

Board of Health

Monthly Report - June 26, 2003

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CONTACT US:

We welcome your
comments and
suggestions for the
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A Prescription for Activity

*Submitted by Danielle Shewfelt, Public Health Nurse
Jennifer Stach (Student Nurse Practicum Placement)*



Researchers and scientists foster physical activity as an important part of staying healthy, and recommend a minimum of one hour of moderate intensity physical activity per day. There is an increasing number of people who are obese now exceeding one billion people (source: World Health Organization - WHO). The technical report "Diet, Nutrition, and the Prevention of Chronic Disease" outlines trends in health and is finding that chronic disease is becoming an epidemic in developed and developing countries. This disturbing trend can be linked to dietary and lifestyle changes.

Current changes in diet and lifestyle are due to industrialization, urbanization, economic development, and market globalization. WHO and the Food and Agriculture Organization of the United Nations aim to develop recommendations to implement more effective and sustainable policies and strategies to deal with the increase in public health challenges related to diet and health. Chronic Diseases are expected to increase to 57 percent by 2020. Most, if not all of these diseases are preventable.

Nutrients and physical activity influence gene expression and may define future susceptibility. Major biological and behavioural risk factors emerge and act in early life, continuing to have a negative impact throughout the life course. Globally, risk factor trends are rising especially for obesity and physical inactivity. It has been shown that a combination of physical activity, food variety, and a satisfying level of social interaction, are the most likely lifestyle profiles to optimize health as reflected in increased longevity and healthy ageing. As well, regular physical activity is protective against unhealthy weight gain. Sedentary lifestyles, particularly sedentary occupations, and inactive recreation such as watching television, promote weight gain. Therefore, it is ongoing physical activity itself rather than a past history of physical activity that is protective against unhealthy weight gain. Body weight and physical inactivity together are estimated to account for approximately one-fifth to one-third of several of the most common cancers. Specific examples would be cancer of the breast (postmenopausal), endometrium, colon, kidney and

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adenocarcinoma. (WHO - World Health Organization, FAO - Food and Agriculture Organization of the United Nations)

We appreciate the important role family practitioners play in influencing the lifestyle choices of their clients. Physician's can assist by asking their clients routine questions about levels of physical activity encouraging moderate to vigorous levels of intensity.

One way to determine the level of intensity is by a simple "talk test" (see graph below).

I can sing and talk!	Light intensity
I can talk!	Moderate intensity
I can't carry on a conversation!	Vigorous- very vigorous intensity

Another way to measure intensity is by the client's heart rate. Moderate intensity is aimed at a 65 -74 percent of the maximum heart rate. Vigorous intensity is between 75-90 percent of the maximum heart rate. These are based on the formula: $220 - \text{age} \times \%$ representing the desired intensity.

We hope that by working together with family practitioners we can assist our community to become more active, healthy and happy.



Public Funding for Two New Vaccines

Submitted by Margaret Hendriks, Public Health Nurse

On April 28, 2003, the Ministry of Health and Long-Term Care announced public funding for Adacel™ (tetanus, diphtheria and acellular pertussis, Tdap) for the 14 to 16 year booster, and for conjugate pneumococcal vaccine (Prevnar™) for children less than 2 years of age with high risk medical conditions. These new vaccines are expected to be available in September 2003.

Because Adacel™ does not contain polio, adolescents who have never had an oral polio vaccine (OPV) will also require a separate injection of IPV using a different needle, syringe and site. Adolescents who have had OPV at any time in the past do not require an IPV with their adolescent booster. OPV was last used in Ontario between 1990 and 1993 due to production problems with IPV at that time.

Although the public funding for Adacel™ and some Prevnar™ is a step in the right direction, it is still significantly less than what we hoped would be funded. We continue to advocate for public funding for the following:

- Conjugate pneumococcal vaccine for ALL children less than 2 years of age, and conjugate pneumococcal vaccine for children with high risk medical conditions less than 5 years of age or ALL children less than 5 years of age;
- Conjugate meningococcal C for everyone 24 years of age or less;
- Varicella vaccine for anyone who is non-immune and 1 year of age or over;
- Hepatitis A vaccine for men who have sex with men and injection drug users.



Is this Really Speech therapy???

Submitted by Marsha C. Houlahan,
Speech & Language Coordinator

“My daughter is 20 months old and not talking. I saw a booklet at a CROW playgroup for Language Express. When I called, I was told we’d see an Infant Development Worker. I thought my child needed a speech pathologist.” P.A., Carleton Place

“My son is 2 and a half years old. He says some words, but mostly points for things that he wants. My speech therapist recommends a Parent Training Class *It Takes Two to Talk*. My child needs help, not me.” W.R., Brockville

“My son is 3 and a half years old. After his speech assessment, I was told that coming to a *Sounds Like Fun!* group would help him with his speech sounds. I never went to a speech group when I took speech as a kid. Won’t he just be playing?” T.S., Kemptonville

The Language Express believes parents are a child’s best teachers. Our first job is to train a child’s parents and care givers in techniques that support a child’s learning needs.

From birth to age three, the brain’s learning is like putting together a large puzzle. The brain needs to have the border pieces filled in first. Those pieces include skills of movement, language understanding, sound production, emotions, play and social ability. All the pieces affect a child’s learning.

Through Language Express, children under 2 years get an Infant Development Worker’s holistic approach. The lack of “talking” between 18 months and 2 years of age could be a need to learn more play, social, or movement skills. Infant Development Workers look at all of a child’s skill needs and makes a plan with parents.

At group, children
learn how to use
their new skills with
new friends.

Beyond 3 years, the brain begins to specialize. One area can grow beyond...or get stuck... behind another area of development. Between 15 and 36 months, a speech-language pathologist can become involved in the child’s program planning. She looks closely at the reasons for a difficulty in sound production, language learning or use. She may begin with individual therapy to teach skills, before other practice can begin.

Language Express invites children and parents to attend group sessions. Children are about the same age, and working on similar language or speech goals...but not always! At group, children learn how to use their new skills with new friends. Practice is under the supervision of an Infant Development Worker, a Speech-Language Pathologist or their assistant. It is a great step towards more consistent use of skills in daily activities.

The best therapy program may include it all. Concerned? Call 1-888-503-8885/283-2742 or check the website :www.language-express.ca

