

ACCESS Health

How to Beat the Heat and Enjoy a Safe Summer

<http://www.toronto.ca/health/heatalerts/pdf/beattheheat.pdf>

In the summer the combination of high heat and high humidity can be very dangerous. People at risk during these weather conditions include:

- The elderly
- People with chronic illnesses (such as diabetes, heart and respiratory conditions) or people unable to move or change their position themselves.
- Infants and preschool children
- People who exercise vigorously or are involved in strenuous outdoor work for prolonged periods
- People taking certain medications, for example, for mental health conditions
- Homeless or marginally housed persons.

How to avoid heat –related illness:

- Drink lots of water and natural fruit juices even you don't feel thirsty. Avoid alcoholic beverages, coffee and cola.
- Avoid going out in the blazing sun or heat when possible. If you must go outside, stay in the shade as much as possible and plan to go out early in the morning or evening when it is cooler and smog levels may not be as high as in the afternoon. Wear a hat.
- Go to air conditioned or cool places such as shopping malls, libraries, community centres or a friend's place.



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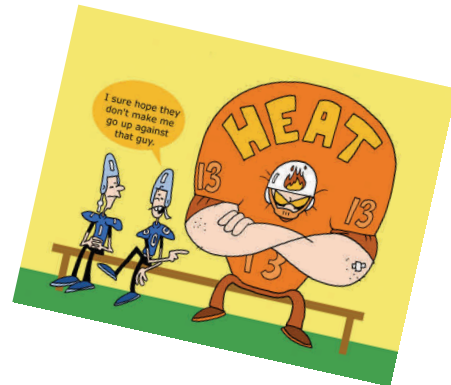
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- If you don't have air conditioning, keep shades or drapes drawn and blinds closed on the sunny side of your home, but keep windows slightly open.
- Wear loose fitting, light clothing.
- Keep lights off or turned down low.
- Take a cool bath shower periodically or cool down with cool, wet towels.
- Avoid heavy meals and using your oven.
- Avoid intense or moderately intense physical activity.
- Never leave a child in a parked car or asleep in direct sunlight.
- Fans alone may not provide enough cooling when temperature is high.
- Consult our doctor or pharmacist regarding the side effects of your medications.

Get help from a friend, relative or doctor if you have these symptoms of heat illness:

- Rapid breathing or difficulty breathing
- Weakness, dizziness or fainting
- More tiredness than usual
- Headache
- Confusion
- Nausea



Friends and relatives can help someone with heat illness by doing the following:

- Call for help
- Remove extra clothing from the person
- Cool the person with lukewarm water, by sponging or bathing
- Move the person to a cooler location
- Give the person sips of cool water not ice cold water

Even a few hours in a cooler environment during extremely hot weather lowers the core body temperature and helps save lives.

Hot weather warnings for Toronto

Toronto's Hot Weather Response Plan coordinates the effort of city and community agencies, including Toronto Animal Services, to prevent adverse health effects from hot weather in people and pets.

When hot weather becomes oppressive due to high temperatures and other factors, the Medical Officer of Health issue a heat alert. It may be upgraded to an extreme heat alert.

A Heat Alert means that the conditions brought on by a hot air mass are such that the likelihood of additional deaths, above those that are typical for the same time of year, is more than 65 percent.

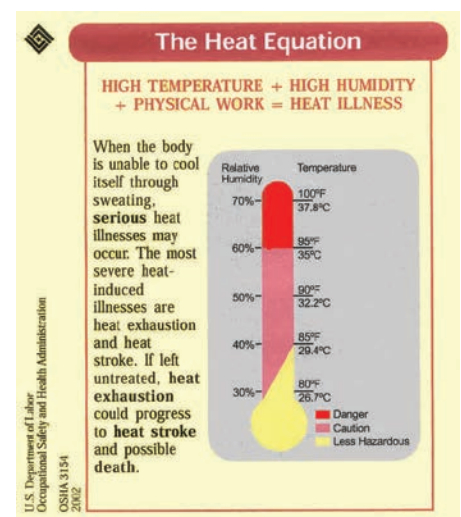
An Extreme Heat Alert means that the conditions brought on by a hot air mass are such that the likelihood of additional deaths, above those that are typical that the same time of year, is more than 90 percent.

If you feel ill, faint, have difficulty breathing or feel disorientated visit your doctor or nearest hospital right away.

In an emergency call 911. For more information about the health effects of extreme heat call Canadian Red Cross Heat Info Hotline at 416-480-2615.

For information on how to prepare for summer call Toronto Health Connection 416-338-7600 or visit www.toronto.ca/health.

STAY COOL!



What's Keeping You Up at Night? BY ANNA QUON

http://www.abilities.ca/health_activity/2006/08/14/what_s_keeping_you_up/

Dreaming of a good night's sleep? You're not alone. Getting enough shut-eye is difficult for many people with disabilities. Sleep disorders can be caused by physiological, biological and psychological factors, and certain disabilities predispose individuals to sleep problems.

Despite the fact that we spend roughly one-third of our lives sleeping, sleep itself is still a scientific mystery. "We think of sleep as an on-off switch, an absence of consciousness," says McKim. "Nothing could be further from the truth."

Adequate sleep is essential to health, and the effects of sleep deprivation can be serious. Sleepless people may be more irritable, have trouble remembering things and be more prone to accidents. Lack of sleep may also be related to diabetes, obesity, immune-system dysfunction, and many illnesses.

