



# Eagle Village First Nation Health Centre

## Community Activity Report

2012 - 2013

Contribution Agreement

QC0700047

## **A MESSAGE FROM THE HEALTH DIRECTOR**

### **REPORTING ON 2012-2013**

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.

### **2012-2013 Health Center Overview**

Today, the majority of our First Nations communities now have more structured governance which allows the adoption of policies and procedures to ease and stabilize the decision making process in the large, complex and often personal sphere of Human Resources (HR). As a First Nations Health Manager I can attest on my behalf and that of many of my peers that HR is the core competency that takes up the most of our day to day work.

Now put this in the context of our small community environments and you could then appreciate that our navigable waters are shallow with not much room for error and not to mention there is 98% of your population watching over your every step. Unlike our counterpart in mainstream society whom manages larger establishments, we do not have their layers of managerial support and more specifically HR department heads who are borderline labor lawyers to handle our personnel. For those communities who do, the final decision and results lay way heavier on their shoulders than that of those in mainstream society.

This 2012-2013 reporting period may be characterized as one that tested our understanding of Human Resources Policies and Labor Laws to their full extent

First of all let's talk about the core of our Health Center, the nursing staff. Putting aside political correctness or social acceptability in terms of expression, I can honestly say that I have done my share of working around today's important social leaves within the "child bearing years" of a staff that are predominantly female. The educated and trained side of my being understands and often promotes the importance of a stable close bonding between a child and his or her parents at a young age and my contributions towards this

social program leaves me with a sense of worth and usefulness far beyond the feeling of my employment insurance donations whom like so many, may never reap those benefits.

On the other hand, the manager side of me has to deal with the voids and gaps in services along with the hardships of trying to find term replacements in a professional field already lacking in resources in mainstream society let alone our First Nations environment. We have struggled and worked through some tight periods which has now led us towards more smooth and stable waters in the second half of the fiscal year. I know that I don't have to explain what it means to have a full roster however, when any team is missing a key player, everybody else has to pick up the slack and "hold the fort". This nevertheless, can only be done for a short period of time before it is felt amongst all, which in turn allows place for the vicious cycles of professional burnout. Staying on top of your game and being able to recognize factors that can put large gap holes in the service delivery of your programs is very important to the health of your workforce. Although the efforts or strategies are not always detectable or appreciated by the general public or peer managers, it remains an important aspect in managing a workforce in a First Nations community setting.

So as we navigate amongst the 10 Core Competencies of our profession; **Leadership and Governance, Professionalism Advocacy, Partnerships and Relationships, Human Resources Management, Financial Management and Accountability, Health Services Delivery, Quality Improvement and Assurance, Planning, Communication and Cultural Awareness**, it only seems natural that we share our experiences with others, succession planning without really calling it succession planning and developing training strategies that is going to see your organization grow with the community and with new ways of doing business.

It is well known in our First Nations world that capacity building in the community setting often stems from the Health Canada requirements in building a "Community Health Plan". We should all be thankful of this and take full advantage of their vision to ensure community capacity development. Several Health Organizations have now even taken it a step further in attaining the gold seal of excellence through the "Accreditation" process. These accredited communities have something to be proud of. It takes hard work, a "buy-in" from the staff and leadership and sheer determination in wanting to give your population the best services possible with the resources available. The EVFN Health Center should be well on their way towards accreditation in approximately 2 to 3 years.

### **PRIORITIES FOR 2013 – 2014**

Moving towards the new fiscal year with a full staff not to mention a few more stemming from the "First-line Services" gives an organization a sense of empowerment and confidence. The day-to-day crises don't impact us in the same manner as when as you have a skeleton crew or new employees from staff turnover.

This enabling feeling is now trickling down towards priority program conception and development. Changing the way we try to address the priorities through our own thought process comes from the knowledge of our community and the experience of the staff. Attempting to eradicate chronic diseases including diabetes and addictions seems to

represent a daunting and far-fetched task, but rest assured that it will be the driving force behind our staff to wanting to do such a thing.

First Nations People are resilient and have survived many threats to their existence; threats on their health from disease and addictions, threats on their spirit and culture from residential schools and colonialism as a whole and threats to their attachment to mother earth from removing them from their land and hindering their relationship to it. As Health Care Workers we need to demonstrate our resiliency by approaching diabetes with stealth and determination like our people have demonstrated over the years.

We need to take a step back and look at how we lived before “the sugar” grasped a strangle hold on our existence. What were the common threads that allowed us to live healthier lives in the spirit and sense of belonging to a community? We need to value our youth and give them the teachings that will allow them to grow up strong and with a sense of pride of who they are.

Notwithstanding and not limited to the abovementioned, we need to be able do this while taking into consideration just how much our lives have changed. Accessibility to all sorts of processed foods and inaccessibility to our traditional diets, increase in mechanical modes of transportation and not to forget the leaps and bounds in communication technologies have all contributed to an evolutionary nightmare for our people. Nightmare may seem a bit strong but as of today, I’ve seen more people living with complications from chronic diseases than First Nations becoming doctors.

The key may lie in finding the balance of what today’s living has to offer and what worked for us back then. Although medical science has made serious advancements over the course of the years, our people still need to embrace a “Healthy Lifestyle” from a prevention perspective and at the same time, have ease in accessing primary, secondary and tertiary health care services without having to be concerned with as “how am I going to get there and to who is responsible for paying the bill?”. “Is it the province or the feds and will they understand me when I talk to them?”

## **FINAL THOUGHTS**

As optimistic as a person can be in regards to trying to address our First Nations needs in relation to health, I find myself slumping to the news of continuous monetary cuts to many of our contributing and important peripheral First Nations partners with no indication of slowing down. It is apparent that doing more with less continues to be the way of operating but we often wonder when it is going to subside.

What this does to our grassroots operations is that it forces us to reach out and build partnerships with provincial folks despite not knowing how far we can go in building a trusting relationship before the “IT’S A FEDERAL RESPONSIBILITY” card gets thrown back at us. Please don’t get me wrong, both AHTF and HSIF Projects have done good work in

building these bridges, but it seems that there remains a lot of work ahead and often we need to start from the beginning if there are new players involved.

We all seem to be very busy responding to the requirements of our respective treasury boards and our specific mandates that, we often forget how much we can help one another achieve better results for the benefit of our clients. This concept of mutual aid will surely come to surface as our local CSSST-K struggles to recruit doctors in support of their aging staff. A good example of this is the unfortunate passing of a longstanding local family doctor by name of Vydas Gurekas (see page 10). Dr. Gurekas' sudden departure left a tremendous void as he had well over 50% of our members as clients going as far back as 30 plus years. I am sure we will feel the effects of this for several years to come. Stemming from this was a visit from our Chief Medical Officer of the area where he projected a better cooperation from his local doctors and staff, transpiring into a promise to signing off on our nursing collective prescriptions with the goal of having our First Nations community nurses do more work to alleviate the bottle neck in the emergencies and increase the value in their work. This will undoubtedly improve the services to our First Nations clients who are frustrated with us as to why we can't do the work here in our Health Center.

Therefore, in support of our priorities, the period covering 2013-2018 should see a more determined shift towards collaboration with our provincial partners from the local, regional and even provincial level. It will be supported by a political push to ensure services can be received in either official language. We also have control over sensitizing our partners about our culture and uniqueness in a manner that will breakdown or minimize racial barriers.

