

Free

AHA Newsletter

NorthernHealth

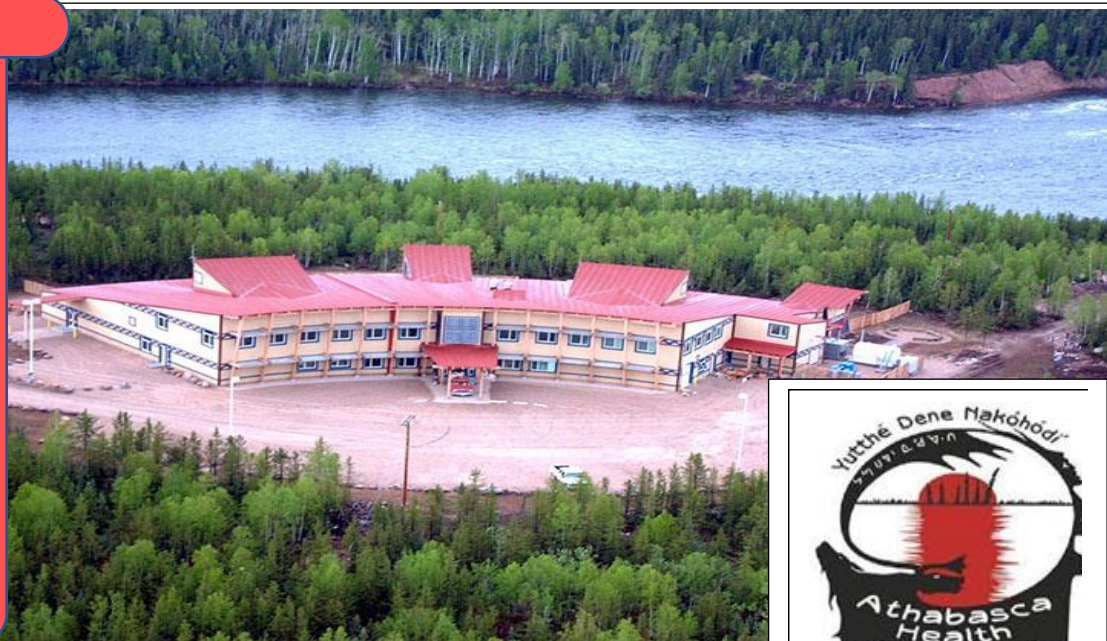
AHA Newsletter
Contact us: 'Kemi Olubanwo
oolubanwo@athabascahealth.ca

Series 2- Issue 58 October - November 2021



Facebook.com/Athabascahealth

Inside Stories	pages
Uranium City Land Based Healing Camp	2,5,6
Tradition Vol. 2	3
TB Management Model	7-8
Women Shelter	9
Kids Corner	11
Halloween	12
Dental Services	13
TB Situation Report	16-17
Diabetes Health	18
Health & Nutrition	20
Remembrance Day	21
One Yr. CoVID-19 Update	22-25



AHA TB Update



Uranium City Landbased Healing



AHA CoVID-19 Update



Halloween Door Decoration Contest



Northern Health

Uranium City Land Based Healing Camp October 13-17, 2021



Shannon Kormos
Family Violence Coordinator



Shanon

According to some of the residents, there has not been a land based healing camp in Uranium City in over 35 years. The land based healing camp was held in Uranium City from October 13 to 17, 2021. The team that went up was Victor Echodh Elder, Allan Adam CEO of AHA, Crystal Michell-Kohut Mental Health Therapist in FDL, Harry "LilHeavyHand" Charles- Traditional Knowledge Keeper La Ronge, SK and Shannon Kormos Family Violence Prevention Coordinator.

Our team and community members set up the camp, sweat lodge and activities for the week on October 13, 2021. Bernadette Larocque and Vina Powder prepared our meals every day and cleaned the school. Gary Powder and Tyler Powder were the general helpers and hauled grandfather rocks and wood for the four-day sweat. Tyler Powder was the fire keeper and door-man at the sweat.



The team delivered grief and loss workshops, talking circles, community members attended the sweats daily, women's teachings, ribbon skirts making, therapeutic dream catchers and one on one time with team members. Community members made strong connections with Crystal Michell-Kohut, Mental Health Therapist, have requested to keep seeing her for therapy as well as Harry Charles for traditional teachings and men's teachings. Approximately 60 to 65 people attend every day for activities, fellowship and meals.

Crystal Michell-Kohut performed the Hoop Dance. The Hoop dance is a healing dance.

The hoops used in the hoop dance, and they symbolize "a prayer that the promised renewal of the collective human spirit will accelerate and that we will all find our place in one great hoop made up of many hoops." The hoops symbolizes the **"never-ending cycle of life,"** having no beginning and no end.



Northern Health

Statement of Traditional Denesuline Values and Principles — Vol. 2



Allan Adam AHA CEO

Statement of Tradition Cont'd

Five
Sɔlaghë

The survival of the whole group family and community is more important than the accumulation of individual wealth or status.

T'á dëne yët'á dághënë tthërë sɔ ɔɔ'á dëne chu ɔɔ'arë kóɔ há, ɔeyí k'í ɔɔ'aghë dëne ɔasié ɔɔ' dëdëñná dátëdhí sɔ.

Six
ɔɔ'k'étághë

Individual rights and freedoms are respected and encouraged within the larger group, more important context of a collective identity and collective responsibility for the survival and well-being of the entire group.

ɔɔ'aghë dënë t'á't'ú báhóɔ sɔ hótíé bësúhúdí hóɔ, ɔeyí tthërë dé hórëlyú dënë yët'órëhá há.

Seven
ɔɔ'ɔsɔghɔ

The laws of the Dene which have been passed down to us by our elders, teach us how to respect the land and each other. They teach us how to live in balance and good health and how to protect ourselves and our children. We must continue to live by these laws and pass them onto our children.

Nuhní dënë t'á bët'á sughuá dághídá yatié ghare dághídá sɔ t'á't'ú nuhëts'ɔ ɔɔ'ñëdhe bëyatié hógharë, nih chú nuhní dënë t'á't'ú bësúhúdí hóɔ. ɔeyí gharë t'á't'ú ɔëdúghúlní hú nuhëskëñë tth'í bëgharë húghúlní há. ɔeyí yatié nuhëskëñë bët's'en yatié dët'ál hóɔ.

Eight
ɔɔ'k'édjghɔ

We respect and care for each other. In particular, we honour and provide for our elders, who cared for us and passed on the gifts of generations past. We also honour and provide for our children who will pass on the ways of the dene to generations yet to come.

Hotié ɔëfëdoghílní hóɔ. Nuhëts'ɔ ɔɔ'ñëdhe tthëre hultá hóɔ bëgharë nuhëts'íkuí bëhóníé bënëridí sɔ bëghá nóhánúhëlá hóɔ. Nuhëskëñë há nákóghíldé hú yunádhë há ɔediri yatié bëghórit'í hóɔ ɔëdɔlní tth'í yatié dëɔal há.

Nine
ɔëɔtq

We come from male and female and we respect and honour the contribution which both men and women make in working for the survival of the people.

Dëneyu chú ts'ëkúí bets'ɔɔñë hidët. Núhëtthí(tɔ)kuí bék'ësudí nuhëbá ɔeghálana nók'ë náraidé há.

Ten
Hónëñá
ɔɔ'q

We respect and honour our leaders and medicine men and women who share their special skills, experience, wisdom and powers for the benefit of their people. We don't expect them to work for us and serve us, but we look to them for guidance and instruction to help us govern ourselves in a good way.

Nuhëts'ɔ t'ák'óldé chú t'á dëñëyú chú ts'ëkuí t'á ɔasié k'ódórëlyá bësudí hóɔ, ɔeyí dëne bëch'ánié ghare dëne ghëdët. Nuhëxa ɔëghádálaná hódórɔghíle kulu bék'ádáníltá bëyatié hógharë sughuá dághídá há.

Eleven
ɔɔ'ághë ch'ádhël

Everyone has the right to be heard and to take part in the decision making process or discussion of matters which will affect us.

Hórëlyú dënë ɔëk'ësú hóbënëldhën sɔ bórëtht'á há t'óhó ɔasié nëdhë ghá yatié dé.

Twelve
Nakë ch'ádhël

We respect the right of dene in family groups in communities or in regions to make decisions without interference from outside with respect to matters which affect them alone in their territory.

Hórëlyú dënë ɔëk'ësú bësúhúdí hóɔ t'ók'ë narádé, ɔëfádunë dënë yëts'unarádé hóghíle bënëñë k'ëyághë ɔasié ghá yatié dé.

Dënësúɔine t'á bëgharë dëne hël sëhóɔ principles 2007-08 NORTEP class

Northern Health

AHA MANAGEMENT TEAM



Sheila Robillard
Executive Director of Cooperate Services



Allan Adam
Chief Executive Officer



Taiwo Olubanwo
Executive Director of Primary Health Care



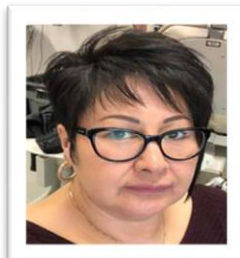
'Kemi Olubanwo
Director of Outpatient Clinic &
Support Services



Eileen McDonald
Director of Community Services



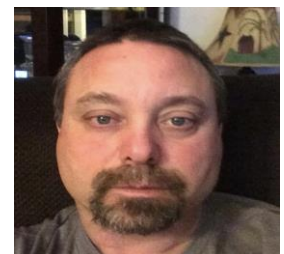
Tammy Kostiuk
Manager of Women's Shelter



Rose Zinck
Manager of Dental Services &
Oral Health



'Lola Peluola
Manager of Mental Health &
Addiction



Larry Leblanc
Facility Coordinator

A Place for Northern People to Heal

Northern Health

Uranium City Land Based Healing Camp

October 13-17, 2021



Comments from participants:

"All my pain and it really made me feel much better. I wish it happens more it brings people together."