Often, people who have recently acquired a disability may assume their sleep difficulties are part of the territory, or rank sleep as a low priority compared to other medical needs associated with their disability. That was the case for Spencer Bevan-John of Dartmouth, who had an arteriovenous malformation (AVM) in 1988 that required an operation. It left him in intense and unremitting pain.

BREATHING ROOM

Pain, spasms and problems with breathing and swallowing can interfere with the sleep of people with disabilities. People who have had a stroke are at greater risk for sleep apnea and difficulty swallowing, which may result in aspiration (secretions normally swallowed are sucked into the airway).

People with respiratory problems, such as emphysema and chronic bronchitis, have no greater risk of sleep apnea, but have less breathing capacity to deal with it when it occurs, says McKim.

In individuals with weak or paralyzed diaphragms, lying flat may interfere with breathing. For example, about half of people with amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), McKim says, have orthopnea, the inability to lie flat and breathe comfortably. It is important that this symptom is brought to the attention of physicians. Elevating the head of the bed or sleeping on a wedge or additional pillows may help.

Up to 10 percent of the adult male population may have sleep apnea, which accounts for 60 to 70 percent of referrals to the sleep lab, says McKim.

In general, sleep apnea takes two forms: obstructive sleep apnea (OSA), in which the brain drives the body to breathe but the process is blocked by an upper airway obstruction; and central sleep apnea, where the central nervous system's drive to breathe may not be strong enough.

A continuous positive airway pressure (CPAP) device, which provides pressured air through a mask, helps most people with obstructive sleep apnea. Non-invasive ventilation, which involves the use of a face mask and doesn't require intubation, may help some people with SCI and other neuromuscular diseases, while those with higher spinal cord injuries may require a tracheotomy or full life support.

Many people with Down syndrome also have OSA, which could be due to the shape of the head and tongue, enlarged adenoids and/or tonsils. McKim adds that the OSA may also be due to neurologic and cognitive issues and the fact that many people with Down syndrome are overweight.

According to a study published in the *Journal of Pediatrics* in 1999 titled "Sleep Characteristics in Children with Down Syndrome," children with Down syndrome also experience "significant sleep fragmentation, manifested by frequent awakenings and arousals, which are only partially related to obstructive sleep apnea syndrome."

Visual disabilities, particularly those that reduce light perception, seem to lead to a greater incidence of sleep disorders.

Visual cues of light and dark signal the pineal gland in the brain to produce melatonin, a hormone that helps regulate biological rhythms such as the sleep/wake cycle. According to an article by Deborah C. Lin-Dyken and Mark Eric Dyken published in *Infants and Young Children* in 2002, Sleep problems may occur in up to 88 percent of children with developmental and visual disabilities.

HORMONE HELP?

In recent years, there has been a lot of interest in melatonin supplements, sold in capsules, as a sleep aid. Many health professionals, including McKim, don't recommend it. He says it is not a particularly effective sedative or hypnotic and is generally not recommended because the optimum dosage is not known, and the source of melatonin purchased at health food stores may be questionable.

Consult your physician before trying any herbal or alternative therapy to make sure that it does not pose health risks or interfere with any medication that you are already taking. Chamomile, for example, can cause an allergic reaction in people who are sensitive to ragweed, while large doses of the herb black cohosh, said to improve relaxation, can cause dizziness and nausea.

McKim prescribes medication for a variety of symptoms that accompany sleep disorders, but is in favour of individuals using a number of other methods to improve their sleep.

It's advice that Kathleen Morrison has taken to heart. She routinely takes medication to help her sleep, but she also has other habits that contribute to good sleep hygiene. She tries to go to bed at the same time each night, only drinks one cup of coffee a day in the morning, and makes sure her surroundings are very quiet when she prepares to sleep.

The medication helps Morrison sleep to be sure, but also makes it more difficult to wake up the next morning. "If I don't take the meds I don't sleep," she says. "Sleep at the best of times is tenuous, but if I make sure I do everything I can to control factors in my environment that affect sleep, I usually get eight hours of sleep a night now. You just don't understand how amazingly important sleep is until you don't get it anymore."

Anna Quon is a freelance writer living in Dartmouth, Nova Scotia. She recently released a book of poetry titled *Half Empty* (www.neeto.ca).



PILLOW TALK

Try these tips to improve your chances of getting quality rest:

- Get up at the same time each day.
- Get regular exercise (preferably in the morning, and not close to bedtime).
- Eat regular meals. A light snack before bed may help you sleep, but a heavy meal will not. Go to bed sleepy. If you can't sleep after 15 minutes, get out of bed, go to another room, and do something relaxing, such as meditation or reading.
- Avoid napping.
- Reserve your bedroom for sleeping and intimacy, not for working or watching TV.
- Avoid consuming caffeine (tea, coffee, chocolate) and alcohol.
- Make sure the bedroom is quiet and dark.
- Keep a comfortable room temperature (about 18C/65F) is recommended).
- Take sleeping pills only occasionally. Chronic use is ineffective.
- Avoid worrying.

