. Pilates addresses these issues with exercises that promote breathing and movement with a natural, controlled, fluid, and graceful action.

Pilates instructors have a lot of knowledge about the anatomy of the body. The classes are small so the instructor can modify and personalize the workout as needed. This is why pilates is suitable for everybody, even people with injuries or chronic issues like lower back and neck pain, shoulder

problems, and hip and knee injuries. Pilates’ slow and controlled movements put minimal impact on your joints, which is why physiotherapists and doctors recommend starting with pilates before trying any other physical activity after being injured or having surgery.

With the pilates approach to a balanced body, it isn’t necessary to do scores of mindless, boring, repetitive, and exhausting exercises to achieve spectacular results. Also, with pilates you are not likely to suffer undue muscle strain, so there is little risk of injury.

Over time, people who practise pilates can expect a longer, leaner line to their musculature, similar to that of a ballet dancer. Other improvements include better posture, higher energy levels, and increased co-ordination, balance, flexibility, and strength.

Regular practitioners also gain better body awareness, which carries through into improved function in all daily activities, including playing other sports.

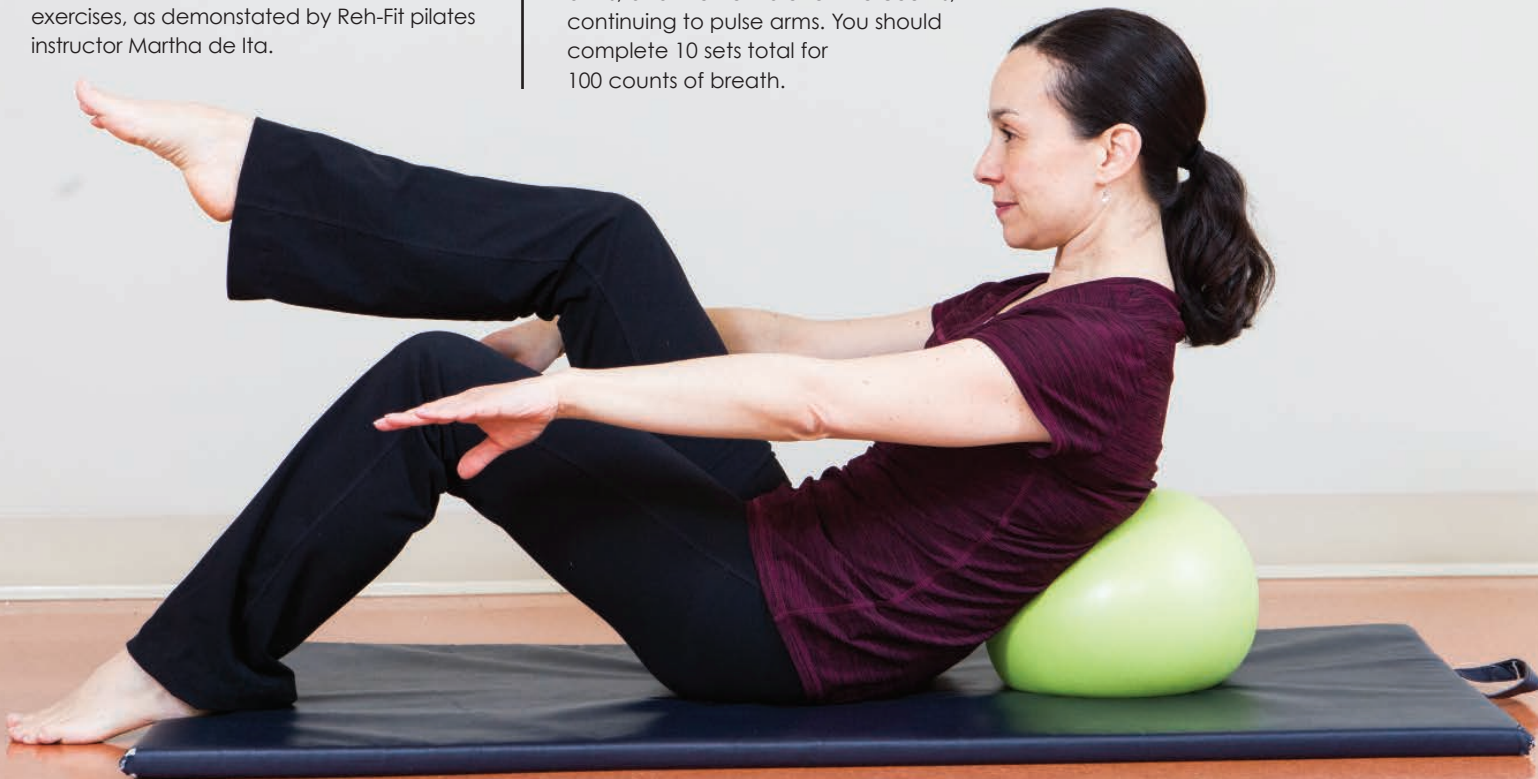
Janet Cranston is Director of Health and Fitness at the Reh-Fit Centre.

