

Heskw'en'scutxe Health Services Society

Dedicated to serving Cook's Ferry and Siska Communities

"Take Care Of Yourself"

Health & Wellness Newsletter

May 2021

WOMEN'S HEALTH EDITION

In this newsletter you will find information on:

- Menstruation
- . HPVs, Cervical Cancer
- Breast Cancer
- Menopause
- . Bitterroot
- A Healthy Mother's
- Day Breaky and Soup
- Recipes
- . Fire Safety Word
 - Search Contest
- . Mother's Day Contest





For information on any activities taking place this month or to make ride arrangements, please contact one of our offices.

Cooks Ferry Office

 Siska Office

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 163 Loop Road

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Visit our Facebook Page! https://www.facebook.com/groups/462213130612032/?ref=bookmarks

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HESKW'EN'SCUTXE HEALTH SERVICES SOCIETY





The Heskw'en'scutxe offices will be closed: Monday, May 24, 2021 for Victoria Day



The Heskw'en'scutxe Health Services Society is funded by First Nation Health Authority and we support people to maintain their independence and self sufficiency.

Resource Numbers



Emergency Assistance

Ambulance/Fire/Police			
RCMP	250-455-2225		
RCMP Spences Bridge	250-458-2233 (local non		
emergencies)			
Children's Hotline			
Kid's Helpline	1-800-668-6868		
Interior Crisis Line Network 1-888-353-2273			
(depression, poverty, a	buse, homelessness, suicide)		

Distress Centres & Services

Air or Marine Emergency 1-800-567-5111			
Airtport/Coastal Watch programs			
1-888-855-6655			
Alcohol & Drug Referral 1-800-663-1441			
Child Find BC			
1-888-689-3463			
Earthquake, Flood, Dangerous Goods Spills, Tsunami			
1-800-663-3456			
Provincial Emergency Program Information			
250-371-5240			
For Reporting Environmental Violation & Dangerous			
Wildlife/Human Conflicts			
1-877-952-7277			
Forest Fire Reporting Only			
1-800-663-5555			
Gas Leaks & Odours (Fortis BC Inc.)			
1-800-663-9911			
Missing Children Society of BC			
1-800-661-6160			
Power Outages & Emergencies			
1-888-769-3766/*49376			
Problem Gambling Help Line – 24hre			
1-888-795-6111			
Quit Now! Smoker's Helpline			
1-877-455-2233			
Suicide Distress Line			
1-800-784-2433			

Han Knast Tsitxw Transition house	
	250-455-2284
VictimLINK – 24 hr Help & Informatio	on Line
•	1-800-563-0808
Y Women's Emergency Shelter	
	250-374-6162
Youth Against Violence Line	250 57 4 0102
	1-800-680-4264
	1 000 000 4204
Hospitals	
Ashcroft	
700 Ash-Cache Creek Hwy, Ashcroft	250-453-2211
	250-453-2211
Blue River Health Centre	
858 Main Street, Blue River	
	250-673-8311
Dr. Helmcken Memorial Hospital	
640 Park Dr., Clearwater	
	250-674-2244
Nicola Valley Health Care Centre	
3451 Voght Street, Merritt	
	250-378-2242
Royal Inland Hospital	
311 Columbia Street, Kamloops	
	250-374-5111
St. Bartholomews Health Centre	
575 A Main Street, Lytton	
	250-455-2221
Lytton Medical Clinic	
	250-455-2202

MENTAL WELLNESS SUPPORT SERVICES AVAILABLE TO THE NATION

Hope For Wellness Hotline: 1-855-242-3310

Helpline offers 24 hour immediate mental health counseling and crisis intervention to all indigenous peoples

Kuu –us Crisis Line at 1800-588-8717

Toll free Aboriginal provincial crisis line 24 hours

Indian Residential School Survivors 1-604-985-4464 or toll free

1800-721-0066

Tsow-Tun Le Lum Society: 250-268-2463

24 hour support line supporting those struggling with addiction sub-

Nlaka'pamux Mental Health Services

Wanda Dexel

Mental Health and Addictions Clinician

Wanda comes to both offices by appointment only. You do not need a referral to book an appointment.

Office: 250 378.9772 ext 109 Mobile: 250 378.7631

Email: dexel.w.e@nlxfn.com

Nlha'7kapmx Child and Family Services 987 George Road, Lytton, BC , V0K 1Z0

Phone: 250- 455-2118 Fax: 250-455-2117 Email: info@n7xservices.com







Hentle,

I hope this finds you in the best of spirits! The longer days and warmer weather feels great! During these uncertain times it is important to continue taking care of ourselves emotionally, spiritually, mentally, and physically.

The COVID-19 Pandemic has created many challenges for us. We must continue our path to keep our communities safe. If you have any questions about symptoms, testing, test results, isolating, vaccines, and supports available please reach out to our offices. I am hearing that community members are getting covid information overload and are becoming overwhelmed about it. HHSS wants to keep you informed but we don't want to stress anyone! Please refer to reliable sources for accurate information such as the First Nations Health Authority or the BC Center for Disease Control on the web.

I want to remind everyone that receiving the vaccine is a very personal choice. We can support each other by accepting the choices of others to have or not to have the vaccine. If you feel strongly that someone should be getting the vaccine and they choose not to get it be patient with them. Some people are fearful or may not have all of the facts or decide for other reasons not to be vaccinated and we must accept that. We do not want to become bullies because we are feeling fear. Keep following the Public Health Orders (PHO's) to keep yourself safe from the virus.

HHSS has just been notified that the planning for the delivery of our 2nd Covid vaccine has started. We will be hosting our clinics as soon as we know the delivery date of the vaccine which we hope will be in May.

Mothers Day is on May 9th. Our theme for the month of May is Women's Health. You will see that the recipe and food delivery (April 22 & 23) supports the monthly theme. I hope you all enjoy the food provided and sample the recipes! Happy Mothers Day to all of our Moms and Caregivers. Keep sharing your love and guidance! We are also happy to announce the return of the Mammograms to our communities. The bus will also go to Siska sometime in August or September. We encourage you to book your mammogram appointment for all ladies ages 40 +.