Sleep and Disability

<http://www.bccpd.bc.ca/docs/tipssummer2005.pdf?LanguageID=EN-US>

Many people with disabilities have problems sleeping. Whether you can't sleep because of pain or physical discomfort or because you feel anxious about your disability, you are not alone. Experts say that almost half of the population has difficulty sleeping. Many researchers are looking at the impact of sleep and the lack of sleep on our lives. In 2004, the US held the First National Sleep Conference to discuss the links between sleep and behaviour, mood and learning. Studies show that there is a connection between lack of sleep or interrupted sleep and risk of weight gain, diabetes, and diseases affecting the heart and blood vessels (cardiovascular disease). Other experts say that lack of sleep affects the body's ability to fight off viruses and bacteria.

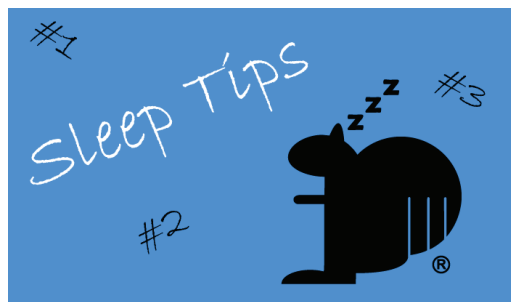
Lack of sleep has also been linked with depression and possibly other mental illnesses. If you have a chronic health condition, such as a breathing disorder or lung disease, arthritis, or an illness that affects the brain, spinal cord, nerves or muscles, researchers believe that sleep

plays an important role in the way you feel.

Lack of sleep has also been linked with depression and possibly other mental illnesses. If you have a chronic health condition, such as a breathing disorder or lung disease, arthritis, or an illness that affects the brain, spinal cord, nerves or muscles, researchers believe that sleep plays an important role in the way you feel.

In the United States, scientists are so concerned about the impact of sleep patterns on health that educational programs have been developed for kids aged 7 to 11 and high school students. The aim is to help children learn the importance of sleep and to develop healthy sleep hygiene or habits. Insomnia is the sleep disorder we tend to think of first, but other causes of poor sleep include *sleep apnea* (when your breathing stops for 10 seconds or more during sleep), *restless legs syndrome* (discomfort and a need to move your legs during the night), or *narcolepsy* (suddenly and uncontrollably falling into a deep sleep during the day). The Behavioural Sleep Medicine Program at the University of Michigan uses a three-pronged approach to the treatment of insomnia. It helps people re-learn proper approaches to sleep—called sleep education and behavioural strategies. When people repeatedly have difficulty sleeping, they naturally fall into certain patterns of thinking; for example, worrying if they are going to fall asleep, becoming anxious about their sleep and even becoming depressed about their sleep. This can cause the problem to get worse.

The following tips work well for about 70 to 80 percent of people who have insomnia says Dr. Arnedt of the University of Michigan.



Principles of Sleep Hygiene

- Go to bed and get up at the same time each day, even on the weekends.
 - Avoid daytime naps.
 - Avoid drinking alcohol in the evenings and do not use it to help you sleep.
 - Avoid caffeinated products (like coffee, tea, soda, chocolate) after mid-afternoon.
 - Don't use tobacco products, especially close to bedtime and during the night.
 - Exercise regularly during the day, but avoid evening exercise.
 - Use the bedroom only for sleep. Avoid school work, business affairs, exercise, or other activities that could teach you to associate your bedroom with these experiences.
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- Keep the bedroom dark, quiet and comfortable. It's also a good idea to set aside 30 to 45 minutes to wind down each night before bedtime. Read, watch TV and dim the lights.

If you find yourself lying in bed, unable to sleep, Dr. Arnedt also suggests getting up and doing a quiet activity until you feel sleepy enough to go back to bed. This will help to let your body and mind know that bed is a place for sleep rather than wakefulness.

Pressure Sores

http://www.spiritlakeconsulting.com/DA/adults/pressure_sores.html

Who wants to talk about their buttocks? No one? Big surprise. If you are like most older adults with disabilities, that is an area that doesn't look so great. Who are we kidding? As we get older, nothing on us looks that great any more. Pressure sores, though, are a very serious subject that can cause greater disability or even death. You may have commonly heard these referred to as 'bed sores', which make them sound somehow not very life-threatening. Nothing could be further from the truth. The picture at right shows a pressure sore. Type 'pressure sore' into any search engine and you can come up with many far worse images. Pressure sores are an extremely important issue for individuals who use a wheelchair or are bedbound.

Pressure sores are a MAJOR cause of concern for people with disabilities and those living in nursing homes. On the average, over one in five nursing home residents in the U.S. and Canada will have some kind of pressure sore. You should be moved or repositioned every two hours to prevent pressure sores.

So, we know they are common and can be dangerous, but what exactly ARE pressure sores? Pressure Sores are areas of damaged skin caused by staying in one position for too long. They commonly form where your bones are close to your skin, such as your ankles, back, elbows, heels, and hips. You are more at risk if you are bedridden, use a wheelchair, or unable to change your position. Pressure sores can cause serious infections, some of which are life-threatening.



You can prevent Pressure Sores by:

- Keeping skin clean and dry.
- Changing position every so many hours (at least 2 hours minimum).
- Using pillows and products that relieve pressure.



Stages of Skin Breakdown

Stage 1: Skin may appear reddened, like a bruise. The integrity of the skin remains intact—there are no breaks or tears, but the area is at high risk of further breakdown. It is crucial that the area is identified promptly, since with proper treatment these sores will heal within 60 days.

Stage 2: Skin breaks open, wears away, and forms an ulcer.

