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www.kyrha.ca

September 2010

Issue 5

Long Term Care - Home away from home



(Left to right): Margaret Kissick, LPN Supervisor LTC; Ile a la Crosse LTC resident, Thomas Hansen and Judy Desjarlais, Recreation Worker.

Family, that's how Keewatin Yatthé's dedicated Long Term Care staff feels about the residents they interact with each day.

"Long term care only exists because families need help to care for their loved ones," explains Margaret Kissick, LPN and Supervisor of Long Term Care (LTC). "Sometimes the elder lives alone with no one to care for them which can lead to the need for assistance. We are your answer. A home away from home, that's what LTC is to those of us who work here."

Within the Ile a la Crosse Integrated Facility there are a total of 17 beds, 15 long term care beds and two respite beds. In the La Loche Health Centre there are a total of eight beds, six Long term care beds and two respite beds.

Residents participate in a variety of social activities including: baking, gardening, crafts and church services. They are assisted to return to their home communities for visits and to par-

ticipate in short outings or go to other facilities for special rehabilitation care.

"Here in LTC we try very hard to keep the person as independent as possible and families as involved as possible," states Kissick. "We consider this to be their home where they are allowed to make choices and live out their lives with all the dignity and respect they have earned. I feel we treat them like we would our own parents."

Families of the residents are responsible for providing personal effects and toiletries and are billed for medications. LTC are responsible for the assistance required for them to function on a daily basis.

In addition to the many activities, KYRHA physiotherapy staff work with residents to create a rehabilitation plan. They develop individual programs that the recreation attendant then carries out. The physiotherapy team also does a mobility assessment within 48 hrs of

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A Note from the CEO

Hello Friends,

After the Saskatchewan Ministry of Health announced the budget for the fiscal year, Keewatin Yatthé Regional Health Authority (KYRHA) took up the task of reducing our operating costs by a minimum of \$313 thousand.



However, even with reduced funding, KYRHA has stepped up their commitment for quality improvement. When it comes to our residents we will not compromise their quality of care.

For the past several months the Board of Directors and Senior Management have been working on the three-to-five year strategic plan for the region. One of the priorities of the strategic plan is to create a clear picture of the direction of the region for all employees, from the CEO to every front-line worker, and the residents of the region alike.

Patients have always been and will continue to be our main focus. And although there have been budget restraints, management have been embracing creative and proactive ways in which to keep our standards high, yet reducing overall costs.

One such initiative has been training sessions in the Lean philosophy. Lean gives an organization the tools to analyze their current processes, then determine ways in which to make them more effective so that costs can be reduced without cutting jobs.

Lean goes hand-in-hand with Accreditation Canada standards. As the Accreditation process is apart of continuous quality improvement, it never stops, it is a constant drive to improve and meet with national standards. Once again during the week of August 9, members from Accreditation Canada

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Board Notes

The Board of the Keewatin Yatthé Regional Health Authority held their monthly meeting on August 26, 2010 at the Provincial Courtroom in Buffalo Narrows. The Board is pleased to share the following highlights from their discussions.

Financial Statements for the First Quarter Ending June 30, 2010:

The Board approved the financial statements for the First quarter ending June 30, 2010 as presented.

Patient Safety Quarterly Report Ending June 30, 2010:

The Board approved the Patient Safety report ending June 30, 2010 as presented. Actions taken as follow-up from patient safety events include:

- Two client identifier policy implemented and training provided.
- New policy for double signing of certain medications implemented

Long Term Care Presentation:

Margaret Kissak, delivered a comprehensive presentation to the Board on the Long Term Care (LTC) program. The presentation was a passionate overview of the care and the daily activities that the residents receive each day. The Board would like to acknowledge the hard work of the staff and volunteers who take care of

these residents at St. Joseph's In Ile a la Crosse.

Keewatin Yatthé Bursary Program:

There were a large number of interested applicants this year for the annual Keewatin Yatthé Bursary Program. This year 22 recipients were awarded a bursary to further their education.

KYRHA Board Members are:

Tina Rasmussen (Acting Chair), Green Lake
 Elmer Campbell, Dillon
 Duane Favel, Ile-a-la-Crosse
 Barbara Flett, Ile-a-la-Crosse
 Robert Woods, Buffalo Narrows
 Gloria Apesis, Patuanak

The next General Board Meeting is scheduled for Thursday September 23, 2010 at 1:00 p.m. at the Buffalo Narrows Courtroom.

Message from the KYRHA Board of Directors

In the past several months through the work of many staff members we have been implementing changes that put the needs of our residents first. These changes are based on Accreditation recommendations.

The Accreditation process helps us meet or exceed national standards, so that we provide our residents with the best possible health delivery service.

The commitment of staff to ongoing changes in process and policy is admirable. The Board is committed to developing the region into the

best we can be at service provision and the staff is the catalyst for change and champions for the region.

On behalf of the Board of Directors I would like to express our sincere appreciation for the hard work being done on quality improvement by the staff of the region.

Only together we can strive for wholistic health for the region.

