

thrive

living **healthy**. living **well**.



Dr. Clint Wong with the Radiofrequency Ablation machine and Interventional Pain Procedure treatment bed in the operating suite

The Brandon Pain Management Clinic

PMH Joins the World of Social Media



Follow us on Twitter @**PrairieMtHealth** and like us on Facebook. Yes, Prairie Mountain Health (PMH) now has another way for the public to connect with us. Social media is a powerful and public tool for sharing information quickly. Twitter and Facebook are real-time information networks used by millions of individuals, organizations, and businesses. If you use these platforms as a way to communicate or access information, then we hope that you will connect with PMH on social media.

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If you are one of the 34,000 people in the Prairie Mountain Health region living with chronic pain, quality of life may seem impossible.

For Nave Sobb of Gainsborough, Saskatchewan, dealing with chronic pain had become part of daily life. Eight years ago he had surgery which resulted in persistent pain. Nave and his wife Marjorie travelled from doctor to doctor with no luck, until last year when he was referred to Dr. Wong at the Brandon Pain Management Clinic.

“After eight years of pain I was so grateful that someone was taking an interest in what I was going through and not just dismissing it,” says Nave. Over the years, Nave tried to work through the pain taking various forms of medications. A welder by trade, his job required a lot of twisting and turning making the pain even more unbearable. It became too much, and two years ago he had to quit his job. Now he is trying to focus on his health and get his life back with the help of Dr. Wong.

From diagnosis to management and treatment, the Pain Management Clinic allows the patient to take an active role in managing their pain. Located at the Brandon Regional

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Welcome to 2015!

Penny Gilson

CEO, Prairie Mountain Health

The beginning of a new year always provides an opportunity for us to evaluate our own wellness and set goals for improved personal health. This self-assessment allows us to identify priority areas for self-improvement. I am sure the same is true for many of you. Are you planning any changes to improve your wellness in 2015?

Part of our organizational wellness self-assessment is the comprehensive regional Community Health Assessment (CHA) process we undertake every five years. The CHA is the foundation for improving and promoting the health of our communities. This information becomes the basis for all our planning, including our strategic direction for the next five years for the region.

The process is a huge undertaking, but the value of the information is immeasurable! The information in this document gives us a window into our new region. It helps us identify priority health issues and determine the availability of resources to address those issues. The process of collecting this data has allowed us to learn more about the characteristics of the people and the range of the communities that make up Prairie



Penny Gilson, CEO, Prairie Mountain Health

Mountain Health (PMH). This will result in delivery of services that are better situated for specific needs as outlined in the CHA.

Another component of our organizational wellness self-assessment is the Accreditation process. PMH will be surveyed by Accreditation Canada for this first time in the spring of 2016. However the bulk of the work preparing for that survey will take place in 2015. This process allows us to set quality and patient safety goals and put in place strategies to achieve those goals. I want to acknowledge all staff throughout the organization who engage in this quality improvement journey and assist PMH in achieving improved wellness.

Wishing everyone the best of luck in 2015 in pursuing your personal and family improved wellness plan! ■

Social Media

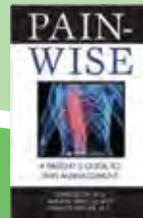
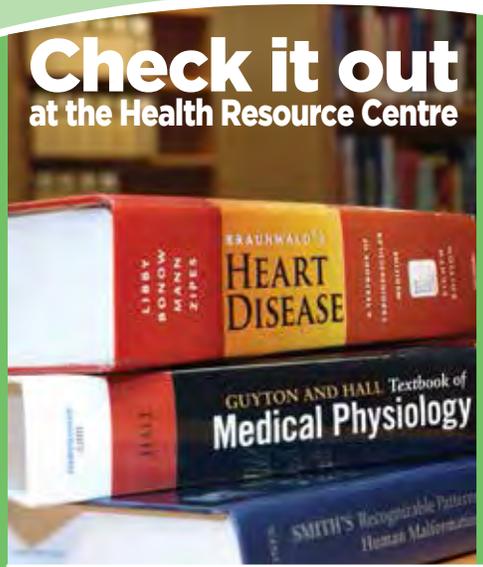
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We will be using Twitter and Facebook to expand our reach when it comes to providing information regarding our programs and services, news items, health promotion, and wellness tips to name a few. We hope by joining us on social media that you will take an active role in promoting health and wellness by letting your followers and friends know about us. Remember, family and friends can help motivate one another and help you achieve your health goals.