"Great friendship sweat. Community gathering made me proud to be native."

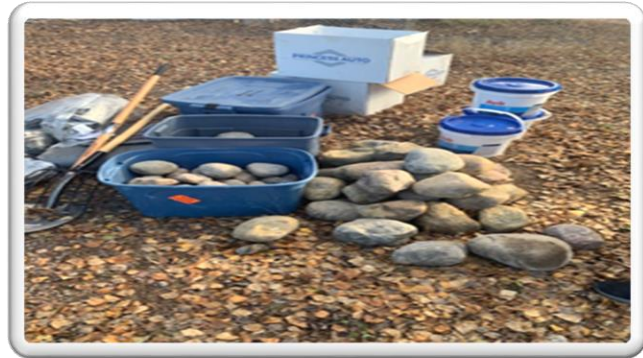
"Very informative, works great with community members"

"Learned how to make a dream catcher and learned about the sweat lodge"

"It was really positive, helpful to community for wellness"

"It took away most of my grief by talking to a grievance counselor about my losses. Thank you"

"Comfort: well need support"



"Loved making my own ribbon skirt, dream catchers and the healing circles, having people talk about similar experiences helps with healing"

"Lot of new skills"

"How to share, love and grow. How to be helpful"

"Instructors were pretty clear, facilitators we very helpful, activities were very interesting, and the stories were beautiful"

"The healing of yourself and other people"

"We need more of this, maybe once a month"

"I learnt a lot of things but love is"

"Tradition and spirituality"

"Hoop dancer was amazing"

"I learnt the Dene way of a sweat lodge and it was a very positive experience"

"Great social activity good cultural teachings"



Shannon Kormos

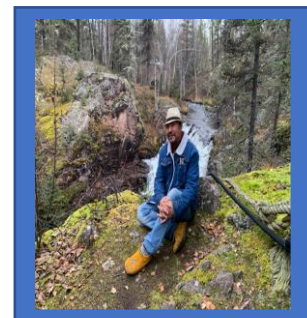
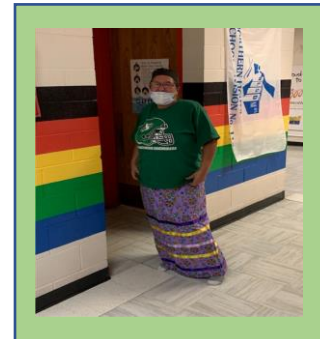
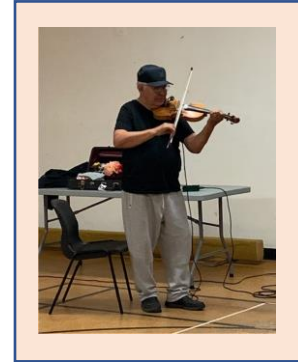
Family Violence Prevention

Northern Health

Land Based Healing Camp

October 13-17, 2021

Pictures

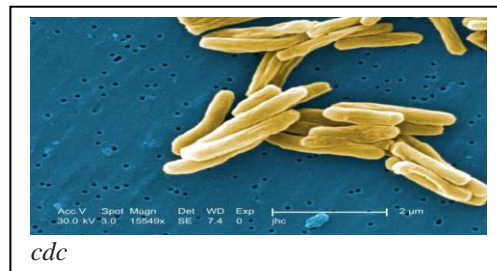
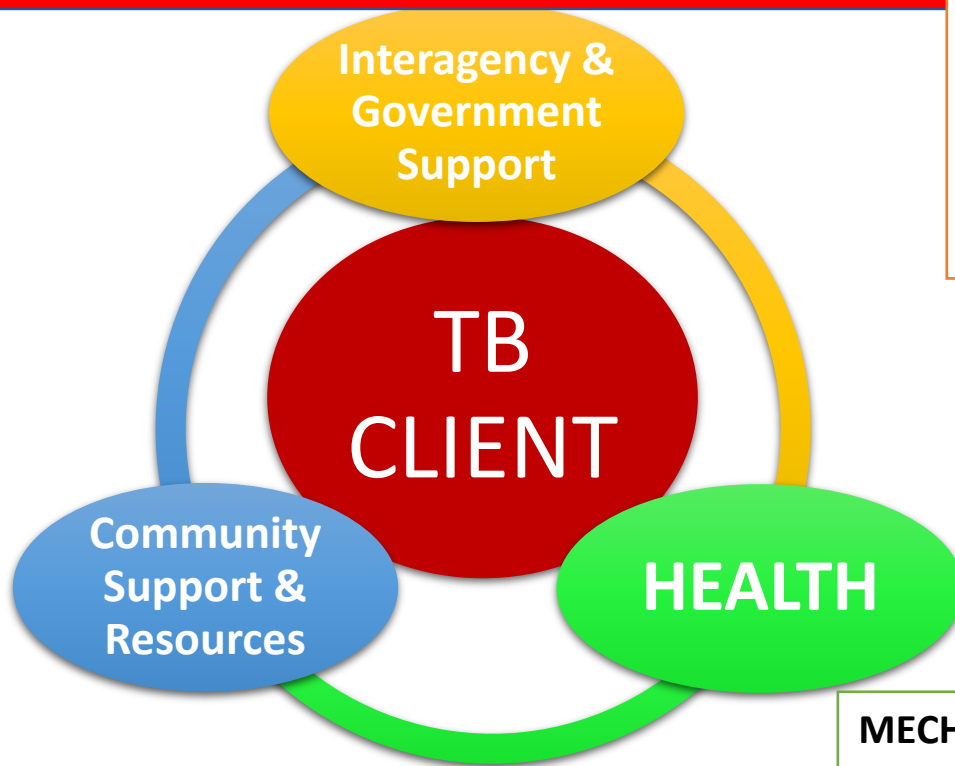


Northern Health

AHA TB MANAGEMENT PROGRAM MODEL



***Kemi Olubanwo** BSc.N RN, MLT
Director of Outpatient Clinic &
Support Services



MECHANISM

- Effective communication
- Identification and elimination of risk factors
- Capacity building

Capacity building

- Client empowerment through education
- Client involvement in treatment and intervention planning, and implementation.
- Staff empowerment through training
- Enhanced service delivery through increased manpower
- Continued/increased public awareness
- Promote quality of life
- Promote community health
- Evidence-based TB Policy

OBJECTIVES

- Early diagnosis
- Effective Contact tracing
- **Treatment Completion**
- Ongoing supports
- Program monitoring
- TB Prevention

GOAL:

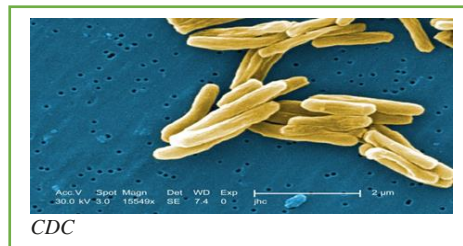
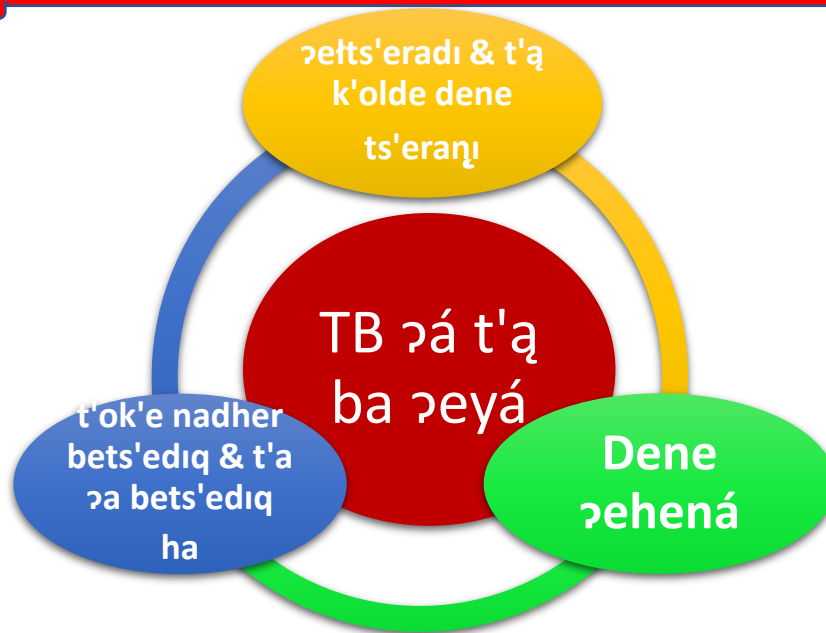
Early diagnosis of TB, effective treatment completion, prevention and eradication of TB using a collaborative approach in a timely manner

PRINCIPLE:

Collaborative client-centered approach with supportive interagency and community supports

Northern Health

AHA TB MANAGEMENT PROGRAM MODEL



T'AT'U NODHI HA

- Hotie dene hel yati
- T'a ǎa dene borǎdhi chu t'at'u ǎeyi ch'a dene ts'edi
- Dene ts'edi ha honeltǎn

T'at'u dene honeltǎn

- Dene ǎedets'edi honeltǎn ǎa yereldǎn
- T'á ba ǎeya bets'edi chu bets'ú nút'a hoǎǎi borǎdhi ch'a bel yati hoǎe chu t'at'u nodhi ha.
- Dene yeghadalana yenerenǎ chu honeltǎn ha
- Dene ǎa benenitǎ'is ǎa dene ts'edi
- Dene hel yati/hoǎǎi dene yenerenǎ ha bel yati
- Sughua ǎehená ha dene hel yati
- Horelyú honare nezú ǎehená
- ǎasi k'ojá TB ghá ghare ǎeritǎ'is hoǎe

T'A HOǎE HA:

ǎighá dene TB ǎa ba ǎeya hulǎá, t'at'u benakoghodhi k'e, bech'asi chu dene ts'edi TB ch'a dene ǎela ǎasi k'enade ǎa

T'AT'U HOǎE HA:

Horelyú ǎela honaré dene t'á ba ǎeya bets'edi ha ǎǎare ǎediri hobasi bets'edi ha

BEK'ENATS'EDÉ

- ǎighá dene ǎeya bulǎá
- Benaré dene ǎighá bel yati
- **T'á ba ǎeya benakoghodí**
- Naghedá tǎ'aghe bets'edi
- T'a bets'edi boghedí
- TB Ch'asi ha dene ts'edi

Created by Kemi Olubanwo Director, OPC & SS

Translated by: Allan Adam AHA CEO

Northern Health

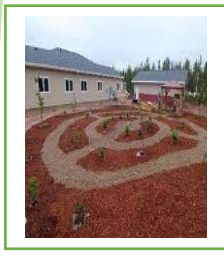


Tammy Kostiuk
Manager of Women's
Shelter

AHA WOMEN'S SAFE SHELTER

Criteria for admittance into: **Ts'ekuí chu sekuí k'oní kuę,** AHA Safe Shelter

We are not a homeless shelter. We are a safe place for women and children fleeing domestic violence who are at risk of immediate safety for self and or others in the house. Abuse of children is included. Abuse identified by the individual person may include one or more of the following:



- Physical
- Psychological
- Sexual
- Spiritual
- Financial
- Abuse of animals

We are not a temporary home or respite due to disagreements in the house. We are not a detox center, as staff are not trained with assisting in with drawls. Potential ladies accessing the shelter cannot be actively using drugs or alcohol. This could result in an eviction.

Single women can access the shelter as well as women with children under the age of 18. No men will be admitted into the shelter, however we will assist in making referrals to other agencies who can support men. Confidentiality is of the upmost importance. Please remember this when discussing with potential ladies.



Referral process

Referrals can be completed by the individual themselves as well as other agencies. These agencies can include: RCMP, ADCFS, Family outreach workers, Mental Health Therapists, nursing staff, and or friends of the individual.

The individual or agencies call the Safe Shelter, 306-439-2777, anytime, and talk with a shelter worker. Please note the potential woman accessing the shelter must be present, as shelter staff will want to talk with her directly. We have a form to fill out called an assessment form. The staff ask a number of questions and based on the replies, deem the woman as high, medium, or low risk. If we have an open room at the shelter, and the criteria has been met, the woman can come to the shelter. If we have no rooms available, we will put the woman on our wait list and or ask if they would like to maybe access another shelter south. The shelter staff will give the numbers to the different shelters that are of interest to the woman.

It is important to note that any person has the right to request a different shelter, if they do not feel safe in the Athabasca Health Authority's safe shelter. If this occurs, staff will work with medical transport to make flight accommodations. Each person's treaty number and health card number is required for this process. This can take a few days to arrange, as flights are not every day, or may be full.

Northern Health

Indigenous Relations Bulletin

Remembrance Day

As Remembrance Day approaches, we find ourselves in a conversation about national flags which have been lowered (for an unspecified time) since the discovery of the 215 unmarked graves at a former Indian Residential School in Kamloops. The question is should we raise them for Remembrance Day to commemorate Veterans, some of whom were Indigenous, and then what do we do? Lower them again or keep them up? I'm not sure what the outcome will be in this National debate and would only add that both are worthy of commemoration and look forward to the resolution of this question. In the meantime, I share with you a couple of articles that we have written on Indigenous war veterans.

[14 Facts You May Not Know About Indigenous Veterans](#)

[Indigenous War Heroes - More Than A Few Good Men](#)



2021 BC Achievement Award



2021 Business of the Year Recipient
3-10 person category



BC Achievement
Indigenous
Business Award

Indigenous Corporate Training Inc. is honoured to have been selected to receive a 2021 BC Achievement Indigenous Business of the year award. Our team has worked hard and is proud to have been selected.

[BC Achievement Award Video](#)

We believe that in sharing our knowledge through training, blogging, and book publishing that we are able to contribute to reconciliation and changing the world.

Did you know you can begin your journey toward creating effective and sustainable relationships with Indigenous Peoples with our Live Guided Training? We offer the following courses:

Working Effectively with Indigenous Peoples®

Indigenous Consultation and Engagement

Indigenous Employment: Recruitment and Retention

How to Negotiate with Indigenous Peoples

Working with the UN Declaration on the Rights of Indigenous Peoples

Our experienced trainers will deliver this virtual learning via zoom in the following time zones

Atlantic & Eastern Time Zones: Nov 23 - 26, 2021

Mountain & Pacific Time Zones: Nov 30- Dec 3, 2021

Northern Health

KID'S CORNER



'Kemi Olubanwo
Director of Outpatient
Clinic & Support Services

Kids Winter Safety Tips



Ensure your child wears loose
well-insulated clothing
Note: layers of well-insulated clothing
traps more heat than big Jackets

HATS & MITTENS/ GLOVES
Ensure your child has appropriate
hat and mitten on whenever your
child is going outside

BOOTS
Ensure your child wears boots
with grippers or thread on the
sole to avoid slips & falls

Ensure kids wear hat, boots,
mittens, coats that are **wind**
and water-proof,

AHA Newsletter

Northern Health

What is Halloween? By 'Kemi Olubanwo

Halloween was coined from Scottish words meaning "All Hallow Eve " (all saint evening). It is an ancient tradition believed to have originated from Celtic Festival of Samhain, celebrated annually every October 31st. The Christianity also celebrate All Saint Day November 1st of every year following Halloween evening...

Halloween Activities Include: wearing costume, decorating house entrance and doors,, attending Halloween parties, "Trick or Treat", bonfire, apple bobbing and so on. Halloween colour is Black and Orange.

https://slideplayer.com/slide/10947760/#google_vignette

AHA Halloween 2021 Door Decoration Contest



Pictures provided by Tammy Kostiuk

Northern Health

AHA Dental Program



Rose Zinck
Manager of Dental Services & Health Promotion



A Message from Rose Mercredi –Zinck - Dental/Health Promotion Manager. My new duties include offering educational and community –based programs to encourage and enhance community health and wellness by educating communities in the Athabasca basin on topics such as:

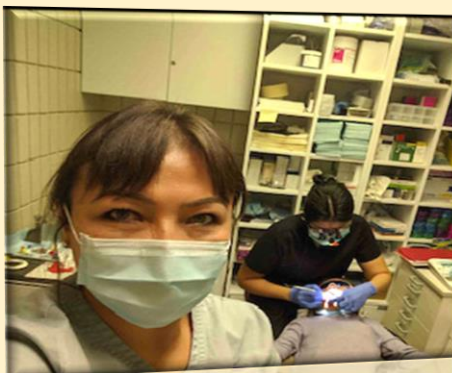
- Chronic diseases.
- Oral Health.
- Tobacco Use.
- Promoting child and family nutrition.
- Health Eating.
- Promoting Breastfeeding.
- SIDS Prevention.
- Physical activity promotion.

Prevention Is Key

Dental Program

Our Dental team consist of:

Dentist:	Dental Therapist:	COHI Aide:
<ul style="list-style-type: none"> • Dr. Paul Hu 	<ul style="list-style-type: none"> • June Hanson 	<ul style="list-style-type: none"> • Shawna Toutsaint
<ul style="list-style-type: none"> • Dr. Sofia Shaik 	<ul style="list-style-type: none"> • Melanie Martell 	<ul style="list-style-type: none"> • Jenay Isadore



Our Community Dental Program and Visiting Dentist are looking forward to providing pain free, quality dental care to all residents of the Athabasca. We are looking forward to getting our preventative programs back on track in the schools and we continue to see adults in the community clinics, when the dentists are in Black Lake and Fond du Lac. The dental therapists will be providing children's dental services at school clinics in all the communities, over the course of the year



Northern Health

Youth Wellness Activities



Picture by Dustin Augier - FDL Youth Support Worker

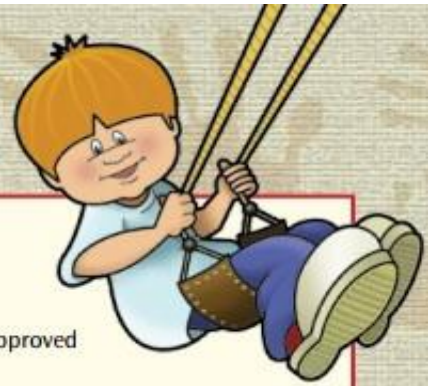
Dustin is preparing Glove Making Kits that will be done virtually.