Stage 3: The sore worsens and extends beneath the skin surface, forming a small crater. There may be no pain at this stage due to nerve damage. The risks of tissue death and infection are high.

Stage 4: Pressure sores progress, with extensive damage to deeper tissues (muscles, tendons, and bones). Serious complications, such as osteomyelitis (infection of the bone) or sepsis (infection carried through the blood) can occur.

Pressure sores have a variety of treatments. Advanced sores are slow to heal, so early treatment is best. Prevention is the key, because treatment can be difficult. Prevention plans require the skin to be kept clean and moisturized, frequent careful changing of body positioning (with proper lifting, not rubbing across surfaces), use of special mattresses or supports, management of other contributing illnesses, and implementation of healthy diet. Relieving or reducing the pressure on the area is essential. Once an ulcer appears, additional treatment option may include:

- Local ulcer care, including maintaining proper moisture balance and use of anti — bacterial dressings.

- Debridement – removing dead tissue.
- Keeping unaffected tissue around the pressure ulcer clean and lightly moistened.
- Surgical intervention to provide muscle flaps and skin grafts for some patients.

Men's Health

Male Health Issues and Concerns for Aging Men

<http://www.disabled-world.com/health/male/>

Male members of society have a number of health concerns specific to their gender. Other health concerns males experience are ones that affect not only the male gender. These health issues include Alopecia, Heart Attack, Hypertension, Heart Disease, High Cholesterol, Incontinence, and Urinary Tract Infection. Issues involving Ejaculation, the Prostate, and the Testes are others that males face. Health concerns related to Testosterone deficiency, Alcoholism, Narcotic abuse, Smoking, Obesity, and Stress are additional concerns for males in society today.

Alopecia - Alopecia is better known as, 'Balding,' or, 'Baldness.' The American Medical Association states that ninety-five percent of persons with baldness have, 'Androgenetic Alopecia,' or, 'Pattern Baldness,' an inherited condition affecting approximately twenty-five percent of the male population. Androgenetic Alopecia affects most of these men before they reach the age of thirty, and two-thirds of all men prior to age sixty. This form of baldness may develop in older adults as well, with a resulting overall thinning of their scalp hair instead of complete baldness.

Heart Attack - The American Heart Association states that Coronary Heart Disease (CHD) is the leading cause of death among Americans and Canadians. Heart attacks are responsible for one out of every five deaths among American adults. Health Canada states that 1.2 million heart attacks happen every year in America/Canada; 460,000 of them result in a fatality. Three-hundred thousand people die every year from a heart attack before they can receive medical attention. One estimate suggests that by 2010, heart disease will be the leading cause of death world-wide.

Hypertension - The force of blood through a person's arteries is known as their, 'Blood Pressure.' When their heart beats it pushes blood through their arteries with a certain amount of force, referred to as their, 'Systolic Blood Pressure.' When the person's heart relaxes after each beat, the force of the blood decreases; this is referred to as their, 'Diastolic Blood Pressure.' Hypertension is a chronically elevated state of pressure in a person's arteries. Persons whose blood pressure is above 120/80 mm Hg are diagnosed with Hypertension.

Hypertension is a risk factor for congestive heart failure, heart disease, impaired vision, stroke, and kidney disease. The higher a person's blood pressure is, the greater the risk the person is at. Hypertension that is untreated can affect all of the person's organ systems, and may shorten the person's life by ten to twenty years.

Heart Disease - 'Heart Disease,' is a term that may be used to describe any disorder of a person's cardiovascular system which affects their heart's ability to function. Other names for Heart Disease include, 'Coronary Heart Disease (CHD),' 'Cardiovascular Disease,' or, 'Coronary Artery Disease.' Heart Disease causes congestive heart failure, angina pectoris, heart attack, ischemia, and sudden cardiac arrest. Artherosclerosis is the most common form of heart disease, and is the result of continued narrowing of a person's blood vessels which supply both blood and oxygen to their heart.

High Cholesterol - Cholesterol is a soft and waxy fat particle that circulates through a person's blood, produced by their liver. Cholesterol is a common steroid, and is an essential building block for cell membranes. Cholesterol is needed for the formation of bile, something that helps people to digest fats, as well as in the formation of hormones, other steroids, and vitamin D. Many of the foods that are popular today contain cholesterol in amounts that the body does not need, increasing levels of it in the person's blood and causing the accumulation of plaque deposits in their arteries. Plaque buildup in a person's arteries can lead to Atherosclerosis, or Coronary Heart Disease, increasing their risk for stroke, heart attack, circulatory issues, and even death.

Urinary Tract Infection - Urinary tract infections are common and may occur in men, women or children. A urinary tract infection happens when bacteria enter the opening of a person's urethra and multiply in their urinary tract. A person's urinary tract involves not only their urethra, but their kidneys and bladder. Urinary tract infections that develop into kidney infections can become painful and quite serious.

Male Incontinence - Enlargement of the prostate or, 'Benign Prostatic Hyperplasia (BPH),' is one contributing factor to male incontinence, although there are a number of factors that may contribute to it. Male incontinence may be considered Acute, Temporary, or Chronic. Acute male incontinence occurs suddenly, while Temporary male incontinence is transient. Chronic male incontinence is long-lasting. Male incontinence may be Congenital, in that it is present at the time of the person's birth, or it may be, Acquired,' in that it developed as the result of a disease or an injury the person experienced.