By monitoring social media, we can listen and collect feedback from you, identify information gaps and respond to questions. We want to make sure we provide the information, support and resources you want and need.

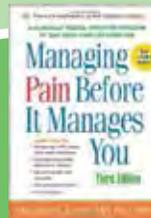
Also coming this year will be another Twitter account that will be used solely to promote job opportunities available throughout the region. These positions will be promoted on Twitter and Facebook including a link back to our Prairie Mountain Health website at www.prairiemountainhealth.ca for further details.

At no time will any medical care or personal clinical advice be provided via social media. If you have ideas on how we can use social media to connect better with you on health information, send us a direct message on Twitter @PrairieMtHealth. ■



Living with chronic pain can be incredibly

isolating and frustrating. Written by three pain management experts, **Pain-Wise: a Patient's Guide to Pain Management** will simplify the confusing and often overwhelming process of finding treatment for chronic pain and help you find ways to manage and potentially relieve your suffering.



Imagine finding a way to spend less time

in doctors' offices, and to decrease the discomfort, depression, and anxiety associated with chronic pain. Recommended by the Prairie Mountain Health Pain Management Clinic, **Managing Pain Before it Manages You** will help you reduce your pain and learn the coping skills you need to get your life back.



When a child is in pain, imagining scenes that are soothing or uplifting may help reduce the discomfort. **Imagine a Rainbow: a Child's Guide for Soothing Pain** is a beautiful tool for introducing children to the idea of using their imagination to cope with pain. This book is perfect for children ages 4 to 8.

The featured books are available to borrow at the Health Resource Centre (HRC), located at the Brandon Regional Health Centre, or check your local library. The HRC is open to the public Monday to Friday, 8:00 a.m. to 4:30 p.m. To contact us, please call 204-578-4080 or email library@pmh-mb.ca.

Pain Management

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Health Centre, the clinic is led by Dr. Wong, a Fellowship-trained Interventional Pain Specialist. “Chronic pain is something that not only affects the individual, but also affects their work and their relationships. Understandably it can lead to problems with anxiety and depression. But it doesn’t have to be that way,” say Dr. Wong.

Pain comes in many forms, and Dr. Wong says that it can be divided into two broad categories: acute and chronic. Acute pain is usually pain that persists for three months or less, and when treated, healing occurs and pain usually subsides. This type of pain would be typical for someone who has had surgery. Chronic pain is pain that generally persists beyond the healing phase and typically doesn’t improve after three months. This type of pain is a debilitating condition that does not subside and is constantly present or comes and goes. Some causes of chronic pain are arthritis, low back or neck pain or headaches.

The Brandon Pain Management Clinic is the first of its kind in Western Manitoba and provides cutting-edge pain care and a wide range of services thanks in part to a generous donation from the Brandon Regional Health Centre (BRHC) Auxiliary. “The opening of a pain clinic at the Brandon Regional Health Centre was a project the Auxiliary eagerly supported,” says Auxiliary President Marlene Brichon. The members voted unanimously to pay for two pieces of equipment—a Radiofrequency Ablation machine and Interventional Pain Procedure treatment bed, all of which cost \$100,000.” This equipment allowed Dr. Wong to provide state-of-the-art treatment tailored to the individual’s condition.

The pain clinic has assembled a multi-disciplinary team including a specialized nurse, a physiotherapist, pharmacist, and psychologist—all of whom have expertise in effective pain management to provide the highest standard of chronic pain care.

The clinic runs one week each month with two assessment days and three treatment days, enhancing access to care and reducing the need for area residents to travel to Winnipeg for services.

The clinic also offers classes on how to cope with chronic pain. The classes cover everything from what to expect with pain, to self- coping skills that enable better management of chronic pain. There is no charge for the classes, and people can sign up to attend without a referral. Dr. Wong says we need to look at the whole person. Controlling someone’s pain is not just about pills and injections.

Regardless of the cause, when pain becomes long-term many often feel it is just something they have to live with. Dr. Wong often says people living with pain feel frustration because there is not always a diagnosis, and the cause may be difficult to pinpoint. For many, coming to a pain clinic is their last resort. Dr. Wong says even without a specific diagnosis it does not mean a person cannot be helped. Using new equipment, Dr. Wong can do a number of procedures using live x-ray guidance and even ultrasound. Treatments such as injections and nerve blocks may be useful in blocking pain to specific areas.



Dr. Wong with patient Nave Sobb.