Watch out

Northern Health

I

The United Nations Convention on the Rights of the Child



A child and youth-friendly version

What is the Convention?

- ◆ It is a treaty that is important for children all over the world. It was approved by the General Assembly of the United Nations in 1989.
- ◆ The Convention has been agreed to by almost every country in the world. Canada agreed to the Convention in 1991. Canada has been working ever since to make sure children know about and live their rights.
- ◆ In the Convention, there is a full list of rights for all children under the age of 18. Those rights are to be protected and promoted.
- ◆ The Convention says that governments are in charge of making sure that children have rights and that those rights are respected.

What are its basic principles?

- 1- Non-discrimination** The rights of each child are to be respected without discrimination of any kind. It does not matter if children are boys or girls, if they are rich or poor, what their religion, ethnicity, or language is, or whether they have special needs. All children have rights.
- 2- The best interests of the child** When decisions are made that affect the lives of children, the Convention says that it is very important to think about what is best for the child.
- 3- The right to survival, life, and development** The Convention says that governments should do their best to protect children from harm, and to help children live and grow to be the best they can be.
- 4- Participation** Children have the right to give their opinions in all matters that affect them and to have their voices heard. Children's views should always be taken seriously.

Why is it important for children to learn about their rights?

- ◆ You will understand what rights are, that rights come with responsibilities, and how you can help others practice their rights.
- ◆ You will know if others have gone against your rights and know how to react.
- ◆ You will respect the rights of other children because you know all children share the same rights.
- ◆ You will feel good about yourself knowing that you have rights!

To learn more about children's rights check out:

www.childday.gc.ca
www.unicef.ca
www.rightsofchildren.ca
discovery.cbu.ca/psych/index.php?/children



© Her Majesty the Queen in Right of Canada, 2010

Infographics provided by: Rose Zinck, Manager of Dental Services/Health Promotion

Northern Health

Background

As the world continues to battle the effects of CoVID-19 which has claimed many lives and caused a global unrest, some regions have been dealt yet with a double blow for having to deal with Tuberculosis (TB) outbreak at the time CoVID-19 is deemed one of the major public health threats. Recent findings show an estimated 10 million people (5.6 million men, 3.3 million women, and 1.1million children) fell ill with TB with 1.5 deaths worldwide in the year 2020.

TB outbreak was officially declared on October 8, 2021, with a total of 13 TB cases – 6 in Black Lake, and 7 in Fond-Du-Lac (FDL). At the time, about 227 potential close contacts were identified. It is now six (6) weeks post outbreak. Expectedly, following an enhanced contact tracing, more TB cases have been identified. Some of the cases were children, while some were hospitalized in ICU. All cases are actively being managed.



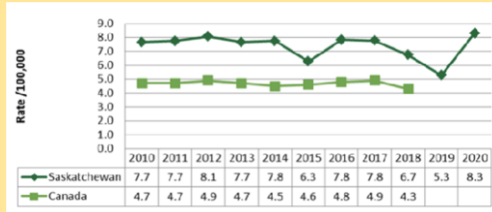
Taiwo Olubanwo RPN, B/AMLS, MLS, MPH
Executive Director of Primary Health Care
Athabasca Health Authority

TUBERCULOSIS SITUATION REPORT

In Canada, the rate of TB was about 4.3 per 100,000 population and 6.7 in Saskatchewan in 2018 (SHA, 2021). Recent records shows a slight increase in the TB rate in Saskatchewan, 8.3 in 2020 (SHA, 2021). Given the link between the social determinants of health and the rate of TB, it is not uncommon to see more TB cases in northern Saskatchewan and rural areas.

In October, 2021, TB outbreak was declared in the far-north central zone of Saskatchewan – a region served by the Athabasca Health Authority (AHA region). Within Six (6) weeks of outbreak declaration, the cases have been reportedly doubled. All hands has since been on deck to manage the TB situation hitherto. In this report, an overview of recently declared TB outbreak situation is highlighted:

Trend of TB cases in Saskatchewan and Canada between 2010 and 2020



SHA, 2021

What is Tuberculosis?

"Tuberculosis (TB) is a disease caused by bacteria (Mycobacterium tuberculosis) that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if not treated" (CDC, 2021).

Due to the human immune system, it is possible to harbour the bacteria that causes tuberculosis without becoming sick from same. This is why a distinction exist when diagnosing TB – Latent or Active TB.

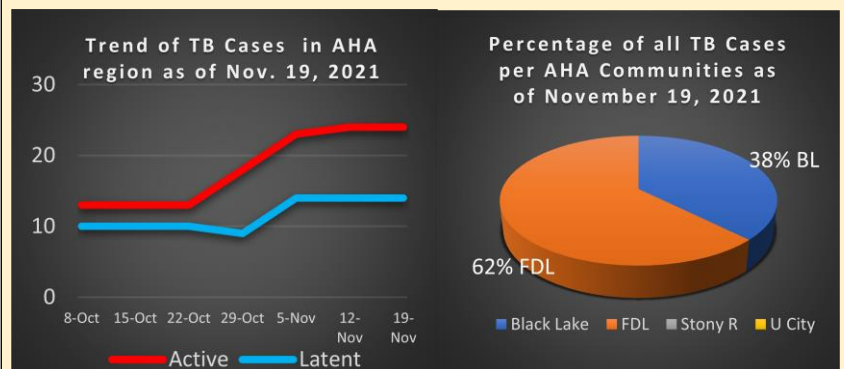
Latent TB: When the TB bacteria in the body are inactive and cause no symptoms, it is termed inactive/latent TB or TB infection which is not contagious. Latent TB can turn into active TB if untreated, so treatment is important.

Active TB: 'Also called TB disease, this condition makes you sick and, in most cases, can spread to others. It can occur weeks or years after infection with the TB bacteria' (Mayo Clinic, 2021).

All hands on deck as TB Cases nearly doubled within Six weeks of Outbreak declaration in AHA Region Nov. 22, 2021

Major highlights

- Although 13 TB cases were reported in AHA region on October 8, 2021, a total of 24 TB cases – FDL (15) and Black Lake (9) were reported as of November 19, 2021
- About 157 close contacts were identified in Black Lake and 70 in FDL on Oct. 8.
- Records show +114% change in TB cases in FDL and + 50% change in TB cases in Black Lake within six (6) weeks of outbreak declaration as of Nov. 19, 2021.
- ~85 % - percentage increase in TB cases have been reported in AHA region since outbreak declaration – between October 8 and November 19, 2021.
- 38% of all AHA TB active cases are reported in Black Lake.
- Nearly 45 % all reported TB cases in AHA are children (under 1 to 17).
- Multiple TB clinics, contact tracing and case management are ongoing.



What has been done?

- The communities/public was notified accordingly within 24 hours.
- TB Outbreak management group initiated with ongoing meetings within a week.
- TB contact tracing and cases management ongoing.
- TB management support team with more resources for TB within a week
- More AHA TB management workers employed within two weeks.
- Multiple TB Clinics ongoing – initiated within a week.
- Multiple Pediatric TB clinics scheduled and ongoing within a month with weekly schedule in affected locations
- Ongoing TB health promotion and education.
- Multiple interagency meetings – ongoing.
- Ongoing collaboration and supports from our partners including but not limited to Indigenous Service Canada (ISC), Northern Inter-Tribal Health Authority (NITHA), and TB Prevention and Control (TBPC), Saskatchewan Health Authority.

Northern Health

Signs and Symptoms of Active TB

- Prolonged coughing (3 or more weeks).
- Coughing up blood or mucus.
- Painful breathing, coughing and chest pain.
- Unintentional weight loss.
- Fever and chills.
- Fatigue and night sweats.

High Risk for TB

- People diagnosed with HIV/AIDS and diabetes
- IV Drug users
- People who are in contact with infected people.
- People who live or work in TB hotspots
- Children who are exposed to adults with TB.
- People who treat high risk TB patients.
- Weakened immune system.
- All the above should be screened for Latent TB. (Mayor Clinic, 2021).

How to Prevent TB

- Stay home during the first few weeks of TB treatment
- Ventilate the room as TB stay more in limited air circulation
- Cover your mouth and use face mask in public places with TB
- Get screened for TB and possible early diagnosis.
- Complete your TB treatment.
- Keep fit and stay healthy.

How TB is diagnosed

Latent TB infection (LTBI):

- Tuberculin skin test.
- Blood test (interferon gamma release assay).

Active TB disease:

- Chest radiography.
- Sputum smear microscopy.
- Mycobacterial culture and phenotypic drug sensitivity testing (DST) (Government of Canada, 2019).

Can TB be treated? Yes

- Prescribed antibiotic drugs can cure TB.
- Some of the prescription drugs includes isoniazid (INH), rifampin (RMP), pyrazinamide (PZA) and ethambutol (EMB) etc.
- TB patients must adhere to all treatment plans and complete treatments for effective TB management (Government of Canada, 2019).