POPULAR PILATES EXERCISES

The pilates method features more than 500 exercises to strengthen the central muscle groups, including the abdomen, back, and pelvis. Here are a few of the more popular exercises, as demonstrated by Reh-Fit pilates instructor Martha de Ita.

HUNDRED

The hundred gets your breath going strong and your blood moving. In addition, it is an excellent exercise for increasing torso stability and abdominal strength. With your shoulder blades supported on the mini-stability ball, reach your arms off of mat level. Your shoulders and one leg should be in a table-top position at a 90-degree angle. Inhale for five counts, maintaining spinal flexion while doing small vertical pulses with arms, and then exhale for five counts, continuing to pulse arms. You should complete 10 sets total for 100 counts of breath.



SINGLE THIGH STRETCH

Stand next to carriage with one foot on the floor near the front of an apparatus known as the reformer, knee slightly bent. Your other foot should be against the shoulder rest, knee slightly bent and resting on carriage. Lunge forward with your pelvis so that the hip of your leg resting on the reformer is as extended as possible.

Inhale to prepare and then exhale while extending your front knee to press the carriage out as far as possible, maintaining your extended hip. Inhale again, keeping your back hip extended and flexing your front knee, controlling the return of the carriage.



SWIMMING PREP ON HANDS AND KNEES

The pilates swimming exercise strengthens the muscles on the back of your body: the butt, the thighs, and the back muscles. Inhale to prepare, with spine stabilized in a neutral position, knees hip-distance apart. Exhale while reaching out opposite arm and leg, maintaining extension for five counts. Maintain hamstring, gluteal, and abdominal contraction to stabilize and prevent your pelvis from rocking or tilting, then lower arm and leg to starting position and repeat with the other side.



TRICEPS

Lie face down on the box, head toward pulleys with your spine and pelvis in a neutral position. Your legs should be straight, together, and parallel to floor. Make sure your elbows are flexed, reaching back by your waist, hands holding ropes. Inhale to prepare, then exhale while keeping your shoulders and torso still and extending your elbows to move the carriage out.



To learn more about pilates, visit www.rehfit.com and search: pilates.

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Centre Operators are then automatically connected to your SOS pendant and will be asking if you are okay and do you need help. If you are unresponsive, possibly knocked unconscious by the fall, we will then determine where you are through the GPS location information that is sent by the SOS device and notify your loved ones.

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SOS's location services

enable our Emergency Monitoring Centre to determine where you are when we are not able to verbally confirm the location.

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KEEP YOUR FEET HAPPY

How to prevent a fungal infection of a nail



WHAT IS A FUNGAL INFECTION OF A NAIL?

Fingernails and toenails can get infected with fungus; however, fungal infections tend to occur in toenails more often than fingernails. They usually start on the big toe, and can affect one or more nails. Medical terms for the infection are onychomycosis or tinea unguium. People who have a toenail infection might also have a condition known as “athlete’s foot,” which is a fungal infection that affects the skin on the feet. (That’s because certain types of fungi can cause both of these problems.)

WHAT IS THE CAUSE?

Fungus grows best on warm damp skin. The fungus that infects toe and fingernails usually spreads from infected skin close to the nail.

Nail infections are more common and

may be harder to treat in people who have diabetes and/or poor circulation, and in people whose immune systems are weakened by HIV, cancer, or other health problems.

WHAT ARE THE SYMPTOMS?