We, as a Health Prevention and Promotion Center will ensure quality standard and safety of our clients by leaning towards an accreditation process appropriate for our type of services. We will continue to develop the skills of our staff and improve on our communication strategies so that our members are not only well informed, but informed in a timely manner.

Taking better control over our own data from a variety of sources will also be important for determining our prevention efforts. We must also take a glimpse or projection into the future on account of the unrest our people are feeling with the threat of an effervescence of mining activity in and around our territory. For many non-aboriginals, the economics overrule everything a mining project can bring. But for many First Nations, the safe-keeping of their land is crucial to their survival and can cause deep wounds in the very fiber of their being.

Operating a Health, Prevention and Promotion Center in a First Nations Community nowadays is much more than a "contribution in - services done - reports sent" scenario. We are responsible for taking a more visionary and leadership role and should be viewed by both levels of government as a serious contributor towards the Public Health of their population. Our staff is well trained and gaining experience and credibility as the years unfold. Our flexible opportunities towards programs and services will certainly enhance our prevention strategies despite not being the paternalistic "old way of doing things". We need to thank the folks at Health Canada for often working outside their traditional comfort zone.

And as we attempt to look into the future in regards to our facility, we find ourselves both excited and nervous at the same time. Although It may have only taken 14 years to outgrow



our needs, we must now pay close attention to details so we can assure the usefulness and efficiency of a culturally appropriate infrastructure that will represent not only a respectful place for clients to receive services but also a facility that will favor recruitment and retention of professionals on reserve. After validating and receiving feedback from our population during our 2013 Community Spring Health Fair, we feel supported and confident in the direction we must go.



Addictions Office



Sports & Mentorship



Mental Wellness



One clinic for:  
Patient Visits  
Bloodwork  
Immunizations  
Screenings  
Footcare  
MCH Program  
Pre/Post Natal



Resource Room for all Programs

Shared office space and office equipment in common areas limits the confidentiality of phones calls, faxes etc



Fax / Photocopier in hallway



# Planning Your Centre

For better care  
For better confidentiality  
For a better future



**PHYSICAL ACTIVITY ROOM**

- Exercise
- Spots & Leases
- Hobbies
- Client Classes
- Identity



**CHILD WELLNESS ROOM**

- Allround Child Health
- Parent Skills
- Parental Motivation
- Speech Therapy



**HOME CARE SUPPORT ROOM**

- Hospice Care
- Rehabilitation
- Waking Beds
- "I've" Care...



**CULTURAL ROOM**

- Cultural Support Classes
- Language Classes
- Traditional Medicine Classes
- Traditional Crafts Classes
- Shaman Classes



**EXAMINATION ROOMS (2)**

In this room visiting physicians and other health professionals the client is present



**LAB AND TREATMENT ROOM**

- Bandaid
- Suture
- Lab work
- Immunization Medical



**MULTI PURPOSE WELLNESS ROOM**

- Family intervention and counseling
- Small group therapy
- Interview room



**BOARD AND TRAINING ROOM**

- Staff meetings
- Videotape
- Workshops
- CPE & Accrediting Classes



**MEDICAL EQUIPMENT**

- Storage
- Maintenance

*What service is missing in this room?*



**KITCHEN-LUNCH ROOM**

- Community Classes
- Cooking Classes
- Nutrition Classes



**DOCUMENTATION PROCESSING ROOM**



**MEDICAL ARCHIVE SECURED ROOM**



# YOUR COMMUNITY HEALTH PLAN

## WHY

### *a Health Plan ?*

- It allows us to efficiently use the resources we have to meet the needs of our population
- It gives a structured approach to reach for the results we target
- We'll be able to measure our results against our strategies used
- We'll respond to our fund providers' requirements

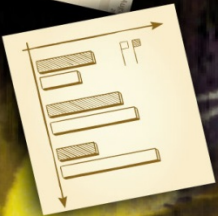
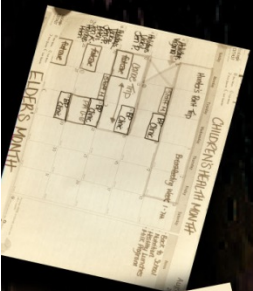
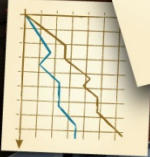
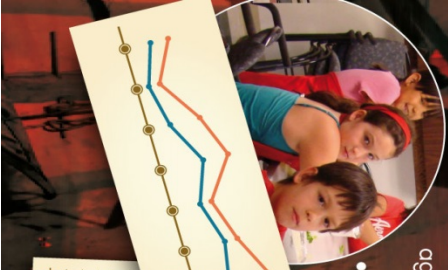
### WHAT is a Health Plan? A TOOL BOX TO WORK WITH

- Needs Assessment
- Research/ Data Collecting
- Community Mapping
- Mission/Vision
- Action Plan
- Partnerships
- Standard Practices
- Reporting Mechanisms
- Schedule of Events
- Priorities
- Budget
- Evaluation
- Emergency Preparedness Plan
- People Workers/ Volunteers
- Flu Pandemic Plan

## WHY a Health Plan

### *is Worth It ?*

- ✓ Our people deserve it
- ✓ Gives us the opportunity and means to measure the Health Services impact on the population general health
- ✓ Allows us to permanently assess our community's needs in order to meet them
- ✓ Lays solid foundations for accreditation
- ✓ Gives us the tools & arguments to have the required funding



Health Director's Article in the August Edition of our Community Newsletter which includes the press release concerning the death of Dr. Gurekas.

## An Update from the Health Director



As you all know by now, we lost a valuable medical resource person in the name of Dr. Vydas Gurekas who passed away suddenly on July 17<sup>th</sup> 2013. Dr. Gurekas was a long-time standing family physician for many of our members for over the last 30 years. He will surely be missed by many.

The Temiscaming-Kipawa Pavillion has been proactively recruiting for family doctors and hope to fill the few vacant positions in the months to come. Below is a communication release we recently received from the CSSST-K this Monday July 29<sup>th</sup>;

**PRESS RELEASE**  
**For immediate release**

Centre de santé et de services sociaux  
du Temiscamingue

**Responsibility for  
Dr. Gurekas' caseload**

Following the death of Dr Gurekas, the medical team of Pavillon Temiscaming-Kipawa will be taking measures to ensure adequate treatment for his clientele. All patients of the Temiscaming-Kipawa sector will have access to a doctor, according to their degree of vulnerability. In the short term, there is no need to contact the Health Centre. You will be contacted in the next few weeks according to the requirements of your level of care. For all emergencies, please do not hesitate to come to the emergency department.

Thank you for your cooperation.

-30-



And finally as the Health Director for my community I felt compelled to cite several “Key Vulnerabilities” as identified in a recent Social Economic Impact Assessment performed in the Spring of 2013 in relation to the proposed Matamec Heavy Rare Earth Mining Project. We will need to keep our ear to the ground and try to be proactive as things unfold. From the office setting on Bay Street in Toronto to the ones located on Boulevard Rene-Levesques in Montreal, this may appear much different than from our back yard view.

Any assessment of the socio-economic and cultural effects of the project must be measured against its potential impacts on these high-level values held by the Aboriginal people upon whose territory the project will take place.