Prostate Cancer - The clinical term for a cancerous growth on the prostate gland is, 'Adenocarcinoma.' A growing prostate cancer may spread to the interior of the prostate gland and tissues near to the gland, as well as to other, more distant parts of the person's body. Untreated prostate cancer can affect the man's lungs, liver, bones and additional parts of their body. When prostate cancer is confined to the prostate gland, it can often be treated successfully, making prostate examinations very worthwhile.

Enlarged Prostate (BPH) - Growth of the prostate involves hormones, not just prostate cells. The hormones affect various types of tissues, including both glandular and muscular tissues, and affect men differently. Because of the different affects on men, treatment of BPH is individual. Once BPH has begun it will continue in many cases unless therapy is started. There is no cure for BPH. There are two different ways that the prostate grows. One way the prostate grows involves multiplication of cells around the man's urethra, resulting in a, 'squeezing,' effect. The second way the prostate may grow is described as, 'middle-lobe prostate growth,' where cells grow into the man's urethra and bladder outlet area, commonly requiring surgical intervention.

Erectile Health Issues - Men may experience some different erectile health issues. One of these issues involves Erectile Dysfunction. Another health issue men may face is Delayed Ejaculation. Premature Ejaculation is a health problem that some men experience. A health care provider can assist men in working with these health-related issues, as well as infertility.

Testicular Health Issues - There are several Testicular health problems that men may experience in life. Testicular Pain, or Scrotal Pain, Epididymitis/Orchitis, and Hydrocele are among the Testicular health concerns men may have. Varicocele, Peyronie's Disease, and Testicular Cancer are others. Men may also experience a Testosterone deficiency. Keeping appointments with a doctor is important, as well as annual physical examinations.

Alcohol Abuse - Alcoholism is a chronic disease that is also known as, 'Alcohol Dependence,' and is potentially fatal. Characteristics of an alcoholic include the inability to stop drinking despite psychological, medical or social complications; an increased tolerance for alcohol, drinking in excessive amounts, and the presence of withdrawal symptoms when the person stops drinking. The person may drink when it is dangerous to, such as when they drive, and their drinking may cause family and other social problems. Five times as many men are dependent on alcohol as women in America.

Narcotic Abuse - Narcotic abusers have both impaired function and a great amount of interference in their ability to live daily life. They develop social, mental health, and physical health problems that affect not only themselves, but their family members and friends. Estimates place the cost of treating, caring for, and loss of productivity on the part of narcotics users above ten-billion dollars each year; not including the cost of treating narcotic-user related diseases. Slightly more men than women use narcotics in America, particularly in urban areas.

Smoking - Smoking produces short-term effects such as respiratory illnesses like colds, coughs, pneumonia, and bronchitis. Children exposed to second-hand smoke from adult smokers experience higher rates of ear infections, asthma, and lower reparatory infections than children who live with non-smokers. The long-term effects of smoking are extensive, including a number of diseases that have been linked specifically to smoking. Smoking causes cancers of the lungs, mouth, throat, kidneys, bladder, stomach, pancreas, and cervix. Approximately one-third of all forms of cancer have been linked to smoking and tobacco use in general. Ninety-percent of lung cancers have been linked to smoking. Smoking causes Chronic Obstructive Pulmonary Disease (COPD), Emphysema, and Chronic Bronchitis, and also doubles the risk for stroke.

Obesity/Overweight - Persons who are overweight or obese risk developing coronary heart disease, diabetes, hypertension, cardiovascular disease, and gallbladder disease, as well as several other forms of illnesses. Obesity increases a person's risk for breathing issues, including asthma and sleep apnea. Persons who are overweight or obese are more likely to experience a stroke, or may suffer from depression or other forms of emotional disorders. The National Health and Nutritional Examination Survey found that ninety-seven million people in America are either overweight or obese.



Stress - As human beings we all experience certain amounts of stress. Stress can become an issue when we experience too much of it, and there are descriptions for excessive stress. Stress may be described as, 'Acute,' when it is short term, 'Episodic,' when it is experienced frequently, or, 'Chronic,' when it is experienced over long periods of time. Chronic stress is considered to be a serious condition and often times causes severe emotional and physical symptoms in people. An example of Chronic stress is Post-Traumatic Stress Disorder which can follow life-threatening events.

Prostate Symptoms Men Need to Be Aware Of

By Andrew Bicknell; October 30, 2007 http://www.disabled-world.com/publish/article_1369.shtml

***P**rostate cancer, relatively unheard of until recently, has become the most frequently diagnosed cancer in men and a leading cause of premature death.*

* * *

For many men prostate symptoms are just something that they consider a part of growing old. This isn't always necessarily true and any sign or symptom of prostate trouble needs to be checked by a doctor. In all likelihood any symptoms experienced will be the result of an enlarged prostate and not prostate cancer. The earlier symptoms are diagnosed the sooner the condition can be treated and relieved.

By 60 about half of all men will be affected and by the age of 80 nine out of every ten men will be experiencing some sort of prostate symptoms. There are a range of different prostate symptoms that might point to developing problems and, as with most things, these symptoms can also be caused by a whole range of other problems.

Symptoms are usually those of a benign condition, such as benign prostate hyperplasia, and treatment can improve quality of life. Symptoms of BPH include a hesitant or weak stream, straining to urinate, a feeling that the bladder does not empty completely, urge incontinence (an involuntary loss of urine preceded by an uncontrollable sense of urgency), increased frequency of urination (particularly at night), an urgent need to urinate, and pain or irritation when urinating.

