



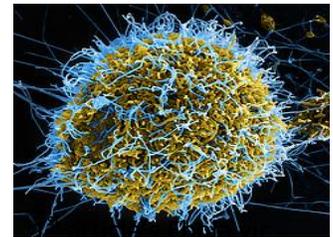
A MESSAGE FROM THE PRESIDENT

Welcome to our new executive committee which is a mix of experiences and new comers. We hope we will bring to you along with our past history, the present, and the future where the international nursing group is planning to go. Globalization is in front of us and we cannot deny anymore. We have started to think we are one world (I wish One country) and not a cluster of individual countries. We welcome our new internationally graduated nurses to be part of our RNAO and collaborate together as a team. We are looking forward to learning from each other, as you are the reservoir of multiple cultures. Let us share and be rich to provide quality care to our clients. A very special thanks to Suzette our newsletter coordinator (leader of this issue) assisted by Raihana . Please send your comments, ideas and articles to her: suzette.mahabeer@gmail.com; or R_ludin@hotmail.com (leader of upcoming issue) or me: majumdar@mcmaster.ca

With warm regards,

Basanti, President, INIG (RNAO provincial interest group)

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Ebola Virus Disease



upcoming events:

Student Workshop:
September 2014

Membership Gathering:
Coming soon
(September/ October
2014)

Resolution Plan
Submission: October
2014

Watch out for our new
website and Blog

Ebola virus is spreading in West Africa in Guinea, Sierra Leone and Liberia. Ebola virus disease (EVD) or Ebola hemorrhagic fever (EHF) is one of the world's most virulent diseases. Ebola is transmitted the community through human-to-human transmission, with infection resulting from direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other body fluids of infected people and animals, and indirect contact with environments contaminated with blood or body fluids. There have also been instances at burial ceremonies in which mourners have direct contact with the body of the deceased and the Ebola virus has been transmitted. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness. Severely ill patients require intensive supportive care.

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

During an outbreak, those at higher risk of infection are health workers, family members and others in close contact with immunocompromised and deceased patients.

Unfortunately, there is no vaccine or specific treatment available for Ebola. Clients are often dehydrated and require oral rehydration with solutions containing electrolytes or intravenous therapy. New drug therapies are being evaluated.

According to WHO (2014) the death toll has risen to 476 cases with currently 759 suspected or confirmed cases of Ebola in the region since July 1, 2014. The WHO has deployed over 150 multidisciplinary team experts involved in outbreak response activities including surveillance, infection control, data management.

Our condolences are with the people in Africa who are experiencing this devastating disease. We appreciate the efforts that are being made with the WHO and Doctors Without Borders and other health care professionals involved in this emergency crisis.

Reference:

WHO (2014). Fact sheet on Ebola virus disease.

WHO (2014). Media Advisory. WHO calls emergency sub-regional Ministerial meeting in Accra, Ghana to tackle the on-going Ebola virus in West Africa

The Importance of Food

As a social determinant of health: Income and Social Status, access to healthy food choices plays an integral role in our health. With the cost of living rising each day, the cost of food is also rising. People living in poverty cannot choose what they want to eat. They may have limited choices and may be limited to perishable food items available at food banks. There are over 90,000 people in Hamilton living below the low-income cutoff. Many of these people have to rely on food banks and they never get to choose what they want to eat. In addition, they may have limited access to fresh food available in the community. There really isn't anything that compares to a homecooked nutritious meal that will satisfy hunger. Fast food is cheap but not nutritious. Healthy or fresh food options are more expensive. They are high in calories, sodium and saturated fat. Fast food or junk food may be cheaper but it does not contribute to improving our health. As nurses, we are aware of the consequences of consuming junk food over an extended period of time. People can develop atherosclerosis, diabetes, hypertension, coronary artery disease. The list is endless. It is integral that we encourage our fellow citizens to donate to the local food banks. We also need our government to provide healthy foods at an affordable price to people so that everyone has equal access to healthy food choices. When we are discharging our clients from the hospital and providing health teaching to them, we are uncertain if they are going home to consume healthy meals on a regular basis. We can only provide health teaching to stress the importance of following a healthy lifestyle, but we do not have the means to financially assist clients to afford healthy food choices. We need to be able to advocate for people to have adequate income security so they will have the ability to select food that they want. It is important to call your local MPP to and ask them what they are doing to end poverty in the province.

Healthcare cuts to refugees

This article was written in The Hamilton Spectator – July 4, 2014 –
OTTAWA – “The Federal Court has ruled Ottawa's cutbacks to health-care

coverage for refugee claimants constitute "cruel and unusual" treatment — particularly to children — and should be struck down. Ottawa trimmed medical benefits for newcomers in 2012, leaving most immigrants with basic, essential health care but without supplementals such as vision and dental care. However, rejected refugee claimants — and refugee claimants from countries the government considers safe — will be eligible for care only when they pose a threat to public health. Government lawyers had argued the new rules bring health benefits for newcomers in line with what other Canadians receive and deter those who would abuse the health-care system.

As Canadians, many of us do not have dental or vision coverage. We require extended health benefits that we receive from either a full-time job or thorough insurance coverage. It is important for all citizens to have equal access to healthcare and refugees should not be an exception to this. Some of them may be fleeing countries of war or disease. They will still be allowed to access healthcare through various programs to provide emergency and essential.”

We are planning on developing this concern into a resolution for the 2015 RNAO AGM.

This issue is also about health care disparities. If people do not not have equal access to healthcare, they might be at risk for developing more acute or chronic illnesses.

Research shows that certain ethnic groups in Canada—including Canadians of South Asian, Asian, Latin American and African heritage—and Aboriginal people are at higher risk of developing diabetes. Moreover, factors such as insufficient income, stress and access to health services can both increase the risk of developing diabetes and prevent adequate management of diabetes. There are programs available to help prevent and manage diabetes in the general population. Unfortunately, there is limited information on how to address the specific needs of high-risk populations such as new immigrants, low-income earners, seniors and those working shifts (Public Health Agency of Canada, 2011).

We need your support to develop this resolution document, please respond to me, Suzette and Raihana with any article, reference etc. Once the draft is ready, we will circulate to you for feedback

References:

Public Health Agency of Canada (2011). *Reducing Health Disparities related to Diabetes*. Catalogue No.: HP5-111/2011E-PDF
ISBN: 978-1-100-18786-0.
Pictures are taken from flickr.com

INIG invites your feedback about this issue.

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[City, Province ZIP Code]

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