**Key Vulnerabilities:** overburden of the health care system, road accidents, increase in community use of drugs and alcohol, violence, diseases related to toxins either shipped to the mine site or released into land, air or water”, increased violence against women

**Key Vulnerability:** inability to rebuild interest in Algonquin language, increased discrimination and tension over the language issue

**Key Vulnerability:** increased pressure on the school system and day care; worsening achievement by Aboriginal children; increased sense of Key vulnerability: few or no job actual opportunities for EVFN and WLFN members, *skimming* effect from EVFN and WLFN businesses.

**Key Vulnerabilities:** inability to cope with the extra burden of consulting effectively with mining companies and mineral exploration companies and the permitting regime that will ensue; draining of community resources from other programs to deal with these pressures; the possibility of corruption in the future as the company seeks its *social licence to operate*.

**Key Vulnerabilities:** inability of FN governments to cope with the extra burden of consulting effectively with mining companies and mineral exploration companies and the permitting regime that will ensue; draining of community resources from other programs to deal with these pressures; the possibility of corruption in the future as the company seeks its *social licence to operate*

**Key Vulnerabilities:** tearing of the social fabric and the patterns of mutual aid if the wage economy exacerbates inequities in the community and uses up the time of important contributors to the informal economy. Loss of respect for this unpaid work.

**Key Vulnerabilities:** destruction of the harvesting base and the habitat it depends upon, loss of transmission of traditional practices to future generations, increasing population of disrespectful non-natives on the territory.

**Key Vulnerability:** effective displacement and removal of these three families from their traditional homes

**Key Vulnerability:** over-crowding; increased rent; more disrepair, increased costs for repairs.

**Key Vulnerabilities:** Increased pressure on traditional food sources; loss of food due to contamination or perceived contamination; poisoning of the food source for some people; poisoning of the drinking water source, increased costs to obtain food leading to poorer nutrition.

**Key Vulnerabilities:** increased demand for services at a time when funding for such services is being cut; increased inability to cope with illegal drug use violent behaviour and potentially with violence against women.

**Key Vulnerabilities:** more road accidents and potential spills; more time required to carry out daily activities that require driving; deteriorating road conditions and hazards; lack of access to parts of the traditional territory for FN members, increased access to territory by non-natives.

**Key Vulnerabilities:** Increased drug use and concomitant problems like theft and violence; less sense of safety; increased perceived discrimination due to race, gender and language in the communities.

**Key Vulnerabilities:** anger and conflict; legal costs; racial/ethnic tension between those in the non-native community that may want the mine and the EVFN and WLFN members





# CONTACT

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05-2014

LE JOURNAL LOCAL DE TÉMISCAMING / TEMISCAMING LOCAL NEWSPAPER

Le mercredi 11 septembre 2013 / Wednesday, September 11<sup>th</sup> 2013 Vol. 36 No. 27 **1,50\$**




## Projet de terres rares de Kipawa : Des résidents de Témiscaming et de Kipawa exigent des audiences publiques



Matamec Rare Earth project:  
Temiscaming and Kipawa  
demand public hearings

**Venez profiter des super rabais  
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PLUS \$1,000 rebate for Costco members! (on some models)





LLET  
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rars de Kipawa :  
**sidants  
ming et de  
igent des  
publiques**

**Matamec Rare Earth project:  
Temiscaming and Kipawa  
demand public hearings**

About 150 persons demonstrated in front of the Matamec offices and on the Kipawa dock on September 4<sup>th</sup>, the day of the presentation of the Matamec feasibility study. Few people were present at the Lanier dock where a demonstration had also been planned.

Organized by the group «Save Kipawa Lake», composed of Ginette Vaillancourt, Mary Down, Roxane McKenzie and Christina Moreau, and the group APART, whose president is Johanne Descôteaux, the aim of the peaceful demonstrations was to demand that the Government of Quebec hold public hearings for the Zeus project as well as an independent environmental study, as is claimed also by the coalition «Québec meilleure mine» (Quebec better mines) whose spokesperson is Ugo Lapointe.



**Un groupe de manifestants près des bureaux de Matamec à Témiscaming arborant des pancartes assez explicites.  
A group of demonstrators near the Matamec office in Temiscaming with explicit posters.**

About twenty persons demonstrated in front of the Matamec office while at Kipawa, about one hundred persons participated, mainly members of the Algonquin communities of Eagle Village and Wolf Lake with slogans such as «What do we want?» «Save the lake»; «What do we not want?» «Matamec and Toyota».

A petition is circulating at the moment with about 600 signatures: «We are very satisfied of the participation as our group was formed only recently and spontaneously on

entale indépendante, comme le réclame  
«meilleure mine» dont le porte-parole est Ugo

és devant les bureaux de Matamec alors  
principalement des membres des commu-  
tés de Wolf Lake, scandaient des slogans  
«le lac », «Qu'est-ce qu'on ne veut pas?

oment d'aller sous presse, environ 600  
es très satisfaits de la participation étant  
très récemment et spontanément sur  
te rencontre publique le 14 août dernier  
ersonnes. Nous sommes des gens ordi-  
t nous voulons sensibiliser le gouverne-  
projet de Matamec si des audiences  
pas d'attaquer Matamec non plus mais  
vous avant de commencer à donner des  
rt, porte-parole du groupe.

avons le lac Kipawa» est d'obtenir sa  
sionisme à but non lucratif. Des rencon-  
tes communautés autochtones. «Nous  
mêmes intérêts. Nous avons tous nos  
du groupe «Keepers of the Ottawa  
sant affectées», a conclu la militante qui  
sionisme depuis 1880.

Facebook. We held a first meeting on August 14<sup>th</sup> with about sixty-four persons in atten-  
dance. We are ordinary people worried about our water and we want to make the go-  
vernment aware. We're not against the Matamec project either but we want to tell the  
government to wake up before handing out permits», commented Ginette Vaillancourt,  
group spokesperson.

The next steps for the group «Save Kipawa Lake» is to get a charter to be recognized as  
a non-profit organization. Meetings have also been planned with different native com-  
munities. «We are three groups defending the same interests. We are strong. We have also  
obtained the support of the group «Keepers of the Ottawa River». It's all of our water  
that will be affected», concluded the activist who reminded everyone that the laws on  
mining have not been reviewed since 1880.



**Etienne Dano**

Dano vous présente son tout premier One Man Show. Gagnant de l'émission «En Route Vers Mon Premier Gala en 2009», animateur des «Mercredis Juste Pour Rire» en 2010, nommé dans la catégorie «Découverte de l'année» au Gala «Les Olivier» en 2011, il poursuit sa lancée... Il est enfin prêt à vous transporter dans ses univers drôlement inusités, colorés, poétiques, éclectiques et désopilants.

**Vendredi 13 septembre**

CONTACT - 11 septembre 2013 / September 11<sup>th</sup>, 2013

# 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 (January – March 2013)**

#### **Monthly Newsletter Article Submissions**

Every month articles are submitted in our community newsletter. The following articles were submitted for this report period:

- Recovery from Addictions
- “Bath Salts” A Look at Canada’s Newest Illegal Drug
- Harm Reduction...What is it?
- Did you know? The damaging effects of drug abuse often occur after prolonged use, but some may occur after just one use.
- Report of the Algonquin Summit on Addictions
- National Addictions Awareness Week notice and Information about the Wanaki Center’s Relapse Prevention Programs
- Information on Addictions and Help Overcoming Addictions
- The Harm Reduction Approach
- 10 Facts about Tobacco Use in Pregnancy

#### **Youth Dances**

Every other month a youth dance is organized for youths ages 17 & under. This provides the youth with a positive environment for interaction with their friends to have fun. The dances held for this report period were held on:

- January 25<sup>th</sup>, 2013
- March 22<sup>nd</sup>, 2013

#### **M.A.A.D Canada School Presentation**

MADD Canada was invited to show their video presentation about the consequences of drinking and driving to the high school students of G.Theberge. Each year MADD Canada has a new video that they show to the high schools across Canada.