Symptoms may include:

- Thickened, white, yellow, and/or brown nails
- Brittle nails that may crumble, flake, and/or lift off the finger or toe
- Pain, especially with walking

HOW IS IT DIAGNOSED?

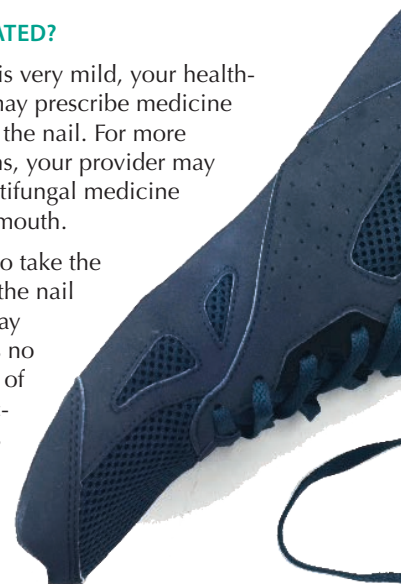
Your health-care provider will ask about your symptoms and medical history and examine you. Your health-care provider may collect some nail clippings for

examination by solution and/or staining. A sample of the nail may also be sent off to a lab to be tested for fungus.

HOW IS IT TREATED?

If the infection is very mild, your health-care provider may prescribe medicine you can put on the nail. For more severe infections, your provider may prescribe an antifungal medicine to be taken by mouth.

You may need to take the medicine until the nail grows all the way out and there is no longer any sign of the fungal infection. Medicines put on nails usually take



about 12 months to work, whereas medicines taken by mouth usually take about three months to work, but sometimes longer. Some people who take these medicines need to have blood tests. That's because these medicines can affect the liver.

If you don't want to or can't take antifungal pills, your health-care provider and/or pharmacist can review other possible treatment options with you. These might include having surgery to remove your nail.

Before starting any of these treatments, you should know that:

- It can take many months for your nail to look normal again.
- There is a chance that the treatment won't work. The infection might not get better, or it might come back. If either of these things happen, your health-care provider can try another treatment and/or send you to a specialist.

HOW CAN I HELP PREVENT A FUNGAL NAIL INFECTION?

Because fungus grows best on warm, damp skin, it's important to keep your hands and feet as dry as possible. It may help to:

- Avoid biting your nails.
- Wear gloves if your work or daily activities put your hands at risk for getting scratched, poked, or irritated. It may help to wear gloves if your hands are in water much of the day. Take the gloves off several times a day to make sure your hands are dry.
- Avoid sharing nail tools, such as clippers and scissors.

- If you have nail infections often, get checked for diabetes.
- Keep your feet clean and dry.
- Wear cotton or athletic socks that wick moisture away from your feet.
- Change your socks every day, or more often if the socks become damp.
- Put an antiperspirant medicine on your feet to prevent sweating.
- Wear sandals or shoes that let your feet breathe. This means avoiding rubber or plastic shoes unless they have openings. Canvas or leather shoes are usually a better choice.
- Air out your shoes when you aren't wearing them. It is helpful to have more than one pair of everyday shoes and to switch shoes every day.
- Wear something such as flip-flop sandals (and clean them often) when you take a shower in a locker room or other shared shower stall, where you might be exposed to a fungus.
- Disinfect shower and locker room floors.

SHOULD I TAKE ANTIFUNGAL MEDICATIONS IF I WANT TO GET PREGNANT OR IF I AM ALREADY PREGNANT?

If you want to get pregnant, let your doctor or nurse know. He or she might recommend that you not take certain antifungal medicines during pregnancy.

Sarah Jayas is a registered nurse and team leader with Health Links - Info Santé, a telephone health information service with the Provincial Health Contact Centre at Misericordia Health Centre.



The information for this column is provided by Health Links – Info Santé. It is intended to be informative and educational and is not a replacement for professional medical evaluation, advice, diagnosis or treatment by a health-care professional. You can access health information from a registered nurse 24 hours a day, seven days a week by calling Health Links – Info Santé.

Call 204-788-8200 or
toll-free 1-888-315-9257.