Tina Rasmussen,
 Acting Board Chair

CEO's visit Keewatin Yatthé Health Region

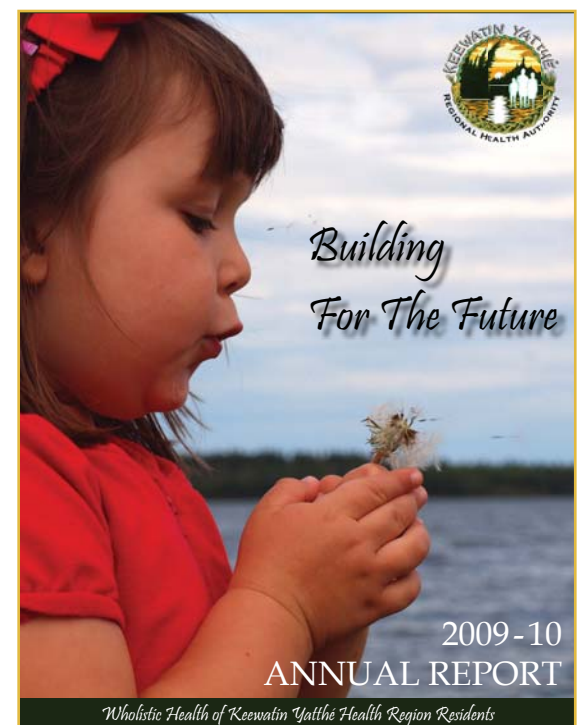


Chief Executive Officers from Prince Albert Parkland Health Region and Saskatoon Health Region visited the Keewatin Yatthé Health Region on August 24 and 25, 2010 to learn more about our culture, residents and how we deliver our health services.

Their visit included stops at Beauval, Ile a la Crosse, Buffalo Narrows and La Loche.

From left to right: Prince Albert Parkland Health Region CEO, Cecile Hunt and Saskatoon Health Region CEO, Maura Davies.

Out now! The 2009-10 Annual Report



Wholistic Health of Keewatin Yatthé Health Region Residents



The KYRHA vision is to empower the residents of our region to strive for physical, mental, emotional and spiritual wellness.

The Keewatin Yatthé Newsletter is a publication of the Keewatin Yatthé Regional Health Authority. Contributions to the newsletter are welcome and will be used when possible with all materials subject to editing.

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 Buffalo Narrows, SK. S0M 0J0

Phone: (306)235-2220
 Fax: (306) 235-4604
 Email: greg.dearden@kyrha.sk.ca

“Engage, inform, inspire, empower” – Palmbere Youth Conference

From August 3-6, 2010 close to 200 youths ages 12 to 18, gathered from across the region for an outdoor youth conference at Palmbere, with the goal to engage, inform, inspire and empower.

The partnership of Keewatin Yatthe Health Region, Meadow Lake Tribal Council Health (Youth Development) and the La Loche Friendship Centre planned the event to inspire the youth of the region to make friends and learn about their peers in other communities. A number of youth from surrounding communities (La Loche, Turnor Lake, Birch Narrows, Clearwater, Buffalo Narrows, Waterhen and Flying Dust,) were also part of the planning of the conference.



Dancing at Palmbere Outdoor Youth Conference

traditional wellness, traditional teachings, workshops on health issues (drugs, alcohol, sexual wellness) recreation and other entertainment.

Youth had the opportunity to participate in a variety of activities including: watching traditional Pow-Wow singers and a round dance, party to the beats of a DJ from Saskatoon, watch a hypnotist in action, participate in a youth music evening and take part in daily sweats in the sweat lodge built by elders from the Meadow Lake Tribal Council.

The inaugural event was well accepted and according to event organizers plans for next year’s event are already being worked on.

The conference had sessions in wholistic

Quality improvement initiative - Lean training

As part of a ministry mandate and KYRHA’s continuing quest for quality improvement, KYRHA staff have taken part in three training sessions over the past couple months in the Lean philosophy.

What is Lean?

Your first thought may be that it sounds like a term used for downsizing staff, however, Lean which originally came from the manufacturing industry, is a client/patient focused approach to evaluate entire, end-to-end, delivery of service/patient care.

Lean is designed to improve processes not by cutting jobs or making employees work harder, rather Lean focuses on preserving value with less work.

How does it work?

Small cross-functional teams examine workplace activities/procedures. The team looks at how the process is currently being executed, and determines what are the necessary procedures to reach the end result.

They look at the entire process from start to finish and look for ways to eliminate unneeded steps that may decrease flow or are simply not needed. The result will be a faster procedure that requires less work, therefore becoming

more effective.

Sounds complicated? It is really not. Here is an example that used Lean.

The Scenario

Nursing staff found they spent an average of 40 minutes per shift, looking for equipment throughout the clinic, such as needles, dressing or bedding supplies.

The Solution

By moving supplies to one specified area, complete with labels and regular restocking, the amount of wasted time was reduced to 15 seconds per shift.

Lean is about creating a culture that is capable of achieving results through the use of the right tools & techniques at the right time.