#### **Referrals (Clients)**

A referral was made for a client to detox and is now currently meeting with myself and the Drug and Alcohol Counselor (Melanie Therien) from the CSSST-K in Temiscaming on a regular basis.

#### **Prevention Activities**



- January 25<sup>th</sup> – Youth Dance at the Community Hall
- February 22<sup>nd</sup> – Family Movie Night in North Bay Ontario
- March 8<sup>th</sup> – March Break Activity Day at the Community Hall
- March 20<sup>th</sup> – Karen Graham Workshop
- March 22<sup>nd</sup> – Youth Dance at the Community Hall

### **Meetings**

- Hosted the NNADAP Quarterly Meeting on Wednesday February 27<sup>th</sup> & Thursday February 28<sup>th</sup>.
- Attended the NNADAP Regional Meeting in Quebec City on Tuesday March 26<sup>th</sup> & Wednesday March 27<sup>th</sup>.
- Organized meetings with Rachel Smith from the CSSST-K for planning of some drug prevention/info sessions at the school.

## **ADDICTIONS**

### **Term Replacement (April - December 2012) – Rodney St-Denis**

#### **Monthly Newsletter Article Submissions**

Gathering data on drugs and alcohol, using information delivered from workshops typed and delivered in monthly newsletter. Examples; attended a workshop from CAST Canada on addictions and the client. Typed information of workshop to community members of various drugs and ways to overcome drugs based on what works and don't work in CAST Canada workshop.

#### **Spring Health Fair**

Spring health fair is done annually for presentations of various health departments. NNADAP presented brochures, job functions of prevention and awareness of addictions.

#### **Working with Elders**

When asked from health personnel's of assisting in day outings for Elders in long term housing, NNADAP provides any request; Example, assisted in being a chaperone in a boat outing with group of elders, seeking knowledge various pathways of sober living.

### **Working with Youths**

NNADAP guided a youth at risk of addictions, together made a working plan to keep active in sober activities. Establish a common ground and established ongoing communication of support.

### **Medical Student Visit to Health Center**

Working with health Center team, provided cultural acknowledgement in the community of Eagle Village. Provided general workshop of aboriginal ceremonies and participated in prepping the grounds for spiritual ceremony.

### **Algonquin Games**

Asked to assist in Algonquin Games, This is done in group work, assisted with community bonding with other Algonquin communities. Done over a weekend, participants participated in canoe races, rifle shooting, axe throwing etc... Prevention practices and acknowledgements were mentioned to clean living.

### **Youth Camping Trip**

NNADAP department was asked to help with youth camping trip. Working with health team provided steps at prevention of various group activities, team building and trust activities.

### **Indian Residential School Presentations**

Various Indian Residential School Presentations delivered in and outside the community, the effects of the multi intergenerational impacts leading to substance abuse and addictions.

### **Overnight Canoe Outing**

A small group went for an overnight canoe outing. The canoe trip was designed for group work and to gain experience in setting goals and acknowledgements of enjoyment without the use of substances. We hit our target as everyone gained experience and opportunities of family bonding.

### **Film Outing**

NNADAP worked at getting a film company into the community for the youth to gain experience. Unfortunately the event received little interest in filming. In making the best to work in filming NNADAP continued to work with an Elder to contribute in the filming production. This event opened up an interest with one student whom expressed interest, based on this awareness from the NNADAP department ongoing meetings with film manager

based in Toronto. A meeting was set up for student and film manager, where a presentation of how to get started into filming was talked about with new networking's developments was done for the student.

### **Meetings**

NNADAP takes in quarterly meetings with other NNADAP personals. This staffs meeting are ongoing giving the opportunity to share job performance and seek new alternatives to promote prevention with addictions and substance abuse. NNADAP also participates in Health Center staff meetings creating working relationships in positive awareness of health and wellness.

### **National Addictions Awareness Week (NAAW)**

NNADAP provides a week of awareness of addictions. This year NNADAP provided a culture theme working with the Residential school cultural committee. During the week of awareness of addictions, a traditional culture leader was invited to do spiritual ceremonies. A week of group bonding was done with various age groups. Promotion of addiction week was acknowledged casting good way of living without drugs and alcohol. Ending the week participants participated in a ceremonial native ceremony.

### **Algonquin Summit**

At the request of an Algonquin Summit on Addictions, NNADAP attained and presented a presentation on our community and challenges the community faces with addiction and substance abuse. Gathered network contacts and shared what works and what doesn't work in our community.

### **Clients**

Worked at establishing trust with clients, and then made available treatment information as requested. All clients inquired and filled out treatment referral forms but did not attained treatment centers. Ongoing contact is managed continuing with trust building.

## **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.

#### **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, November during Diabetes month and in February for Heart Health 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 month of April. 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 19 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.

### Heart Health

WE organized a Heart Health Workshop on Valentine's Day. We served a heart healthy supper and invited 2 community members who have had heart health issues to come and speak about their experiences. An elder in the community with spoke about his heart bypass surgery, heart attacks and ongoing troubles with heart disease. A younger community member spoke about having a stent put in at the age of 40 due to a blockage caused by high cholesterol.

### 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 year the event was held during an evening in October. There was an information and supper at the community hall followed by a 1 hour walk at the walking track. Luminaries were sold for \$2.00 each and the profits were given to a young woman in the community who was receiving treatment for advanced stage cancer. We sold 480 luminaries and they were lit and placed around the track. This was a very significant and memorable event and will be repeated in October 2013.

During the month of November we encouraged men in the community to grow a moustache for Movember. We had 13 men sign up the youngest being 15 and the oldest 69. They dedicated themselves to growing a mustache for 30 days.

For the 2013-2014 fiscal year we will be working with the Agence de la Santé et des Services Sociaux de l'Abitibi-Temiscamingue to ensure that all women who are eligible to have a mammogram done receive their invitation to participate in the Mobile Breast Screening Program at the CSST-K. We will also develop a strategy to encourage all women to have their mammogram done.

### Community Newsletter

I am the person responsible for ensuring the Community Newsletter is edited, formatted and published each month. Our Newsletter was published monthly (11 issues) for the 2012-2013 fiscal year. 450 copies were printed 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 28 pages and contained information and updates from all of our programs and services.

Articles that I have contributed to the Newsletter:

- April is Oral Health Month
- Quebec Breast Screening Program
- OxyContin Recall ... Information from Health Canada
- May is Foot Health Awareness Month
- Take Care of Your Feet ... They Keep You Moving
- For You Information ... Shingles
- Elder Abuse Information ... Elder Abuse Awareness Day is June 15<sup>th</sup>
- Boostrix Vaccine
- June is Stroke Awareness Month ... High Blood Pressure
- Nutrition Word Search
- Portion Control ... Help Manage Your Weight
- Healthy Watermelon Slushie Recipe
- Food Safety Crossword Puzzle
- Picky Eater Tips ... How to Get Your Child to Eat Healthy
- Recommended Health Beverages for Children
- 5 Signs You'll Develop Diabetes
- Back to School Health Tips ... Head Lice
- Understanding and Handling Back to School Stress
- Diabetes ... Sugar ... Sugar ... Sugar
- Flu Shot Season is Here
- October is Lupus Awareness Month
- November is Osteoporosis Month
- World AIDS Day
- Snow Shoveling and Your Risk for a Heart Attack
- Holiday Recipe for Diabetics
- The Health and Safety Risks of Holiday Practices
- You and Your Diabetes ... Foot Care
- February is Heart Health Month
- Getting Your Cholesterol in Check
- March is Nutrition Month
- Hiccups

### **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, screening clinic, 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 and Long Point 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.