L-R: Kim Wallis, Care Team Manager, BRHC Ambulatory Care; Marge Morris, Auxiliary Board Member; Dr. Clint Wong, Interventional Pain Specialist, Brandon Pain Management Clinic; Sharleen Gunston, Auxiliary Board Member; Denise Woodland, BRHC Pain Management Nurse with the new Radiofrequency Ablation machine.

“Our goal is to provide comprehensive health services to those living with pain to help them live to their optimal potential within their communities,” says Dr. Wong. In conjunction with family doctors, reducing pain and improving function to help people get back to their lives is what the Brandon Pain Clinic is all about. For Nave Sobb help from the pain clinic has put him on the right track. Besides some relief from his chronic pain, he says the clinic and Dr. Wong have given him hope.

Patients can contact the clinic directly for more information on the pain management classes by calling 204-578-4202. The Brandon Pain Management Clinic is open for referrals. To see Dr. Wong for a formal consultation, a referral is required from your family doctor, nurse practitioner or specialist. ■

by **Ardene Robinson Vollman, PhD RN CCHN(C)**

2013-14 Stanley Knowles Distinguished
Visiting Professor, Brandon University
Faculty of Health Studies

After decades of health research, it has proven very difficult to identify all the risk factors for all diseases. Doctors tell us that they can apply all the clinical pathways and do all the best practices according to the best evidence-based protocols, yet half their patients don't improve. Why is that? Because the traditional approach to population health is not working.

Let's take, for instance coronary heart disease (CHD). For over 50 years, extensive research has resulted in knowledge about many risk factors for CHD: high cholesterol; high blood pressure; obesity; physical inactivity; and cigarette smoking. However, half of the coronary heart disease that occurs is not explained by these risk factors suggesting that things are more complicated than we think. The problem we have with CHD is very much the same for many other diseases such as type 2 diabetes, depression, hypertension, among others. And even when we DO identify disease risk factors, and if those are related to tobacco, high fat-high calorie diets, and physical inactivity, health professionals have a very difficult time in getting people to change their behaviour!

Rising health care costs in Canada

Costs of health care and the burden of disease—illness, disability and death—are rising at high speed in Canada. According to estimates from the Canadian Institute for Health Information (CIHI, 2014) Canada is spending 11% of its gross domestic product on health. This is 8th highest of 30 countries monitored by the Organization for Economic Cooperation and Development (OECD) in 2012 where the average was 9.4% of GDP.

Where is Canada's health budget being spent? Hospitals, prescription drugs, and physicians account for nearly 60% of the health funding—public health averages approximately 5% of the health budgets across the country. Costs vary across provinces and

territories, as do the percent of the provincial budgets spent on health. The per capita cost in Manitoba is \$6,689 per person, accounting for about 44% of the provincial budget. And it's costing Canadians increasing amounts annually because of people either off work, or on reduced work, or otherwise not being able to be productive.

Most of the burden of disease in Canada today is NOT from the infections of the past, most are from non-infectious chronic conditions, injury, mental illness, bone and joint issues.

Through population health research, we have learned that social and economic challenges throughout the life course can have significant **NEGATIVE** effects on health and well-being.

Why are some people healthy, while others are not?

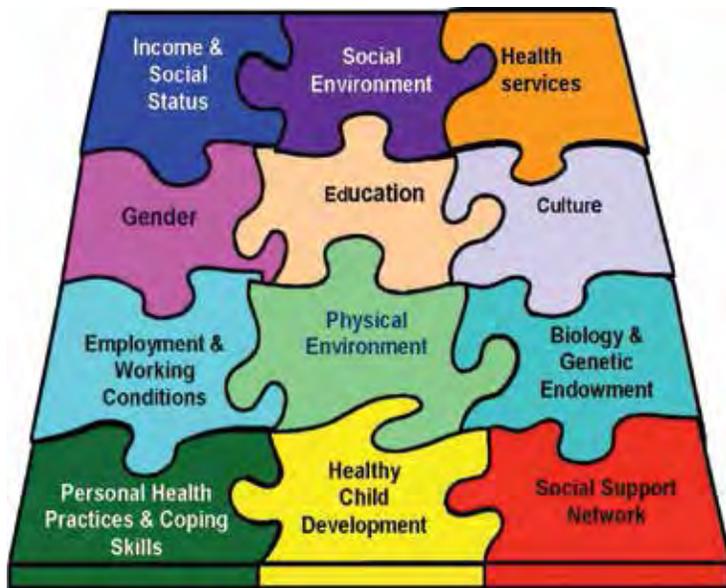
This is a question that many population and public health people have been asking for a couple of decades now—at least since we started considering factors that determine health. An understanding of the fundamental determinants of health and disease is a first priority for developing a truly effective program to prevent disease and promote health.

