

Eagle Village First Nation Health Centre

Community Activity Report

2011 - 2012



Contribution Agreement

QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

REPORTING ON 2011-2012

Vision Statements and Mission Statements are the inspiring words chosen by our management and staff to clearly and concisely convey the direction of our community organization. Its main function is internal, is used to define the key measure or measures of our organization's success and its prime audience is the leadership team.

Therefore by creating a clear mission statement and vision statement, you can powerfully communicate your intentions and motivate your team or organization to realize an attractive and inspiring common vision of the future.

To be even more specific, **A Mission Statement** defines the organization's purpose, primary objectives and stakeholders involved.

Vision Statements also define the organizations purpose, but this time they do so in terms of the organization's values rather than bottom line measures (values are guiding beliefs about how things should be done or carried out.) The vision statement communicates both the purpose and values of the organization. For employees, it gives them direction about how they are expected to behave and inspires them to give their best. Shared with clients, it shapes their understanding of why they should work with the organization or simply support their existence by choosing to access the services offered.

The following mission and vision pertains to the Eagle Village First Nations Health Centre and needs to be put out there for all to see.

OUR MISSION

- To deliver Health Prevention and Wellness Programs and Services to our members with respect and courtesy.

OUR VISION

- To empower, promote and encourage healthy lifestyles whereas illness, disease and addictions no longer threaten our people.
- That our health status in no way sets us apart from the rest of the Canadians in a negative way.
- That all members of our Nation live their lives to the fullest in a healthy and holistic manner.

GUIDING VALUES

Respect of Others' Lifestyle Choices

People are the first ones responsible for their health and they are entitled to make their own choices. It is the responsibility of the Health Centre to give them the proper information but not to interfere in their decisions as long as it doesn't jeopardized others' health or quality of life.

Confidentiality

People are entitled to respect of their personal life and privacy. Thus we, Health and Wellness Workers, will perform our duties while respecting their right to confidentiality.

Trust

Trust amongst us, Health Workers and the members of the population are a central axis of our way of working. Such value is completed by the autonomy that we should each show and the solidarity amongst ourselves that will benefit and help all of us.

Open to Suggestion (Non-Judgmental)

The Eagle Village Health Centre is not a self-sufficient institution and it doesn't claim to know all the answers: thus listening to others' opinion and using eventual criticisms for the betterment of our services will contribute to a healthy attitude.

Caring

We, the Health and Wellness Workers of Eagle Village, think that we cannot be concerned with the physical and mental health of our community, if we don't care about the people and the condition they live in.

CHALLENGES

Despite the fear of sounding like a broken record, recruiting and retention of nurses was at the heart of our attention during the last fiscal year of 2011-2012. Boasting a small team of 2 professionals in the field of nursing dictates that the challenges will surely arise when either one of them need to be away from work for any considerable amount of time.

Departure of the 2 professionals within a couple of months apart left us scrambling for nursing personnel to say the least. Although our long standing Community Health Nurse was willing to fill in the most important services while on her deserving maternity leave, I had to find a more suitable replacement to, once again, provide the bare minimum of services to our members.

Without much success in recruiting a R.N. and after serious consideration and evaluation of their scope of work, I was able to attract a qualified Licensed Practical Nurse to help take care of some of the gaps in services created by the absence of our 2 regular Nurses.

Needless to say, our newly graduated LPN was a positive addition to our team and gave us some hope as to helping us adhere to our Mission and Vision statement. Around the beginning of the New Year, I was successful in attracting an experienced Registered Nurse so we could try to get back to a somewhat regular level of services expected from our establishment. Her connection with the physicians from our local CSSST-K continues to reap administrative and operational benefits that aren't always noticeable from our clients.

It has become quite clear now, that in order to expect to deliver health prevention and promotion programs and provide a quality homecare service in accordance to our needs, that we need a team of 3 health care professionals. The following examples of operational circumstances really puts a strain on our services not to mention the unintentional feeling of guilt the staff themselves develop when considering them;

- Vacations
- Sick days
- Attending special family events
- Training and continuous professional development
- Parental leave
- Program planning, evaluation, development and reporting

Notwithstanding the scarcity of the Health Care Professionals willing to work in our First Nations communities, we as Health Managers must be able to not only compete on the fiscal requirements of their profession (isolation pay excluded in some areas), but we must be able to find a way to make working in our communities an enriching life experience without creating disparities that will create tension with other community actors both local or otherwise. Not everyone will agree or will understand what it takes to recruit and retain a team of qualified people to provide services in our communities, but the expectations from the clients, the professional orders and local governments have us utilizing every trick in the H.R. profession to ensure success.

Fortunately when things seem too good to be true, we have our network of First Nations Health Directors to help us sift out those who seem too eager to work for us without any apparent reason. Often, these individuals have worked elsewhere for other Nations and present a certain risk we couldn't accept or mitigate despite our need to fill these key positions.

PRIORITIES FOR 2012 – 2013

Creating awareness towards the role all community members and community services can play towards making a healthy community will remain an on-going priority from this Health Centre. For too many years, emphasis and responsibilities have been put on our shoulders in regards to many ailments our community faces on a daily basis and people are quick to put blame on a single source of service to deflect or share accountability.

Last years' formula for a healthy community will continue to be shared amongst all community actors for it is only with perseverance and repetition will we ensure such important message is understood to a point where we all can take ownership for our situation and actively participate towards improving our lives.

Having received an extension to our agreement in order to review and submit a comprehensive Health Plan, our entire Health Centre Team undertook the tedious task of setting out our priorities and giving them some meaning through a systemic plan that we hope our target population and our funding providers can appreciate.

Let's start with the priorities. Our first 5-year plan had us working in a buckshot pattern of priorities which at the time was due part & parcel to our inexperience in the health planning field and the mainstream outcome emphasis our funding providers wanted us to favor.

Our genuine need to succeed or make a difference pushed all of us to think that more is better. What I'm really trying to say is that we attempted to address every health issue of the community and give them all equal attention. This type of planning I'm sure occurs all over our First Nations Communities since the majority of the workers are from the communities and want to rid them of all ailments or health issues they face. The results, needless to say, were that not all our "prevention and promotion" activities held had the punch or outcome anticipated. We were output driven with outcomes that were not always measurable and despite several influential attempts from external sources, we could not step out of that modus operandi (way of working). Perhaps it has something to do with a characteristic known to First Nations that we are visual people.

Today as we prepare our planning and programming activities for the next 5 years, we have accepted the fact that we can't change the world/our community in five years. We understand that more does not equal better and that we are not the sole people responsible for the health status of our people.

With this said, the Eagle Village Health Centre, with the assistance of the people from Health Canada and Groupe Recherche Focus have drilled down our priorities so we have an opportunity to have a better balance of activities that have outcomes that are indicator driven. (required by Health Canada for Treasury board)

I think it is important that I attempt to demonstrate the relationships between outcomes and indicators for they are always the main point of discussion when and to whom accountability is directed to.

If we have a GOAL such as:

Increase the number of women having breast screening done.

Activities for this could include:

- ***Have 2 workshops on breast cancer with guest speakers***
- ***Articles in newsletter, promotional posters, pamphlets***
- ***Provide training for staff to answer questions on breast cancer***

An anticipated OUTCOME could be:

Participating women will be empowered by the information to take steps to get a screening for breast cancer.