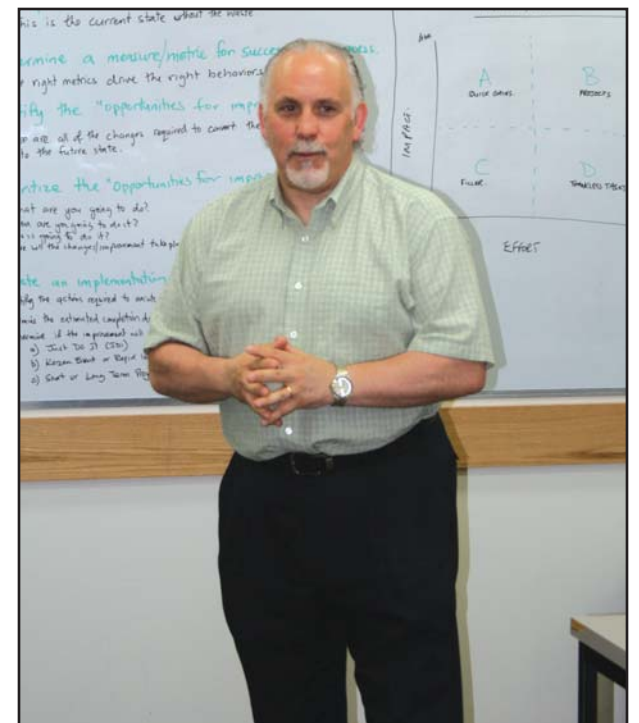
What is the next step for Lean?

The team has taken the two procedures listed below and implement the changes that were agreed to.

1. Supply chain procedure
2. Client Concerns Handling Procedure

These initiatives are the first of many to come,

involving various staff members from the CEO to front-line workers.



Lean Advisor, Chris Turnor, from Kaizen Institute shared his knowledge of the Lean Philosophy to KYRHA staff in June and July, 2010.

Former region resident to shoot film in Ile la Crosse

Gail Maurice, a Metis director/writer/producer, who originally was born in Ile-a-la-Crosse, and raised in Beauval, is coming back to the region to shoot a film called “Until I See You Again” September 26, at Ile a la Crosse’s St. Joseph’s Health Centre.

The film, which celebrates Metis Culture and the bond of an inter-generational relationship is called, “Until I See You Again” because there is no word for “Goodbye” in Cree explains Maurice.

“This film is inspired by my family and my relationship with my grandmother,” continues Maurice, “in particular, a moment I had with her last August.”

Maurice plans to use locals rather than “actors” for authenticity. She believes that actors would not be able to reproduce the language and nuances of the culture with the accuracy that the Metis culture and language deserves.

“The film is Metis culture: the people are Metis, the mannerisms, the language, humour,



“Empty chair in the misty rain” - represents a type of loneliness. The empty seat represents a person who has left us in their “passing” and the rain is our heart’s tears.

location, crew, everything about this film will be and is Metis,” explains, Maurice. “I chose to come back home to shoot this film because I am proud of our culture, our heritage and I want

others to be as well. I love seeing and hearing our language spoken on the big and little screen. I want to encourage people to learn and promote the language.”

In addition to directing, Maurice wrote and will produce the film. The plan is for the camera to begin rolling for five days at the end of September.

Maurice keeps busy in all facets of the film industry. Most of her films are developed from issues close to her heart and have been social issue documentaries.

In 2006, Maurice filmed a feature length documentary about Aboriginal youth called, “Scream Your Dreams.”

The documentary asked graduating youth from Cambridge Bay, Nunavut, Beauval, Saskatchewan and Toronto, Ontario, what their dreams and aspirations were. Maurice plans on doing a follow-up of the youth five years later (2011).

For more information on Gail Maurice visit her Web site at: <http://www.gailmaurice.com>

Falls prevention: Preventing slips, trips and falls among elders

Risk Factors

Factor #1 - Osteoporosis

Prevention Tips

- Eat or drink lots of calcium. Senior women need 1,500 mg of calcium daily.
- Get sufficient Vitamin D3 to help absorb Calcium. Recommended dosage 400iu/day

Factor #2 - Lack of Physical Activity

- Leads to poor muscle tone, decreased strength, loss of bone mass and flexibility as well as a loss of balance

Prevention Tips

- Exercise every other day for at least 15 min-

utes. Do exercises that increase muscle flexibility and bone strength.

Factor #3 - Impaired Vision

Prevention Tips

- Have annual eye check-ups
- Clean glasses often

Factor #4 - Medications

- People who take four or more kinds of medicine are at risk of a fall
- Some medicine affects a person's balance

Prevention Tips

- Know your medication side effects

- Remove all out of date prescription medications
- Limit alcohol while on medication
- Speak to your physician or pharmacists and do a review of your current medications (every few months)

Factor #5 - Environmental Hazards

- The most common hazard for falls in the home is tripping over objects on the fall.

Prevention Tips

- Have a home safety inspection done
- Call your local home care clinic to book an appointment

Critical Incident Stress Management

What is Critical Incident Stress Management (CISM)?