Beef Stroganoff

Makes 4 servings (1 serving = 1 cup or 250 ml)

½ lb	ground beef	200 g
2 cups	whole wheat noodles, uncooked	500 ml
¾ cup	frozen peas	175 ml
½-10.5 oz can	cream of mushroom soup	142 ml
¼ cup	milk	60 ml
¼ cup	onion, minced	60 ml
½ cup	light sour cream	125 ml
¼ tsp	salt	1 ml
dash	ground pepper	dash
dash	garlic powder	dash
1½ tsp	Worcestershire sauce	7 ml
Topping:		
1 tbsp	non-hydrogenated soft margarine	15 ml
2 tbsp	breadcrumbs	30 ml

DIRECTIONS

Preheat the oven to 350°F. Cook the noodles according to the instructions on the package. Drain. Brown the ground beef over medium heat and drain the fat. Rinse with water and drain well. Sauté the onion with the ground beef for a few minutes. Combine the beef mixture with the rest of the ingredients in a pan and place in the casserole dish. Mix the margarine and breadcrumbs together. Top the casserole with the topping. Bake for 30 minutes.

SUBSTITUTIONS

- Use ground chicken, turkey or any kind of ground meat instead of ground beef.
- Use regular noodles or other types of pasta instead of whole wheat noodles.
- Use any type of frozen or canned vegetables instead of frozen peas.
- Use any type of canned cream soup instead of cream of mushroom soup.
- Use skim, 1% or 2% milk for this recipe. For a less expensive option, use skim milk powder. Whisk 1/3 cup of milk powder with 1 cup of water to make 1 cup of milk.
- Use regular sour cream instead of light sour cream.

NUTRIENTS

Per Serving - 1 cup or 250 ml
(made with skim milk)

Calories: 440
Carbohydrates: 55 g
Calcium: 91 mg
Fat: 13.5 g
Fibre: 3.6 g
Iron: 5 mg
Sodium: 558 mg
Protein: 23.8 g

Source: *Four Weeks of Healthy Menus*,
Winnipeg Regional Health Authority

For more recipes, visit www.wrha.mb.ca/recipes



Chunky Vegetable Soup

Makes 4 servings (1 serving = 1 cup or 250 ml)

2 tsp	canola oil	10 ml
1	onion, chopped	
1		
4 cups	reduced sodium chicken broth*	1 L
1½ cups	canned tomatoes	375 ml
1 tbsp	dried parsley	15 ml
1 tsp	dried basil	5 ml
1 tsp	dried oregano	5 ml
2	bay leaves	2
2	carrots, diced	2
2	celery stalks, diced	2
2	potatoes or sweet potatoes, peeled & diced	2
28 oz	can kidney beans, drained and rinsed	796 ml

DIRECTIONS

Heat the oil in a large pot over medium heat. Add the chopped onion and cook until soft, about 5 minutes. Add the chicken broth, tomatoes, parsley, basil, oregano, bay leaves, carrots, celery and potato. Turn up the stove to high and heat to boiling. Lower heat and simmer until potatoes are almost tender, about 15 to 20 minutes. Stir in kidney beans. Add salt and pepper to taste. Heat thoroughly before serving.

* If you are using canned condensed broth, use 3 cups of diluted broth. To dilute condensed chicken broth, combine one can of condensed broth with one can of water. If you are using ready-to-serve broth from a tetra pak, you don't need to add water.

SUBSTITUTIONS

- Use any kind of vegetable oil instead of canola oil.
- Use regular chicken broth, vegetable broth or 2 tsp chicken bouillon powder mixed with 4 cups water instead of reduced sodium chicken broth.
- Use 2 tsp Italian seasoning instead of 1 tsp each of dried basil and oregano.

NUTRIENTS

Per Serving - 1 cup or 250 ml

Calories: 333
Carbohydrates: 54.5 g
Calcium: 142 mg
Fat: 4.9 g
Fibre: 13.7 g
Iron: 7.1 mg
Sodium: 827 mg

Source: *Four Weeks of Healthy Menus*,
Winnipeg Regional Health Authority

For more recipes, visit www.wrha.mb.ca/recipes



HOW TO HAVE A HAPPY MEAL

STRATEGIC TIPS FOR DEALING WITH A 'PICKY EATER'

Mealtimes provide an ideal opportunity for families to spend quality time together.

But they can also be difficult and stressful – especially if there is a child involved who fits the profile of the “picky eater.”

Many young children go through phases of picky eating. In fact, statistics show that as many as 50 per cent of children between the ages of two and six years are picky eaters.