A process INDICATOR could be:

The actual number of women who had a breast cancer screening following our prevention and promotion activities.

So the balance I'm talking about related to our goals and activities will revolve around ensuring that there are a sufficient amount of outcomes that can be actually attainable and measureable with distinct indicators as opposed to those that can't easily be calculated. Although these types of activities will go undistinguished to the average guy, the folks responsible for our funding are trained and quick to point them out, or the lack of.

I seriously think that this accountability and performance monitoring method should be slowly introduced into Community Health Planning so that the transition towards a more "mainstream" way to monitor performance and how we give services in our First Nations members are accepted by all stakeholders involved.

Reducing our priorities to 4 was not only a strategic suggestion from Health Canada but also a revelation as to our capacity to address all the major health issues of our community.

The four priorities are:

- *Diabetes*
- *Chronic Diseases*
- *Community Wellness*
- *Accessibility to Health Services*

Diabetes has been selected since this disease has a large incidence within the community like in many other communities throughout the country. Not only the illness has an impact on the people directly affected but it also has an important impact on the relatives and other members of the person's network as well.

Chronic Diseases took the second place as a priority since this is quite important in an aging population like ours. We also felt that it was necessary to segregate these from diabetes because the latter already takes a large proportion of the resources within the health process.

Community Wellness imposed itself as a priority because it addresses the social aspect of the community life in relation with its global health status. The holistic approach to the health services will be our way of dealing with addictions, abuse and mental illness issues.

The fourth priority identified **Accessibility to Health Services**, is a Process priority. The first three priorities are directly aimed toward the community members' health while the fourth one is meant to put the focus on organizational issues that have been identified and defined as crucial to the development of quality health services in the community's near future while keeping an eye open for long term needs.

We will be working towards developing the capacity to gather, manage, analyse and interpret our own data along with building our case to acquire a new facility to address our community's growing needs and required services. Building partnerships and agreements with the existing surrounding health care facilities and service providers will also be an important aspect that favors accessing health services. A continuation from our AHTF Project is a must and we must find the time to invest to bridge gaps and knock down prejudicial walls.

FINAL THOUGHTS

Perhaps not set as a specific objective but more so as a operational strategy, my managerial responsibilities demand that I apply the new Human Resource policy that leadership developed throughout the year so we (EVFN Health Center) can once again, lead our community towards an operational efficiency and harmony of such a fast growing community. As trivial as it may seem, this task is characterized in the next paragraph and requires equal application across the board on behalf of all directors in the community including the political level.

The change in management that our leadership has begun can be regarded by all means as a brave, but also as a necessary undertaking. Breaking the mold on "the old way" of doing things and replacing it with new accountable, transparent and innovative policies and procedures in view of distancing politics from the day-to-day operations is being responsible as a local government. Allowing for the appropriate amount of time to be accepted and integrated demands patience from all parties concerned. This is something that I hope treasury board via our funding providers, can relate to.

Change in management is on its' way at the Health Center also. Whereas the idea of entertaining the Accreditation process in the past years was ill receive and understood as a non-rewarding tedious task. Today both my staff and I have a better understanding as to the benefits and pride gained through such a process. Having more control over the Health Planning, programming and supported by the development of a modest middle management structure, this allows us to envision heading into the direction of becoming an Accredited Health Prevention and Promotion Center.

EAGLE VILLAGE FIRST NATION HEALTH CENTRE COMMUNITY PROGRAMS

Diabetes, Nutrition and Community Health

Diabetic Retinopathy

Communicable Disease, Immunization and other Nursing Programs

Home and Community Care Program

Addictions Program

Mental Wellness / Community Links Program

Sports and Leisure Program

Environmental Health and Community Based Water Monitoring Program

Medical Transportation Program

Maternal Child Health

ADDICTIONS

NNADAP – Vicky Constant

Term Replacement – Rodney St-Denis

Monthly Newsletter Article Submissions

The Addictions Department researches material for prevention of substance abuse and addictions. The material is posted in the monthly community newsletter. Research material related to questions of “What is Addictions?” and a variety of substances from “Street Drugs”, “Prescription Medication”, “Alcohol”, to name a few. Information about upcoming prevention activities are published within the newsletter. Resources including information about Treatment Centers and A.A Meetings are well publicized within the community newsletter.

Youth Dances

The Youth dances within the community are recreational and offer an awareness of making the right choice in a social setting. As coordinator of the youth dance, information and acknowledging leadership skills sets an awareness of making healthy choices and delivers confidences to the individual.

Spring Health Fair

The Addictions Department posts information of the many different types of drugs and what it does to the body when abusing. Posters ordered introduced this awareness. A booklet was created by researching materials and made available to community members. Information of living without drugs and a person living with drugs was on display, this diagram shown the behaviors between the two.

M.A.D.D. Canada School Presentation

The after affects of drinking and driving captures the students attention. M.A.D.D. Canada delivers a video and short presentation yearly within the school. M.A.D.D. Canada brings a 17x11 foot screen with a great sound system that captures the seriousness of drinking and driving.

Staff Meetings

Attended various times throughout the year, Addiction/Wellness participates with other departments within the health center. These meetings offer a connection and brainstorming of different ways to bring prevention measures into the community. The meetings offer support and working relationships with other health departments within the health center. Prevention activities and opportunities to work together on certain projects are helpful and benefits the community.

Referrals (Clients)

A continuous follow up for after care for clients are routine throughout the 2011 and 2012 work year. Weekly and monthly follow ups are performed for clients living a clean and sober life. This support has lead to field trip outings of directional bases of identity such as visiting a historical trading post, encouraging awareness of identity and opportunities of engaging in the arts of traditional crafts. Healing places were made available for clients, such as sweat lodges and social gatherings, this awareness had ongoing support from community members and awareness of traditional ceremonies for healing from addictions which throughout the year a number of clients participated in.

- A client requested a letter from the Addiction/Wellness Department stating the volunteer work that was accomplished in the community.
- A client asked for an assessment; which was done using the assessment tool aid to follow from the previous addiction worker who is on a leave of absence.
- A client returning from treatment center requested a sweat lodge ceremony which was coordinated by addiction/wellness department
- The Addiction/Wellness Worker invited two clients to a sweat lodge ceremony which went well leading to the clients participating in a woman's gathering in the community
- A walk in client wanting information on treatment centers, this lead to a referral to the North Bay Indian friendship center for further assessment. Client hasn't been back to follow up on the next intake for the treatment center. The Addiction/Wellness Department went to client's place of residence to do a follow up of the treatment center and steps to take to be enrolled in a treatment center. Client expressed interest but hasn't made any commitment.

Prevention

- Displayed prevention posters in communities youth center and at the nearby school.
- Coordinated canoe trip
- Introduced traditional crafts to summer students teens
- Community camping trip, connecting with youth
- Connecting with youth, participated in track and field event with sport and leisure department
- Ice fishing with youth, with sports and leisure department
- Coordinated a Women's Gathering, in the direction of women's awareness, women's role in community, speaking of violence, addiction, substance abuse, support and traditional healing.
- Coordinated a Residential School awareness presentation. It was a great turn out with new community members aware of the after affects of the residential school era.