The Critical Incident Stress Management is:

- Any situation faced by an individual which causes them to experience unusually strong emotional reactions and which has the potential to interfere with their ability to function either at the incident or a later stage.

Diffusing & Demobilization

- Diffusing is an informal discussion with individuals involved, whose needs are high at the time. This is a short, more immediate and less in depth session.
- Diffusing may lessen or eliminate the need for a full debriefing.
- Preferably within 12 hrs. of incident or before the end of the individual's shift.
- In a comfortable atmosphere, free of distraction and interference.
- Approximately 45 min. to one hour.
- All involved must remain until conclusion of session.
- It involves all responders at the facility, including ambulance personnel, first responders, nurses, physicians, fire fighters, RCMP, search teams volunteers, etc.
- The information session will be conducted by a CISM team leader or peer support;

- immediately after shift or relief of duties.
- at the scene – in a safe area apart from the immediate location of incident.
- ten minute information session.
- twenty minutes for food and resting, if available.

Demobilization is more for first responders.

- The team will make a connection with the family 48 hrs after the event.

Why? We do not connect with the family sooner because we need to allow them the time to process the event that has just taken place. We do not want to interfere with the normal grieving process.

- The CISM team will provide debriefings and small group crisis interventions for the people impacted.
- Each debriefing is 30-45 minutes in length.
- Not all community members that are impacted by a traumatic event want to take part in a debriefing.

What is Critical Incident?

Critical Incident is:

- Death of a fellow health care worker, or family member or community crisis.
- Suicide of a fellow health care worker or community member.

- Mass/multi casualty incident with serious injury or death.
- Client killed as result of health care services.
- Accidental death or injury of a client or community member.
- Death of a child, especially under unusual circumstances such as neglect or abuse.
- Having to work under unusual sights, sounds, or smells. This could include photographs or written material.
- An incident extending over a long period of time and especially when experiencing mission failure (hostage/kidnapping).
- Incident with significant media attention.
- Threatening situation such as assault, shooting, hostage taking, or other situations of personal vulnerability.
- When children are involved in incident.

Immediately following a traumatic incident, if any health care, emergency personnel or community member thinks there is a need for response (12-24hrs).

For further information on the process Of CISM or to request a Debriefing/Diffusing in your Community, please contact:

Tracy Tinker, Director of Mental Health & Addictions
Call 306-235-5833 or 306-235-2220

CEO message - Continued from pg 1

visited our region for a "Focused Visit." The visit saw the Accreditation Canada members meet with KYRHA staff to find out how we are doing as far as improving upon required operational practices. I am happy to say that the visit went very well.

Although to many the work being done on Accreditation may at times seem behind the scenes, because much of the efforts are updating or creating new policies and procedures, we assure you that the results go a long way in putting the needs of our residents first.

For example, many of you may know we have stepped up the efforts in asking residents to show their health card upon arrival at our facilities. By asking you to present your Health Card we are adding another measure to ensure that patients receive accurate services, therefore im-

proving their overall safety and confidentiality.

Our mission is to work together with our communities to support healing and to encourage and educate our people to live a healthy life.

Even in tough economic times we promise to do our part. We will continue to look for ways to better serve our customers, the residents of our region.

Thank you

Richard Petit

KYRHA, CEO

LTC - Continued from pg 1

admission so that LTC staff have an immediate plan for helping our residents.

If you have a family member or a friend who could benefit from their services, the first step would be to get in touch with KYRHA's Home Care Department.

"We have a single point entry in LTC," elaborates Kissick. "All home assessment are completed by home care staff and included in the application.

In Ile a la Crosse the person that coordinates the application is Diana Daigneault and in La Loche it is Gerald Janvier. When a bed becomes available all applications are reviewed by the selection committee and is chosen by the person with the highest need."

Please welcome the newest members of the KYRHA Team

The following is a list of our newest team members as of August 2010 (Not in order of hire):

Ashley Richmond, Community Dietitian - Works out of Buffalo Narrows

Elroy Park, Maintenance Service Worker - Works out of La Loche

Grace McLean, Laundry Service Worker - Works out of Ile a la Crosse

Jane Kyplain, Special Care Aid - Works out of Ile a la Crosse

Janel Koan, Emergency Medical Responder - Works out of La Loche

Krissie Hansen, Senior Nursing Assistance - Works out of La Loche

Louise Morin, Special Care Aid - Works out of Ile a la Crosse

Natanis Yole-Merasty, Registered Nurse - Works out of Ile a la Crosse

Nyle Wierzbicki, Clinical Nurse Educator - Works out of Buffalo Narrows

Peter Durocher, Manager, Emergency Medical Services - Works out of Ile a la Crosse