Frequently Asked Questions

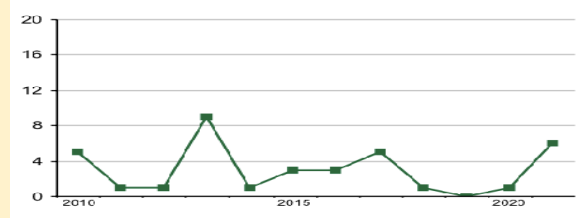
- Is TB treatable? Yes
- Is TB preventive? Yes
- What is the major risk factor? One of the leading limited social determinants of health that largely contributes to the situation is overcrowding amongst and health literacy
- Who is most at risk? Close contacts and immunocompromised individuals amongst others.
- Is it ok to visit the affected communities? Yes, as we have the situation under control.

Rate of TB per 100,000 in FDL between 2010 and 2020



SHA, 2021

Rate of TB per 100,000 in Black Lake between 2010 and 2020



SHA, 2021

Intervention and objectives for AHA TB management

- Effective case management –See AHA TB management model
- Prompt contact tracing to prevent the spread of TB.
- Early diagnosis and effective treatment.
- Treatment completion and program monitoring.
- Client care and program evaluation
- Effective communication.
- Ongoing self-empowerment
- Clients' inclusion in the intervention
- Ongoing education to improve TB prevention health literacy.

What to expect next?

- Continued collaboration with AHA partners.
- Improved capacity building – see AHA TB Management model.
- Improved treatment regimen and quality of life for TB clients.
- AHA has successfully managed multiple COVID-19 outbreaks in the past, AHA anticipates better outcomes.
- Reduction of TB cases anticipated in AHA region collaboratively.

Conclusion

TB remains one of the major public health threats which has reached crisis stage in certain regions. Although the TB cases may have doubled within the past six (6) weeks of the outbreak in AHA region, ongoing improved TB management efforts will prevent its further spread. With collaborative approaches, the TB cases are effectively managed. Importantly, it is strongly recommended that all TB patients adhere to/and complete their treatment plans and reach out for help if needed.

References

- Government of Canada (2019). Tuberculosis: For health professionals. Retrieved November 22, 2021 from <https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals.html#a2>
- Mayo Clinic (2021). Tuberculosis. Retrieved November 22, 2021 from <https://www.mayoclinic.org/diseases-conditions/tuberculosis/symptoms-causes/syc-20351250>
- SHA (2021). Athabasca communities: Epidemiology Summary. Saskatchewan Health Authority.
- WHO (2021). Tuberculosis. Retrieved November 22, 2021 from <https://www.who.int/en/news-room/fact-sheets/detail/tuberculosis>.
- WHO (2017). A people-centred model of tuberculosis care A blueprint for eastern European and central Asian countries. Retrieved November 22, 2021 from https://www.euro.who.int/_data/assets/pdf_file/0004/242372/TB_Content_WHL.pdf

Northern Health

DIABETES HEALTH & WELLNESS

By 'Kemi Olubanwo RN, BScN, MLT

More than 1 in every 10 adults has diabetes

90-95% of people with diabetes have type 2 Diabetes

over 25% of adults (65+) have diabetes

Exercise & weight loss reduce the risks of prediabetes and becoming type 2 diabetes

Healthy lifestyle & nutrition are keys to managing diabetes

we stand greater than



34.2M

Americans are living with diabetes

40%

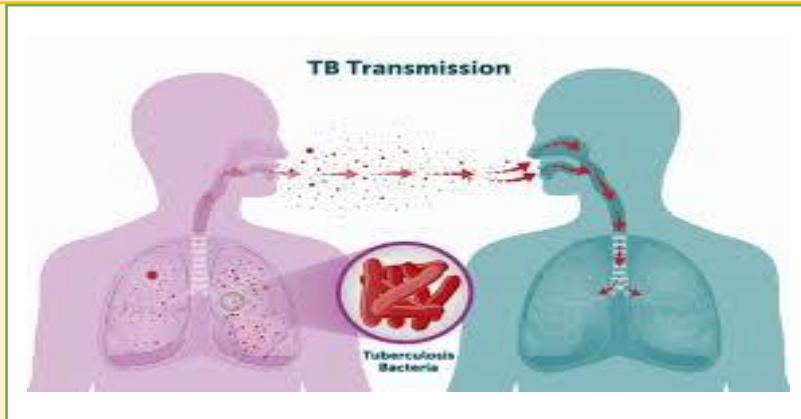
of people who have died from CoVID-19 were living with diabetes



Northern Health

TUBERCULOSIS

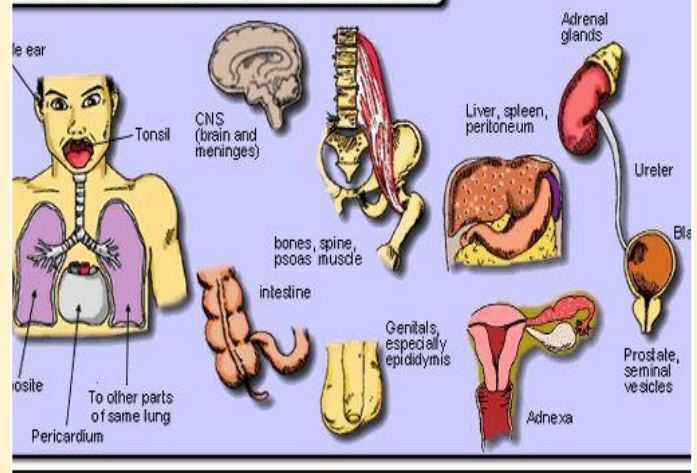
'Kemi Olubanwo RN, BSc.N, MLT



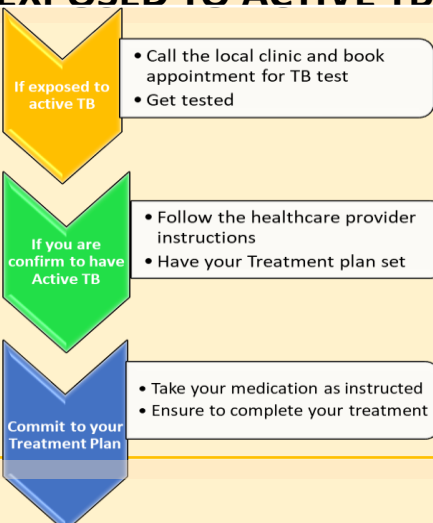
TB SIGNS & SYMPTOMS



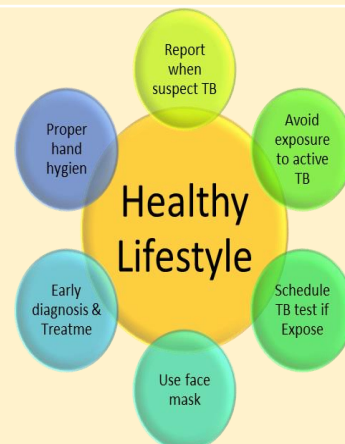
Tuberculosis Affects Many Parts of the Body



If EXPOSED TO ACTIVE TB



TB PREVENTION



Northern Health

Health & Nutrition



Stephanie Bearman
Registered Dietitian
(RD)

COMPONENTS OF A HEALTHY SNACK

High Fibre Carbohydrates

- Fruits such as apples, oranges, bananas, and berries.
- Raw or roasted vegetables like carrots, cucumbers, bell peppers and peas.
- Whole grains including whole wheat crackers and breads or popcorn.
- Homemade breads like muffins.
- Homemade cookies with oatmeal and dried fruit.



Lean Protein and Fat

- Nuts and seeds like trail mixes and nut butters.
- Beans and bean dips like hummus.
- Unsweetened yogurts such as greek yogurt or plain yogurt.
- Unsweetened dairy such as 2% milk or unsweetened soy milk.
- Eggs cooked any way.
- Unprocessed cheese including hard cheeses and cottage cheese.
- Lean meats.



Nutritious and Kid-Friendly Snacks

Pairings include:

- Apple slices and peanut butter
- Crackers and cheese
- Raw vegetables and hummus
- Celery and peanut butter
- Homemade cookie or muffin with milk
- Scrambled eggs and a tortilla
- Berries and greek yogurt
- Trail mix
- Fruit smoothie
- Chicken and veggie wrap
- Peanut butter and banana wrap
- Frozen yogurt popsicles
- Oatmeal energy balls
- Air popped popcorn

REMEMBER

Keep portions small and get kids involved with the preparation of their snack. You want to provide a small nutritious snack to fuel your child between meals, but we don't want to stunt their appetite when it comes to meal times. Have your child participate in meal prep in an age appropriate way, and remember it can take up to 20 exposures to a new or different food before your child decides to try it!

HOW TO USE THE NEW CANADA FOOD GUIDE TO BUILD HEALTHY MEALS AND SNACKS



Fruits and Vegetables

MAJORITY OF YOUR PLATE

Fruits and vegetables offer us a variety of vitamins and minerals, water, and fibre. Fibre helps fill us up, keeps us regular, and also lowers our blood sugar and cholesterol levels.



Whole Grains and Starches

A QUARTER OF YOUR PLATE

Whole grains and starches make up the majority of our **carbohydrate** containing foods. These foods will raise our blood sugar, but our bodies need this energy to move and think. Carbs are essential in creating healthy meals and fueling our bodies.