Kukchem, for your efforts to stay home, only going out for essentials, washing your hands lots, not touching your face, washing and sanitizing high touch surface areas, and self isolating with any cold or flu symptoms and getting tested if required.

Take Care,

Tina Draney, Acting Manager





Mammograms Save Lives

Digital Mobile Mammography Coming to Your Community



BC Cancer Breast Screening's digital mobile mammography service will be visiting:

SPENCES BRIDGE - Cooks Ferry Band Office Parking Lot

MAY 25, 2021

11:00 A.M.-4:00 P.M.

By Appointment Only

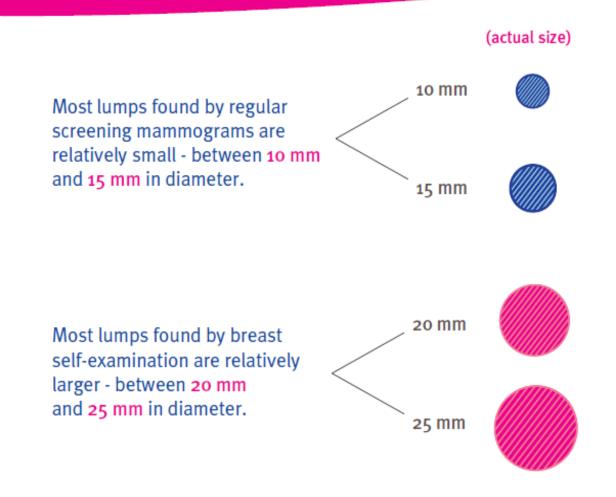
To book your appointment call Nadine

250-458-2212

Mammograms are available for women ages 40 and over. Make an informed decision to screen for breast cancer. Visit www.screeningbc.ca to learn more.



Why Mammograms Work



Is screening mammography right for you?

Talk to your doctor or visit www.screeningbc.ca/breast to learn more.



Version: February 2014

BREAST CANCER

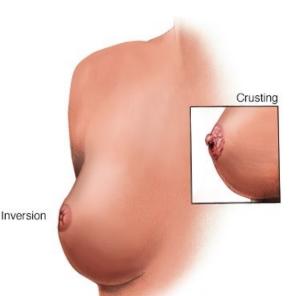
Breast cancer is cancer that forms in the cells of the breasts.

After skin cancer, breast cancer is the most common cancer diagnosed in women . Breast cancer can occur in both men and women, but it's far more common in women.

Substantial support for breast cancer awareness and research funding has helped created advances in the diagnosis and treatment of breast cancer. Breast cancer survival rates have increased, and the number of deaths associated with this disease is steadily declining, largely due to factors such as earlier detection, a new personalized approach to treatment and a better understanding of the disease.

Signs and symptoms of breast cancer may include:

- A breast lump or thickening that feels different from the surrounding tissue
- Change in the size, shape or appearance of a breast
- Changes to the skin over the breast, such as dimpling



• A newly inverted nipple

Doctors know that breast cancer occurs when some breast cells begin to grow abnormally. These cells divide more rapidly than healthy cells do and continue to accumulate, forming a lump or mass. Cells may spread (metastasize) through your breast to your lymph nodes or to other parts of your body.

Breast cancer most often begins with cells in the milk-producing ducts (invasive ductal carcinoma). Breast cancer may also begin in the glandular tissue called lobules (invasive lobular carcinoma) or in other cells or tissue within the breast.

Researchers have identified hormonal, lifestyle and environmental factors that may increase your risk of breast cancer. But it's not clear why some people who have no risk factors develop cancer, yet other people with risk factors never do. It's likely that breast cancer is caused by a complex interaction of your genetic makeup and your environment.

RISK FACTORS

A breast cancer risk factor is anything that makes it more likely you'll get breast cancer. But having one or even several breast cancer risk factors doesn't necessarily mean you'll develop breast cancer. Many women who develop breast cancer have no known risk factors other than simply being women.

Factors that are associated with an increased risk of breast cancer include:

- Being female. Women are much more likely than men are to develop breast cancer.
- Increasing age. Your risk of breast cancer increases as you age.
- A personal history of breast conditions. If you've had a breast biopsy that found lobular carcinoma in situ (LCIS) or atypical hyperplasia of the breast, you have an increased risk of breast cancer.
- A personal history of breast cancer. If you've had breast cancer in one breast, you have an increased risk of developing cancer in the other breast.
- A family history of breast cancer. If your mother, sister or daughter was diagnosed with breast cancer, particularly at a young age, your risk of breast cancer is increased. Still, the majority of people diagnosed with breast cancer have no family history of the disease.
- Inherited genes that increase cancer risk. Certain gene mutations that increase the risk of breast cancer can be passed from parents to children. The most well-known gene mutations are referred to as BRCA1 and BRCA2. These genes can greatly increase your risk of breast cancer and other cancers, but they don't make cancer inevitable.
- **Radiation exposure.** If you received radiation treatments to your chest as a child or young adult, your risk of breast cancer is increased.
- Obesity. Being obese increases your risk of breast cancer.
- **Beginning your period at a younger age.** Beginning your period before age 12 increases your risk of breast cancer.
- **Beginning menopause at an older age.** If you began menopause at an older age, you're more likely to develop breast cancer.



• **Having your first child at an older age.** Women who give birth to their first child after age 30 may have an increased risk of breast cancer.

• **Having never been pregnant.** Women who have never been pregnant have a greater risk of breast cancer than do women who have had

one or more pregnancies.

- **Postmenopausal hormone therapy.** Women who take hormone therapy medications that combine estrogen and progesterone to treat the signs and symptoms of menopause have an increased risk of breast cancer. The risk of breast cancer decreases when women stop taking these medications.
- **Drinking alcohol.** Drinking alcohol increases the risk of breast cancer.



If your doctor has assessed your family history and determined that you have other factors, such as a precancerous breast condition, that increase your risk of breast cancer, you may discuss options to reduce your risk, such as:

• **Preventive medications (chemoprevention).** Estrogen-blocking medications, such as selective estrogen receptor modulators and aromatase inhibitors, reduce the risk of breast cancer in women with a high risk of the disease.