The Public Health Agency of Canada (PHAC) has identified 12 factors that affect health; these we call the determinants of health. Researchers have since estimated that the health care system itself contributes only 2% to the health of Canadians. The importance of the environment on health—accounting, according to some estimates, for 84% of population health status—is becoming of great interest to those working in public health. And of the elements that comprise today's understanding of environment, the socioeconomic environment contributes a great deal to the health of Canadians.

Income and education are two components of the socioeconomic environment and without these, the health status of our vulnerable subpopulations is at risk. Vulnerable subpopulations include people of First Nations, Inuit and Métis background; new immigrants/refugees; and children, adults and seniors living in poverty. These (and other) subpopulations suffer many health disparities compared to the general Canadian population.

What is a health disparity? It is the difference [inequality] in health status between groups of people; when this difference is unjust, unfair, or the result of systemic discrimination, the disparity is then referred to as an inequity. That is, an unfair difference in health status between one group of people and another.





The Determinants of Health

Poverty has a pervasive negative effect on population health. Our socioeconomic environment influences personal choices and behaviours, vulnerability to illness, access to care, and ability to manage any chronic conditions at home or in the community. Personal resources like education and income and the social environments in which people live, love, learn, play, pray, and work can moderate the effect of negative situations.

Why should public health concern itself with social issues?

Income—with education—has a striking association with health. Higher illness, injury and death rates are associated with lower income and lower educational achievement. This relationship between education and income with health is called the social gradient and is powerfully present in almost all chronic conditions. Well-educated people with higher incomes live longer than their counterparts who earn less and have lower educational attainment, even after age, sex, employment status, weight and diabetes are statistically controlled. The result of the social gradient is inequality of health status—and when the inequality is unfair, we call it inequity. Public health professionals are committed to reducing inequity and the social deprivation that contribute to poor health.

The way we address inequity is through health promotion—considering health in all policies and creating strong and vibrant (healthy) communities. A healthy community is described by the U.S. Department of Health and Human Services *Healthy People 2010* report as:

“One that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential. Healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders—where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.”

The challenge we face is how to use what we know about the determinants of health to adopt policies that improve health for Canadians. Many of the decisions and resources that support health and healthy choices are OUTSIDE the purview of the health sector. This is where a Health in All Policies (HiAP) Approach can be informative. HiAP is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity (WHO, 2013).

A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making. It requires multiple sectors in civil society to work together for the common good—government, education, justice, business, health - to improve community health because their activities may have an impact on health or on factors known to influence health.

What is the outcome of people working together? Reduction in health inequity. Why? Because social problems become well understood as people work together to create the means of solving them. Thus, institutional and community capacity is created to address other issues over time, creating strong and vibrant and healthy communities!

A call to action

To put community in health promotion allows us to act on the determinants of health in such a way that we can reduce health inequity and increase the health status of the people living in our neighbourhoods, towns, cities, provinces and nation. We can achieve this by:

- Getting everyone involved—horizontally (across sectors) and vertically (from the community to the city, province and federal government)
- Working together toward common goals—arm in arm in true partnerships
- Considering health in all policies—not just health policies. ■

BRHC Foundation "Room for Renewal" Fundraising Campaign Rings in the New Year in a Big Way!

A major donation of \$150,000 from Westman Dreams for Kids (WDFK) was a great way to ring in the new year for the "Room for Renewal" campaign. This major contribution will make Westman Dreams for Kids the exclusive sponsor of the complete relocation and renovation of the hospital's Pediatric Unit. Board Member Jeff Thompson says, "For over 25 years, our organization has always been helping children and putting a smile on kids' faces. By sponsoring the future Westman Dreams for Kids Pediatric Unit, this will ensure that WDFK will continue to have a positive impact on kids' lives today, tomorrow and for years to come."

The Brandon Regional Health Centre (BRHC) Foundation stepped up this past September by launching this new fundraising campaign. The "Room for Renewal" Patient Ward Renovation Campaign has set out to raise \$600,000 in support of this \$12 million dollar redevelopment project of the patient wards at the hospital. This goal is half of the required 10% community contribution that is required from the Manitoba Government to move forward.