Generally speaking, picky eaters are defined as those who are less open to trying new foods, fixated on a few favourites or who refuse to eat foods necessary for a healthy diet simply because they don't like the taste. They may eat something one day, but not the next. Today they may eat a lot of food and then tomorrow hardly eat a thing. They may only ever eat a few favourite foods, make a scene at mealtimes and refuse unfamiliar foods. If this sounds like your situation, understanding what makes a child a picky eater can help ease mealtime tension.

Researchers believe a child's eating preferences can be affected by a variety of factors, especially their senses.

For example, children have more tastebuds than adults, making them sensitive to some compounds in food, especially the bitter ones found in vegetables. In addition, studies show that how food feels in the mouth differs from child to child. Some sensory-sensitive children may even gag, spit or vomit food when certain textures are fed to them.

Another factor affecting picky eating is a child's appetite. After the first 12 months, a child's growth rate slows down and they have less of a desire to

eat than they did during infancy.

Parents and caregivers need to realize that children adjust the amount of food they eat based on how hungry they feel. For example, a child may eat a big breakfast and then not eat much at lunch or dinner. Children are better than adults at following their internal hunger and fullness cues. Parents and caregivers will find that trying to get their child to eat more will not work and may backfire. Even subtle things like saying “please eat a little more” can interfere with children's internal food regulation and cause problems later on.

Personality can also affect picky eating. As children grow, they want more independence and a say in things. What and how much they eat are easy ways to show their control, as frustrating as that can be for parents and caregivers. A strong-willed child may want to exert their independence with eating more than a child who wants to please their parent.

Why do parents and caregivers get frustrated?

Often they are worried their child is not getting enough to eat, may be lacking in nutrients or might leave the table hungry. They may also feel neglectful or a loss of control over their child. In addition, there is the time and effort that has gone into preparing a meal.

This may lead to behaviours that try to “get the child to eat.” This includes short-order cooking, limiting menus to foods they know the child will readily eat, giving in to the child who whines for food and drinks between meals, keeping little dishes of food out so the

Roles and responsibilities at mealtime

Childhood nutrition expert Elyn Satter says everyone has a different role to play when it comes to mealtime. The parent or caregiver is responsible for feeding, while the child is responsible for eating. The box below outlines these responsibilities in detail.

Parent or caregiver's job	Child's job
Have regular family meals and sit-down snacks.	Participate in meals and snacks.
Do not give food or drink handouts (except water) between mealtimes.	Behave nicely at meals and snacks.
Eat with the child, don't just feed.	Sit to eat, but probably wiggle and squirm.
Seat the child so they can see and reach the food.	Eat one, two or many foods – or none.
Trust they will learn to eat the food.	Eat a lot, a little, or nothing.
Relax and enjoy your own meal.	Use utensils and fingers.
Do not persuade, reward, or pressure the child to eat.	Relax and enjoy the meal, and be able to entertain themselves while you finish your meal.
Know that children will learn table manners from you.	Say "yes please" and "no thank-you" (not "yuk").
Let the child leave the table when they say they're done.	

FYI

For more information about picky eating, check out these websites:

www.aboutkidshealth.ca

www.cps.ca/documents/position/toddler-preschooler-who-does-not-eat

www.eatrightontario.ca/

www.healthlinkbc.ca/



March is Nutrition Month.

To mark the occasion, the Dietitians of Canada have pulled together a number of healthy eating resources and made them available on the website. To learn more, visit www.NutritionMonth2017.ca

child can eat whenever they want, and waiting to feed the child until the child says they're hungry. Some parents talk about nagging, threatening, pleading, bargaining, rewarding or even getting forceful to get their child to eat. They refuse to believe the child when they show they've had enough, and try to get them to eat more.

Parents probably don't feel good doing these things. And as far as the child is concerned, studies show that all of these behaviours can disturb their developing relationship with food. Parents and caregivers may feel mealtimes have become a "battle" and everybody begins to dread coming to the table to eat.

So, what can parents and caregivers do instead? Here are a few tips:

- The first thing is to accept that many children go through phases of picky eating. Consider it part of the normal growth and development process.
- Don't focus on the problem. Although it will almost certainly get better with time, the more focus there is on it, the more of a problem it becomes. Try to accept the child's limited diet for now and not let it get to you. Keep a smile on your face!
- Consider a long-term approach to increasing the quality of a picky eater's diet.