• These medications carry a risk of side effects, so doctors reserve these medications for women who have a very high risk of breast cancer. Discuss the benefits and risks with your doctor.

• **Preventive surgery.** Women with a very high risk of breast cancer may choose to have their healthy breasts surgically removed (prophylactic mastectomy). They may also choose to have their healthy ovaries removed (prophylactic oophorectomy) to reduce the risk of both breast cancer and ovarian cancer.

INTRODUCTION TO MENSTRUATION

A period is a release of blood from a girl's <u>uterus</u>, out through her vagina. It is a sign that she is getting close to the end of <u>puberty</u>.

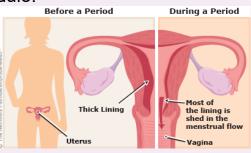
There is a lot to learn about periods. Here are some common questions that teens have.

When Do Most Girls Get Their Period?

Most girls get their first period when they're around 12. But getting it any time between age 10 and 15 is OK. Every girl's body has its own schedule.

There isn't one right age for a girl to get her period. But there are some clues that it will start soon:

 Most of the time, a girl gets her period about 2 years after her breasts start to develop.
 Another sign is <u>vaginal discharge</u> fluid (sort of like mucus) that a girl might see or feel on her underwear. This discharge usually begins about



6 months to a year before a girl gets her first period.

What Causes a Period?

A period happens because of changes in <u>hormones</u> in the body. Hormones are chemical messengers. The ovaries release the female hor-

mones <u>estrogen</u> and <u>progesterone</u>. These hormones cause the lining of the uterus (or womb) to build up. The built-up lining is ready for a fertilized egg to attach to and start developing. If there is no fertilized egg, the lining breaks down and bleeds. Then the same process happens all over again.

It usually takes about a month for the lining to build up, then break down. That is why most girls and women get their periods around once a month.

How Does Ovulation Relate to Periods?

Ovulation (pronounced: ov-yoo-LAY-shun) is the release of an egg from the ovaries. The same hormones that cause the uterus lining to build up also cause an egg to leave one of the ovaries. The egg travels through a thin tube called a fallopian tube to the uterus.

If the egg is fertilized by a sperm cell, it attaches to the wall of the uterus, where over time it develops into a baby. If the egg is not fertilized, the uterus lining breaks down and bleeds, causing a period.

Do Periods Happen Regularly When Menstruation Starts?

For the first few years after a girl starts her period, it may not come regularly. This is normal at first. By about 2–3 years after her first period, a girl's periods should be coming around once every 4–5 weeks.

Can a Girl Get Pregnant as Soon as Her Period Starts?

Yes, a girl can get pregnant as soon as her period starts. A girl can even get pregnant right before her very first period. This is because a girl's hormones might already be active. The hormones may have led to <u>ovulation</u> and the building of the uterine wall. If a girl has sex, she can get pregnant, even though she has never had a period.

How Long Do Periods Last?

Periods usually last about 5 days. But a period can be shorter or last longer.

How Often Does a Period Happen?

Periods usually happen about once every 4–5 weeks. But some girls get their periods a little less or more often.

Should I Use a Pad, Tampon, or Menstrual Cup?

You have <u>many choices</u> about how to deal with period blood. You may need to experiment a bit to find which works best for you. Some girls use only one method and others switch between different methods.

• Most girls use **pads** when they first get their period. Pads are made of cotton and come in lots of different sizes and shapes. They have sticky strips that attach to the underwear.

Many girls find **tampons** more convenient than pads, especially when playing sports or swimming. A tampon is a cotton plug that a girl puts into her vagina. Most tampons come with an applicator that guides the tampon into place. The tampon absorbs the blood. Don't leave a tampon in for more than 8 hours because this can increase your risk of a serious infection called <u>toxic shock syndrome</u>.

Some girls prefer a **menstrual cup**. Most menstrual cups are made of silicone. To use a menstrual cup, a girl inserts it into her vagina. It holds the blood until she empties it.

How Much Blood Comes Out?

It may look like a lot of blood, but a girl usually only loses a few tablespoons of blood during the whole period. Most girls need to change their pad, tampon, or menstrual cup about 3–6 times a day.

Will I Have Periods for the Rest of My Life?

When women reach menopause (around age 45–55), their periods will permanently stop. Women also won't have a period while they are <u>pregnant</u>.



What You Should Know: Cervical Cancer Screening

Women ages 25-69 should have a cervical cancer screening (Pap test) every three years.

Screening can find abnormal cells in the cervix, which, if treated early, can stop the cancer from developing.

Screening every three years can reduce your risk of cervical cancer by

per cent

Call your local HHSS office to book a

Cervical Cancer Screening

Learn More: www.screeningbc.ca/cervix If cervical cancer is caught at its earliest stage, the chance of survival is more than

per cent

HPV Information

Overview

HPV infection is a viral infection that commonly causes skin or mucous membrane growths (warts). There are more than 100 varieties of human papillomavirus (HPV). Some types of HPV infection cause warts, and some can cause different types of cancer.

Most HPV infections don't lead to cancer. But some types of genital HPV can cause cancer of the lower part of the uterus that connects to the vagina (cervix). Other types of cancers, including cancers of the anus, penis, vagina, vulva and back of the throat (oropharyngeal), have been linked to HPV infection.

These infections are often transmitted sexually or through other skin-to-skin contact. Vaccines can help protect against the strains of HPV most likely to cause genital warts or cervical cancer.

In most cases, your body's immune system defeats an HPV infection before it creates warts. When warts do appear, they vary in appearance depending on which kind of HPV is involved:

• **Genital warts.** These appear as flat lesions, small cauliflower-like bumps or tiny stemlike protrusions. In women, genital warts appear mostly on the vulva but can also occur near the anus, on the cervix or in the vagina.

• In men, genital warts appear on the penis and scrotum or around the anus. Genital warts rarely cause discomfort or pain, though they may itch or feel tender.

•

- **Common warts.** Common warts appear as rough, raised bumps and usually occur on the hands and fingers. In most cases, common warts are simply unsightly, but they can also be painful or susceptible to injury or bleeding.
- **Plantar warts.** Plantar warts are hard, grainy growths that usually appear on the heels or balls of your feet. These warts might cause discomfort.
- **Flat warts.** Flat warts are flat-topped, slightly raised lesions. They can appear anywhere, but children usually get them on the face and men tend to get them in the beard area. Women tend to get them on the legs.

