

Newsletter

FASD Awareness Month

If you are pregnant, or considering pregnancy, don't drink alcohol. If you know someone who is pregnant, encourage her not to drink. Drinking any alcohol, such as beer, wine, or mixed drinks during pregnancy can lead to **fetal alcohol spectrum disorders (FASD)**

FASD is not a diagnosis, but an umbrella term describing the range of effects that can occur when a woman drinks alcohol during pregnancy.



September 2006

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FASD AWARENESS DAY

September 9, 2006

Pancake Breakfast for a "TWOONIE"

Where: Nechee Friendship Center
1301 Railway Street Kenora ON

When: Saturday, September 9, 2006
8 am—10 am

Why: Create awareness of FASD and learn more about
our community resources on FASD

\$2 a plate, kids under 6 and pregnant women eat free. There
will be door prizes.

For more information, please call Serena Lewis at
543-1065 Kenora Area Health Access Centre



FASD Myths

Myth: Children will outgrow FASD

Fact: Babies born with FASD have the disability for life. The characteristics of the disability may change as children get older, and they can learn to manage their disability, but even as adults they will always have FASD.

Myth: Behavior problems are related to poor parenting.

Fact: Children with FASD have a brain injury. Depending on the part of the brain that is injured they may have difficulty paying attention, sitting still, making good decisions or following directions. This may result in the child acting out. Behavior problems are often related to the disability.

Myth: FASD is primarily a First Nations issue and concern.

Fact: FASD is an equal opportunity disability. It affects all races and cultures. FASD is caused by alcohol consumption during pregnancy. Drinking levels and social norms related to drinking alcohol vary by community, and so does the rate of FASD.

Myth: People with FASD are mentally retarded.

Fact: Only a small portion of people with FASD have an IQ below 70. Many people with FASD are average or above-average intelligence. With appropriate supports many people with FASD can hold down a job, have a family and lead a fulfilling life.

Myth: Diagnosing children permanently labels them.

Fact: It's important to remember that FASD is a medical diagnosis, not a label. The earlier that FASD is diagnosed, the sooner effective supports can be put in place. Within an early intervention program, children can learn to function within their limitations and how to make appropriate choices, develop acceptable interpersonal skills, master basic life skills, and above all, maintain self-esteem.

FASD Facts

EFFECTS OF FASD

- brain damage
- facial deformities
- growth deficits
- mental retardation
- heart, lung, and kidney defects
- hyperactivity
- attention and memory problems
- poor coordination
- behavioral problems
- learning disabilities

These physical and behavioral problems can last for a lifetime. People with severe problems may not be able to take care of themselves. Some may need medical care all their lives. Remember, FASD cannot be cured, but it can be prevented through education.

FASD affects 1 in 100 live births or as many as 40,000 infants each year. That's more than spina bifida, Down syndrome, and cerebral palsy combined.

It costs approximately \$1.4 million to raise one affected FASD individual.

SEPTEMBER 2006

COMMUNITY SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday
				1 DR @ Clinic - AM
4 LABOUR DAY Closed	5 DR @ Clinic JM @ DA MM,LED @ Clinic SM @ Clinic - PM JR @ SL40	6 LS,LAM,SM @ Clinic JM, AA @ WD MM @ DA JR @ WD LED @ NWA37	7 DR @ Clinic - AM LS,LAM,SM @ SL40 JM @ Fellowship - PM SL @ WD MM @ WFB AA,LED @ GN	8 LS,LAM,SM @ Clinic
11 LS, LAM, SM @ DA MM @ RP LED @ WAB	12 DR @ Clinic LS, LAM, SM @ RP MM,LED @ Clinic AA @ SL39 JR @ SL40	13 LS, LAM, SM @ Clinic SL @ Migisi MM @ DA AA @ WD LED @ NWA37	14 LS,LAM, SM @ WD SL @ DA MM @ WFB AA,LED @ GN JR @ Clinic	15 LS,LAM,SM @ Clinic
18 LS, LAM,SM, JR @ SL39 JM @ WFB MM @ RP LED @ Minaki	19 JM, AA,JR @ SL40 LS,LAM,SM @ GN SL @ Nechee MM, LED @ Clinic	20 JM, AA,JR @ WD LS, LAM,SM @ Clinic MM @ DA LED @ NWA	21 DR @ Clinic - AM JM @ Minaki LS, LAM,SL,SM,MM @ WFB	22 LS, LAM,SM @ Clinic
25 DR @ Clinic - PM JM @ Nechee LS, LAM,SM @ Minaki MM @ RP JR @ SL39 LED @ Windigo	26 JM @ WD Clinic SL @ Nechee MM,SM, LED @ Clinic AA @ OBK	27 JM @ GN LS, LAM,SM @ Clinic MM @ DA AA @ WD LED @ NWA37	28 Dr @ Clinic - AM JM, JR @ Clinic LS, LAM,SM @ NWA37 SL @ NeChee AA, LED @ GN MM @ WFB	29 Dr @ Clinic - AM LS, LAM,SM @ Clinic

A gathering of First Nations Moms will be held weekly in **MINAKI** beginning Thursday, August 31st, 2:00 PM at the Minaki Community Centre. Childcare will be provided.

KAHAC staff will be visiting to provide a wide variety of group sessions. Some examples include child health care, culture & tradition, budgeting and diet & exercise.

September 9, 2006:
INTERNATIONAL
FASD DAY

SM	Stacy Morgan, Nutritionist
MM	Malcolm McCormick, Nurse Practitioner
LED	Lee Ann Desrochers, Nurse Practitioner
JR	Jennifer Roberts, Nurse Practitioner
BP	Barb Pernsky
JH	Dr. John Hammett
HH	Dr. Hanna Hulsbosch
AA	Allan Anderson, Dental Health Educator
RW	Randy White, Traditional Health Coordinator
IC	Ida Copenace, FASD Consultant
SL	Serena Lewis, FASD Consultant
MB	Maria Blackhawk, HIV/AIDS Coordinator
JM	Judith McLeod, Diabetes Educator
LS	Leticia Santos, Diabetes Educator
LAM	Lauri-Ann Marshall, Diabetes Educator

GN	Grassy Narrows	WD	Whitedog
NWA33A	Dogpaw Lake	WFB	Whitefish Bay
NW	Angle Inlet	SL39	Shoal Lake 39
SL40	Shoal Lake 40	RP	Rat Portage
NWA37A	Regina Bay	DA	Dalles
NWA37B	Windigo Island	WAB	Wabigoon Hall, Wesawkwete
OBK	Obashkaandagaang		

Communities

STAFF