It will not take place overnight. A child may add only one or two new food items to his menu every few months. Make new foods consistently available (for example on a nearby plate during meals), but do not force. Even "good eaters" often need several exposures to new foods before being willing to try them. Less adventurous eaters need to feel free to explore without pressure. The more they are coerced, the less they will experiment.

- Start with small portions of new foods, and let the child ask for more. Research shows that parents offer adult-size portions to children, which can be overwhelming, especially for the picky eater. It can cause them to shut down and not want to eat anything. A reasonable guide is to offer one tablespoon of food per one year of age for each of the four food groups. So, for example, if your child is one, offer one tablespoon each of pasta, yogurt and blueberries. If they are still hungry offer more when they are finished.
- Try to prepare foods that are simple and colourful. This will help make it easy for a child to know what the food is.
- Make foods taste better by adding spices and herbs. Taste and appearance are two factors that help children want to eat.

- Keep children wanting to come to the table by creating a happy and judgment-free place at mealtime. Remember to avoid pressure because it is guaranteed to backfire. Children will shut down, stop eating or overeat to please.

- If the child refuses to eat, don't rescue them by offering them a different meal. This will result in short-order cooking for years to come. Trust that they will make up for the lost meal another time.

- Be a good role model. Children learn their nutrition cues from their parents, so it's vital to set a good example. Parents and caregivers can be good role models by teaching children how to grocery shop, involving them in preparing healthy meals, and eating the foods they hope their children will eat.

Following these guidelines can help ease mealtime tension and make meals pleasurable again. Research shows that if children establish healthy eating habits at an early age, it will contribute to the development of lifelong healthy eating habits. This is a gift that can last a lifetime.

Cheryl Ogaranko is a registered dietitian with the Winnipeg Regional Health Authority.

Mac & 'Squeese'

Preparation Time: 10 minutes
Cooking Time: 15 minutes
Serves: 4
Serving size: 1 cup or 250 mL

INGREDIENTS

1 ½ cups	Whole wheat macaroni	375 mL
2 Tbsp	Butter or margarine	30 mL
2 cups	Cubed and peeled butternut squash	500 mL
½ cup	Milk	125 mL
1	Small clove garlic, minced (optional)	1
½ cup	Shredded Swiss cheese	125 mL
2 Tbsp	Freshly grated Parmesan cheese	30 mL

DIRECTIONS

In a pot of boiling water, cook macaroni for about eight minutes or until tender but firm. Drain and return to pot. Add butter and stir to coat.

Meanwhile, in another pot of water, bring squash to a boil for about 15 minutes or until very tender. Drain and return to pot. Add milk and garlic and, using hand mixer or potato masher, blend until smooth.

Add pasta to squash mixture. Add Swiss and Parmesan cheeses and stir to coat.



NUTRITION INFORMATION PER SERVING:

Calories:	299 kcal
Protein:	13 g
Fat:	12 g
Carbohydrate:	40 g
Fibre:	5 g
Sodium:	243 mg

Source: Eat Right Ontario



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GIVE YOURSELF A BREAK!

STUDIES SHOW THAT A LACK OF SELF-COMPASSION CAN NEGATIVELY AFFECT YOUR MENTAL HEALTH AND WELL-BEING



Are you hard on yourself?

Do you find that you are able to be kind and understanding with your friends, family, colleagues, even strangers, but it seems difficult to feel the same kindness and understanding for yourself?

Many of us are very critical of our own thoughts, actions and feelings. Studies have shown that this lack of compassion for ourselves can have a very negative impact on our mental health and well-being. New research is shedding light on how we can cultivate and benefit from self-compassion.

Having compassion means having an understanding or empathy for someone's pain, followed by the desire to take action in order to remove that pain. For example, we are feeling compassion when we wish we could take away our

friend's sadness, or when we show understanding toward someone who is discouraged or frustrated.

Self-compassion is really no different from having compassion toward others. It involves being kind and patient toward ourselves, rather than ignoring our pain or being overly critical of our shortcomings. It is about taking the time to recognize and acknowledge when we are going through a difficult time, and thinking about how we can care for ourselves in that moment. If we are able to feel moved by other people's suffering and show kindness in those moments, in essence, we should be able to apply the same emotional principle to ourselves. This may be easy to understand but difficult to do.

