



Eagle Village First Nation Health Centre

Community Activity Report

2013 - 2014

Contribution Agreement

QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

REPORTING ON 2013-2014

Vision Statements and Mission Statements are the inspiring words chosen by our management and staff and approved by Chief and Council 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 and 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, however 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). Vision Statements communicate 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 and to ensure they have equal access to all health services they are entitled to.

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.

2013-2014 Health Center Overview

Last years' report started off with ideologies pertaining to or surrounded by local governance issues. This reporting year, I will allude to a larger and more complex scale of Health Governance as a whole.

Over the course of the 2013-2014 fiscal year many of the upper level conversations or strategic thought processes revolved around how we can make the "Governance of Health" much more efficient and better grounded to the needs of the targeted recipients. Ever since the transfers of powers from the Federal Government towards the Provinces, health viewed through the Quebec RAMQ lenses has not always been straight forward and inclusive.

In fact, it took some federal initiatives like the Aboriginal Health Transition Fund (AHTF) to formally look at the existing barriers, misconceptions and gaps in health services for First Nations people in each of their respective administrative regions. Although not all communities were starting from way back, several of them benefited from proactive and

receptive civil servants or hospital CEO's that viewed the First Nations people as their client in spite of some unchartered territories and even staff resistances.

Collaborating projects such as the AHTF served as a virtuous excuse for all those involved making an extra effort in finding a better way to narrowing the gap in health services to First Nations people who still today live with many stigmas like "we have everything for free". Many of our partners began to get to know us and understand our limitations in regards to providing health services to our members. There are fewer excuses such as "I thought you did that or you're a federal responsibility". I must be clear about something I can only speak for the Administrative Health Region of Abitibi-Temiscamingue about the previous statement.

Not all of our communities have a stellar relationship with our provincial establishments. Perhaps it is the isolation that engenders higher costs or the depth in culture and language that prohibits a smoother collaboration or willingness to do what it takes in the name of an appropriate standard of healthcare. Notwithstanding the numerous roots of the problem, it will take a strong commitment from all parties to overcome stigmas, prejudices and the "old way of doing" to ensure that all First Nations with a RAMQ card have equal access to Health Services.

One can only hope that the broader "Successor Initiative" named Health Services Integration Fund (HSIF) will continue building on some of the advancements made previously under the AHTF. As for our community, I am proud to report that we have taken it to a higher level of collaboration and mutual understanding with our provincial partners.

**June 21st 2014 National Aboriginal Solidarity Day
a Collaborative Agreement in Mental Health and Addiction was signed between;
Eagle Village First Nation and
Centre de Sante et des Services Sociaux du Temiscamingue**



This agreement (Annex 1) represents a significant commitment between both partners. The spirit on which it was built relies on our pledge to provide the best possible service to our mutual clients not just within each of our capacity, but jointly finding ways to build a better service delivery. I must give credit to the individual openness of key people at the Agence de la Sante et des Services Sociaux, to the direction of the CSSS du Temiscamingue and their Temiscaming Pavillion and last but not least, to our project partners from the First Nations of Quebec and Labrador Health & Social Services Commission (FNQLHSSC) for which many projects they have assisted along way to completion by their relentless devotion. I give my sincere appreciation to the Health Canada Regional Office for always doing their best to support initiatives that will advance First Nations health to a better level.

I must also give recognition to our Addictions and Wellness Team, our young Social Services Team and to our supporting Clinical Nursing Team for openly participating in such a deep endeavour that often leads to exposing our weaknesses to others despite our huge and inherent strengths. This tremendous courage stems from the commitment the Eagle Village Health Center staff have in wanting to improve the health of our members.

What is important to note from our successful relationship-building endeavour is that although we have made a leap forward towards an “eye to eye” level of respect as an equally important partner in matters of health prevention and promotion, the lack of a more significant First Nations control over our health will continue to put us at a less significant position do to the current decision making process. Some advancements in this area has begun in our region and despite the willingness of personnel from Health Canada in the Montreal office to do things a bit different, the challenge will remain with the people from La Belle Province.

Could the Non-Treaty First Nations of Quebec envision different overall “Governance in Health” like our brothers and sisters have in British Columbia? If there is a genuine will on behalf of the First Nations and presuming that the folks of Health Canada would jump on board, what could we expect from the Province? Having spent several terms as a member of Council in my community I can safely assume that most non-treaty communities will not give up their rights or title to their land as a means of gaining more control over their governance of health. What is health without the rights and title to the land that has been our connection and source to a healthier way of life? Could this province overlook their hunger and need for sole possession of the land and resources to forgo being a genuine partner in improving the well-being of First Nations, thus enabling a new way of Governance in Health? Those are the questions in the back of the minds of many forward thinking people who know that the status quo is merely an insidious way of living up to politically correct mission and vision statements for whom are obligated to help make things better for us.

When alluding to a “different form of Governance in Health”, I want to be clear that regardless of the type, shape or form it will take such new authority, it will not and cannot get us up off the couch, automatically replace that poutine by a salad, put down the game controllers to go play outside or simply walk instead of driving around the corner. It will not diminish the memory of the impacts and consequences of residential schools, colonialism and our removal from our lands and the nearly extinction of our languages. It will not permit

us to strive in today's world without a good education and strong societal ties based on our culture and traditions.