Other symptoms include continuing pain in the lower back; pelvis, or upper thighs. Because prostate cancer tends to metastasize to the bone, bone pain, particularly in the back, can be another symptom of prostate cancer.

Prostate problems will develop in the vast majority of men as they grow older, commonly starting at around 50 years of age. Like other cancers, prostate cancer is a disease of cells growing out of control. Prostate cancer is usually a slow-growing type of disease, but there are some fast growing prostate cancers as well. It often causes no symptoms at all, especially in its early stages.

Prostate cancer, relatively unheard of until recently, has become the most frequently diagnosed cancer in men and a leading cause of premature death. In many cases prostate symptoms will be quite mild and, because at this time in life most of us are starting to develop a range of medical problems, we tend to ignore prostate symptoms as being nothing more than a normal part of the ageing process.

These prostate symptoms are the body's warning signs that problems may be starting to develop and, whilst in most cases, this is not serious and nothing to be worried about, for all too many men these are the warning signs of a serious and in many cases fatal disease.

Hopefully, with increased awareness of prostate problems, fewer men will present at this late stage of the disease and get treatment before it becomes a problem.





Gateways to Cancer Screening Project: Phase II

By Nancy Barry

How we got started

In 2007, the Centre for Independent Living in Toronto (CILT) recognized the need to increase the level of awareness of screening for breast, cervical and colorectal screening among disabled women in Toronto, ON.

Partnerships were developed:

- * Mount Sinai Hospital
- * Canadian Cancer Society
- * Faculty of Nursing, U of T
- * Ismaili Cancer Support Network
- * Springtide Resources
- * Other community groups



Gateways I Project (2007-2008)

- Community-based, participatory action research (PAR) project, conducted as a qualitative needs assessment to explore the experiences and needs of women with mobility disabilities accessing breast, cervical, and colorectal cancer screening
 - Focus groups conducted with 24 women with mobility disabilities from diverse communities in the Greater Toronto Area (GTA), ON
-

- Key findings: women with disabilities face architectural, systemic, and attitudinal barriers to effective cancer screening; *there is a need for greater disability awareness by healthcare providers who provide cancer screening.*

Gateways II Project (2009-2012)

- Improving the Breast Cancer Screening Experience for Women with Physical Disabilities: An Educational Intervention with Healthcare Providers:

Phase 1: Focus groups with healthcare provider at a cancer screening centre to learn about their experiences, perceptions, and learning needs when caring for women with disabilities.

Phase 2: Creation, delivery, and evaluation of innovative disability education program for healthcare providers.

Phase 3: Produce facilitator's guide and education materials.

- About Intersectionality: The intersection of ethnicity, race, class, gender, age, ability, sexual/affectional orientation, physical size, etc., in the lived experience of individuals, which is influenced by the simultaneity in time and/or place of these factors
- In other words, it is "people's exposure to the multiple, simultaneous and interactive effects of different types of social organization or oppression in which they are located" — a person's social location.

Impact of partnership on Disability Education Program

- Innovative Disability Education Program for Healthcare Providers at a Breast Cancer Screening Centre.
 - Combines the lived experiences of women with disabilities, the expertise of community members, and evidence-based teaching methods to address the learning needs of healthcare providers.
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- Small group immersive learning in the form of role-playing clinical scenarios with Standardized Patients (actors trained to portray typical patients).
- Stories from Gateways I project used to create composite characters and clinical scenarios based on the lived experiences of women with disabilities.
- Gateways Team members trained Standardized Patients to realistically and authentically portray these characters during role playing.

Intention of Disability Education Program

- Bring the voices, needs, and lived experiences of service-users into the walls of an institution.
- Assist healthcare providers to develop embodied empathy for women with disabilities.
- Improve the mammography experience of women with disabilities who get screened for breast cancer.
- Promote health equity for women with disabilities accessing cancer screening.

The 5 G's of Health Care: Getting Access to Health Care for People With Physical Disabilities By June Isaacson Kailes, Associate Director, Centre for Disability Issues and the Health Professions, Western University of Health Sciences

1. GETTING STARTED: What does access to health care really mean? For people with disabilities access to health care means more than finding a good doctor and being able to pay, although these can be huge barriers. It also means getting to and into the office, getting on the exam table and the equipment and getting equal care as that provided to others. These additional access barriers to health care faced by people with physical disabilities are the focus of this paper.

Do you get good health care? Is it the same as everyone else gets? Can you get on the

exam table? Can you use the scale? Can you get into and use the bathroom? If you answered “no” to any of these questions, you may not be getting the same equal access to health care as that provided to others. It’s time to take a closer look at your health and your use of health care services.

The following story may be familiar to you. “Exam chairs are impossible to get in and out of and I have to have my husband or an office worker help me. I have delayed visits to doctors’ offices because it takes a village to get me on and off an exam table, which means I don’t go to preventive care appointments.” Have you felt this way? It’s a hassle to go to the doctor and so you put off those regular check-ups. “I’m okay, you tell yourself. It’s really nothing. It’s not worth the effort.” By the time you go the doctor, your problem may be worse than you thought. That condition, which could have been prevented or treated early, is now more serious, extensive, expensive and complicated to treat. Is your health worth the hassle? Sure it is. There are things you can do to help reduce the hassle for yourself and others with physical disabilities.