There are a number of factors that can interfere with our ability to feel self-compassion. From a very basic survival perspective, humans are programmed to recall negative events in order to survive in the wild. By remembering mistakes and near misses, humans learned to live through life-threatening situations. Our brains are therefore built for survival, which may in turn make it difficult to let go of our failures. Also, in present-day we are constantly faced with a number of societal pressures and opportunities for comparison with others, which makes it easier to see our flaws and shortcomings rather than our strengths. As a result, we have a tendency to judge our own actions more harshly, and we

struggle to feel compassion for ourselves in the same way that we do for others.

The good news is that we are also hard-wired for compassion, meaning that this is not something that we necessarily need to learn how to feel, we simply need to learn how to apply it to ourselves. Studies around neuroplasticity (the brain's ability to reorganize itself) suggest that it may be possible to make small changes to the way our brains operate. This means that if we tend to be overly critical of ourselves, with practice, it is possible to change that automatic negative thinking toward a more caring way of thinking.

Dr. Kristin Neff, an expert on self-compassion, proposes that there are three important



elements of self-compassion: kindness, common humanity, and mindfulness. The first element reminds us that making mistakes and being imperfect is difficult, but inevitable, which is why it is important to be kind to ourselves. The second element adds that everyone makes mistakes and goes through hard times; it is part of “shared human experience.” This means that while we are not perfect, we are not alone. The third element encourages us to accept all of our emotions as they come, without judgment, and without forcing them away. By accepting our emotions through a lens of kindness and patience, we work through them in a more effective way.

Fortunately, the surge of evidence supporting the benefits of self-compassion has led to an

increased number of opportunities to learn how to use this practice in our own lives. There are now many websites, books, mobile apps, workshops and classes available to the public.

Overall, self-compassion is an effective and important part of self-care that can help us cope with a variety of situations that are common to us all. By being kind, patient, and understanding with ourselves we become more grounded and resilient in the face of adversity. The key is to think about how we would treat someone else, and to remember that it is normal to feel pain or make mistakes; after all, we are all only human.

Julie-Anne McCarthy is a mental health promotion program specialist with the Winnipeg Regional Health Authority.

The benefits of practising self-compassion

Self-compassion can help us:

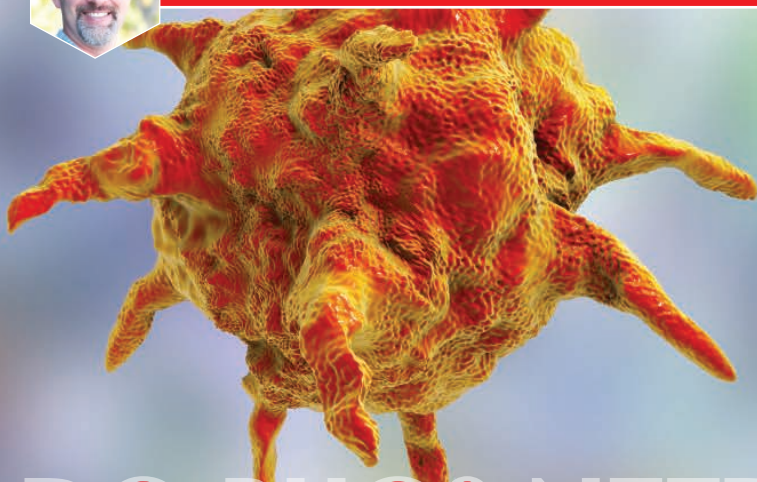
- Shift our focus from seeing our weaknesses, to seeing our strengths.
- Cope when we have experienced a loss.
- Become calmer when we are stressed.
- Be patient with ourselves when we try to change a habit or work through an addiction.
- Shift our negative self-talk toward kinder self-talk.
- Build self-confidence.
- Increase our resilience.
- Recognize that we are not alone.