Cervical cancer

Nearly all cervical cancers are caused by HPV infections, but cervical cancer may take 20 years or longer to develop after an HPV infection. The HPV infection and early cervical cancer typically don't cause noticeable symptoms. Getting vaccinated against HPV infection is your best protection from cervical cancer.

Because early cervical cancer doesn't cause symptoms, it's vital that women have regular screening tests to detect any precancerous changes in the cervix that might lead to cancer. Current guidelines recommend that women ages 21 to 29 have a Pap test every three years.

Women ages 30 to 65 are advised to continue having a Pap test every three years, or every five years if they also get the HPV DNA test at the same time. Women over 65 can stop testing if they've had three normal Pap tests in a row, or two HPV DNA and Pap tests with no abnormal results.

When to see a doctor

If you or your child has warts of any kind that cause embarrassment, discomfort or pain, seek advice from your doctor.

Causes

HPV infection occurs when the virus enters your body, usually through a cut, abrasion or small tear in your skin. The virus is transferred primarily by skin-to-skin contact.

Genital HPV infections are contracted through sexual intercourse, anal sex and other skin-to-skin contact in the genital region. Some HPV infections that result in oral or upper respiratory lesions are contracted through oral sex.

If you're pregnant and have an HPV infection with genital warts, it's possible your baby may get the infection. Rarely, the infection may cause a noncancerous growth in the baby's voice box (larynx).

Warts are contagious. They can spread through direct contact with a wart. Warts can also spread when someone touches something that already touched a wart.

Risk factors

HPV infections are common. Risk factors for HPV infection include:

- **Number of sexual partners.** The more sexual partners you have, the more likely you are to contract a genital HPV infection. Having sex with a partner who has had multiple sex partners also increases your risk.
- Age. Common warts occur mostly in children. Genital warts occur most often in adolescents and young adults.
- Weakened immune systems. People who have weakened immune systems are at greater risk of HPV infections. Immune systems can be weakened by HIV/AIDS or by immune system-suppressing drugs used after organ transplants.
- **Damaged skin.** Areas of skin that have been punctured or opened are more prone to develop common warts.

Personal contact. Touching someone's warts or not wearing protection before contacting surfaces that have been exposed to HPV — such as public showers or swimming pools — might increase your risk of HPV infection.

Complications

- **Oral and upper respiratory lesions.** Some HPV infections cause lesions on your tongue, tonsils, soft palate, or within your larynx and nose.
- **Cancer.** Certain strains of HPV can cause cervical cancer. These strains might also

Prevention

Common warts

It's difficult to prevent HPV infections that cause common warts. If you have a common wart, you can prevent the spread of the infection and formation of new warts by not picking at a wart and not biting your nails.

Plantar warts

To reduce the risk of contracting HPV infections that cause plantar warts, wear shoes or sandals in public pools and locker rooms.

Genital warts

You can reduce your risk of developing genital warts and other HPV-related genital lesions by:

- Being in a mutually monogamous sexual relationship
- Reducing your number of sex partners
- Using a latex condom, which can reduce your risk of HPV transmission

HPV vaccines

Three HPV vaccines have been approved by the Food and Drug Administration. The most recent was Gardasil 9, which is approved for use in males and females ages 9 to 45 to protect against cervical cancer and genital warts.

The Centers for Disease Control and Prevention (CDC) recommends routine HPV vaccination for girls and boys ages 11 and 12, although it can be given as early as age 9. It's ideal for girls and boys to receive the vaccine before they have sexual contact and are exposed to HPV. Research has shown that receiving the vaccine at a young segre isn't linked to an earlier start of sexual activity.

Once someone is infected with HPV, the vaccine might not be as effective or might not work at all. Also, response to the vaccine is better at younger ages than older ones. But, if given before someone is infected, the vaccine can prevent most cases of cervical cancer.

The CDC now recommends that all 11- and 12-year-olds receive two doses of HPV vaccine at least six months apart, instead of the previously recommended three-dose schedule. Younger adolescents ages 9 and 10 and teens ages 13 and 14 also are able to receive vaccination on the updated two-dose schedule. Research has shown that the two-dose schedule is effective for children under 15.

Teens and young adults who begin the vaccine series later, at ages 15 through 26, should continue to receive three doses of the vaccine.

The CDC now recommends catch-up HPV vaccinations for all people through age 26 who aren't adequately vaccinated.

Everything You Should Know About Menopause

Overview

Menopause occurs when a woman hasn't menstruated in 12 consecutive months and can no longer become pregnant naturally. It usually begins between the ages of 45 and 55, but can develop before or after this age range.

Menopause can cause uncomfortable <u>symptoms</u>, such as hot flashes and weight gain. For most women, medical treatment isn't needed for menopause.

Read on to learn what you need to know about menopause.

When does Menopause begin and how long does it last?

Most women first begin developing menopause symptoms about four years before their last period. Symptoms often continue until about four years after a woman's last period.

A small number of women experience menopause symptoms for up to a decade before menopause actually occurs, and <u>1 in 10</u> women experience menopausal symptoms for 12 years following their last period.

The median age for menopause is 51, though it may occur on average up to two years earlier for Black and Latina women. More studies are needed to understand the onset of menopause for women of color.

There are many factors that help determine when you'll begin menopause, including genetics and ovary health. <u>Perimenopause</u> occurs before menopause. Perimenopause is a time when your hormones begin to change in preparation for menopause.

It can last anywhere from a few months to several years. Many women begin perimenopause some point after their mid-40s. Other women skip perimenopause and enter menopause suddenly.

About <u>1 percent</u> of women begin menopause before the age of 40, which is called premature menopause or primary ovarian insufficiency. About <u>5 percent</u> of women undergo menopause between the ages of 40 and 45. This is referred to as <u>early menopause</u>.

Conditions that impact the health of

the ovary,

like <u>cancer</u> or <u>hysterectomy</u>, or certain lifestyle choices, like <u>smoking</u>, tend to increase the severity and duration of symptoms.