Since the launch of this campaign, numerous donations have been coming in and this fundraiser has been very well received by the community. Derrick Stewart is the Chairperson of the BRHC Foundation Board. "The BRHC Foundation is so very proud to once again step forward in support of a project that will make such a difference to the health and well-being of patients here at the Brandon Regional Health Centre," says Stewart. "The Foundation is grateful for the support of the community in helping us reach our fundraising goal. This campaign will certainly assist in providing the very best care possible today, tomorrow and for years to come."

The in-patient care areas, or patient wards, of the Brandon Regional Health Centre (formerly known as the Brandon General Hospital), have essentially remained unchanged since being built in 1961. They are outdated and inefficient. Updating is required to assist with bed management, improved patient care and comfort for in-patient stays. The planned redevelopment

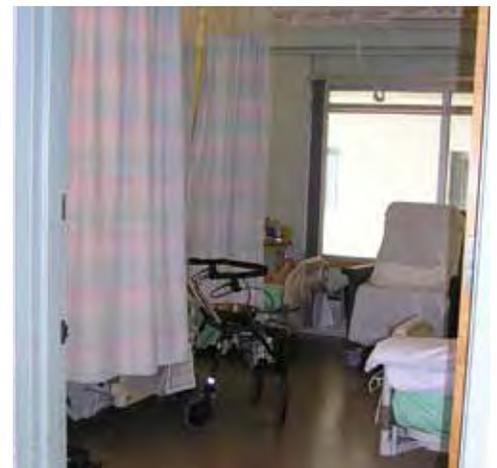


Artist's rendering of the new rooms.

will include the creation of 12 additional beds on Acute Medicine wards and the elimination of having four beds per patient room. Bathrooms will be completely renovated in addition to overall upgrading of all infrastructure such as plumbing, heating, and electrical. Also included is the complete relocation of the Pediatrics Unit to the second floor of the BRHC, allowing for single patient rooms, as well as a new playroom, staff area, and increased storage.

"I want to say a thank you to the Brandon Regional Health Centre Foundation for their outstanding work, and for their commitment in helping us raise money for this project," says Brian Schoonbaert, Chief Operating Officer of BRHC. "The Brandon Regional Health Centre is a hub for primary and secondary health care in Brandon and surrounding communities, and it is critical that these in-patient areas move out of the past and into the future. Without the BRHC Foundation, this project would not have progressed along as it has. They are such a vital partner for our hospital."

The Brandon Regional Health Centre is recognized as a regional referral centre providing comprehensive and efficient health care. With these upgrades, this state-of-the-art facility will meet the needs of residents within the Prairie Mountain Health region and beyond. To help raise the remainder of the community contribution for the project PMH



Current BRHC room.

is requesting financial support from the City of Brandon, towns, and municipalities within the southwest region. ■

To support this project you can donate:

- By phone:** BRHC Foundation Office at 204-578-4227 (Visa/ Master Card accepted)
- In person:** BRHC Foundation Office, Main Floor of the Brandon Regional Health Centre
- By mail:** BRHC Foundation - "Room for Renewal" 150 McTavish Avenue E. Brandon, MB R7A 2B3
- On-line:** CanadaHelps.org

Murray House – Comforts of Home

As Vice Chairperson for Prairie Mountain Health Board of Directors, Harry Showdra had the opportunity to get a sneak peek of Murray House a month before the official opening in June 2014. His immediate thoughts were how great a facility this is for people needing a place to stay while undergoing cancer treatment at the Western Manitoba Cancer Centre (WMCC) in Brandon. It never crossed his mind that one day he may need to use it. Several months later Murray House became his home away from home.

In August 2014, Harry was diagnosed with cancer and suddenly his world changed. Immediately following an appointment in Dauphin, Harry was off to Winnipeg for more tests and soon after his course of treatment was put in place. For 28 days starting in September, he would receive a combination of chemotherapy and radiation at the WMCC.

Over the next six weeks, Monday through Friday, Harry would walk over to the WMCC for his radiation treatment. He would also be receiving chemotherapy administered through an intravenous line through a device that he would carry with him. This would release medication at intervals 24 hours a day, seven days a week. This type of chemotherapy would allow Harry a bit more freedom to be able to travel back to his home in Swan River for the weekends. The convenience of having a place to come back to at the beginning of each week was something that Harry said made this difficult journey more tolerable.

“We could leave our belonging here week to week. It was just like having an apartment,” says Harry. “After a four-hour drive from Swan River we did not have to worry about finding a parking spot or registering for a room. We knew where we were going. We would just use our key and we were home.”