Meetings

Attended regular NNADAP Quarterly Meetings throughout the year, participated in discussions of what Addiction Departments are doing in other First Nation communities, gathered and shared information about prevention.

Attended Algonquin Language Meetings, throughout the year, this included the participation of a community elder to revive our language and participate in creating identity for clients. Outcome is to spark interest in achieving identity, having pride in Algonquin language. Providing support and creating a base of introductory to positive change from addictions.

Attended suicide prevention workshop, networked different presenters to visit the community, gathered information of identity and traditional healing from substance abuse leading to addiction.

NNADAP ... National Aboriginal Addictions Week

The NAAAW Logo

The National Addictions Awareness Week Logo was developed by Sean Dion (an Aboriginal youth from Edmonton) with the NAAAW team. The Circle and the number four are sacred symbols for Aboriginal people. Many aspects of their life and the world around them can be explained using the concept of the circle. The number four represents the four directions, four nations of peoples, four seasons and four phases of life. The circle represents unity, harmonious relationship with nature and with all living things who are our relatives and that all things are connected and equal because in a circle there is no beginning and no end. The circle teaches us that it is our responsibility to care of each other in a manner that allows us to walk our earth walk in emotional, spiritual, mental and physical balance.



The Four colors – yellow, red, black and white, represent the races of the world. The four colors used in this circle help us understand that addictions affect all nations, in all directions and at every level of human experience: individual, family, community, nation, and world.

Footprints – It is difficult to walk the earth walk with care always looking to our futures in healing, positive and understanding ways. Therefore every step we take keeps us moving forward in a manner that gives us strength, power, courage, happiness, spirituality and freedom. Moving forward and walking the red road helps us to keep "Living the Good Life". The footprints are a path towards mental, spiritual, emotional, physical balance and enlightenment.

The footprints also remind us of the teaching from an old prayer: "Creator – Grant that I may not criticize my neighbor, until I have walked a mile in his moccasins!"

"Living the Good Life" – another way of referring to healing, or walking the red road on our healing journey. Living the good life is essential for balance and harmony. The four types of footprints illustrate the need to cultivate the mental, physical, emotional and spiritual aspects for a person's well being and complete development of an addiction free life-style.

The 2011 NAAAW Celebration

November 14-18, 2011 The National Aboriginal Addictions Awareness Week campaign will promote an addictions free lifestyle for communities, families and individuals by enabling communities to develop activities which increase knowledge and awareness of addictions and how addictions can be addressed.

We envision a NAAAW celebration every year that is grounded in the empowerment and capacity building of First Nation and Inuit individuals, families and organizations that will contribute to the creation of positive, safe healthy environments.

The campaign will promote the primacy of building and renewing positive relationships within our families, our communities and our natural environment to ensure good health and addictions-free lifestyles.

During NAAAW, communities will be encouraged to enhance their relationships with others through the planning and development of community-based activities that bring people together in positive and affirming ways.

With this in mind, the campaign slogan is "Living the good life!"

Living the Good Life

We believe that opportunities to build awareness and share experiences about successful recovery processes, addictions-free lifestyles, harm reduction and support services available to assist in the healing process is an important piece in the development of healthy communities.

We foresee NAAAW playing a significant part in the process of building an enhancing individual, family and community resilience.

Each year during the 3rd week of November, we encourage people to celebrate in positive, collective healing events and support education beginning with ourselves, our families, communities and organizations and "Living the Good Life".

NNADAP ... National Aboriginal Addictions Week

November 14th—November 18th, 2011

National Aboriginal Addictions Week Activities

All activities during NAAAW are alcohol & drug-free.
(That includes our 'Dinner & Bowling' night in North Bay)

Please come out and participate in one or all activities...

Everybody Welcome !!!

Monday November 14th, 2011

6:30 pm at the Health Centre

The Opening of NAAAW with a smudge, prayer, a fun activity, resource table and displays.
~Snacks & Refreshments~

Tuesday November 15th, 2011

6:30 pm at the Health Centre

Power Point presentation and open discussion about Prescription and OTC (over-the-counter) Drug Abuse.

Wednesday November 16th, 2011

6:30 pm to 8:00 pm at the Health Centre

Power Point presentation by NNADAP worker Mike Beaupre about the Prescription Drug Abuse Pilot Project which started in Temiskaming First Nation.

Thursday November 17th, 2011

6:30 pm at the Health Centre

Traditional craft activity with Cathy Constant.

Friday November 18th, 2011 – We will be leaving Eagle Village at 4:00 pm.

Dinner & Bowling in North Bay, Adults Only

If you are (18+) and would like to come to dinner and bowling, please call Vicky (NNADAP) at the Health Center (819)627-9060 and sign-up by Friday November 11th, as space is limited.

If I am not available please leave message on my voice mail or with our Receptionist, Jennifer King.

Thank You!

National Aboriginal Addictions Week Newsletter Submission

DIABETES, NUTRITION AND COMMUNITY HEALTH

Community Health Representative (CHR) – Tina Chevrier

In conjunction with the other Health Professionals, coordinates Prevention Health Programs in response to the needs of the community. Informs the people of the proper channels of health services to ensure quality services for their families; promotes and provides information on health, nutrition, sanitation, hygiene, diseases, and lifestyle; promotes and encourages community links by incorporating social activities within the prevention strategies.

ACTIVITIES FOR 2011-2012

Diabetes

Every month I contributed articles to the Community Newsletter about Diabetes, the complications of this disease and tips for preventing the onset of these complications. I included healthy recipes and tips for holidays and specific seasons.

I assisted with planning and organizing the Diabetes, Cholesterol and Blood Pressure Screening Clinics that were held in the community. This took place in May at our Annual Spring Health Fair and in November during Diabetes month. It was open to anyone who wanted to be screened. Information Kits were given to each participant I prepared invitations and mailed them to all local community members, advertised in our Community Newsletter and made posters advertising the events. The Screening Clinics help us identify potential health issues for community members which includes our youth.

Along with the Community Health Nurse and the Mental Wellness Worker, I planned and organized (4) Quarterly Diabetes Clinics. These clinics were organized for our community members living with Diabetes. They were asked to fast and come in to have their blood work done and then stay and enjoy a healthy nutritional breakfast. Each participant was given information and product kits to take home after every clinic. The kits included, valuable product coupons, recipes, samples of diabetic products, socks etc. I maintained our Diabetic Client List, prepared and mailed invitations, set up for the breakfast, shopped for all supplies needed for the clinic and information kits.

Diabetic Retinopathy Screening Month. We screened our diabetic clients during the months of April and August and follow-up screenings for 3 clients in the month of October. I was responsible for preparing and inviting clients to be screened, educating clients about the program, taking photographs of their eyes, transferring images to the Lab in Montreal and creating a local database to monitor the screening results of each client. A total of 21 clients were screened.

Nutrition

Distributed up to date Nutrition information to the community, kept a stock of pamphlets and resource material available for use.

Every month I contributed articles to the Community Newsletter about healthy eating and other relevant nutritional information. I also included an assortment of healthy recipes including those for a heart healthy diet, diabetics, low sodium, low fat holiday snacks etc.

To encourage healthy eating and good nutrition habits I ensured that all activities organized by the Health Centre Team have healthy snacks and refreshments. This included all workshops, information sessions and youth activities.