Rychelle Engele, Registered Nurse - Works out of Ile a la Crosse

Sofi a Stefaniw, Registered Nurse - Works out of La Loche

Stephanie Gardiner, Laundry Service Worker - Works out of Ile a la Crosse

Susan Ball, Registered Nurse - Works out of Buffalo Narrows

Tammy Caisse, Licensed Practical Nurse - Works out of La Loche

Vanessa Daigneault, Special Care Aid - Works out of Ile a la Crosse

Cameron Herman - Maintenance Service Worker - La Loche

Candice Caisse - Special Care Aide - Ile a la Crosse

Cynthia Morin - Client Attendant - Ile a la Crosse

Donna Morin - Executive Assistant - Buffalo Narrows

Farah Janvier - Emergency Medical Responder - La Loche

Grace McLean - Laundry Service Worker - Ile a la Crosse

Iroegbu Nicholas Onyeneho - Public Health Nurse - La Loche

Liz Durocher - Community Outreach & Education Worker - Ile a la Crosse

Lola Westwood - Combined Lab & X-ray Technician - La Loche

Mabel Durocher - Cook - Ile a la Crosse

Maxine Morin - Client Attendant - Ile a la Crosse

Penefrancia (Frances) Octobre - Clinical Nurse Coordinator - La Loche

Rose Omani - Addictions Counselor - Beauval

Sheila L Janvier - Office Clerk - La Loche

Stephanie Gardiner - Laundry Service Worker

Katie A Sylvestre - Autism Spectrum Worker - Dillon

Yvonne Damtal - Purchasing Clerk - Buffalo Narrows

Summer Students:

Angela Corrigan - Beauval

Erica-Rae Desjarlais - Ile a la Crosse

Stephanie Kent - Ile a la Crosse

Terry Toulejour - La Loche

Regional Intersectoral Committee Coordinator

Please welcome Holly Toulejour, who was recently named the Regional Intersectoral Committee Coordinator (RIC).

The RIC Coordinator plays a pivotal role in building partnerships among government, non-government organizations, local interagency committees and community groups.

The inaugural meeting of the Westside RIC was held on August 19, 2010 at the Integrated Services Centre in Ile a La Crosse.

What's all this talk about Telehealth

Telehealth Saskatchewan began as a Saskatchewan Health pilot project in July 1999 to help address the need for improved health care services and enhanced practice support in rural and remote areas of our province.

Telehealth Saskatchewan uses communication and information technology to support the delivery of clinical care and professional education services.

Using live, two-way videoconferencing, health care providers can apply the latest tele-diagnostic instruments, including digital stethoscopes, patient examination cameras, and digital imaging, to enable a remote patient to 'visit' an out-of-town health care provider from their home community rather than having to travel. Health care providers can use Telehealth Saskatchewan for appropriate clinical appointments, consultations, follow-ups, meetings, and education sessions.

Telehealth Saskatchewan not only connects sites within its own provincial network, but it can link with other select sites provincially, nation-

ally, and internationally.

Patient/Public Benefits

- Increases access to specialty services for rural patients.
- Allows the patient to stay in their own community rather than traveling.
- Decreases the number of cancelled appointments due to weather/travel conditions.
- Allows for other caregivers to participate, including teachers, youth workers, or home care staff who would otherwise not be free to travel.
- Reduces time for investigation, diagnosis and treatment through quicker consultations.
- Provides for real time second opinions.
- Increases access to health education opportunities for the public.

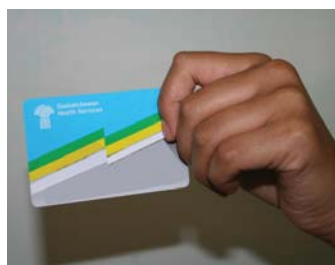
Regional Health Authority Benefits

- Assists in maintaining the role of the primary care institution within the regional health authority, such as with specialist care including obstetrics.
- Facilitates continuity of care with a team approach to health care, even between distant locations.
- Increases staff productivity and efficiencies by reducing travel time for physicians and health care providers.
- Reduces overall training expenses as it increases exposure to specialists to a greater number of staff and health care providers.
- Reduces patient transfers to other regional health authorities.
- Increases educational opportunities for all staff and physicians, due to decreased financial demands (travel, accommodations, etc).

Attention

SHOW US YOUR HEALTH CARD!

And Improve Patient Safety



Effective **August 1, 2010**

all patients **MUST** show their

Health Card **EACH** time they **VISIT**

a KYRHA Facility



For more information, please contact your local health facility

Life Guard Training in ILX



Left to right: Wade Daigneault, Kayla Syvester, Bobby Marceland, Belinda Syvester, Gail Syvester, Dori Corrigan

On August 9-11 a joint effort from KYRHA and the Ile a la Crosse Friendship Centre gave youths the opportunity to train to become Life Guards.

Coordinated by Jeanie Daigneault, KYRHA Community Health Educator and instructed by Wade Daigneault participants worked hard and were trained to be capable and ready to perform emergency rescues.

A big thank you to the Northern Hamlet of Turnor Lake and Birch Narrows.