### **Medicine Cabinet Clean Up**

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. 224 prescriptions and over-the-counter medications were turned in.

### **Other Activities**

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 2013 – 2014**

- 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 and Movember
- Seasonal Flu Vaccination Clinic
- Medicine Cabinet Clean Up

## **MENTAL WELLNESS AND COMMUNITY LINKS PROGRAM**

### **Wellness and Community Links Worker – Virginia McMartin**

This year I was currently in the process of transitioning from Mental Wellness/Community links to the “Diabetes/Chronic Disease Coordinator”, however I have continued to perform all the necessary tasks and carry out all the goals and objectives of the program which 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. This topic has always been very challenging, but I believe that newly employed Front line worker Ms. Stacey McBride will be an asset to the department, and I am positive will do a great job.

### **Preparing for 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 where we informed them on prevention strategies and promoted physical activity.

### **Homemade Baby Food Classes**

This workshop was geared towards moms to create awareness on the importance of eating healthy, portion sizes, the importance of vegetables and fruits, 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.

### **Diabetic Luncheon**

In Conjunction with guest speaker Karen Graham author of book; “The Complete Diabetes Guide” and “Diabetes Meals for Good Health” This was again another success, that created



awareness on the importance of eating healthy and exercising to help manage your diabetes or to prevent the onset.

### **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. We have been using the “Diabetes Meals for Good Health” cookbook to show that healthy eating can be delicious. , we also utilize this time we to 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.

### **Breast Cancer Awareness Workshop**

To promote awareness on breast cancer, Ms. Chief spoke about her husband’s breast cancer to which created awareness that breast cancer does not affect females only.

### **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.

### **Reading Labels Workshop**

With guest speaker from the Commission, who spoke about the labels, but then booked one on ones with clients, to any answer questions or concerns about food labels.

### **Residential School Awareness Workshop**

With guest speaker George Couchie, who spoke about the effects on First Nation People and the steps to take to begin the healing.

### **Sweat Lodge**

Assisted Rodney in a community sweat lodge with Conrad Polson as conductor.

### **Uniting a Nation Games**

In conjunction with Sports and Mentorship this event was focused on physical activity and community involvement. It was a 3 day activity, where we had visitors/participants from the following communities; **Wolf Lake** First Nation, **Timiskaming** First Nation, **Long Point** First Nation, **Wahgoshig** First Nation, **Kitigan Zibi** First Nation and of course **Eagle Village**, who competed in various games such as canoe races, portage races, tug of war etc.

### **Movember**

Beard growing for men of all ages, not as fundraiser but to create awareness on men's health.

### **Terry Fox Run at G. Theberge School**

In conjunction with Sports and Leisure, attended the Terry Fox Run to encourage the Youth also to support with providing water and fruit, again promoting healthy snacking.

### **Other Activities**

- Volunteered to sit on the Anicinabe Mikana Group
- Participated in Breast Cancer Luncheon
- Participated in Community Clean-up
- 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 2013 – 2014**

- Diabetic Breakfasts
- Newsletter input
- Participate in Community Health Fair
- Hunters Point Summer Camp
- Diabetic Physical Fitness Group
- Cultural Teachings
- One on One with Diabetic Clients
- Family Healthy Meal Planning
- Baby Food Making for New Parents
- Breakfast with Santa
- Retinopathy Screening
- Heart Health Workshop
- Walking Challenge in conjunction with Sports and Mentorship
- Breast Cancer Awareness “Woody’s Walk”

## **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.

### **Biggest Loser Challenge**

We had 24 teams join our Biggest Loser 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 and it was different compared to year's past as the majority of the groups weighed-in for all the weeks. This year's team lost 11.63 total body fat percentage.

### **Adult Workout Class**

In conjunction with the Biggest Loser is the adult workout classes. These classes are made available to the community members as a way to work on the physical activity aspect of working towards a healthy body. These classes were given twice a week at night.

### **Yoga**

Yoga was being given to the community members at the Dome. This activity was being given twice a week at night. It was a different workout that was less intense to the adult work out group which would offer variety to anyone who wanted to participate in physical activity.

### **Hunter's Point Camping Trip**

There is a Hunter's Point Trip every year for those between the ages of 6 to 11 and 12 to 17. This year the older group was going first. It was the first year that we had to cancel a week at Hunter's Point. For the second week with the younger children was different. There were lots of participation by the kids and the parent's. We provide the kid's with lots of activities during the week such as a man hunt, swimming, capture the flag etc. There are lots of board games and arts & crafts supplies made available to the kid's so there's always something to do. The menu is always planned and has healthy choices.

### **After School Activity Program at G. Theberge School**

Attended and participated with youth in an after school activity every Tuesday and Thursday. Every Thursday it would be floor hockey being played, on Tuesday the activities would change monthly. The games went from paintball, dodge ball, 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.

### **Youth Trip to Montreal (BioDome and Food Bank Volunteering)**

We brought the youth to Montreal to visit the BioDome. We spent around 5 hours visiting the BioDome and stayed the night in Montreal. The following morning, we volunteered our hours to a food bank in Montreal and give out food to the families that needed it. This activity was made to give the youth an opportunity to see a different type of lifestyle that we may or may not be accustomed to and hopefully give the youths the initiative to seek out a better life.

### **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. I planned and organized activities such as an ice-fishing trip however the weather conditions made us have to cancel this year's event. There was an outing planned and organized at The Centre for curling and hockey and like past years there's only a few who participated in curling and more for hockey.

### **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 went to Temiscaming and sang 3 songs on the local TV station and the children donated the money during the broadcast.

### **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. 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.



### **Youth Career Conference in Montreal**

I went to a Youth Career Conference with 5 youths (Jack Monette, Riley Chevrier, Ashley Fudge, Kacie McLaren and Wesley Perrier) on November 6<sup>th</sup>. This conference was held to help students in the high school section see what is available to them regarding different jobs and colleges/universities after graduation. It was a great conference with many communities all over Quebec and I would have to assume there were at least 250 participants. I hope that this conference helped all of those who took part and gives a better idea of what professional opportunities lay ahead.

### **Working with Individuals that have Community Hours to Complete**

I have worked with 3 different individuals who needed to have their community hours completed. They would complete different tasks assigned to them by myself.

### **Canoe Trip**

There was a canoe trip set up for the community members in August. It was intended to be a 2 night trip however the weather was against and we chose to leave the following day for a one night trip. We had 6 people who took part and we started at Wolf Lake then paddled through the Kipawa River and ended by

### **Daycare Activity**

After speaking with the Director of the Daycare (Patty Hunter), there were 3 different activities set on different months for the children of the Daycare. The activities were for different age groups within the daycare. We went sliding twice and had various activities at the Hall for them.