Cancer

I contributed articles to the Community Newsletter concerning various types of Cancer including lung, breast and prostate. The information included warning signs, symptoms and treatment options.

During Breast Cancer Awareness Month in October, I organized our Annual Woody's Cancer Awareness Walk for all community members to honor the memory of family and friends who have passed away from cancer. This event was started with a healthy breakfast for all participants and then everyone walked around our new walking track that circles our ball field.

In March we hosted an Information Session on Breast Health here in the Community. All female community members over the age of 12 were invited to attend an information session with Mugette Lacerte the Regional Coordinator for the Quebec Breast Cancer Screening Program. She discussed Breast Health, and the Quebec Breast Cancer Screening Program including Why? Who? and How? We had over 40 women in attendance and they were pleased to receive information about what was available to them. This was organized with the Agence de la Santé et des Services Sociaux de l'Abitibi-Temiscamingue.

Distributed up to date Cancer information to the community, kept a stock of pamphlets and resource material available for use.

Community Newsletter

I am the person responsible for formatting, editing and publishing the Community Newsletter. Our Newsletter was published monthly (11 issues) for the 2011-2012 fiscal year. I prepared 450 copies each month of which 125 were distributed door-to-door and the remaining 325 were mailed to our off-reserve members. Each newsletter was between 16 to 24 pages and contained information and updates from all of our programs and services. Each month I notified the staff concerning issue deadlines, maintained the off-reserve mailing list, prepared addresses, ordered stamps and ensured delivery of all newsletters.

Articles that I have contributed to the Newsletter:

- Immunization Protects Everyone
- April is Daffodil Month
- Health Recipe for People Living with Diabetes
- April is National Oral Health Month
- Sun Safety for Your Children
- How Can I Tell if I Have HIV or AIDS?
- You and Your Medication
- June is Stroke Awareness Month
- National Sun Awareness Week ... Skin Cancer Fact Sheet
- National Sun Awareness Week ... Melanoma Fact Sheet
- Heart Healthy Recipe for Summer
- Tips and advice to better enjoy one of summer's greatest joys: Water
- Summer Heat and Diabetes
- Avoid Getting Sick ... Watch out for these "Germy Places"
- Your Children and Lice
- Back to School ... Teaching Your Children About Hand Washing
- How Much Sleep Does Your Teen Need
- Talking to Your Children About Bullying
- Diabetes and Physical Activity
- Helping a Family Member Who Has Diabetes
- September is Childhood Cancer Awareness Month
- Healthy Relationships
- October is Eye Health Month
- Influenza Immunization Awareness Month
- What Are the Dangers of Caffeine-Laden "Energy Drinks"
- Lung Cancer Awareness Month
- Tattooing and Piercing ... Don't Put Your Health in the Hands of an Amateur
- Children Should Start the Day With a Healthy Breakfast
- Statistics for Aboriginals and HIV/AIDS
- Canadian Lung Association ... Sleep Apnea
- Diabetes and the Christmas Holidays
- Christmas Recipe for People Living with Diabetes
- Healthy New Year's Resolutions
- February is Heart Health Month
- What is Fibromyalgia
- Blood Pressure Quiz
- March is Liver Disease Month
- March is Nutrition Month ... Cutting Fat, Reducing Salt, Reducing Sugar
- Vitamin C and Vitamin D
- Poison Prevention Week ... The Safe Use of Paint Strippers

Community Spring Clean Up

During the month of May I planned and organized a Community Spring Clean Up for Eagle Village First Nation. This included advertising the event through the Newsletter, poster and flyers. I purchased the necessary supplies, hosted a BBQ for all participants and motivated the community to clean up their yards, public spaces and play areas.

Community Spring Health Fair

During the month of May I planned and organized our Community Spring Health Fair. This included advertising the event through the Newsletter, posters and flyers. Every community member in the local area was sent an invitation to this event. I arranged and set up information booths, displays, invited special guests and organized a community meal. We have over 150 people attend our Health Fair.

Water Quality

I replaced the EHO when necessary (holidays etc). I monitored water quality on a rotating schedule in our community on weekends and on a daily basis as required. I was also responsible for collecting and preparing samples on a weekly basis for the communities of Eagle Village First Nation, Long Point First Nation and Timiskaming First Nation.

Seasonal Flu Vaccine

Seasonal Influenza vaccine was released by the province of Quebec and our annual campaign was held in November. I informed members of our flu vaccine campaign, sent letters of invitation and scheduled appointments. I completed client questionnaires and filed all relevant forms in their charts.

Other Activities

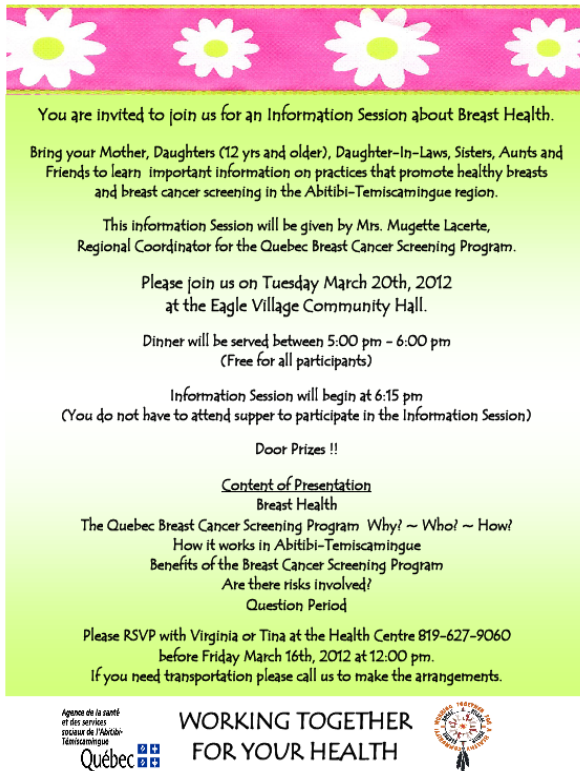
I organized the Algonquin Mother Earth Water Walk for the community of Eagle Village First Nation. I worked with Verna Polson who organized this multi-community event. I prepared the posters and pamphlets, purchased supplies, set up for the meal and organized the route for the walk.

I organized a “Medicine Cabinet Clean Up” Contest to encourage community members to bring in their expired or unused prescription medicines or anything they purchased over-the-counter such as cough medicine, cold remedies etc. This was done to encourage the safe disposal of medicines and to protect the abuse or misuse of medications by people other than the intended prescription holder.

I assisted other Health Centre employees with activities geared towards creating a healthy lifestyles and strong community links such as, NNADAP Activities, Workshops and Information Sessions, Holiday Celebrations, Elder’s Activities and Events and various Community Functions and Gatherings.

Upcoming for 2012 – 2013

- Diabetic Clinics and Breakfast
- Diabetic Retinopathy Screening
- Community Spring Health Fair
- Diabetes, Cholesterol and Blood Pressure Screening Clinics
- Monthly Community Newsletters Submissions from Health Centre
- Woody's Walk for Cancer Awareness
- Seasonal Flu Vaccination Clinic



You are invited to join us for an Information Session about Breast Health.

Bring your Mother, Daughters (12 yrs and older), Daughter-in-Laws, Sisters, Aunts and Friends to learn important information on practices that promote healthy breasts and breast cancer screening in the Abitibi-Temiscamingue region.