Aside from menstruation changes, the symptoms of perimenopause, menopause, and postmenopause are generally the same. The most common early signs of perimenopause are:

less frequent menstruation

heavier or lighter periods than you normally experience

 vasomotor symptoms, including <u>hot flashes</u>, <u>night sweats</u>, and <u>flushing</u>

An estimated <u>75 percent</u> of women experience hot flashes with menopause.



Other common symptoms of menopause include:

- insomnia
- vaginal dryness
- weight gain
- <u>depression</u>
- <u>anxiety</u>
- difficulty concentrating
- memory problems
- reduced libido, or sex drive
- dry skin, mouth, and eyes
- increased urination
- sore or tender breasts
- <u>headaches</u>
- racing heart
- urinary tract infections (UTIs)
- reduced muscle mass painful or <u>stiff joints</u>
- reduced bone mass
- less full breasts
- hair thinning or loss
- <u>increased hair growth</u> on other areas of the body, such as the face, neck, chest, and upper back

TREATMENTS

You may need treatment if your symptoms are severe or affecting your quality of life. Hormone therapy may be an effective treatment in women under the age of 60, or within 10 years of menopause onset, for the reduction or management of:

- hot flashes
- night sweats
- flushing
- vaginal atrophy
- osteoporosis

Other medications may be used to treat more specific menopause symptoms, like hair loss and vaginal dryness.

Additional medications sometimes used for menopause symptoms include:

- topical minoxidil 5 percent, used once daily for hair thinning and loss
- antidandruff shampoos, commonly ketoconazole 2 percent and zinc pyrithione 1 percent, used for hair loss
- eflornithine hydrochloride topical cream for unwanted hair growth
- selective serotonin reuptake inhibitors (SSRIs), commonly paroxetine 7.5 milligrams for hot flashes, anxiety, and depression
- nonhormonal vaginal moisturizers and lubricants
- **low-dose estrogen-based vaginal lubricants** in the form of a cream, ring, or tablet
- ospemifene for vaginal dryness and painful intercourse
- prophylactic antibiotics for recurrent UTIs
- sleep medications for insomnia
- **denosumab, teriparatide, raloxifene, or calcitonin** for postmenstrual osteoporosis

Talk to your doctor for more information.



OVERNIGHT HEARTY OATMEAL BREAKFAST

INGREDIENTS

- 1 cup (250 mL) milk (or plant based milk)
- 1 cup (250 mL) plain Greek yogurt
- 1/4 tsp (1 mL) vanilla extract
- 1 tbsp (15 mL) natural peanut butter
- 2 tsp (10 mL) honey
- 1 ripe banana mashed
- 1 cup (250 mL) large flake oats
- 1 cup (250 mL) fresh mixed berries (blueberries, raspberries and blackberries)

PREPARATION:

In a medium sized bowl, mix together milk, yogurt, vanilla, peanut butter, honey, banana, and oats until well blended. Split in two and pour in two separate Mason jars. Top each jar with 1/2 cup (125 mL) mixed berries. Refrigerate for at least 8 hours. Enjoy! TIPS This recipe can be served warm as well. To enjoy hot, microwave for 1 minute with Mason jar lid off.

Energy: 486 Calories Protein: 21 g Carbohydrates: 72 g

Fat: 12 g Fibre: 10.8 g Sodium: 146 mg







Cancer Fighting Soup

The most protective vegetables known to cancer research are all in this delicious and easy to make soup. For the canned tomatoes I use Muir Glen Diced Tomatoes / no salt added. There's not much juice in the can so I do not drain it. - Jenny Jones

Prep Time: 15 minutes Cook Time: 10 minutes Total Time: 30 minutes Makes: 4 -5 servings

Ingredients:

- 2 teaspoons
- olive oil
- 1/2 cup chopped onion
- 1 clove of garlic, crushed
- 4 cups chicken stock or vegetable stock
- 1 cup cabbage coarsely chopped
- 1 cup cauliflower bite size pieces
- 1 cup carrots 1/4-inch slices
- 1 cup kale thinly sliced
- 1 cup broccoli florets
- 3/4 cup canned diced tomatoes, no salt, lightly drained (1/2 of a 14.5 oz can)
- 1/2 teaspoon salt + pepper to taste

Instructions: 1. Heat oil in a medium soup pot and saute onion & garlic for 2 minutes. 2. Add stock, cabbage, cauliflower, carrots, and kale. 3. Bring to a boil, cover, reduce heat and cook for 8 minutes. 4. Add broccoli, tomatoes, salt & pepper. Cook another 2 minutes.





MOTHERS DAY CONTEST US WHY YOUR MON IS THE BEST NON EVEN			
	LIST 10 REASONS WHY YOUR MOTHER IS THE BETS MOTHER EVER AND GET ENTERED IN A DRAW TO WIN A WONDERFUL PRIZE (WE WIL ANNOUNCE AT A LATER TIME WHAT THE PRIZES WILL BE)		
1 2	Submit no		
3 4	ater than May 3		
5 6	다		
7 9	entered in a draw.		
9			
	SEST MOMENER		

Heskw'en'scutxe Health Services Society

WEBSITE SCAVENGER CONTEST!!!!

ANSWERS

1. Name the waterfall featured on the "Home Page". Hint : It is located in Spences Bridge: Murray Creek

2. Fill out the "Covid-19 Wellness Check Form". In the :Any other symptoms not listed box" write Scavenger Hunt and press sent.

3. Name one of the 8 "Other Services" offered by HHSS. Footcare, massage, Healthy Food bags etc..

4. Name one of the forms you can download in the "Resources Section".

Medical Travel Form_____

5. How many community members live in both communities? 240

6. Name the photographer who took the website pictures in the summer of 2020. _____Shelanne Justice_____

7. How many 2017 newsletters have been posted online ? 1

8. Name one of the 4 Board of Directors Members. Lorette Edzerza, Florine Walkem, Samantha Gush, Angela Phillips

9. What do you need to provide to access the "Members Login" _____user name/email/password

10. Name one of the four "Outside Community Services" you can access without having a doctors referral. <u>Mental Health</u>

11. Name one of the services provided by the nurse in the *"Maternal Child*" Health" Menu. _____Personal Care_____

12. Name a featured event in the "Events Monthly Calendar". ______*None yet*, we will soon upload______

13. Name one of the three services /programs available in the "*Electronic* Health Record System". ______Meditech_____

14.Name the first link in the "*Helpful Links"* section <u>Medical Supplies</u>

WINNERS WILL BE ANNOUNCED IN THE MAY NEWSLETTER AND ON SOCIAL MEDIA ON APRIL 16, GOOD LUCK!