Protein Foods

A QUARTER OF YOUR PLATE

Protein foods include both animal and plant based proteins. Protein foods work in our body to create muscle, hormones, and other proteins. Proteins also work to stabilize our blood sugar.



Water

CHOOSE WATER FIRST

Our bodies are made up of mostly water, and water is most effective at quenching our thirst. Water does not contain sugar or calories, and should be chosen over pop, juice, or soft drinks when you are thirsty.



Balance Your Meals

INCLUDE EVERY GROUP

Healthy meals include a balance of **fibre** from fruits and vegetables, **carbohydrates** from whole grains and starches, and **protein** from animal and plant sources. Choose foods from each these groups when building meals, and pair a **protein** with a **whole grain** or **fruit** and **vegetable** when snacking or eating. **Drink water** throughout the day.

DISCOVER YOUR FOOD GUIDE AT CANADA.CA/FOODGUIDE

MINDFUL EATING

There are many different reasons why you eat. Have you ever experienced these?



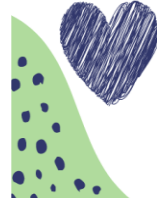
Stomach Hunger

Stomach hunger is your **body's physical need for food**. Stomach hunger might occur if it's been a few hours since you've eaten, or if you've just completed physical activity. Stomach hunger is your body signalling to you that it needs some fuel. **It is important to honour this type of hunger.**



Mouth Hunger

Mouth hunger is **when you crave the taste or experience of food**. You may experience mouth hunger when you aren't physically hungry, but have the urge to eat when you see something yummy. It is **okay to engage in mouth hunger sometimes, but do so mindfully**. Enjoy what you taste.



Heart Hunger

Heart hunger occurs when **you seek food as a response to your emotions**. You may be bored, lonely, grieving, or even happy and wanting food as a reward. Sometimes food can help you cope, but it is **important to understand the reason why you're eating emotionally** if this type of hunger occurs often.





"Kemi Olubanwo
Director of Outpatient
Clinic & Support Services

Northern Health

REMEMBRANCE DAY



LEST WE FORGET November 11

We celebrate this day in
memory of those who
lay down their lives for
the nation

A Big Thank you to
those fallen heroes
who gave their
yesterday for our
today

Thank you
for your
sacrifice for
our
FREEDOM

We Honor those
who have given
their lives for
Canadians and
other nations.

Heroism does not happen in a
burst of glory. sometimes small
triumph and large hearts
change the course of history

-MAry Roach

Northern Health



ONE-YEAR OVERVIEW OF COVID-19 SITUATION REPORT, AND MILESTONES IN THE ATHABASCA BASIN, SASKATCHEWAN

Taiwo Olubanwo RPN, B/AMLS, MLS, MPH
Executive Director of Primary Health Care
Athabasca Health Authority
Date: November 22, 2021

Background

This report presents an overview of what is learned about the CoVID-19 situation over the past year and some recent milestones in the Athabasca Basin located in the far north-central zone of Saskatchewan since the first reported CoVID-19 case about a year ago, November 2020. What comes to mind when a question is asked about the disease that is much talked about recently is Coronavirus disease (CoVID-19) caused by the SARS-CoV-2 virus. This is so due to the emerging health threat and the significant impact of the CoVID-19 on our way of life, human resources, public health system, and nearly everything in this age and time (Andrea and Ptiz Lousa, 2021). Noticeably is the impact of the limited connection among humans which in itself is stressful thus impacting our mental health (Singh and Singh, 2021). While the emergent of CoVID-19 may have challenged the capacity of a human, pushing beyond the limits in innovative technology and emerging developments in the 21st century, the resultant casualties attributable to the disease is an eyesore.

In response to managing the effects of the CoVID-19 pandemic, efforts have been made to align the socioeconomic, political, inter, and intrapersonal perspectives with the new social norms. More importantly, is the efforts made by the public health sector yield many promising outcomes. Amongst many interventions is the CoVID-19 vaccine which seems to have reduced the upward trend of the CoVID-19 cases, deaths, and hospitalization in recent times (Roghani, 2021). Corroboratively, the effect of the CoVID-19 vaccine uptake is arguably much felt in the far north-central zone of Saskatchewan based on the daily AHA CoVID-19 Situation Report in the recent time as there are no CoVID-19 cases this time (Olubanwo, AHA, 2021). Looking back and reflecting on the current CoVID-19 situation may offer some important insight into present and future.

Fig. 1 CoVID-19 between Nov. 2020 and Nov. 2021

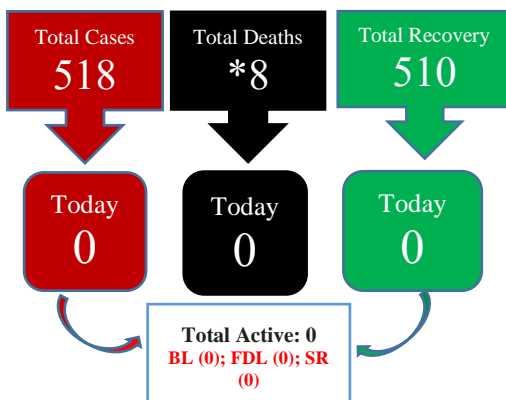


Fig. 2 CoVID-19 vaccine uptake

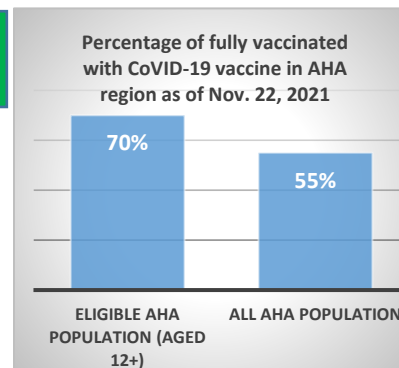
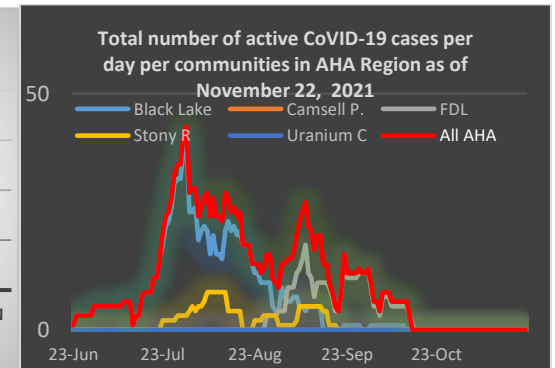


Fig. 3 AHA CoVID-19 Trend as of November 22, 2021



n = 163

Introduction

The first case of Coronavirus disease (CoVID-19) was first reported in Wuhan, China on December 31, 2019, with same presented to the World Health Organization (WHO) on January 21, 2020. WHO officially announced the CoVID-19 on February 11, 2020, and

declared same as a pandemic in March 2020 (WHO, 2021; Singh and Singh, 2021; Zhao et al., 2020). Although it's been nearly two (2) years that the first case of CoVID-19 was reported in China, CoVID-19 was first reported in Canada on January 27, 2020 (Safari, Price and Chung, 2020). While the first presumptive CoVID-19 case was reported in Saskatchewan on March 12, 2021 (first quarter), no case

Northern Health

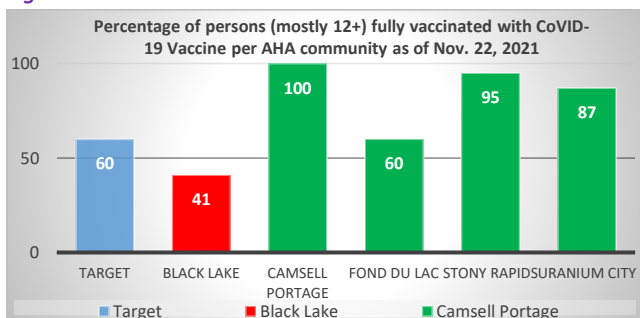
was reported in the far north-central of Saskatchewan - AHA region until the fourth quarter of 2020 (Ritcher and Kabir, 2021).

Although the effects of the ongoing CoVID-19 pandemic around the world cannot be overemphasized, the attributable health threat is much felt in underserved communities across the world. Given the observable CoVID-19 management approach that continues to evolve, it is arguable to say that a collaborative community-based approach seems more efficacious comparatively (Marquez et al., 2021). Looking back - between November 2020 and November 2021, some challenges were noticeable in a bid to manage the scourge of CoVID-19 in the communities that the Athabasca Health Authority (AHA) Serves. The effective management of the noticeable challenges and outcome seem impressive. In recent times, the response of the community towards the multiple CoVID-19 community-based interventions is indeed encouraging within the past one year evident by the statistical outcomes, detailed in the below sections.

Recent milestones

In spite of the observable challenges across the globe, AHA is pleased to report no new or active CoVID-19 cases for the past month and evidence of encouraging CoVID-19 vaccine uptake rate in the AHA region. Of all the communities in the AHA region, only one community (Black Lake) is yet to reach the targeted level for presumptive herd immunity. Note that the vaccine uptake rate is calculated based on the entire population as a calculation based on the eligible population for the CoVID-19 vaccine is at least more than 10 per cent of reported cumulative AHA CoVID-19 vaccine uptake values herein. The eligible population is considered persons aged 12 and above at the time of this report.