This Information Session will be given by Mrs. Mugette Lacerte, Regional Coordinator for the Quebec Breast Cancer Screening Program.

Please join us on Tuesday March 20th, 2012 at the Eagle Village Community Hall.

Dinner will be served between 5:00 pm – 6:00 pm (Free for all participants)

Information Session will begin at 6:15 pm (You do not have to attend supper to participate in the Information Session)


Door Prizes !!

Content of Presentation
Breast Health
The Quebec Breast Cancer Screening Program Why? ~ Who? ~ How?
How it works in Abitibi-Temiscamingue
Benefits of the Breast Cancer Screening Program
Are there risks involved?
Question Period

Please RSVP with Virginia or Tina at the Health Centre 819-627-9060 before Friday March 16th, 2012 at 12:00 pm.
If you need transportation please call us to make the arrangements.

Agence de la santé et des services sociaux de l'Abitibi-Temiscamingue
Québec

WORKING TOGETHER FOR YOUR HEALTH



Breast Health Information Session Poster



The Eagle Village Health Centre is pleased to announce our ...

SPRING HEALTH FAIR

Thursday May 19th, 2011

Please join us at the Eagle Village Community Hall
1:00 pm - 7:00 pm

- Information Booths
- Displays
- Receive Information
- Ask Questions
- Free Community Supper
- Prizes to be won !!
- Transportation Provided (Call the Health Centre to make arrangements)

Special Guests ...

Representatives from Health Canada Non-Insured Health Benefits Program For your questions about Medical Transportation and Prescriptions

Francine Joron Dental Hygienist - CCHP Program

Representatives from FNQLHSSC Isabelle Verret & Jessie Messier

Annual Cholesterol, Blood Glucose and Blood Pressure Screening Clinic at the Spring Health Fair !!

You can come out and be tested and have the chance to win a free gift !!

Early detection is key to helping you live a long & healthy life !!

Everyone Welcome

Eagle Village Health Centre
3 Ogima Street
Kipawa QC J0Z 2H0
Tel: 819-627-9060
Fax: 819-627-1885



Community Spring Health Fair Poster

MENTAL WELLNESS AND COMMUNITY LINKS PROGRAM

Wellness and Community Links Worker – Virginia McMartin

The goals and objectives of this program are to promote individual and group healing and wellness through educating workshops and sporting, leisure and cultural activities. To build a resource of human and material that can respond to the needs of people who may find themselves in a mental crisis or a situation involving violence.

ACTIVITIES FOR 2011-2012

Hunters Point Youth Summer Camp

Once again we had the opportunity to continue to raise awareness about onset of Diabetes in First Nation people. Close to 40 youths attended a summer camp over the duration of 2 weeks, where we informed them on prevention strategies and promoted physical activity.

Healthy Cooking Classes

This workshop was geared towards adults to create awareness on the importance of portion sizes that will help deter the onset of obesity and diabetes while promoting healthy eating habits.

Newsletter

The newsletter is a very useful and important tool to the community, it helps each department promote upcoming activities or events, publicize pictures of events that occurred the month prior, and advertise issues on prevention and awareness.

Community Potluck Supper

In conjunction with the Addictions coordinator a pot luck feast was planned in honor of Grandparents day. We believe recognition of our elders is an important factor in community growth.

Residential School Workshop

Following the information from the previous residential school survivor workshop it was obvious that this was just the beginning of our healing journey, and we must continue on this path which may be rough and challenging, however in order to move forward in a positive manner we must understand our past.

Diabetic Luncheon

This was again another success, by inviting people living with diabetes and their family members to attend a luncheon/information session, which was geared to preventing any future complications that may result.

Community Health Fair

This is an annual event where each department has the opportunity to display any information that we want to promote, while also giving members a chance to share their comments, opinions and/or ideas.

Diabetic Breakfast

This quarterly clinic gives all the people living with Diabetes the opportunity to enjoy a healthy breakfast as a group after fasting for their A1C test. During this time we share any information that pertains to diabetes.

Retinopathy Screening

This screening can be yearly, every 6 months or quarterly, depending on the results of the images. This is a valuable clinic for people living with diabetes.

What Happens to Food in the Body Workshop

This continued workshop/information session is part of the follow up visit offered to members living with diabetes and their family members who may be at risk of developing the disease. Prevention and awareness is and always will be a priority to the Eagle Village Health Centre.

Diabetes Exercise Classes

In conjunction with Sports and Leisure, we continue to offer an exercise class 3 times a week, where we promote physical activity, while informing them on valuable information to help prevent any future complications due to the disease.

Breakfast with Santa

This yearly event is geared to all youths in the community. While the recreation department provides the gifts, we help provide a healthy breakfast in place of candy / junk food.

Kirano Project

In conjunction with the Sports and Leisure Department, we had the opportunity once again to include the Kirano project to promote Physical Activity and Healthy Eating, that in turn will help inform, manage and prevent obesity and diabetes amongst our members.

After completing the Yellowquill Diabetes Prevention Worker Course in October 09 and trained for Diabetic Retinopathy Screening in 2010 I have learned tools to help our members living with diabetes, also the community as a whole will benefit by way of prevention, informing, managing of this disease.

Other Activities

- Volunteered Temiscaming Minor Ball
- Volunteered to sit on the Anicinabe Mikana Group
- Participated in Breast Cancer Luncheon
- Participated in Community Clean-up
- Volunteered in Adult Mixed Ball league in Temincaming
- Volunteered in Chantal Joly Annual Ball Tournament

In many ways, mental wellness and mental health are synonymous. Feeling good about one's self and their place within the community serves as the preferred basis to any therapeutic plan prescribed by health professionals. Our challenge remains in providing just the right amount of absorbable cultural heritage by the people whom were victims of colonization and industrialization pressure over the past 100 years.

Upcoming for 2012 – 2013

- Diabetic Breakfast
- Newsletter input
- Participate in Community Health Fair
- Hunters Point Summer Camp
- Diabetic Physical Fitness Group
- Cultural teachings
- One on One with Diabetic Client
- Family Healthy Meal Planning
- Baby food making for new parents
- Breakfast with Santa
- Retinopathy Screening
- Reading labels workshop

SPORTS AND MENTORSHIP PROGRAM

Program Coordinator – Mitchell McMartin

My mandate, although very large, consists mainly on improving the opportunities of people of all ages to engage in physical activities with a primary focus on the youth. I must also try to incorporate sports and nutrition since they go hand in hand in improving the health status of our members.

ACTIVITIES FOR 2011-2012

Biggest Loser Challenge

We had 22 teams join our Spring Weight Loss Challenge. Booklets were given to each team member to help people track their daily meal plans and daily activity. Weigh-Ins were done every second week for a ten week period. A total of 163.6 pounds was lost by all participants.

Hunter's Point Camping Trip

The first week was for the youth between the ages of 6 to 11 years of age and the week after with a group between the ages of 12 to 17. I provided the youth with different sorts of physical activities throughout the week. The first week had less organized activities however there were more crafts and games provided throughout the week. The meals provided during the trip focused on healthy eating. All the meals were healthy while there were fruits that were made available throughout the day. The activities that were played at Hunter's Point were a dodge ball tournament, a team-triathlon, swimming, man under, man hunt, scavenger hunt, Christmas in July theme, croquet, canoeing, etc. For the week of our teenagers we had Paul El-Haddad, the Physical Activity Specialist from Health Canada come to Hunter's Point for a couple of days.