NAME:______Siska____

DEADLINE TO SUBMIT YOUR ANSWERS: APRIL 15, 2021



Don't call 9-1-1 unless it's an emergency.

If you think you may have symptoms of COVID-19, call 8-1-1.

8-1-1 is the provincial phone line for medical information and advice, including all COVID-19 questions. Call 8-1-1 free of charge to talk to trained nurses and get the info you need on the coronavirus and COVID-19.

Remember: 9-1-1 should only be used In an emergency! 9-1-1 operators do not have COVID-19 information. Calling 9-1-1 can put others at risk by delaying other emergency response efforts.

For non-medical questions about COVID-19, like questions about travel restrictions, call 1-888-COVID19 (1-888-268-4319). This info line is open from 7:30 AM to 8 PM. Do not call this line if you are sick. 8-1-1 is the best phone line if you think you have COVID-19.

To self-assess your symptoms,

please visit the BC Centre For Disease Control's COVID-19 Symptom Self-Assessment Tool here: covid19.thrive.health



For the latest information on COVID-19, go to www.fnha.ca/coronavirus

The NEW PROVINCIAL NUMBER for booking is: 1-833-838-2323

Age/Group Date Eligibility Starts

55+ (born 1966 or earlier) Mon, April 12 at 12 PM, PDT

50+ (born 1971 or earlier) Wed, April 14 at 12 PM, PDT

45+ (born 1976 or earlier) Fri, April 16, at 12 PM

40+ (born 1981 or earlier) Mon, April 19 at 12 PM, PDT

Aboriginal people 18+ (born in 2003 or earlier) Ongoing

People who are clinically extremely vulnerable with invitation letter 16+ (born 2005 or earlier)

Residents of Whole Community Clinic Communities 18+ (born 2003 or earlier) Ongoing

People aged 55 to 65 (born in 1956 to 1966) may also choose to get the AstraZeneca COVISHIELD vaccine at eligible pharmacies with vaccine supply.

How to register for your vaccine appointment

You can register for yourself or someone else who needs assistance. Everyone 18 and older is eligible to be vaccinated, even if you don't have a Personal Health Number.

Public health will never share your information with any other agencies or parts of government. You will never be asked for your Social Insurance Number (SIN), driver's license number or banking and credit card details

Register Online with a Personal Health Number You can register 24 hours a day.

To register online, you **must** provide:

- First and last name, Date of birth, Postal code, Personal Health Number
- An email address that gets checked regularly or a phone number that can receive text messages

Register by Phone

Call: 1-833-838-2323 Seven days a week, 7 am to 7 pm (PDT)

The provincial call centre can also help if you feel more comfortable registering over the phone.

Please have the following information ready:

 legal name, date of birth, postal code, your personal health number (PHN) You do not require a PHN to register by phone.

Covid-19 Vaccine and Pregnancy Doctor Q&A

Pregnant, breastfeeding or trying to conceive? Answers to your COVID-19 vaccine questions

Answers provided by <u>Dr. Jerome Leis</u> and <u>Dr. Art Zaltz</u>. Dr. Leis is the Medical Director of Infection Prevention and Control at Sunnybrook and Dr. Zaltz is Chief of the DAN Women & Babies Program at Sunnybrook.

I'm pregnant. Once it's available to me, can and should I receive the COVID-19 vaccine?

Dr. Zaltz: Yes, you will be able to receive the COVID-19 vaccine in Ontario. The Ontario Ministry of Health has stated that people who are pregnant "may choose to receive the vaccine after informed counselling and consent." The first step is to speak with your obstetrician, midwife or family doctor. They will review the risks and benefits of COVID-19 vaccination to help you decide what is right for you. You will be required, at the time of vaccination, to attest that you have had this discussion with your primary care provider or specialist.

Are pregnant women at increased risk of complications from COVID-19?

Dr. Leis: Most pregnant women who become infected with COVID-19 will have mild-to-moderate symptoms and many can be asymptomatic. However, we know from <u>recent data</u> that the rate of hospitalization was 11 per cent for pregnant women with COVID-19 and the rate of ICU admission was 2.3 per cent.

Why weren't pregnant women included in the clinical trials for the COVID-19 vaccines?

Dr. Zaltz: The clinical trials for the COVID-19 vaccines currently being rolled out in Canada by manufacturers Pfizer and Moderna deliberately did not include pregnant women. It's common practice for clinical trials to exclude pregnant women, with concerns about fetal development cited. However, we do know that some vaccine study participants became pregnant and to date there have been no adverse effects reported.

I've heard that those who are trying to get pregnant shouldn't receive the COVID-19 vaccine as it affects fertility. Is that true?

Dr. Leis: There is no scientific reason that the vaccine would impact fertility. This is not a concern at all. It is true though that we don't have research related to the use of vaccine in women who are trying to conceive or pregnant because they were not studied in clinical trials. It's always wise to have a conversation with your health care provider to help you decide what is right for you.

I'm considering starting fertility/IVF treatments – is it okay to get vaccinated?

Dr. Zaltz: Vaccination creates a heightened immune response. Some fertility specialists suggest waiting a cycle or two after vaccination before starting treatment.

I'm pregnant and curious if the antibodies generated from the COVID-19 vaccine will be delivered to my baby?

Dr. Zaltz: Data for COVID-19 vaccination in pregnancy is not yet available, but we do know that in general, antibodies cross the placenta to offer protection to the fetus. For this reason, vaccines like the influenza shot are recommended during pregnancy. This is an additional potential benefit of vaccination in pregnancy but further research is needed for the COVID-19 vaccine specifically.

Are there any guidelines for timing to receive the vaccine in pregnancy (ie: first, second or third trimester?)?

