



# Health Matters

A newsletter from the Leeds, Grenville, and Lanark District Health Unit

WINTER 2007

<http://www.healthunit.org>

## Racing Against Drugs 2007

By Kelly Munroe, BScN, RN, Public Health Nurse

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Before you know it, the time to attend Racing Against Drugs with your students will be here again. This year, the program will be aimed at grade 4 and 5 students in order to reduce the scheduling conflict that arises from grade 6 testing. The next action packed Racing Against Drugs event will be held in *Brockville Memorial Centre from May 29-31, 2007.*

Participants will be exposed to a variety of pit stop demonstrations that reinforce:

- 1) the negative impact of alcohol and drug use
- 2) risk taking, decision making and refusal skills
- 3) alternate activities for a healthy lifestyle

As many satisfied “race-goers” can tell you the 8<sup>th</sup> Annual Racing Against Drugs event promises to be a very educational, high-energy and interactive program for your students.

Many of the interactive stations will utilize sports themes, including the sport of racing, to deliver their message. In a sport such as racing there is no room or tolerance for impaired reaction or decision making.

Registration forms will be faxed the **third week of February** to each school in the Tri-County area. Registrations will be accepted on a first come, first serve basis. For more information please contact Tawnya Boileau, Public Health Nurse at (613) 345-5685.



## ATTENTION: Teachers & School Board Employees

By Bonnie Erwin, BScN, RN, Public Health Nurse

As of October 18, 2006 the Ministry of Education **no longer requires** Ontario’s teachers and school board employees to have a Tuberculin (TB) skin test prior to employment.

The Ministry of Education revoked the Policy/Program Memorandum (PPM) No. 77 requiring routine TB testing after consultation with the Public Health Division’s TB Control Program. However, it should be noted that school staff testing would still be conducted in the follow-up of contacts of an active case of TB.

Please contact the Health Unit or your School Board with any questions or concerns.

### For more information

• call the Health Action Line  
1-800-660-5853 or  
613-345-5685 ext 2225

or

• Fax: 1-613-345-2879

• Email:

[schoolhealth@healthunit.org](mailto:schoolhealth@healthunit.org)



# Chickenpox

By Melinda Billet, BScN, RN, Public Health Nurse

## What is chickenpox?

Chickenpox (Varicella) is a common childhood infection. It is most common in children and is usually a mild infection. Chickenpox is very dangerous for people with immune system problems like leukemia or for people taking drugs that weaken the immune system.

## Symptoms

Chickenpox begins with a fever, followed in a day or two with a rash that can be itchy. The rash soon turns to fluid filled blisters. The blisters dry and form scabs in 4 – 5 days.

## How is it spread?

Chickenpox is most contagious before the rash appears. It is spread easily -

- From person to person through the air when someone with chickenpox coughs or sneezes
- From direct contact with liquid from the blisters
- From a pregnant woman to her baby before birth

## Chickenpox vaccine

There is now a vaccine available. Call your doctor or local health unit to see if your child is eligible for free vaccine. The Canadian Paediatric Society and the National Advisory Committee on Immunization recommend that all healthy children over 12 months of age receive the chickenpox vaccine.

## What can parents do?

1. The best way to protect children is to have them vaccinated
2. If your child has an immune system disorder contact your doctor if your child has been exposed to chickenpox
3. If your child gets chickenpox do not give aspirin (A.S.A.) or any products that contain aspirin. To control fever use acetaminophen (Tylenol ®, Tempra ® etc)
4. Your doctor may recommend a cream to prevent itching.

## Going to school or day care

A child can go to school or day care as long as he or she is feeling well enough to participate in activities and does not have a fever.

## What if I'm pregnant?

Most adult women are already protected against chickenpox by antibodies in their blood. If you are pregnant or thinking of getting pregnant and have been exposed to chickenpox call your doctor right away.

## What do I do if I have more questions?

Call the Health Unit at 1-800-660-5853

Source: Canadian Paediatric Society (2005)

## Sexual & Reproductive Health Day 2007!

By Susan LaBrie, BNSc, RN, Public Health Nurse

Sexual and Reproductive Health Day (SRH Day) has been celebrated across the country on and around February 12 since its inception in 2002. It is an awareness day that encourages individuals, service providers and communities to:

- **Talk, listen and learn about all things related to sexuality**
- **Take action to take care of their own sexual and reproductive health**



## Get Turned on! Your Sexual Health is at Your Fingertips.

This year's theme is all about encouraging communities, educators, health practitioners and individuals to go online for sexual health information. The

Internet can be a great resource to help you take care of your sexual health. No matter where you live, the Internet can give you access to accurate, non-judgmental, sexual health information at any time of the day. Log on to the Health Unit website at [www.healthunit.org](http://www.healthunit.org) for more information about SRH Day and find links to other great resources and sexual health websites. Also, don't miss the attached fact sheet called "*How do I talk to my kids about sex?*" which lists several great ideas and methods for raising sexually healthy children.