The Healthy Lifestyles Corner will feature interesting and informative articles from:

Sandra Clarke, Diabetes Nurse Educator, Ph: 235-5842

Carla Tschigerl, Public Health Nutritionist. Ph: 235-5820

Joelle Birkham/Jocelyn Chandler, Physiotherapists. Ph: 833-3397

Ashley Richmond, Community Dietitian. Ph: 235-3000

Get to know your Community Dietitian



Ashley Richmond, KYRHA Community Dietitian

Ashley is originally from North Battleford and is a recent graduate from U of S Nutrition program. She has spent time with the Live Well with Chronic Conditions Program in Saskatoon. In addition to performing clinical rounds at Battlefords Union Hospital and at Pediatrics' Royal University Hospital, Richmond provided diabetes management at St. Paul's Hospital, and worked on-reserve and made home visits for the Battlefords Tribal Council.

We sat down with Ms. Richmond and asked her a few questions:

Q: What brought you to the region?

A: Being a community dietitian in northern

Saskatchewan is a huge opportunity for a new grad. I knew this experience would teach me a lot about myself and my profession.

Q: What does the Community Dietitian do?

A: I serve the whole health region so I travel to the different communities and facilities. I see people on an individual basis for nutrition counseling. I'm here to answer people's questions and help them understand how what we eat impacts our health. I also see patients in the hospital if they have any concerns. I think a lot of people want to make healthy changes in their life and may not know where to start. I can help people understand all of the confusing messages about foods that are out there. When people come to see me, together we figure out which changes are feasible for them so they can reach their long term goals.

Q: What are your plans for your first few months?

A: My initial goal is to promote and advance the community dietitian program. I'm hoping to see all clients that have been referred as soon as I can. I also need to look at how I can help more in our acute and long term care facilities.

Q: What advice can you give our residents in regards to nutrition and their health?

A: Simply watching how much we are eating can help. Portion sizes are so big now that we tend to overeat and don't realize when we are actually full.

Prevention of Repetitive Strain Injury

Do you experience aches and pains in your neck, shoulders, upper and lower back, wrist and elbow joints?

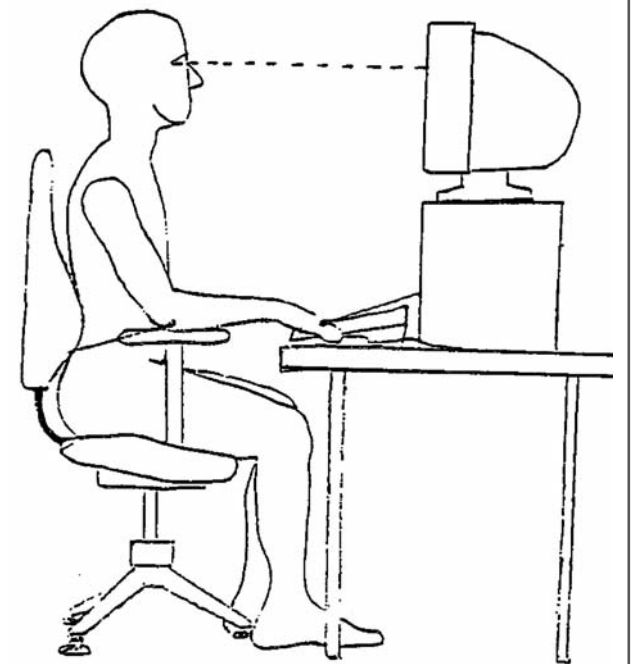
These may be symptoms or warning signs of a Repetitive Strain Injury (RSI), which may be triggered by spending long hours at the computer, both at work and home.

Risk Factors for the Development of RSI:

- Posture. Slouching at the keyboard puts your spine and limbs in positions that contribute to increased strain and tension
- Office Set Up. A poorly designed workstation (i.e. keyboard that is too high or low, a computer monitor that is not directly in front of you).
- Work Habits. Sitting for extended periods of time without changing positions is hard on your whole body.

Work Station Design:

- Adjust your chair. Sit with your buttocks right back in the chair and your feet flat on the floor, or on a footrest or phone book. Your hips and knees should be bent at a 90 degree angle.
- Keep your shoulders relaxed, arms close to your body or resting comfortably on the armrests, which should be positioned close to your sides. Elbows should be bent at 90 degrees, with your forearms parallel to the floor.
- Your wrists should be straight, which may involve adjusting the angle of the keyboard.
- Move the mouse with whole arm movements (not just the wrist)
- Consider ergonomic accessories, such as document holders, head sets and wrist pads.



The correct posture and desk design

Model a Healthy Lifestyle for Children

Kids want to be just like you. Are you a positive role model and setting a good example?

Children can be easily influenced and copy the behaviors of role models. School aged children most often look to parents and teachers as role models. It is important that adults model healthy eating and physical activity for the children around them. In doing so, they show children how to live a healthy lifestyle.

Nutrition is important for people of all ages. For school aged children, nutrition plays a large role in growth, development and academic performance. It also improves physical and mental health and helps reduce the risk of chronic diseases. There are many ways an adult can model healthy eating for the children around them.

Here are a few helpful hints:

- Enjoy regular nutritious meals each day. This includes breakfast, lunch, supper, and snacks.
- Choose a variety of foods from each of the four food groups in Canada's Food Guide every day. The four food groups are: Vegetables and Fruit, Grain Products, Milk and Alternatives and Meat and Alternatives.
- Limit foods and beverages that are high in calories, fat, sugar or salt (sodium).
- Enjoy regular physical activity.