Youth Weekly Sport Activities

During some of the weeks, there were activities. These activities expanded from baseball, I provided the youths with activities after school. These activities were soccer, baseball, manhunt, etc. There were activities that were off-reserve such as fishing near Commonwealth. This year, we have purchased two high quality soccer nets that will last many years.

After School Activity Program at G. Theberge School

Attended and participated with youth in an after school activity every Tuesday and Thursday. During the winter, the predominant sport was floor hockey. For the Tuesday activities it would change monthly. The games went from paintball, dodgeball, volleyball, basketball, etc.

Soccer Camp

This year, we have worked in collaboration with the Municipality of Kipawa to bring two soccer coaches to help the kids with their soccer abilities. They would do drills at the beginning of the class and towards the end they would play a game. This program was broken down into two age groups to divide the skill set of the younger kids to the older ones. This program was for 8 weeks, two classes per week for two different age groups.

Zumba

This year we have introduced an activity called Zumba to our community as a way to increase physical activity. There was a lot of participation at the beginning and after starting it back up in January 2012, there was much less participants. There was an average of 3 participants at the end of the project.

March Break Activities

The first activity of our March Break started with a Fun Day with a total of 25-30 youth along with parents who attended the event. There were enough parents to have a couple of parent teams taking on the kids teams in a game of tug-o-war. There were outdoor games such as building ice sculptures, potato bag races, egg and spoon races, etc. I planned and organized a trip to North Bay to the Gymtrix. This activity was geared towards children 12 and under. There were 21 children who joined and there were 6 parents who came out to see their children take part in this event. I planned and organized activities such as an ice-fishing trip and there were 13 youths who took part while there were 10 parents/adults. There was a trip planned and organized at The Centre for curling and hockey and in total there were 14 kids. We were unable to get the swimming pool as there were no lifeguards available during the week of the March Break otherwise it would have been rented to increase the amount of participants. We went bowling with the kids and there were 24 participants involved.

Lion's Club Telethon – Christmas Caroling

I planned and organized a group of youth to practice and Christmas carol within our community. This brings the kids together and teaches them the value of caring for other less fortunate as the money raised went to this cause. The goal was to raise as much money towards the Lion's Club organization. We raised \$700 dollars carolling around the community. We went to Temiscaming and sang 3 songs on the local TV station and donated the money there.

Track and Field Meet in Notre-Dame-du-Nord

There were 10 participants who took part in the Track and Field meet in Notre-Dame-du-Nord on June 2011. Our participants took home a couple of medals from the events. Prior to the actual track meet, the youth's practices consisted of harder tasks than the track meet's requirements and it was through their hard work they placed very well in the standings.

Trip to Canada's Wonderland

Planned and organized a trip to Toronto at Canada's Wonderland. There were a total of 58 people that attended this event. All community members were given the opportunity of transportation via bus for a fee of \$7 up to 44 passengers. These participants needed to be over the age of 13 years old to go without an assigned supervisor.

Diabetic Workout Group

This year, we have continued the diabetic workout group in the morning. There were 3 workouts given every week at 10 am. The group remained the same from last year, however lost a few participants due to own personal injuries and other circumstances that have risen throughout the year. It was a great year and many of the participants look forward to the classes for next year. They found it a place to interact amongst each other and a way to keep healthy. On a side note; one of the participant's blood sugar and blood pressure went down with the increased physical activity in their life.

Monthly Activity with Teenagers

I worked with the Front Line Social Services to create an activity once a month for the teenagers. We started off having a meeting with the teenagers to get some ideas of what activities they would like to participate in. In the month of January we went ice-fishing and in March I had a sleep-over at the Dome.

Kirano

Kirano is a new concept combining physical activity and healthy eating. The goals and objectives of Kirano are to help participants adopt a healthier lifestyle, develop a better health situation and reduce the risks of obesity and diabetes.

This eight week project will help twelve candidates to adopt a major lifestyle change. The program included the following activities: physical training sessions, healthy cooking workshops; and weekend outings. There was a huge commitment by all the participants as there were 3 days in the week with an activity with 1 activity being a healthy eating workshop.

By the end of the program I still had half of the group participating which, is a high number considering the amount of work and time you have to put in. The one good news about one participant is they had lost 9 ½ inches in the measurements that were taken before and after of the program.

NURSING PROGRAMS
Community Health Nurse (CHN) – Jennifer Presseault

The EVFN Community Health Nursing (CHN) Program works in cooperation with the Community Health Team to plan, organize and administer Health Services and Programs in accordance with Health Canada objectives to instil healthy lifestyles for the people of Eagle Village. This is done with a view of preventing and reducing the incidence of disease, ill health and mortality allowing members to attain the same level of health as other Canadians.

ACTIVITIES FOR 2011-2012

The Community Health Nurse (CHN) delivers services / programs to the Eagle Village First Nation members in the areas of:

- Community Health - Open Clinic for walk-in during regular business hours for nurse consultations and nursing care.
- Cardiac and Diabetes Community Screening Clinics - Specific screening of random blood sugars, cholesterol, blood pressure and weight.
- Aboriginal Diabetes Initiative (ADI) Program
- Maternal Child Health (MCH) Program for parents and children ages 0-6 years.
- Canadian Prenatal Nutrition Program (CPNP) – pre/postnatal care clients.
- Children's Oral Health Initiative (COHI) – Dental hygienist
- Immunization: Primary immunization series to infants and school children.
Community Influenza Vaccine Clinics
- Community health education and information

Community Health

The clinic remains the CHN's main daily function. Clinic activity for nurse consultation and/or treatment of various health related problems averaged a minimum of 50 and a maximum 150 clinic visits in a given month. Example issues are from minor cuts and injuries to daily dressing changes. Management of primary care, preventative care including monitoring of hypertension and other disease processes is a priority and daily duty.

The venipuncture clinics (lab) services remain available 2 times per week on Tuesdays and Thursdays.

Three (3) out of four (4) primary care physicians from GMF of the CSSST-K visited our clinic roughly every month. We have had 26 MD visits to our community with them seeing a total of 228 clients within the 2011-2012 year. The CHN remains available at those times to assist the physician as needed and complete the follow up with the clients as the doctor deems necessary in his plan of care.

Community Screening

Biannually, a spring and fall community based screening is scheduled. These are cardiac and diabetes screening clinics which specifically checks random blood sugar, cholesterol, blood pressure and weight. The focus and goal with these events is to screen as many people as possible for a potential health issue. If any concerns are identified, a client is recommended to be evaluated by their physician. With this in mind we may be able to have persons diagnosed by their physicians, treated early and properly managed to decrease and or prevent complications of a disease.

- Spring 2011 - Community Health Fair had a screening available.
52 people participated, with 17 follow ups and referrals
- Fall 2011 Community Health Screening at the health centre;
52 people participated with 5 follow ups and referrals

Aboriginal Diabetes Initiative Program

The Eagle Village Health Centre continues efforts to address diabetes education, better diabetes management and follow-up because of the diseases serious complications. A Community Health Team consisting of 2 nurses, the CHR and the Diabetes Worker is addressing the needs of the community related to diabetes. This group, along with support staff, continued this year to conduct the Quarterly Diabetes Clinics. This involved organizing and implementing Fasting HgbA1c and Lipid Profile Clinics followed by “Diabetic Breakfast”. Approximately 20 - 27 participants have attended these quarterly sessions in 2011-2012 for a total 92. This is a significant increase from the previous years.