### **Terry Fox Run**

The G. Theberge School helps raise money for the Terry Fox Foundation. The children go on a walk around the town of Temiscaming and upon their arrival at the school, we give out different healthy snacks and water. It is a great way to support a good cause and gives us the opportunity to work with the school and the children.

### **Summer Day Camp**

There were 2 workers (Rachel Perrier and Michelle St-Denis) hired to provide activities for the kid's throughout the summer. The workers would provide different activities throughout the week from Monday to Friday such as arts & crafts, physical activity games, and swimming etc. The activities were geared towards different motor skills. There were snacks given out daily to the kid's and it was made to promote healthy eating habits.

The two workers went to Hunter's Point and helped with the monitoring and games.

The workers did a great job for the time they were hired.

**Young and Proud Committee Member**

I have attended meetings with the Young and Proud committee. These meetings would help get the Y.A.P. started and moving. I would offer different ideas and provide ways of planning for the future.

## **NURSING PROGRAMS**

**Community Health Nurse – Helene Savard**  
**Clinical Programs Manager – 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.

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, pneumonia and Tetanus 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 96 and a maximum 285 clinic visits in a given month. Example issues are from minor cuts and injuries to daily dressing changes and treatment order by physicians, as well as vaccines and other injections. 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 (2) 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 231 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/ her 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 2012 - Community Health Fair had a screening available.  
73 people participated, with 14 follow ups or referrals
- Fall 2012 Community Health Screening at the health centre;  
47 people participated with 18 follow ups or referrals

New strategic planning has set in motion an agenda to have 4 Community Screenings per year starting in the 2013 reaching out to our priorities, goals and objectives of our new 5 year health plan. We have scheduled tentative dates in Feb. 2013, May 2013, Sept. 2013 and Nov. 2013.

- February 2013 (The 1st of the 4 Community Screening) with a Cardiovascular -Heart Healthy Theme, we had 47 participants.

### **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 3 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 24-30 participants have participated with theses quarterly sessions in 2012-2013 for a total 108. 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 33 people that access foot care services with a total of 130 foot care sessions in the 2012 - 2013 year. With a growing number of foot care sessions, we have designated Monday and Thursday afternoon to foot care clinic

time, where 2 nurses are currently trained and able to complete foot care to the our diabetic clients.

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 2012 was 19.

### **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. An information package to all persons of child bearing years; 18-40 years old. (mail out every 2-3 years) None in 2012
2. Nurse consultation for preconception and pregnancy planning information ( mail out every 2 -3 years) None in 2012
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. 8 kits were distributed.

A total of 8 kits were distributed in 2012 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 2013 year.

This year there was an added activity of a “Welcome Baby Ceremony” for new community babies born in the previous year. A beautiful ceremony and dinner event took place in March 2013

### **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 71 children in the 2012-2013 year.

## HOME AND COMMUNITY CARE PROGRAM

Homecare Nurse - Bonnie Down LPN  
Case Manager – Jennifer Presseault RN CCM

The Eagle Village Home and Community Care Program aims to preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support within the community. The Home and Community Care Program assists and provides nursing services and nursing care to those individuals who have difficulty or are unable to leave their home. Home care services are available from 8h00 to 16h30, Monday to Thursday, Friday 8h00 - 12h00. The homecare nurse or Case Manager will make the necessary arrangements and follow up with the local hospital if a client requires respite services on week-ends.

The Eagle Village Home and Community Care Program started off the year, as other years without full staff consisting of the Homecare Visiting Nurse with support from the Community Health Nurse as the Case Manager was still on maternity leave. In September of 2012, the Case Manager position and aspect of the program was fully active again. Now with the nursing staff being back in full employment, the clinic and homecare clients will be able to benefit once again from 100% participation from the nurses and the programs that have been established thus far.

The Homecare Program currently has a roster of 18 people with 16 of them receiving regular nursing visits. Other clients (2- 4) have been added for short durations in correspondence to their health needs. The Homecare nursing services range from daily, weekly and by-weekly visits to monthly monitoring of chronic conditions. Coronary Artery Disease, Hypertension, Respiratory conditions, Rheumatoid Arthritis and as well as Diabetes with its related complications continue to be the focus of the interventions not to mention medication management. The Homecare Nurse cares for clients with recent admissions and discharges from the hospital, post-surgery clients and to those who require monitoring of chronic or acute disease processes mainly in the elderly population. Regular tasks that are required of the Homecare Nurse are Chronic monitoring of vital signs per the doctor's request, wound care management and dressing changes, medication management, monthly injections as well as post-op care.

The Homecare nurse also assists with the walk-in clinic and other activities such as the quarterly diabetic clinic, vaccination campaign, community screenings clinic and is the nurse that does the majority of the foot care services for both home and community clients in need. We do have clients that require regular laboratory tests which we are able to do from their home environment where we then transport the samples to the local laboratory.

We have been successful in maintaining the link with the local CSSST-K in order to meet many of the needs of our clients. With a team approach, disciplines such as Occupational Therapy, Physical Therapy and Social Work resources have been established and are outsourced at the present time. We continue to maintain an open relationship with the local CSSST-K physicians who continue visit our community on a regular basis to better assist our

population with health management. The physicians are agreeable to home visits on a case by case basis and we always accompany them do the home visit.

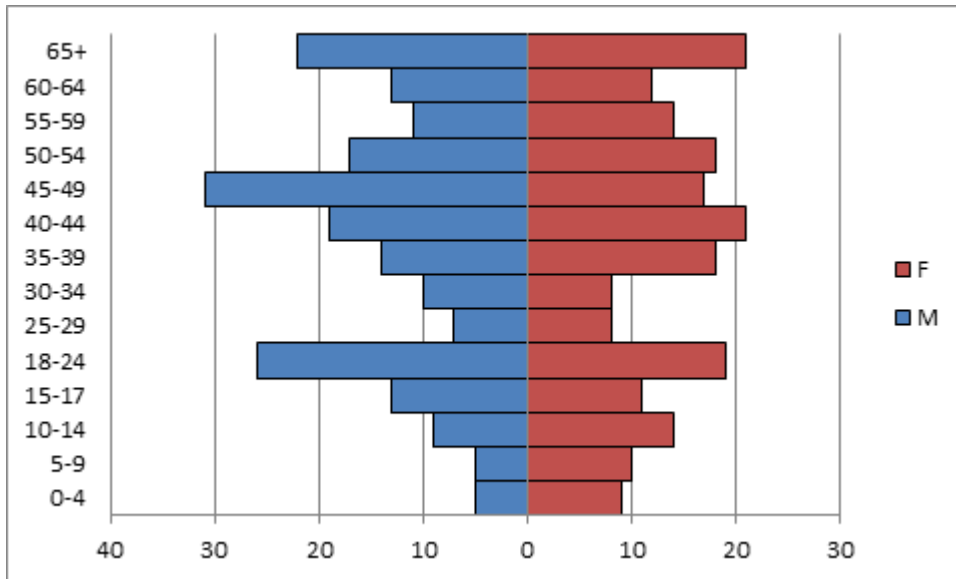
As we strive to meet our objectives guided by our mission, the Home and Community Care Program has contributed and has been a benefit in areas of education, prevention, access to support and direction for care and treatment to our community members. With the home support services funded by AANDC (managed by Centre Jeunesse Ville-Marie) and the support of family members we are pleased to have the opportunity to do our part in maintaining our members in their homes for as long as possible.