Physical activity is also important for physical and mental health. Children whose parents exercise

regularly are more likely to make exercise part of their routine. Parents who exercise together with their children further raise the chance of their children exercising on their own. Adults can have a positive influence on a child's physical activity. They can do this by encouraging them to try a wide range of activities and focusing on participation rather than on performance.

Modeling healthy behaviors is not only good for personal health, but it also helps encourage children to lead a healthy lifestyle.

Written by the Public Health Nutritionists of Saskatchewan with the support of KYRHA

Back to School Quotations

“The whole purpose of education is to turn mirrors into windows.”

~Sydney J. Harris ~

“If there were no schools to take the children away from home part of the time, the insane asylums would be filled with mothers.”

~ Edgar W. Howe ~

“Education is not filling a pail but the lighting of a fire.”

~ William Butler Yeats ~

“Learning is a treasure that will follow its owner everywhere.”

~ Chinese Proverb ~

“Education is not preparation for life; education is life itself.”

~ John Dewey ~

“Education is the most powerful weapon which you can use to change the world.”

~ Nelson Mandela ~

“Education’s purpose is to replace an empty mind with an open one.”

~ Malcolm S ~

“The teacher who is indeed wise does not bid you to enter the house of his wisdom but rather leads you to the threshold of your mind.”

~ Kahlil Gibran ~

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

~ Alvin Toffler ~

Wild blueberry muffins



Directions

Position a rack in the middle of the oven. Pre-heat the oven to 400F. Grease a standard

12-muffin pan or line with paper liners.

Whisk together thoroughly in a large bowl:

2 cups all purpose flour
1 tbsp baking powder
1/2 tsp salt
(1/4 tsp grated or ground nutmeg)

Whisk together in another bowl:

2 large eggs
1 cup milk or cream
2/3 cup sugar or packed light brown sugar

1/4 to 1/2 cup (1/2 to 1 stick butter, melted, or 1/4 to 1/2 cup vegetable oil)

1 tsp vanilla
1 1/2 cups fresh or unfrozen frozen blueberries

Add the flour mixture and the blueberries and mix together with few light stokes just until the ingredients are moistened. Do not over mix; the batter should not be smooth.

Divide the batter among the muffin cups. Bake until a toothpick inserted to 1 or 2 of the muffins comes out clean, (about 17 minutes or longer for variations with fruit).

Let cool for 2 to 3 minutes before removing from the pan. Let cool on a rack. Serve as soon as possible, preferably within a few hours of baking.

Chicken, hummus and sauteed veggie wraps

Ingredients:

1 lb small boneless skinless chicken breasts
salt and freshly ground black pepper
1 tbsp olive oil
2 cloves garlic, minced
1 green bell pepper, julienned
1 red bell pepper, julienned
1 yellow bell pepper, julienned
1 onion, cut into thin strips
2 carrots, julienned
1/2 cup water
2 to 3 tsp chilli powder
1/2 cup spicy hummus
4 10 inch tortillas



Directions

Season chicken breasts with salt and pepper.

Heat a large skillet over medium heat. Spray with vegetable cooking spray. Cook chicken, turning once, for 5 minutes per side or until chicken is no longer pink in the middle and has reached an internal temperature of 170F.