Dr. Zaltz: The only consideration about timing relates to other vaccines, like the flu shot and Tdap (tetanus, diphtheria, pertussis) that are routinely recommended during pregnancy. If you choose to receive the COVID-19 vaccine during pregnancy or the postpartum period, the CDC recommends scheduling it at least 14 days before or 14 days after any other vaccination. Please talk to your health provider about the best timing for the COVID-19 vaccine.

Can I get the vaccine if I'm pregnant and have allergies?

Dr. Leis: For the most part, people with allergies can receive the vaccine. There are two exceptions:

• People who have had an allergic reaction to Propylene glycol, or PEG. PEG is a component in the vaccine that can elicit an allergy response. It is a very rare allergy, but it is important that people who have this allergy do not receive the vaccine.

• Anyone who has had a reaction to the first dose of the vaccine should not receive the second dose.



If you have any questions or concerns regarding vaccines, you should always take them to your Doctor



Bitter-root (Lewisia rediviva) Other names: Sand Rose, Desert Rose, Rock Rose, Spatlum, Spitlum, and Speetlum, Nla ? k'w epn.

Background

Bitterroot is in the Purslane family (Portulacaceae). Lewis and Clark found the prepared roots to be too bitter for their taste, so they called it "bitterroot." When Lewis' pressed and dried specimen was examined months after picking, it still showed signs of life and upon planting, it grew – hence the scientific name rediviva meaning "restored to life" (Parish et al 1996)

Food

The thick, fleshy roots of bitterroot were an important food source for Interior First Nations such as the Upper Nlaka'pamux, southern Secwepemc Okanagan, and Ktunaxa (Kuhnlein and Turner 1991). Other neighbouring nations obtained bitterroot through trade. At the turn of the century it was reported that ten bundles of bitterroot were equivalent in trade for one large, dressed buckskin (Ibid.). The roots are plentiful in mid May and best picked before the flower blooms otherwise the outer skin sticks to the root, is very hard to peel and becomes woody. The roots were dug using a digging stick made of saskatoon or similar hard wood. Once extracted, they were promptly peeled and the small red "heart" (the embryonic next season growth) was removed to reduce the bitter flavour (Kuhnlein and Turner 1991). Large quantities of the roots were dried but they were also steamed, boiled, pit-cooked and eaten fresh and almost always mixed with other foods such as Saskatoon berries (Ibid).

Recipes

2 cups dried saskatoons 4 tbsp dried bitterroot sugar to taste Put in a pot and add water. Boil until the consistency of applesauce. Some people like to add flour as a thickener. Eat hot or cold. (Courtesy of John McIntyre, Fraser Canyon Tribal Council) Bitterroot can also be mixed with fish eggs, saskatoons and flour. Cook to a custard or pudding consistency. If eaten as a main meal, salt would be added; if eaten as a desert, sugar would be added. (Courtesy of Joyce Sam and Laura Washington)

Note Bitterroot is becoming increasingly hard to locate due to overgrazing, human development and invasion of exotic species. Do not add to the peril of this beautiful and delicate flower by harvesting this plant in areas where it is scarce. There are a few areas where it is plentiful, sampling it should not prove to be too harmful.

References Kershaw, Linda. 2000. Edible & Medicinal Plants of the Rockies. Lone Pine Publishing: Edmonton. P 85. FOODS THAT MAY HELP PREVENT CANCER:

* BROCCOLI. BROCCOLI CONTAINS ISOTHIOCYANATE AND INDOLE COMPOUNDS, WHICH BLOCK CANCER-CAUSING SUBSTANCES AND SLOW TUMOUR GROWTH

* CRANBERRIES, STRAWBERRIES, & BLUEBERRIES

***** DARK GREEN LEAFY VEGETABLES (SPINACH)

* GARLIC

* GRAPES

* GREEN TEA

***** WINTER SQUASH

* GARLIC

***** CARROTS: BEST EATEN COOKED

* WHOLE GRAINS





Zoom Workshop Monday April 19, 11:00am 7 Types of Abuse and

Warning Signs of an Abusive Relationship

You are invited to a scheduled Zoom meeting.

Topic: 7 Types of Abuse & Warning Signs of an Abusive Relationship Time: Apr 19, 2021 11:00 AM Pacific Time (US and Canada)

Join Zoom Meeting (copy and past, or click link in post description) https://us02web.zoom.us/j/81336589260?pwd=eE1vMGZQNnRjbGl1S3ozWE52SEtQdz09 Meeting ID: 813 3658 9260

Passcode: stopabuse

Or dial by your location +1 778 907 2071 Canada Meeting ID: 813 3658 9260 Passcode: 449359728

Poor Partes



Zoom Workshop Monday April 19, 1:00pm Abusive Cycle and The Power & Contol Wheel

You are invited to a scheduled Zoom meeting.

Topic: Abusive Cycle and The Power & Control Wheel Zoom Meeting Time: Apr 19, 2021 01:00 PM Pacific Time (US and Canada)

Join Zoom Meeting https://us02web.zoom.us/j/83116836690?pwd=T2JxRmQ1Uk5KTjNZTmJUNDNEaDBSUT09



Meeting ID: 831 1683 6690 Passcode: endabuse Dial by your location +1 778 907 2071 Canada Meeting ID: 831 1683 6690 Passcode: 35238366

HKTS 12TH ANNUAL WALK to

'End the Silence on Violence' The week of APRIL19th-23rd 2021

FIRST 300 TO REGISTER WILL GET A FREE LONG SLEEVE-SHIRT AND HAVE THEIR NAME ENTERED INTO A PRIZE DRAW!

https://www.eventbrite.com/x/hkts-12th-annual-walk-toend-violence-registration-143400856823

Please register individual or group by calling HKTS toll free at 1-800-318-4455 or text at 778-254-0217

Guest Speaker **Panielle Jack** will be speaking about her personal domestic violence experience on Friday April 2<u>3rd</u> from 11-11:45 am

Everyone Welcome! Scavenger Hunt to be posted! Zoom DVP Work-shops Door Prizes!