**MEDICAL TRANSPORTATION**

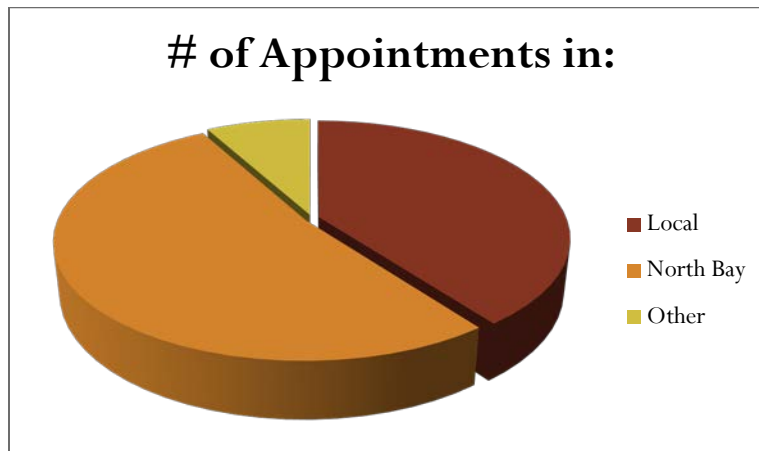
**Medical Transportation Coordinator – Priscillia Durocher**

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.

We currently have 2 regular vans and 1 handicap adapted van. One of the regular vans will need to be replaced as well as the handicap adapted van due to wear and tear. According to our population’s age demographics of our service area which is depicted below, there is a greater need for an adapted van that could provide better services to our elders.

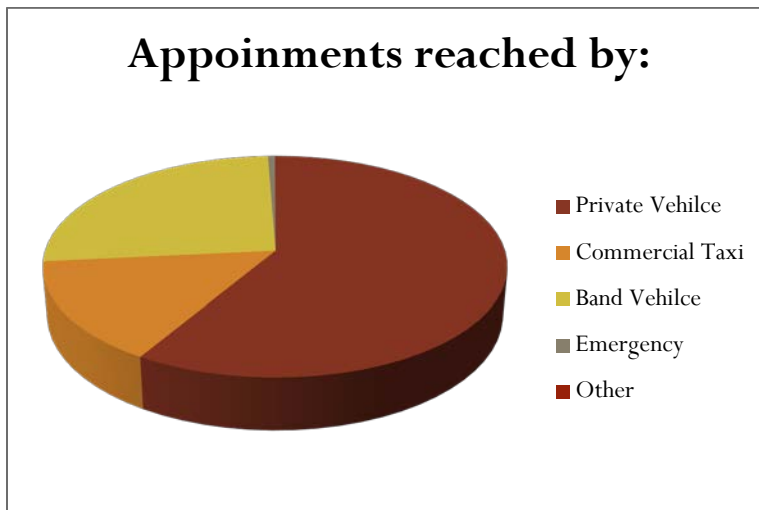


Last year, 265 Eagle Village members from our community and surrounding area utilized medical transportation services, an increase of 11 people. There have been 75 medical trips less than the previous year and the number days away from the community has decreased. The majority of our specialized English health services are obtained locally and in the North Bay Ontario area.

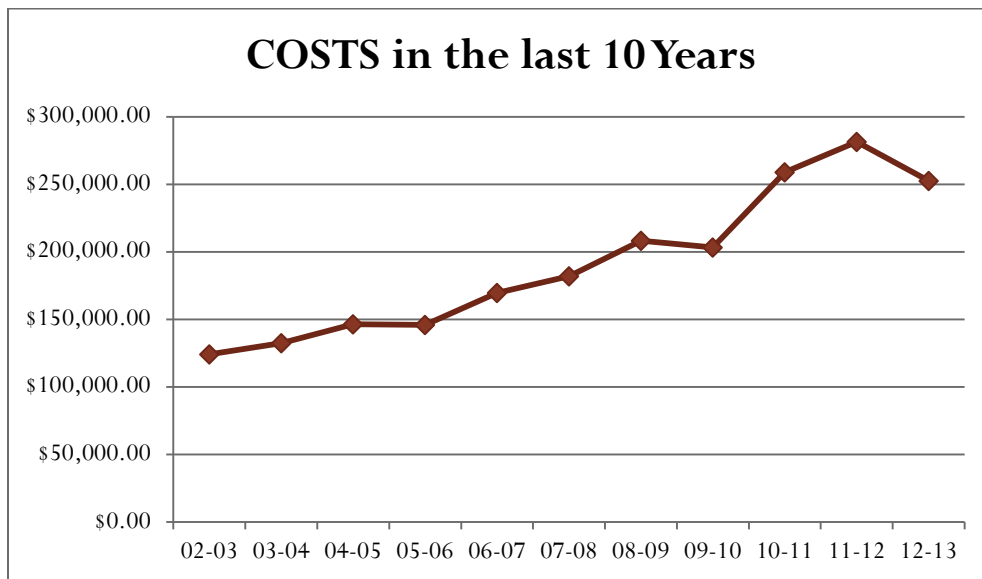




As you may know, members from our community have the choice to utilize their own vehicle to get themselves to their appointment as this mode of medical transportation is the mostly used.



Below is a diagram of the cost of our Medical Transportation program over the last 10 years. From the beginning, our population was steadily increasing and with that so did the cost of operating. The last few years have been considerably higher in cost due to serious illnesses such as cancer (appointments, treatments, follow-ups), the rising price of gas, purchase of our vehicle and the increase of our band members due to the bill C3. We now should be on a plateau and don't foresee future increase.



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. The Eagle Village Newsletter is utilized to inform our members of the Framework and also for operational aspects such as our deadlines for processing.

This year we received a large poster from the FNQLHSSC called the “Medical Transportation Decision Tree”, which can be viewed in the Coordinators office. It is a diagram which depicts Health Canada’s Medical Transportation framework. This is an important tool to illustrate the policy and to help understand the file processing.

Again, 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.

## ENVIRONMENTAL HEALTH AND COMMUNITY BASED WATER MONITORING PROGRAM

### Environmental Health Technician (EHT) – Terry Perrier

For the fiscal year of 2012/2013, 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 is completed and is currently under a commissioning contract by the Engineering firm Dessau. Dessau will ensure that all facets of the Water Plant are working as planned at the end of the commissioning stage. 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](http://www.eau-water.ca) web site
- Promoted Earth Day
- Community Spring Clean Up
- Participated in the EVHC Spring Fair
- Preparing the Emergency Preparedness Action Plan

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

- 416 Colilert tests
- 1040 Free Chlorine tests
- 624 Total Chlorine tests

Articles I submitted to the Newsletter:

- Mould
- Emergency Preparedness Plan
- The Green Action Plan
- Environmental Health ... Open Burning of Garbage

## **EMPLOYEE TRAINING**

The ability to provide training for our Nursing Department continues to be less challenging than for all other staff members. With the availability of video conferencing training by reputable organizations such as Montreal's Sick Kids, we are able to expand the knowledge of our medical staff, thus better services to our clients.

Like most previous years, we often depend on the trends or needs of the entire Quebec Region for training sources. Training needs stemming from a Nation perspective are also another financially sound strategy. Like always, when you consider our geographical location, we need to maximize budgets sharing in order not to lose out mainly on transportation costs.