We incorporated a new tracking tool for our clients. The lab results and information from clinic sessions are recorded for each client so that we can better track progress. We also offered the option of clients returning for a print-out and review of progress, some individuals took advantage of such options.

Foot Care Service is another focus in the Diabetes Program as statistics support the importance and valuable impact it has. We have 35 people that access Foot Care services with a total of 86 foot care sessions in the 2011 - 2012 year.

The ADI program has Diabetic Retinopathy Screening (DR). The Diabetic Retinopathy Screening project continues to be available. DR screening services continue to be provided at the health center at no cost for those diagnosed with diabetes. The total number of participants in 2011 was 21.

Maternal Child Health (MCH)

The MCH program aim is to promote the importance of an early start to a healthy life. The focus is providing early interventions to parents and children for a healthy and happy

environment for growth and development. We continued to provide the 5 services and support which are indicated below.

1. Yearly invitation and information package to all persons of child bearing years; 18-40 years old. (mail out every 2 years)
2. Nurse consultation for preconception and pregnancy planning information (mail out every 2 years)
3. Postnatal follow up at home and at the clinic
4. Option of child developmental screening
5. Health promotion and child development packages / kits for 0-6 years old. There are 4 different parent / child kits according to their age. 25 kits were distributed.

A total of 20 kits were distributed in 2011 year. Every year up to the age of 6, these children will continue to receive the age related package. These developmental calendar kit include every day useful tools to stimulate the growth and development potential of every child. They are easy fun tasks and tools to interact with your child which stimulates proper growth and development.

ASQ Developmental screening is now taking place regularly at the Health Centre. This new age-based developmental assessment screening tool has been implemented in 2010. We met our goal with having ASQ testing started for all children in the summer / fall of 2010. The goal of this initiative is to increase future successes for the children entering school by identifying early on, any shortcomings. 45 children have been screened thus far and a ongoing schedule is set for the 2012-2013 year.

Children's Oral Health Initiative (COHI)

COHI is a community based program where children can be seen either at the Health Centre, at Daycare, at school or even at home. COHI's objective is to provide a dental service for all First Nation children and on-reserve community members to help them establish and maintain healthy teeth and gums. COHI provides Dental Hygienist services here at the EVFN Health Centre for all children from birth to age seven. It also provides information to their parents /caregivers and even expectant mothers to help children build and maintain healthy smiles from the start.

COHI reached out to children by providing;

- Dental check-up (oral screening)
- Fluoride applications to help prevent cavities
- Education and information regarding oral hygiene
- Sealants to prevent cavities.

The dental hygienist Francine Joron saw 41 children in 2011.

HOME AND COMMUNITY CARE PROGRAM

The Eagle Village Home and Community Care Program aims to maintain individualism for each client and lengthen the duration of their independence by supplying them with the necessary care and tools to do so.

The Eagle Village Home and Community Care Program started off this year, as other years with a staff consisting of the Homecare Nurse and the Clinical Nurse. In August of 2011 there was a change in nursing staff to only one nurse covering both the Homecare Program and the clinic due to a maternity leave. The first month was spent orientating the nurse to clients and to policies and procedures. With guidance from the staff and Jennifer Presseault, The new Homecare Nurse Bonnie Down was able to manage the clinic and the homecare roster. She did this for the next 5 months until our Health Director hired another nurse for the clinic, Helene Savard. Now with the nursing staff being back in full employment the clinic and the homecare clients will be able to benefit once again from 100% participation from the nurses and the programs that have been established thus far.

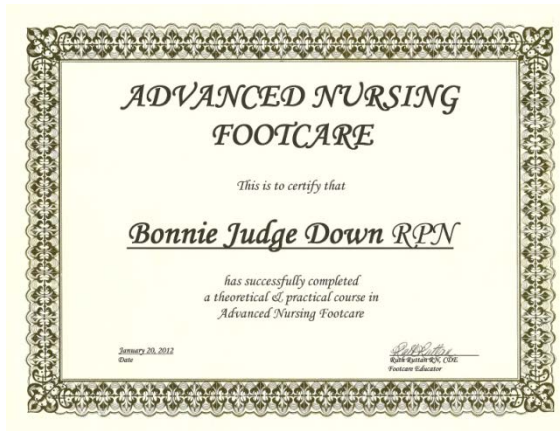
Some of the other programs and services that the Homecare Nurse has participated in to date are:

- Vaccination Clinic
- Diabetic Breakfast and Clinic
- Screening Clinic
- Spring Health Fair

The Homecare Program to date has an agenda of 20 people with 16 of them receiving regular nursing visits. Other clients (2- 5) have been added for short durations in correspondence to their health needs. The health issues of our clients cover diabetes, cardiac conditions, respiratory, cancer, hypertension and monitoring for chronic condition not to mention medication management.

Other tasks that are required of the Homecare Nurse are vitals done on a doctor's or individual's request. Wound care management and dressing changes, medication preparation and management, and injection, post-op care as well as range of motion exercises. On occasion a homecare client may need blood work done and this can also be done in the home as the Homecare Nurse Bonnie, has successfully completed a Venipuncture Course in order to better serve our clients needs.

With a successful line of communication generated between CSSST-K and Eagle Village we have been able to call on their resources which include, Physical Therapy and Social Workers as well as the receptionists who are very gracious in getting Bonnie and Helene in touch with the doctors when necessary. We also have the cooperation of three of the doctors coming here to see clients and even doing house calls when necessary.



Bonnie has successfully completed an Advanced Footcare Course to maintain our services to our clients, this is mainly for those homecare clients who can't do it safely or independently, but not restricted too.

Being members of the new team, we all look forward to growing, learning and sharing our expertise so that we may be of better service to the clinic and the community.

ENVIRONMENTAL HEALTH AND COMMUNITY BASED WATER MONITORING PROGRAM

Environmental Health Technician (EHT) – Terry Perrier

For the fiscal year of 2011/2012, I was responsible for the Community Based Water Monitoring Program for the communities of Eagle Village First Nation and Long Point First Nation.

The new Water Treatment Plant was also under construction during the last fiscal year. It will be completed soon and will provide a safer, more consistent quality of drinking water. The treatment process is slow sand filtration with pre-ozonation and post-chlorination. This multiple barrier system will meet the requirements for drinking water production as specified by the Canadian and Provincial governments.