Noreen McLachlan manages the house; she tends to the needs of the guests and makes sure the house is running smoothly and is maintained. Since its opening, she says friendships have been formed. Many people are staying anywhere up to four to five weeks depending on their treatments, and people get to know one another. She says Murray House is a quiet, comfortable and safe place for people to stay.

“One of the greatest things I see is the way people get together in the kitchen and dining room making meals, sharing a coffee and talking to someone going through similar things. Knowing they are not alone is key,” says Noreen. “They share the good and the bad, what type of treatment they are receiving, and in general they give each other support.”

Since its opening in June 2014, guests have come from as far as The Pas, Saskatchewan, and Swan River. Noreen has started a memory album. Guests staying at the house can fill out a card with their thoughts, wishes and encouragement for future guests. One guest from Russell said, “At Murray House we became a family of friends, listening, helping, sharing ideas, and having meals together. This helped out through our trials and difficulties.”

“We felt included in a whole new family and really enjoyed the visits and talks,” said another guest from Minitonas.

Harry’s wife Audrey Showdra says having use of the kitchen was great. On the weekends at home, she prepared meals and brought them



Audrey and Harry Showdra using the kitchen at Murray House.

ManitobaQuits 2015



“Quit Smoking Contest” MARCH 2015

Pick one item from the *ManitobaQuits* Menu below and you could win prizes from \$150 to \$1,000!

5 Prizes
AVAILABLE IN EACH CATEGORY

- QUIT SMOKING FOR FOUR WEEKS \$1000
- QUIT SMOKING FOR ONE WEEK \$150
- REDUCE YOUR SMOKING BY 50% \$150
- MAKE YOUR HOME AND CAR SMOKE FREE..... \$200
- QUIT BUDDY..... \$200

To register go to
ManitobaQuits.ca

Registration begins
January 19th, 2015.
Contest runs from March 1st
to March 31st, 2015.

THE LUNG ASSOCIATION™
Manitoba

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Amazing New Website Helps Connect Aboriginal Peoples with Health Careers in Manitoba

ManitobaAboriginalHealthCareers.ca, which was initiated by the Office of Rural and Northern Health, in partnership with Health Canada, the Assembly of Manitoba Chiefs, Manitoba’s seven tribal councils, as well as the five regional health authorities, was officially launched on October 30, 2014. This website has been developed to meet the needs of Aboriginal peoples in their efforts to gather health-focused employment and training information.

This website also offers first-person testimonials of current Prairie Mountain Health employees. These success stories provide the reader



with insight on the importance of culture, education and the need to recognize and overcome adversity.

If you would like more information regarding this website and / or would like to order *This Could Be You – Become a Healer* posters, please contact PMH Aboriginal Human Resources at 204-734-6642 or email scharlebois@pmh-mb.ca.

Visit the website now to see some of our PMH Healers. ■

Murray House – Comforts of Home

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down for the week. During Harry’s time at Murray House she says everyone was so pleasant and helpful during a difficult time. “They helped us move in. The people we have met have been a great support to us, and hopefully we reciprocated that support,” says Audrey.

Patients who require additional information or are interested in staying at Murray House while receiving cancer treatment are asked to contact the Prairie Mountain Health Cancer Navigation Team members (nurse navigators and social workers) to complete a referral form. Once it has been determined that a patient is eligible to stay, and there is a room available, Noreen will contact the patient to confirm the details of their stay. At that time, she will answer any questions and make sure everything is in place for guests when they arrive.

Harry said that when they toured the residence back in May he never gave it a second thought that he may use it one day. However, today he is very grateful for the facility and everyone who contributed to making it happen. Knowing he had Murray House removed a lot of his stress, and for him that meant focusing on his health and getting better. ■

By the Numbers

Quick facts from the PMH Community Health Assessment

A community health assessment is an on-going process of data collection. The purpose is to gather information about how healthy we are, and what is working and what is not. The report describes changes in our community as well as the strengths and challenges in our region. The first Community Health Assessment (CHA) for the new Prairie Mountain Health region will be completed soon. Below are just some of the facts and figures from the report. Watch for the full document that will be available on the Prairie Mountain Health website in May.

17.5% PMH Residents 65 or older

36% PMH premature deaths caused by cancer

11% Physician visits due to respiratory illness (most frequent cause)

14,059 PMH residents living with diabetes

27% PMH residents suffering from high blood pressure

8,192 Clinical Telehealth visits 2012/13



thrive is published three times per year by **Prairie Mountain Health**
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