2. GETTING TO, INTO AND THROUGH A HEALTH CARE FACILITY: You can encounter barriers even before you get to your medical appointment. Knowing some facts about the healthcare facility ahead of time will help you prepare for what you might encounter when you arrive. Here are just a few examples of specific questions you can ask office staff when you make your appointment. Tailor these questions to address your needs. Be prepared, when staffs do not know the answer to the question, to tell them how they can go about getting the answer.

Parking

- Are there accessible parking spaces (8 feet wide for car plus 5-foot wide access aisle)?
 - Are there usable ramps or curb cuts onto the sidewalks?
 - How far away from the entrance is the accessible parking? If it is a long distance, is there an accessible and available motorized cart, van or bus?
 - Are there accessible paths from the parking, drop off areas or transit stops without stairs or other items blocking access (utility boxes and poles, fire hydrants, etc)? - Path blocked by a fire hydrant in the middle of the sidewalk; Medical office with one step entry, no access for wheelchair or scooter user; Directional signage; Directional signage for accessible entrance - Parking spaces 8 feet wide for car plus 5-foot wide access aisle
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Entrances

- Are there signs showing the locations of accessible entrances?
- If there are stairs at entrances, are there also ramps or lifts?
- Can the accessible entrance be used independently, or is the door heavy or usually locked?
- Is the entrance door at least 32 inches wide?
- Once inside the building, is the accessible route to all public spaces at least 36 inches wide?



Restrooms

- Are the restrooms accessible?
- Is the entry door at least 32 inches wide?
- Is there a larger stall or an area in the restroom at least 36 inches in diameter and free from obstructions (trash cans, chairs, etc.)?
- Are there grab bars beside and behind the toilet?



Patient Areas

- Is there space in the waiting room for wheelchair users to sit?
- Accessible entrance
- Grab bars behind and beside the toilet
- Waiting room with space for a wheelchair user
- Is there space in the exam room for an individual using a wheelchair or other mobility aid to move and turn around?

3. GETTING ACCESS TO MEDICAL EQUIPMENT: No access to medical equipment can prevent people from getting appropriate medical services. In a national survey of people with disabilities or activity limitations, wheelchair users reported the following:

- 69% had difficulty using exam tables;
 - 60% had difficulty being weighed due to inaccessible scales;
 - 45% had difficulty using x-ray equipment, such as mammography equipment;
 - 43% had difficulty using medical chairs.
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In addition, 33% of all people with mobility disabilities experienced barriers accessing examination rooms.

Getting Weighed

Accessible scales are important to quality health care for people with disabilities. An accessible scale allows a wheelchair user to roll onto the platform of the scale. Someone who has poor balance, or who cannot step up, can walk on or sit on a chair on the scale platform. The scale should have sturdy handrails, a high weight capacity (500+ lbs), and a slip-resistant platform. For more information on accessible scales and a list of manufacturers, look on the Internet at <http://www.cdihp.org/briefs/brief2-weightscales.html>.

Wheelchair users being weighed on an accessible scale should help your health care provider understand why having an accessible scale is important.

- If your health care providers do not know your current and accurate weight, they may prescribe the wrong amount of medication for you.
 - Changes in weight can be important signs of health conditions.
 - Weight gain can be a sign of heart disease, high blood pressure, diabetes, reproductive problems and many other conditions.
 - Weight loss can be a sign of cancer, heart or digestive conditions, depression, and many other conditions.
 - If a health care office does not have an accessible scale, they must help people onto the scale, but this is not always possible for individuals with poor balance or who cannot stand.
 - When accessible scales are not available, patients may be unsafely assisted or lifted onto a standard scale. This type of assistance can also cause back or other musculoskeletal injuries to the medical facility staff.
 - An accessible scale benefits more than just patients who use wheelchairs. It can be used by anyone who has difficulty stepping up, balancing, standing on the small area of a standard scale or who may be too heavy to use a standard scale.
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The national study of people with disabilities or activity limitations already mentioned found that 54% of 222 people with experience using weight scales had moderate or greater difficulty. Their issues included:

- Standing scales may be unstable.
- Scales have nothing to hold on to.
- Scale displays are not usable by people with low or no vision.



Some survey respondents said they did not know their weight and had not been weighed in many years. Some reported that their health care providers often asked them to “guess” their weight, which was impossible.

Getting on the Table

The national survey also found that 75% of 291 people with experience using examination tables had moderate or greater difficulty using them. The height of exam tables was the most commonly reported complaint. A survey of approximately 400 Californians with disabilities found exam tables were inaccessible to 69% of wheelchair users, and 46% of cane, crutch and walker users. When getting health care, you usually have to get on and off of different types of equipment like tables and chairs. Many of these chairs and tables are high, which may be helpful to the doctor, nurse or technician, but difficult to impossible for you. If you cannot get onto the equipment, you may not get a thorough examination. Accessible tables and chairs that lower to 17-20 inches from the floor to the top of the cushion can make getting on and off them easier.

An accessible table is height adjustable to a minimum height of 17- 20 inches from the floor. Additional helpful features include an extra wide top surface and higher weight capacity for larger people, adjustable side rails, positioning straps, and foot and leg supports that can be adjusted and locked. For more information on accessible tables and a list of manufacturers, visit the Internet at <http://www.cdihp.org/briefs/brief1-exam-tables.html>. You can use this Internet document as a source of information for your doctor. There are important reasons for health care providers to have accessible examination and treatment tables and you can list these when talking to your doctor.