### **For Nursing Staff:**

- PIQ Training
- SIC-PLUS I-CLSC
- Venipuncture
- First Aid CPR & AED
- 503-504 PNF
- Otitis
- Child Development
- Bronchiolitis
- Elder Abuse
- Nutrition
- Homecare Medical Supply Procedure

### **Other Employees:**

- Motivational Intervention
- PNF 503, 504
- Physical Activity , Aging and Facilitating
- Elder Abuse
- CPR, First Aid AED



**EAGLE VILLAGE FIRST NATION HEALTH CENTRE STAFF**

- David McLaren, Health Director
- Jennifer Presseault Clinical Programs Manager
- Helene Savard Community Health Nurse
- Bonnie Down Homecare Licensed Practical Nurse
- Jennifer King Clerk / Receptionist
- Tina Chevrier Wellness Programs Manager
- Virginia McMartin Chronis Disease & Diabetes
- Vicky Constant Addictions and Wellness Coordinator
- Rodney St Denis Addictions and Wellness Coordinator
- Terry Perrier Environmental Health Technician
- Mitchell McMartin Sports, Leisure and Mentorship
- Stacey McBride First-Line Services Coordinator
- Melanie Plouffe First-Line Services Worker
- Priscillia Durocher Medical Transportation Coordinator
- Judy Young Medical Transportation Driver
- Verna Polson/Roger Mitchell Medical Transportation Driver (Term Contracts)
- Joan Lacelle Certified Personal Care Worker
- Claudette Jawbone Janitorial Services (Medical Leave)
- Melvin McKenzie Maintenance
- Migizy Odenaw Childcare Centre Head Start



2012 Woody's Walk and Information Session for Cancer Awareness



Nutrition Workshop with Karen Graham

Welcome Baby Ceremony

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

# SPRING HEALTH FAIR

Wednesday May 23rd, 2012

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 !!  
(Family Camping Package, Youth Prizes)
- Transportation Provided  
(Call the Health Centre to make arrangements)

**Everyone Welcome**

**VIDEO PRESENTATION**  
6:15 PM  
ANICHINABE MIKANA  
"GOING BACK IN TIME"  
CANCER TRIP

**HEALTH FAIR THEME**  
"MEN'S HEALTH"

**SIGN UP FOR THE**  
ALGONQUIN GAMES  
WHICH WILL BE HOSTED IN  
EAGLE VILLAGE  
JULY 6TH, 7TH & 8TH

**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 !!**

Eagle Village Health Centre  
3 Opina Street  
Kipawa QC J6Z 2H0  
Tel: 819-827-9060  
Fax: 819-827-1893

## Eagle Village is Celebrating November

*Knowledge is Power  
Health is for Life*

November is all about bringing back the moustache, having fun and doing it for a serious cause: men's health, specifically prostate cancer and male mental health.

On November 1st, guys ( Mo Bros) register with a clean-shaven face. Mo Bros then commit to growing a moustache for the 30 days of November, and in doing so become walking and talking billboards for the cause. The moustache is their ribbon, the symbol by which they generate conversations and awareness for men's health.

Whilst the growing of Mo's is limited to the guys, Mo Sistas play a vital role in the success of November by raising awareness, letting Mo Bros know how fantastic their Mo's are and, most importantly, encouraging the men in their lives to be aware and take care of their health.

**Sign up to join November ...  
Support a great cause  
and have a chance to win  
some great prizes !!**

Call Virginia or Tina at the Health Centre to submit your name for registration or for more information (627-9060) !!

On Thursday November 1st, 2012 we will provide you with a razor and shave gel to start November with a clean shaven face !!

At the end of the month, we will celebrate our "Mo Bros" with a supper, info session and award prizes to our participants !!



Outdoor Activity with Daycare Children



Baby Food Making Class



Diabetic (Amputee) speaking to Youth



Youths volunteering at Mission in Montreal

**FOR LOVE of YOUR  
HEART**

Valentine's Day Supper and Information Session  
Thursday February 14th, 2013  
Eagle Village Community Hall  
Doors Open at 5:00 pm Supper at 5:30 pm  
Menu:  
Salad, Roasted Chicken Breast, Mashed Potato, Vegetable, Dessert, Tea and Coffee  
Information Session at 6:30 pm  
*(You do not need to attend the supper to attend the information session.)*  
♥ Heart Healthy Food Presentation with Nutritionist from the CSSS-TK  
♥ We are pleased to have community members as guest speakers,  
to share with us their personal experience with Heart Disease  
Including their signs, symptoms, diagnosis, treatment, and lifestyle changes.  
Door Prize  
Please RSVP before Friday February 8th, 2013 by calling Virginia or Tina  
at the Health Centre at 819-627-9060.  
Transportation can be provided if needed, please call

**NUTRITION WORKSHOP**

You are invited to join us **March 27<sup>th</sup>, 2013 at 9:30 am** at the Eagle Village Community Hall  
to welcome Alexandra Picard, Nutrition Advisor for the  
First Nations of Quebec and Labrador Health and Social Services Commission,  
She will host a **presentation on Food Labels**.

**CHANCE TO WIN  
A DOOR PRIZE !!**

Nutrition Facts	
Serving Size 100g (3.5oz)	
% Daily Value*	
Total Fat	100%
Cholesterol	100%
Total Carbohydrate	100%
Sodium	100%
Total Protein	100%

**EVERYONE  
WELCOME !!**

Followed by a discussion on a variety of topics such as:  
What is 3 grams of sugar? What is 0.5 grams of saturated fats? What is 400 mg of sodium?  
She will also have **visual aids** (real sugar/salt etc) to show exact amount in a variety of food.  
**If you would like to bring in the label from your favorite box or can of food,  
we can look at the label to see its nutritional value.**

Please call to Tina or Virginia (819-627-9060) to confirm your attendance.





Algonquin Games - Elders in a Canoe Race



Daycare Children visiting the Health Center



Youth Summer Canoe Trip



HIV/AIDS Awareness Display

**EAGLE VILLAGE HEALTH CENTRE  
FLU SHOT SCHEDULE**

**NOVEMBER 2012**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5	6	7	8	9
Flu Shot Clinic 1:00 pm to 8:00 pm		Flu Shot Clinic 9:00 am to 12:00 pm	Flu Shot Clinic 1:00 pm to 8:00 pm	Flu Shot Clinic 9:00 am to 12:00 pm

**Walk-In Clinics  
No appointment necessary !!**

Should you require transportation please call Priscilla at the Eagle Village Health Centre (819-627-9060) to make the necessary arrangements.

Please Note ...  
All children 17 and under must be accompanied by their parent.

EVERYONE WELCOME

The seasonal flu shot is recommended for ...

- People 60 yrs of age or older
- Very young children
- People with chronic illnesses (diabetes, heart disease etc)
- And people who come into contact with these individuals

"PROTECT YOURSELF AND THOSE AROUND YOU"

**WORLD DIABETES DAY  
SCREENING CLINIC**

Please come in to be checked for

- Diabetes
- Cholesterol
- High Blood Pressure

**WEDNESDAY NOVEMBER 14TH, 2012**

Eagle Village Health Centre  
1:00 pm – 7:00 pm  
Walk-In Clinic ... No appointment necessary !!

**CHANCE TO WIN A GREAT DOOR PRIZE !!**

For transportation please call Priscilla at the Health Centre 819-627-9060.

EVERYONE WELCOME  
"PREVENTION IS THE KEY TO A HEALTHY LIFE"