Fig. 4



CoVID-19 vaccine updates in AHA and improvement

As of the time of this report, November 22, 2021, about 41 per cent of the world population have been fully vaccinated, while 75 per cent of the Canadian population were fully vaccinated with the CoVID-19 vaccine (Our World in Data, 2021). In Saskatchewan, 70 per cent of the Saskatchewan population is now fully vaccinated with CoVID-19 vaccine while 55 per cent of all the population in the far north-central zone of Saskatchewan (AHA region) were fully vaccinated as of November 22, 2021 (CoVID19tracker.ca 2021; Olubanwo, 2021). In perspective, the pace at which the vaccine

uptake is reported in the AHA region seems to be at par with the provincial rate. For example, in the second week of July 2021 at the time when the Provincial Health Order was lifted (July 11, 2021), about 45 per cent of the Saskatchewan population were reported to be fully vaccinated, whilst about 25 per cent were reported to be fully vaccinated in the AHA region. Since the recent outbreaks declared on July 23, 2021, and rescinded on October 4, 2021, most 80 per cent of the communities have reached the targeted CoVID-19 vaccine uptake levels

AHA CoVID-19 Vaccine Rate – Encouraging

While the vaccine uptake in the southern part of Saskatchewan has long been encouraging, records show an encouraging trend in CoVID-19 vaccine uptake in the northern part of Saskatchewan in recent times. Although evidence of CoVID-19 vaccine hesitancy was recorded in the northern Saskatchewan region about six (6) months ago, an increased positive response towards the CoVID-19 vaccine has been recorded recently. As earlier noted, about 70 per cent of the Saskatchewan population is fully vaccinated as of November 22, 2021 (a noticeable +25 per cent change between July and November 2021), whilst +30 per cent change is noticeable in the AHA region within the same timeframe as the current record shows that at least 55 per cent of all AHA population and 70 per cent eligible AHA population (aged 12+) is fully vaccinated as of November 22, 2021. By inference, it is safe to say that the AHA communities seem to respond well to multiple AHA CoVID-19 interventions at par comparatively. It is also noteworthy to say that no new or active CoVID-19 cases have been reported for more than one month straight – an impressive record in Saskatchewan at the time of this report as AHA region happens to be the only region with no active cases in the recent time (October 15 to November 22, 2021).

The noticeable increased positive responses towards CoVID-19 vaccine may be attributable to/but not limited to increased public awareness and education, Enhanced public health interventions towards uptake improvement, increased collaborative efforts, supports of the leadership and stakeholders, and more evidently CoVID-19 vaccine mandates orchestrated by many sectors.

Influence of CoVID-19 vaccine on cases and deaths rate

Findings show that in some regions, there was 95 per cent reduction in the rate of older adult deaths with about 80 per cent reduction in hospital rate between December 2020 and March 2021 in connection with the CoVID-19 vaccine (Roghani, 2021). These findings corroborate multiple evidences showing the effectiveness of CoVID-19 vaccine with more efficacious outcomes with double dose (Nasreen et al., 2021; Vilches, 2021) Records show some breakthrough CoVID-19 cases, a considerable high percentage of recent CoVID-19 cases were unvaccinated. For example in the far North Central zone of Saskatchewan 77 per cent of cases reported between June 2021 and October 2021 were unvaccinated while only 16 per cent of the cases were fully vaccinated with 7 per cent partially vaccinated. Of all the fully vaccinated cases no record of mortality was noted within the said timeframe (AHA, 2021). The aforementioned trend is also arguably noticeable across Canada. By implication, it is arguable to say the CoVID-19 vaccine is effective

Northern Health

with an observable correlation between the downward trend of CoVID-19 cases and increased CoVID-19 vaccine uptake. While

All AHA communities but Black Lake are in Green Zone

As recently projected, the community of Fond-Du-Lac (FDL) has joined other AHA communities currently in the Green Zone related to the AHA CoVID-19 vaccine uptake target. FDL (60%), Uranium City (87%), Stony Rapids (95%) and Camsell Portage (100%) have attained and/or surpassed the targeted CoVID-19 vaccine uptake level thus putting all in Green Zone but Black Lake (41%).

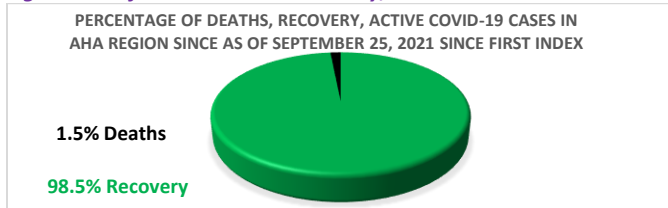
Black Lake response, encouraging

Unlike the other AHA communities, Black Lake CoVID-19 vaccine uptake is still low (41%), currently in the Red Zone. Although the Black Lake number may appear low, it is noteworthy to say that Black Lake's response to the CoVID-19 vaccine has been encouraging in recent times as such we anticipate a continued upward trend in the CoVID-19 vaccine uptake rate.

AHA CoVID-19 Situation Highlights

- As of November 15, 2021, 518 CoVID-19 cases have been reported in the far north-central (AHA) since index- Nov. 2020.
- 103 of all reported cases were mostly Delta variants with some variant of concerns as of November 15, 2021. Most of these variants were reported between July and September 2021.
- 20 per cent of all reported CoVID-19 cases since the start of the pandemic were Delta variants.
- 510 representing 98.5 per cent of all reported CoVID-19 cases have recovered between November 2020 and November 2021.
- Eight (8) deaths - 1.5% of all reported cases linked to CoVID-19 complications (5 in the third quarter, 2021–post-July 11, 2021)
- No fewer than 90 % of reported deaths were unvaccinated.
- More females tested positive in the ratio of at least 2:1
- About 1 in 5 of recent cases were underage.
- No new or active CoVID-19 cases at the time of this report.

Fig. 5 Rate of AHA CoVID-19 Recovery, Deaths and Active cases



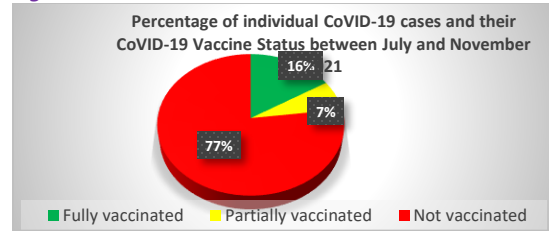
n = 518

CoVID-19 cases and vaccine uptakes in perspective

- Nearly 1 in 5 living in the AHA region has tested positive.
- At least 1 in 2 persons living in the AHA region is fully vaccinated – 55 per cent as of November 22, 2021. The rate was 25% in July 2021 (+30% change)
- At least 2 in 3 eligible populations (12+) have been fully vaccinated – 70 per cent as of November 22, 2021.
- Only 10 per cent is partially vaccinated
- About 1 in 3 is unvaccinated.
- 77 per cent of CoVID-19 cases were unvaccinated.
- 16 per cent of CoVID-19 cases in AHA were fully vaccinated.

- 7 per cent of CoVID-19 cases were partially vaccinated.

Fig. 6 CoVID-19 cases and Vaccine status

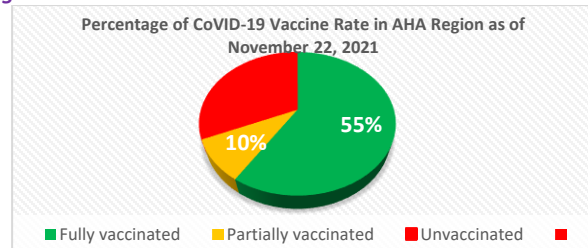


n = 163

CoVID-19 vaccine trend as of November 15, 2021

- About 3,251 CoVID-19 vaccines disease have been administered (first dose – 1,745; second – 1,467; third - 98) as of November. 22, 2021.
- 100 % of the Camsell Portage population is fully vaccinated.
- 95 per cent of the Stony Rapids population are fully vaccinated.
- 87 per cent of Uranium City are fully vaccinated.
- 60 per cent of the Fond-Du-Lac population fully vaccinated (+22% change increase since within July 2021
- 41 per cent of the Black Lake population fully vaccinated (+25% change increase since July 2021
- No fewer than three (3) CoVID-19 outbreaks have been declared since the start of the pandemic.
- Delta variant spike evident since July 2021.