- An accessible table allows for a more thorough exam, as compared to an exam where you remain seated in your wheelchair or on a chair.
- A thorough exam can improve your chances of having any problems recognized and diagnosed, and allow any needed treatment to begin as early as possible. For example, some wheelchair users are at risk for developing pressure sores that may be missed if the individual cannot be examined on the exam table.
- An accessible table reduces potential injuries to staff who may lift or help people transfer onto and off the equipment.
- An accessible table is easier for everyone to use including patients who are obese, who have arthritis, older adults, pregnant women and anyone with a temporary or chronic condition that makes getting on standard height tables difficult.

4. GETTING WHAT YOU NEED FROM YOUR VISIT: Sometimes you may face barriers that cannot be immediately addressed, for example, when there is no available accessible scale. So what can you do to be as prepared as possible before and during your visit to ensure things go as smoothly as possible?

- When you call ahead and ask about getting to, into and through the health care facility, also ask about access to the equipment. That is, ask about the accessibility of their weight scales, exam tables, and anything else you may need to use, such as their x-ray equipment, mammography machine or eye exam chair. Here are some specific questions you can use:
 - Do you have a scale that I can roll onto in my wheelchair or that has rails that I can use to help me balance?
 - Do you have an exam table that lowers to 18 inches from the floor or lower so that I can get on it independently?
 - Does your x-ray platform lower to 18 inches from the floor or lower so that I can get on it independently?
 - Does your mammography machine lower so that I can sit or stay in my wheelchair during the process?
 - Does the arm of your eye exam chair swing away or is it removable so I can transfer
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onto the chair independently?

- If you need help with transfers, tell them you will need assistance. Make sure to request this assistance when making the appointment. For example, you could say, “I will need help transferring on and off the exam table.” If you will need it, ask if they have transfer or lifting equipment and/or a lift team.
 - Request extra time for your appointment if you need it so you don’t feel rushed with the doctor. This will also give you extra time for undressing or transferring.
 - When you arrive, remind the receptionist about your specific needs again (such as an accessible table, help with transfers, or other assistance).
 - Be ready to give the staff clear, short, and direct instructions on lifting, transferring and positioning you.
 - If you know that the facility does or may not have the accessible equipment you need, you might want to bring copies of information on accessible scales, tables and other equipment, and give it to the office manager and/or other staff to encourage them to purchase accessible equipment.
- 5. GETTING CHANGES MADE:** You made it through your visit, but you noticed some accessibility problems that need to be fixed. What do you do next?

Tell the Doctor and the Staff—Often, the health care facility is unaware that any problems exist and simple statements will make them aware of barriers. For example, you could say, “Did you know that the front door is very heavy and difficult to open?” Or you could say, “There isn’t a curb cut onto the sidewalk from the accessible parking and I had to roll in the street for a block.” In many offices, the office manager is responsible for purchasing new equipment and would be the best person to talk to.

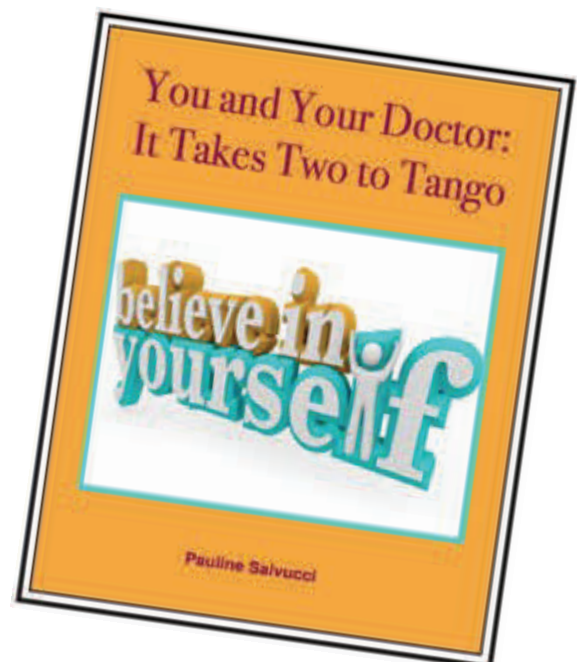
Offer Suggestions - Be prepared to offer solutions. For example, you might say, “If you remove two chairs from the waiting room, it would be much easier for a wheelchair user to wait in and to get through the area.” Or you might say, “An accessible table would reduce the amount of lifting your staff has to do to help people get onto the exam table.”

Write a Letter - If you are not comfortable speaking with someone about the issues during your visit or there is not an opportunity to do so, or you do not get results from verbal requests, write a letter. Be sure to include specific information and resources on accessible equipment and the AODA.

Be Persistent, Strong and Clear - Do not accept “We’ll look into it” as an acceptable response. Ask for a specific timeline and follow up, for example, during your next appointment. Giving reminders and being persistent can be useful if you do not get immediate results.

Seek Assistance - Contact disability-focused organizations, such as a legal rights organization, Protection and Advocacy Service, or Center for Independent Living, and ask them if they can help you with your advocacy efforts.

For more information, visit <http://www.cdihp.org/5Gs-aug08.doc>.



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