My responsibilities included but were not limited to the following:

- Pump House Operator for Eagle Village First Nation
- Project Coordinator for the Water Treatment Plant
- Weekly Water Quality Monitoring using the Colilert System
- Quality Control/Quality Assurance
- Chemical Sampling
- Reporting through the www.eau-water.ca web site
- Assisted in the Mother Earth Water Walk
- Promoted Earth Day
- Participated in the EVHC Spring Fair

During the fiscal year I performed the following sampling and tests:

- 414 Colilert tests
- 873 Free Chlorine tests
- 732 Total Chlorine tests
- 30 Beach samples

Articles I submitted to the Newsletter:

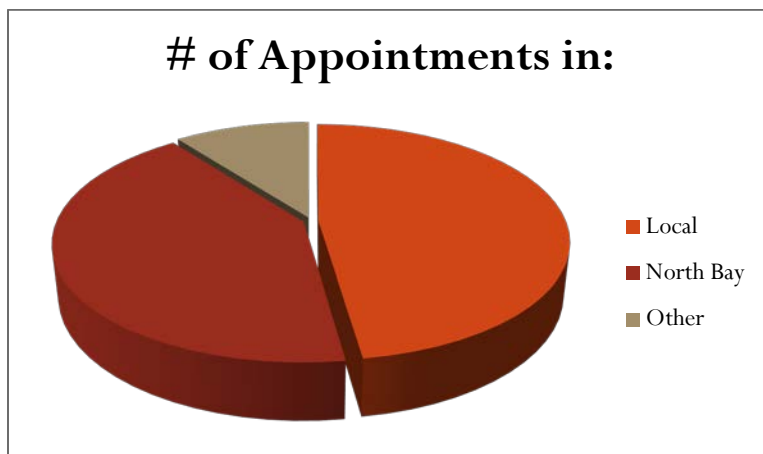
- Water Plant update and Chlorine disinfection process
- Fireworks: Environmental Impact and Safety
- Lightning and Thunderstorms...Be Prepared
- World Water Day

MEDICAL TRANSPORTATION

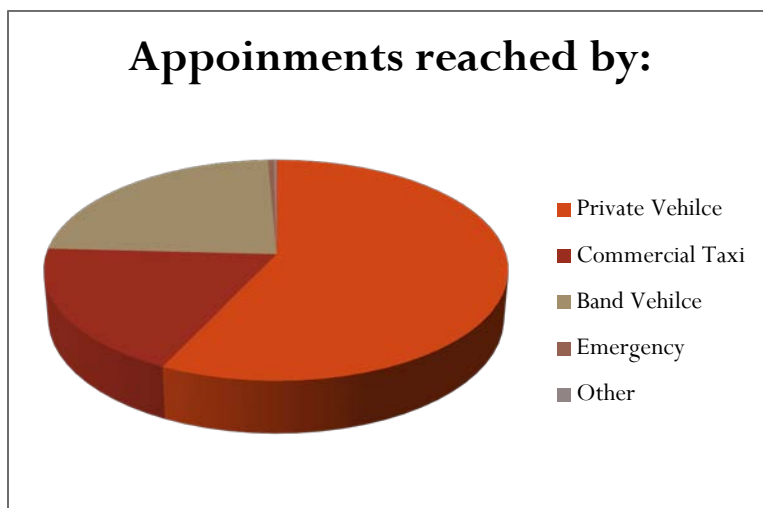
Medical Transportation Coordinator – Priscillia Durocher

This program is managed using Health Canada’s National framework. Medical trips are coordinated through the health centre medical transportation coordinator and are dispatched to our two full time drivers.

Last year, 254 Eagle Village members from our community and surrounding area utilized medical transportation services, a decrease of 25 people. There have been 273 medical trips less than the previous year, however the total number of days away from the community have more than doubled from 190 to 520 days. The majority of our specialized English health services are obtained locally and in the North Bay Ontario area.



As you may know, members from our community have the choice to utilize their own vehicle to get themselves to their appointment as this mode of medical transportation is the mostly used.



We appreciate our clients calling ahead of time for scheduled appointments and we continue to receive required documents such as hotel receipts, doctor's proof of escort, referral notes and completed medical visit attestations.

In the past year, we have installed GPS monitoring systems in our vehicles to ensure safety of drivers and patients. The Health Centre logo was not put on our vehicles due to the possibility of changing the older ones. Once we have this settled, we will install the logos. We are looking into acquiring a new adapted van so that we can accommodate our members with loss of mobility. We will also be making sure that our drivers are up to par with their First Aid and CPR training.

It is still encouraged to continue to take the extra precautions during the flu season (wearing masks, using hand sanitizers and coughing in elbow) in order to minimize the spread of disease and help keep our drivers healthy.

EMPLOYEE TRAINING

As previously mentioned in recent reports, various degrees of training have taken place, partially according to our Health Plan and also upon sudden availability like those made available by the Federal, Provincial and Regional Agencies. Other than Health Canada and the FNQLHSSC, most other English training sources are rare or somewhat difficult to find without having to pay for a high transportation cost. Those mentioned in French first was done in French and followed by those who master the language.

Building management capacity with the intention of looking into succession planning and acquiring support for positive change was strongly initiated with the availability of the PNF Training. Health Canada and the AHHRI program was responsible for allowing access to management training so it could be better supported at the community level. Another important aspect in developing an effective training program will rely on several communities cooperating together so some resources can be pooled together and address some common needs for professional development.

Here are some of the trainings that took place throughout the 2011 - 2012 campaign:

For Nursing Staff:

- PIQ Training
- Training on Homosexuality
- Use of Drugs and Sexually Transmitted Diseases
- Homecare Data Entry Training
- MCH Training
- ASQ-MCH Training
- Advanced Nursing Footcare

Other Employees:

- Training on Homosexuality
- PNF 502, 503, 504
- MCH Training
- HR Management
- ASQ-MCH Training
- Suicide Intervention Training
- Managing Difficult Conversations Training

EAGLE VILLAGE FIRST NATION HEALTH CENTRE STAFF

- David McLaren, Health Director
- Jennifer Presseault
Helen Savard Community Health Nurse
CHN Term Replacement
- Bonnie Down Homecare and Special Projects Nurse
- Jennifer King Clerk / Receptionist
- Tina Chevrier Nutrition/Diabetes and Community Health
- Virginia McMartin Wellness and Community Links
- Vicky Constant
Rodney St-Denis Addictions
Addictions Term Replacement
- Terry Perrier Environmental Health
- Mitchell McMartin Sports and Leisure
- Melanie Plouffe Frontline Social Worker
- Priscillia Durocher Medical Transportation Coordinator
- Judy Young Medical Transportation Driver
- James Lariviere Medical Transportation Driver
- Joan Lacelle Certified Personal Care Worker
- Claudette Jawbone Janitorial Services
- Melvin McKenzie Maintenance
- Migizy Odenaw Childcare Centre Head Start and Brighter Futures



National Aboriginal Day



Cancer Awareness Walk Participants



Youth Soccer Camp



NAAW Adult Bowling Outing



Youth Ice Fishing Activity



March Break Nutrition Activity

GLOSSARY OF TERMS

Prevalence Rate

The number of people in a population who have a disease at a given time: the numerator is the number of existing cases of disease at a specified time and the denominator is the total population.

Targeted Programs

Are specific health programs that do not allow for any carry over or transferability to other programs. It starts and ends within the same fiscal year.

Program Cluster

An amalgamation or a regrouping of health programs under a common denominator. An example of a cluster could represent programs dealing with children & youth. (See Page 6)

FNQLHSSC

First Nations of Quebec and Labrador Health and Social Services Commission.

NIHB

Non Insured Health Benefits. Medical services not covered by the Provincial (RAMQ) Health Care System.

RMAF

Reporting Management Accountability Framework. It's a new template quantitative driven reporting system stemming from treasury board directives. Adjustments are still ongoing but program workers have begun to use it.