Next time you are being hard on yourself, try these tips to get started on self-compassion:

- Consider how you would treat a friend in this situation. What would you say to them? How would you treat them?
- Pay attention to your self-talk. Are your words critical? Are there other kind words you could use instead?
- Memorize a set of compassion words or phrases, such as “I forgive myself,” “I accept myself,” “I am patient with myself.”
- Take a self-compassion break; pause, recognize that this is a moment of suffering and that you are not alone, and say one of your self-compassion phrases.
- Keep a self-compassion journal.
- Learn simple breathing exercises, or practice mindful meditation.
- Take good care of yourself; after all, you are your own caregiver.

Source: Dr. Kristin Neff,
www.self-compassion.org



DO BUGS NEED DRUGS?

In 2016, Dr. Margaret Chan, Director General of the World Health Organization, described the issue of antimicrobial resistance as a “global crisis” and a “cross-border, slow moving tsunami.”

That same year, the United Kingdom’s Review on Antimicrobial Resistance projected that antimicrobial resistance could be responsible for 10 million deaths annually by 2050, and an economic global cost of two to 3.5 per cent GDP, representing a productivity loss of US \$100 trillion.

In 2015, the WHO and the United States respectively released their global and national action plans to combat this growing problem.

So what is antimicrobial resistance (AMR)?

The term refers to bacteria that develop mutations after being exposed to antibiotics. These mutations change the bacteria so that antibiotics can no longer treat the infections caused by the now “resistant” bacteria.

For many years, concern about AMR and not having effective antibiotics to fight infections has been increasing internationally among doctors and scientists. This concern increased again recently when a bacterial mutation for a last-resort antibiotic was discovered, increasing the risk that we are closer to an era where antibiotics will no longer work. This means a return to a time when we were unable to

treat a wide range of infections, from common bladder, ear and throat infections, to infections like tuberculosis that has caused death and disease around the world for centuries.

There are several causes of AMR. One important cause is the large use of antibiotics as growth promoters in livestock production. Another cause is inappropriate use in treating people. Every year, over 23 million antimicrobial prescriptions are written for human consumption in Canada, of which 30 to 50 per cent have been estimated to be unnecessary.

Canada has been slower than some other countries in responding to AMR, but more recently has begun to ramp up its efforts. In November 2016, HealthCareCAN and the Winnipeg-based National Collaborating Centre for Infectious Diseases, supported by the Public Health Agency of Canada, released “A National Action Plan on Antimicrobial Stewardship” following a consultation process that included experts from across Canada.

What was discovered through this consultation process was that there are many initiatives underway in Canada (in

particular at larger urban tertiary hospital centres) to support appropriate antibiotic prescribing, but that much more needs to happen to have a truly significant impact on antibiotic use and the development of AMR. Better surveillance of antibiotic use, audits of prescribing, and stronger leadership within health-care systems to support evidence-based use of antibiotics are examples of some of the areas that need to be addressed.

The recent addition by Accreditation Canada, the organization that accredits health-care organizations such as hospitals and regional health authorities, of a requirement for antimicrobial stewardship is helping to stimulate these types of activities.

One Canadian initiative, developed in British Columbia and Alberta, which was created to help promote appropriate and evidence-based use of antibiotics, is called “Do Bugs Need Drugs?”

DBND provides information and resources for health-care professionals and the public on when and why it’s better not to use antibiotics. The website “antibioticwise.ca” has been specifically developed

to provide information for the public on evidence-based antibiotic use.

Which brings us to your role. In surveys on AMR and antibiotic prescribing, one of the most common reasons doctors provide for overuse of antibiotics is patient expectations.

In my own experience as a community-based family doctor, I often got the sense (and other times heard directly!) from patients that they felt I was under-treating them when I didn’t prescribe an antibiotic for an infection, even though most community-acquired infections are caused by viruses. And it almost always took longer to explain why I wasn’t giving an antibiotic than to write a prescription for one.

So the next time you are at your doctor’s office wondering about an infection for you or a family member, feel free to ask if the infection needs an antibiotic. And if your doctor says no, don’t take that as a bad sign – it’s probably best for you and best for everyone!

Dr. Michael Routledge is Medical Officer of Health for Southern Health-Santé Sud. He previously served as Manitoba’s Chief Provincial Public Health Officer.

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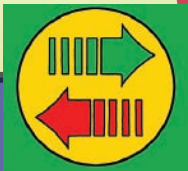
If you have questions, need harm reduction supplies or want to know where to get tested or treated for STTBIs, contact us at:

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