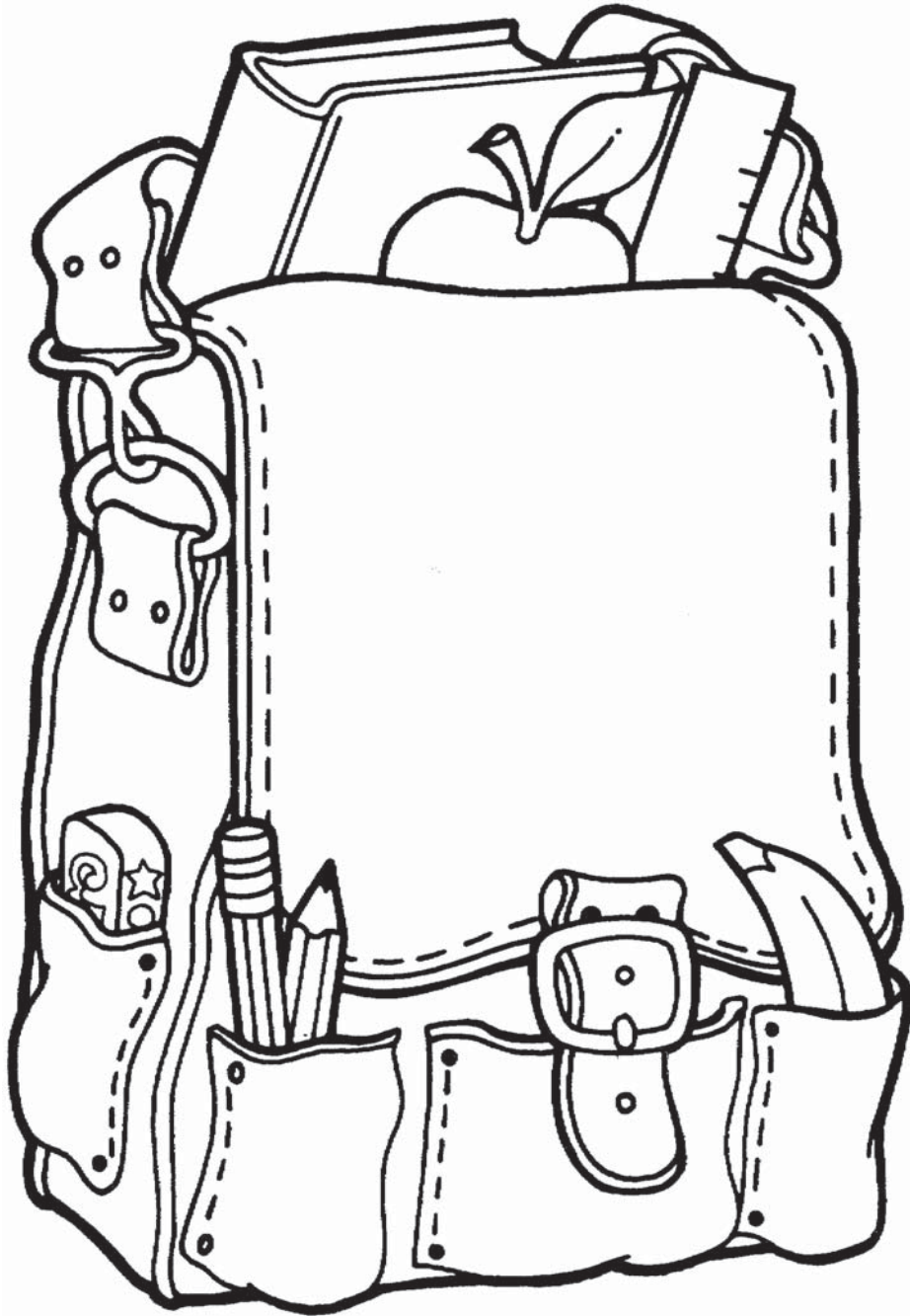
Remove to a clean plate and let cool. Cut into strips.

In the same skillet, heat olive oil over medium high heat. Sauté garlic, green, red, yellow peppers, onion and carrots, stirring frequently, until beginning to brown, about 5 minutes.

Add water and chilli powder; season to taste with salt and pepper. Reduce heat to medium and cook until vegetables are tender-crisp and water has evaporated, about 5 minutes.

Spread 2 tsp Spicy hummus up the middle of each tortilla. Top with chicken and vegetables. Roll up tortillas.

BACK TO SCHOOL ACTIVITIES



Send it in your favourite activity (don't forget to include your name and contact details), and you may be the next one to receive a special prize!

Mail to KYRHA Communications by Sept, 24 2010 at:

P.O. Box 40
Buffalo Narrows, SK S0M 0J0

NEWSPAPER SCAVENGER HUNT

Please answer the following questions using the KY News

Name _____

Date _____

1. Write the full name of the newspaper. _____

2. Write the biggest headline in the newspaper. _____

3. Write a headline from the first page of the newspaper. _____

4. Write the name of the new Community Dietitian _____

5. Write the date of the Palmbere Youth Conference. _____

6. Write the title of the film being shot in Ile a la Crosse this September. _____

7. On page 5 it tells you you must show this, when you visit a KYRHA facility such as the clinic or hospital.

8. Write down what the object in the colouring activity is. _____



Things you should know about Kids Help Phone:

1. We're Canada's only toll-free, 24-hour, bilingual and anonymous phone counselling, referral and Internet service for children and youth. Every day, professional counsellors provide immediate, caring support to young people in urban and rural communities across the country.
2. The service is completely anonymous and confidential - we don't trace calls, we don't use call display. You don't even have to tell us your name if you don't want to.
3. We have more than 10,000 volunteers across the country including about 1,700 youth volunteers that we call Student Ambassadors. If you're interested in volunteering, contact your local Kids Help Phone chapter for more information.
4. We hold fundraising events all the time - things like Bowlathons, movie days and the The Walk for Kids in support of Kids Help Phone help us raise the funds we need to be there when kids call or post online.
5. Calling Kids Help Phone or posting an online question is free for young people across Canada - but running the service isn't free. We rely on donations from individuals, companies, clubs and associations to ensure we can continue being there for kids 24/7.

For more information:
<http://www.kidshelpphone.ca/> or call at 1-800-668-6868

Word Scamble

Unscramble the back-to-school related words and then take the letters circled in each word to uncover the hidden message.

nssgmtiane =
 _ _ _ ○ _ _ _ ○ _ _ _

hoiyrstr = _ ○ _ _ _ _ _

cthareh = _ _ ○ _ _ _ _ ○

rucponte = _ _ _ _ _ _ _ ○

dsytu = _ _ _ _ ○ _

○ ○ ○ ○ ○ ○ ○ skills are important for all subjects.