Fig. 7 CoVID-19 Vaccine Rate in AHA



n=2676

Identified risk factors

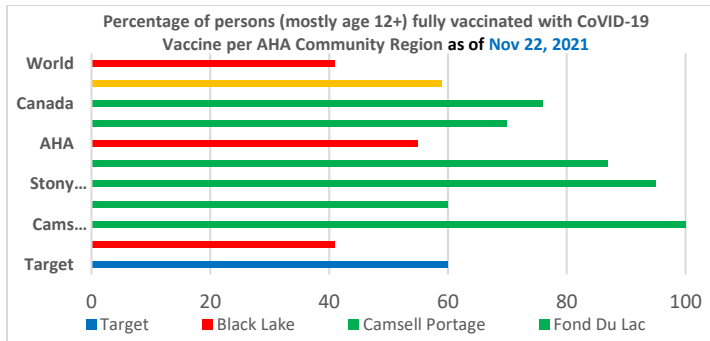
- Misinformation
- Frequent gatherings, parties, multiple funerals
- Nonessential travels to a hotspot in Southern Saskatchewan.
- Fish doobby and Volleyball tournaments.
- Refusal to disclose close contacts.
- PHO was lifted on July 11, 2021, at the time the northern communities were having low CoVID-19 vaccine uptake.
- Older adults and underlying health issues are at greater risks

CoVID-19 vaccine uptake interventions

- Door to door invitation for vaccination
- Phone calls to the eligible population
- CoVID-19 education, promotion, social media - effective.
- Food security, perimeter security, and related supports:
- Incentivized CoVID-19 Pop up clinic – community-driven intervention supported by ISC, NITHA

Northern Health

Fig. 8 AHA CoVID-19 Vaccine rate per community



Major events timeline, measures, actions, observation

- Multiple interagency meetings to manage the crisis.
- Daily situation report and periodic overview
- Weekly community-specific Public Health Measure updates
- CoVID-19 Outbreak was declared - July 23, 2021, in Black Lake.
- CoVID-19 Outbreak rescinded October 4, 2021.
- CoVID-19 Outbreak declared in AHA Long-Term Care in Stony Rapids on August 19, 2021 – rescinded on August 27, 2021, due to false-positive reports across the province
- Probable CoVID-19 Outbreak flagged in FDL on Sept. 9, 2021
- 2-week Black Lake Lockdown lifted, **Aug. 5, 2021**– effective
- Two (2) week Fond-Du-Lac partial lockdown– effective.
- Five (5) funeral gatherings within the past couple of months
- No observable CoVID-19 spread between AHA communities.
- Many public/community events were postponed.
- Non-essential travels discouraged.
- Some in-person clinics - either held virtually or postponed.
- AHA CoVID-19 Vaccine mandate initiated on August 23, 2021, with ~95 % of all staff/contractors fully vaccinated.
- CoVID-19 clinics pop-up clinics and interagency meetings.
- Daily AHA CoVID-19 situation reports and periodic preventative measures are shared with the communities and stakeholders.
- Ongoing recommendations and action plans

Plans/what to expect in the coming month

- Preparation for the 4th wave is ongoing – to manage acutely ill patients due to possible overflow down south.
- Increased isolation center and workforce.
- Youths and elders engagement - CoVID-19 vaccine campaign.
- Activities on social media e.g. TikTok to promote the vaccines.
- Use of CoVID-19 alert APP for contact tracing.
- Continued CoVID-19 health promotion, and collaboration.
- Continued phone calls to eligible families.
- Schools CoVID-19 vaccine clinics.
- CoVID-19 vaccine mobile clinic.

Conclusion

No doubt, CoVID-19 remains one of the major public health threats this time. Notwithstanding the public health threats attributable to CoVID-19, the CoVID-19 vaccine has proven effective. The rate of CoVID-19 cases has somewhat subsided particularly in some regions where the CoVID-19 vaccine is considerably high. Although there were some questions raised about the effectiveness of the CoVID-19

vaccines, the CoVID-19 vaccine is the most effective way of preventing the spread of CoVID-19, serious illness, and deaths attributable to CoVID-19 complications. In the event that fully vaccinated individuals contract the CoVID-19, evidence suggests that the recovery rate is quicker in most cases.

In the past couple of months, the rate of CoVID-19 vaccine uptake has been noted to be in an upward trajectory in the AHA region unlike the first half of 2021. Based on the outcome of the annual AHA CoVID-19 situation report, no fewer than 80 per cent of AHA member communities have reached the targeted CoVID-19 uptake. With records showing no new or active cases of CoVID-19 for the past more than one month straight and noticeable increasing CoVID-19 uptake, it is safe to say that the AHA communities have come a long way. While we continue to learn about the dynamics of CoVID-19, it is strongly recommended that everyone continue to adhere to all the CoVID-19 prevention measures and get vaccinated.

Acknowledgment: Special thanks to all AHA Team including but not limited to CEO Allan Adam, NP-RN Audrey Johnson, RN-AAP Priscilla Gyimah, RN-AAP Chantelle Paul, RN Brittney Kent, NP-RN Lana Moffat, RN-AAP Lorrie Dodwell, AHA Primary Health Care Team, CoVID-19 management team, CoVID-19 Command Centers, our partners.

References

- Andrade, C., & Petiz Lousã, E. (2021). Telework and Work-Family Conflict during COVID-19 Lockdown in Portugal: The Influence of Job-Related Factors. *Administrative Sciences*, 11(3), 103.
- Nasreen, S., He, S., Chung, H., Brown, K. A., Gubbay, J. B., Buchan, S. A., ... & Kwong, J. C. (2021). Effectiveness of COVID-19 vaccines against variants of concern, Canada. *medRxiv*.
- Marquez, C., Kerkhoff, A. D., Naso, J., Contreras, M. G., Castellanos, E., Rojas, S., ... & Havir, D. V. (2021). A multi-component, community-based strategy to facilitate COVID-19 vaccine uptake among Latinx populations: from theory to practice. *medRxiv*.
- Olubanwo T. O (2021). AHA CoVID-19 situation report. Athabasca Health Authority. Retrieved November 15, 2021, from <https://www.athabascahealth.ca>
- Our World in Data (2021). CoVID-19 vaccine: Vaccination by location. Retrieved November 15, 2021, from https://ourworldindata.org/covid-vaccinations?country=OWID_WRL
- Richter, A., Ng, K. T. W., Vu, H. L., & Kabir, G. (2021). Identification of behaviour patterns in waste collection and disposal during the first wave of COVID-19 in Regina, Saskatchewan, Canada. *Journal of Environmental Management*, 290, 112663.
- Roghani, A. (2021). The Influence of Covid-19 Vaccine on Daily Cases, Hospitalization, and Death Rate in Tennessee: A Case Study in the United States. *medRxiv*.
- Safari, N., Price, G., & Chung, C. Y. (2020). Comprehensive assessment of COVID-19 impact on Saskatchewan power system operations. *IET Generation, Transmission & Distribution*.
- Singh, J., & Singh, J. (2020). COVID-19 and its impact on society. *Electronic Research Journal of Social Sciences and Humanities*, 2.
- Vilches, T. N., Zhang, K., Van Exan, R., Langley, J. M., & Moghadas, S. M. (2021). Projecting the impact of a two-dose COVID-19 vaccination campaign in Ontario, Canada. *Vaccine*, 39(17), 2360-2365.
- WHO (2020). Coronavirus disease (COVID-19) update. Retrieved November 15, 2021 from [https://www.who.int/bangladesh/emergencies/coronavirus-disease-\(covid-19\)-update#:~:text=On%20this%20website%20you%20can, on%2031%20December%202019](https://www.who.int/bangladesh/emergencies/coronavirus-disease-(covid-19)-update#:~:text=On%20this%20website%20you%20can, on%2031%20December%202019)
- Zhao, N., Liu, Y., Smargiassi, A., & Bernatsky, S. (2020). Tracking the origin of early COVID-19 cases in Canada. *International Journal of Infectious Diseases*, 96, 506-508.

Northern Health

NEW AHA STAFF

Shirley Sandypoint
Receptionist

Jenna Davis
Primary Care Paramedics

Darlene Cudjoe
Communicable Disease
Worker

Lara Echodh
Communicable Disease
Worker

June Hanson
Dental Therapist

Pearlene Neething
HR Consultant

Northern Health

Which Month Were Your Born In

January	Most wanted
February	Beautiful
March	Faithful
April	Player
May	Sexy
June	Cheater
July	Kind, loving
August	Gorgeous
September	Genius
October	Amazing
November	Lovely
December	Attractive



Remembrance Day



Find the hidden words within the grid of letters.



Air force	Ceremony	Foe	Medal	Remembrance
Army	Courage	Guard	Memorial	Troop
Bravery	Fight	Honour	Navy	Veteran
Cavalry	Fleet	Infantry	Poppy	War

Created by Flickhappy

October LOL JOKES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 What do birds give out on Halloween? Tweets.	2 Why couldn't the pony sing? Because she was hoarse.	3 Where do cows go for fun? The moo-oo-vies!	4 What did one ocean say to the other? Nothing, it just waved.	5
6	7 What do ducks wear to their wedding? A duckedo.	8 Where do pencils go for vacation? Pencil-vania.	9 What do you call cheese that's not yours? Nacho cheese!	10 Why was 6 afraid of 7? Because 7, 8, 9.	11 Why are fish so smart? Because they live in schools.	12
13	14 Why did the boy bring a ladder to school? He wanted to go to high school.	15 What did 0 say to the number 8? "Nice belt!"	16 Where do polar bears vote? The North Pole.	17 What do you give to a sick lemon? Lemon aid.	18 What's a tornado's favorite game? Twister.	19
20	21 What's a ghost's favorite fruit? Boo-berries.	22 What school supply is king of the classroom? A ruler.	23 Why do magicians do so well in school? They're good at trick questions.	24 Why was the teacher wearing sunglasses to school? She had bright students.	25 What do mummies like listening to on Halloween? Wrap music.	26
27	28 Why do ghosts like to ride in elevators? It raises their spirits.	29 What do you call fake pasta? An impasta.	30 What type of bee can't make up its mind? A maybe.	31 How do pickles enjoy a day out? They relish it.		WE ARE TEACHERS

Contact us:
Athabasca Health Authority
P.O. Box 124 Black Lake
SK S0J 0H0
(306) 439 2200