## Food Insecurity Increases the Risk of Disease

*By Dianne Oickle, MSc, RD, Public Health Nutritionist*

**Food insecurity** happens when a person or family does not have enough food to eat and/or is worried about getting food. Food insecurity can lead to poor dietary intake, not having enough to eat, not eating enough vegetables and fruit, and eating cheaper foods that are not as good for you. All of these factors put people living with food insecurity at higher risk of chronic disease such as diabetes, heart disease, osteoporosis, cancer, and obesity.

Within Leeds, Grenville, and Lanark counties, there are a number of groups that are at high risk of food insecurity.

- **11.8%** of children live in low income families
- **10%** of the population lives below the low income cut-off point
- **8.2%** of the population is unemployed
- **12.7%** of families are headed by one parent
- **28%** of seniors live alone
- **6.7%** of the population has less than a grade 9 education

There many families where one or both parents work but income is still not enough to cover basic needs. As the price of gas, hydro, and food increases, family incomes are not increasing, making it harder for people to provide food for their family. Nutritious Food Basket data shows that the cost of food has increased more than 15% across the tri-county over the past 8 years.

Statistics Canada 2001 data shows that, of the total population of Leeds, Grenville, and Lanark:

- **11.3%** worried there would not be enough to eat because of a lack of money
- **6.4%** did not have enough to eat because of a lack of money
- **13.8%** did not eat the quality or variety of foods they wanted to eat because of a lack of money

In 2001, the overall rate of low income in private households across Ontario was **14.4%**. Within Leeds, Grenville, and Lanark counties, several communities have a poverty rate higher than the provincial average:

<b>Prescott</b>	<b>22.0%</b>
<b>Westport</b>	<b>18.5%</b>
<b>Smiths Falls</b>	<b>18.4%</b>
<b>Gananoque</b>	<b>15.0%</b>
<b>Perth</b>	<b>14.6%</b>
<b>Brockville</b>	<b>14.2%</b>

If people do not have enough to eat, then why is the rate of obesity so high? Someone living in poverty who is also obese may be able to eat enough calories to allow them to maintain or gain weight, but often these calories are from cheap foods with less nutrients. So although being overweight may make it look like someone has enough food to eat, they may not be getting enough vitamins and minerals, further increasing their risk of chronic disease already imposed by being overweight or obese.

Although you may not see poverty and food insecurity in your community, it does exist. Understanding this is an important step in making options for healthy lifestyle choices available in our workplaces, schools, and communities.

For more information on food insecurity and determinants of health, contact the Leeds, Grenville, and Lanark District Health Unit's Health ACTION Line at 1-800-660-5853 (613-345-5685) and ask to speak with a Registered Dietitian.

## Why Dads Matter — Part 2: Babies and Beyond

By Fiona Dufour, RN, BScN, Public Health Nurse

**Being an involved father requires spending quality and *quantity* time with your children.**

### Your baby is home from hospital – now what??

As a father, you have a very important role. Your role can affect your child's future in a very positive way.

Being an involved father requires spending quality and *quantity* time with your children. The best way for you to get to know your new baby is to become involved in the baby's routine care. This can include:

- ▶ Diapering
- ▶ Comforting
- ▶ Breastfeeding (offering support)
- ▶ Playing
- ▶ Bathing

### Research indicates that being an involved father has many benefits for an infant.

#### Your baby will:

- ▶ Have a closer bond with you
- ▶ Be more curious
- ▶ Adjust well to new situations
- ▶ Learn quicker and be smarter when they are as young as 6 months

### Being *involved* has benefits for fathers also. Some include:

- ▶ More confidence as a father
- ▶ Better understanding of child growth and development
- ▶ Better health
- ▶ Less trouble with the law
- ▶ Stronger bond with your child(ren)
- ▶ Happier marriage
- ▶ More community involvement (i.e. Coaching a child's soccer game)

It is important to establish a support team. Your partner is your primary teammate. Attending baby groups with your infant is encouraged to further promote father involvement at the community level. Talking to other fathers will allow you to compare notes on issues that you are facing.

Contact our Health ACTION Line at 1-800-660-5853 to find locations of baby groups near you!

Watch for "*Why Dads Matter: Part 3 – Fathers and Breastfeeding*" in a future newsletter.

*Bader, E. & Cooper, N. What A Difference a Dad Makes. 2<sup>nd</sup> Edition. (2003). Family Transitions Consultants Inc. 42-3.*

*Daly, K., & Allen, S. (2002). The effects of father involvement: A Summary of the research evidence. The Father Toolkit, 137.*



The challenge to turn off your screens is back. This year your school will be able to choose a week between April 16<sup>th</sup> and May 13<sup>th</sup> to "Pause to Play". Schools will be sent a letter in March to register. Stay Tuned!