Toll Free: 1-800-318-4455 for more information Let's Speak Up against violence and walk hand and hand to honour our women Tee-shirts, lanyards and cupcakes are available for pick up at <u>Lytton Memorial</u> <u>Hall on Thursday</u> <u>April 22nd</u>

Han Knakst Tsitxw Society

We want to invite you to our annual walk to support our murdered and missing women throughout our territory and beyond, we stand in solidarity with the families whom have lost loved ones, but due to Covid-19 and social distancing we are holding a drive by vigil at the Memorial Hall on April 22nd 2021, 10-

Justice for Missing and Murdered Indigenous Women

Four in five indigenous women will experience violence in their lifetime. Who will fight for them?

There is no reliable database that tracks how many Indigenous women go missing or are killed each year. But a 2016 National Institute of Justice report found that four in five indigenous women will experience violence in their lifetimes.



The color red, the official color of the Missing and Murdered Indigenous Women awareness campaign. According to some tribes, red is the only color the spirits see. By wearing red, it is our collective hope that we can call back the missing spirits of our indigenous sisters and daughters and lay them to rest. Remembering, wearing red, standing strong, and a moment of silence. We are, No Longer Silent, coming together, Missing and Murdered Indigenous Women awareness campaign participants can register and receive T-shirts at our drive by station on April 22nd, 2021. We are also having a scavenger hunt, watch for signs and ways to sign up on Facebook and HKTS webpage. Come out and show your support, wear your red, everyone welcome.

This Photo by Unknown Author is licensed under CC BY



Footcare with LPN Suzanne Marcel

Licenced Practical Nurse

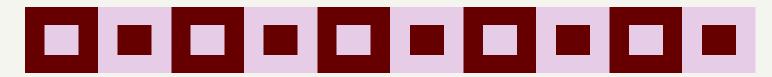
Footcare in Cooks Ferry Tuesday, May 04, 2021 Footcare in Siska Friday, May 14, 2021

All existing clients will be contacted to book an appointment. Clients will be asked to wear masks and will be called the day before with a health check questionnaire.

A personal **foot care nurse** completes the daily tasks that allow for the treatment and prevention of **foot health** issues related to diabetes and other diseases. They serve as a valuable resource for information that helps patients manage their health.

Give your Feet the Proper Care they Deserve!

Diabetic Foot Care Assessment
 Corn and Callous Reduction
 Fungal and Thick Nails
 Therapeutic Foot Massage
 Cracked Heel Care
 Koot Care for Athletes



RESTORATIVE MASSAGE WITH KATHRYN YOUNG (RMT)

COOKS FERRY

Tuesday May 18 2021



SISKA Thursday May 20 2021



Medication Pick-up is every Wednesday. Remember to have your prescriptions refilled.



FNHA covers baby aspirin and polysporin prescriptions. Make sure to get a prescription. If you had to pay for these items, please call Corynn or Nadine who will help you with filling out a form to FNHA to be reimbursed.

> Shopping Day Cooks Ferry April 28, 2021 Shopping day Siska April 30, 2021

Heskw'en'scutxe Health Services Society

Invitation to

Siska and Cooks Ferry Community members:

Free Nicola Valley Aquatic Centre & Gymnasium access to our community members

Gym & Pool Passes available to both on and off reserve registered band members. Call Nadine to be added to the list. Transportation not included



Heskw'en'scutxe

Health Services Society

Cooks Ferry Phone: (250) 458-2212 Fax: (250) 458-2213



2040 Mamette Ave. Merritt, BC

HHSS BOARD	HHSS STAFF	Cook's Ferry	Síska
Lorette Edzerza	Tina Draney Acting	Box 188	163 Loop Road
Chairman	Acting Health Manager	3691 Deer Lane	Siska, BC
Director	Finance	Spence's Bridge, BC	VOK 1ZO
Cooks Ferry Band	tina.draney@hhssbc.ca Ext:103		VOICTED
Appointed	Corynn Reveley	VOK 2L0	
Angela Phillips	Siska Receptionist	Phone	Phone
Director	Ext: 201	(250) 458-2212	(250)455-6601
Siska Indian Band	Nadine Methot	Fax	Fax
	Cook's Ferry Health Administra- tive Assistant / Medical Transpor-		
Appointed	tation Clerk	(250) 458-2213	(250) 455-6608
Florine Walkem	Ext: 101		
Director	Scarleth Zwez-Ruiz	Client Toll Free	Client Toll Free
Cooks Ferry Band	Home & Community Care Nurse / Community Health Nurse	1-866-458-2212	1-844-255-6601
Appointed	<u>chn@hhssbc.ca</u> Ext: 101	1-000-430-2212	1-044-200-0601
Samantha Gush		Email	Email
Director	Lisa Colwell Licensed Practical Nurse	nadine.methot@hhssbc.ca	corynn.revely@hhssbc.
Siska Indian Band	Lisa.colwell@hhssbc.ca		<u>ca</u>
Appointed	Clarissa Frederick		
	Community Home Care Aid	VISIT OUR NEW WEBSITE	
Follow us	<u>clarissa.frederick@hhssbc.ca</u>		
@	Ext 303	HHSSBC.CA	
heskw'enscutxe	Annette Albert		
	Community Health Representative	Heskw'en's	Sutr.
	COHI Healthy Food Bags	N R	
	annette.albert@hhssbc.ca	Jack Marken Star	
	<u>Ext 106</u>		
	Danielle Munro	4	Z A
	Custodian / Transportation Support	Health Services	societ
	Danielle.munro@hhssbc.ca		
- 1		L	

Is Your Child Starting Kindergarten



DID YOU KNOW YOUR CHILD NEEDS VACCINES?

Your child needs two vaccines starting at age 4 (kindergarten entry):

- The Tdap-IPV vaccine to protect against tetanus, diphtheria, pertussis (whooping cough), and polio
- The MMRV vaccine to protect against measles, mumps, rubella, and varicella (chickenpox)

These vaccines are free.

Call to book your child's immunization appointment today!

Heskw'en'scutxe Health Services Society

Cook's Ferry: 250-458-2212 Or Siska: 250-455-6601

Vaccines are a healthy choice for your child. They protect your child's health and the health of their classmates.

HEALTH UNIT FINDER



IMMUNITY IMMUNI



A free immunization tracking app. www.canimmunize.ca

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