So then we ask, why so much effort at exploring a new Governance Model in First Nations Health? Mainly because what is going on right now, is not working! Because what was set out to occur in the 1970's in the Indian Health Policy did not transpire! Because a distinct sovereign society needs to take the lead and ownership of its destiny in all aspects of governance for which Health seems to be at this time, the sector to initiate this difficult transfer of authority. Because I could foresee a shift from a "victim attitude" and an "attitude of entitlement" towards one of a "surviving warrior" that embraces the value of self-determination while pushing forward, taking full advantage of all the social and economic drivers available today. Because recognizing the First Nation's social determinants of health and striving to address them will be inclusively attainable since they will be backed by an important core determinant of that of a First Nations Governance.

Many eyes will be on the British Columbia Tri-Partite Health Agreement as the rubber has hit the pave since October 2013. This new ground breaking way of doing business in the matters of First Nations Health will serve the rest of Canada as the pilot we all envy in one way, and in the other, we are okay that it's someone else taking that big leap into the uncharted waters knowing that they will be under the microscope. My positive energy and thoughts are sent their way as I pray for their success. My positive thoughts are also flowing in the direction of the Quebec Government so they can start to loosen up to the idea that perhaps the BC model is not such a bad thing after all. That despite their own relentless semi-supported quest to be their own sovereign Nation, timing is now for our political bodies to begin discussions with the key people who just happen to be deeply rooted in the field of health.

Within the same spirit of collaboration, the Eagle Village Health Center has joined forces with the neighboring school and Local Human Resources Department to develop strategies to combat poverty and to eradicate hunger amongst our families and students. These initiatives which also includes a local food bank, is having a direct positive impact on the lower income segment of our population. Knowing that a child will have something to eat before he enters the classroom is extremely rewarding.

PRIORITIES FOR 2014-2015

Mental Health and Addictions Collaborative Agreement

Building upon the collaborative commitment with our provincial partners will be high on the priority list for the upcoming year. Experience has thought me in the past that unless you continue to push for and engage the leading people involved in partnership agreements, frontline workers will feel unsupported and will simply go back to the "same old" upon the first bit of a challenging situation encountered.

Keeping everyone involved requires good planning and the will to be flexible. Promoting First Nations Sensitivity Training needs to be inclusive within this strategy. Given the positive impacts and influence in changing peoples' perception, this UQAT based training has evolved over the few years of its existence bringing credibility and believability to the content. The challenge however remains in the fact that so far, generally only people from the healthcare world have had access. This training represents a significant cost for the individual, therefore only those public servants working in the local and regional health care facilities have been encouraged to participate. This is a great start for sure from a First Nations Health Directors' perspective, however when looking at it with a "Social Determinant of Health" lens, you quickly recognize the irrefutable impact this sensitivity training would have for Non-Fist Nations working in the areas of Education, Economic Development, Housing, Public Security and Natural Resources to name a few. Could the Ministere de L'Education du Quebec support such training as part of a Sec IV curriculum in compliment to their version of L'Histoire du Quebec? I think we could all agree that it would be a great start!

Collaborative agreement aside, the Eagle Village Health Center will need to incorporate or develop an innate sense to explore even more, all aspects of mental health within their activities and prevention and promotion strategies. Steps will include; just talking about mental health, getting the information out there and demystifying and addressing all the stigmas associated. There seems to be a worldwide awakening surrounding the perception society has about mental health. From sports athletes to celebrities, many seem to find the courage to talk about this "taboo" subject. The Clara Hughes Big Ride across Canada is a prime example of the efforts put forth to bring awareness to mental health.

Our Health Center will also strive to identify and support more our clients that may be directly affected by mental health challenges or other concomitance health issues. It is our hope that we will be able to close some of the service gaps from the province and at the same time, receive strong support from our partners at Health Canada.

Building the Business Case for a New Health Center

In response to one of our top 5 priorities set out in our 5 Year Plan, we will be formally building, as requested by our people from Health Canada, a business case as it pertains to the construction of a new Health Center. During our first 5 Year Plan, it became quite apparent that the needs our people were not being adequately addressed by our services to no fault of our own. More efforts in the area of Mental Health and Maternal Child Health require that we have the adequate space and human resources to address the gaps identified. Housed in approximately 4500 square feet that sits right below the Band Administration and Political Headquarters, our current situation is no longer conducive to supporting a visionary or adapting service delivery model for our members. (Annex 2)

Staying on Top of Potential Impacts of Mining Development on our Territory

For the past 5 to 6 years now, the southern portion of the Temiscamingue Region has seen an unprecedented amount of activities related to the mining industry. Although consisting mainly of exploration, these activities began to have a direct impact on our people because of their invasive nature, of which were not in the beginning, consistent with their obligation to consult with the First Nations whose' territory they are infringing upon. (Annex 3)

Both First Nations in the area, Wolf Lake First Nation and Eagle Village First Nation, have tried very hard to have their legal rights respected so they can have a direct participative role in all the facts and information stemming from the "Heavy Rare Earth Mineral from the Kipawa Zeus Project".

After providing as much health data as possible to the Social-Economic Study done in 2013, it became quite apparent that our Health Center will be playing a large role whether passive or active by nature. What I mean by that is all the information we have accumulated in our files have are now being used for baseline purposes. Following the results of this study, we were made well aware of the potential short, medium and long term impacts on the key vulnerabilities of the community that a HRE mine of this magnitude could have. Therefore, we cannot let this project out of our radar so we can be prepared. (Annex 4)

IN CONCLUSION: BUILDING ON OUR STRENGTHS

The spirit in which we plan on operating our Health Center for the next few years will be characterized by subtle efforts to instill an inner feeling of positive change within oneself. While empowerment is the word most commonly referenced in our sphere of "Rez" activities, I truly believe that the enigma that lies within our inner being prevents us from unleashing that inner strength for which is needed to change not only oneself, but our future generations.

The strength required to bring about a positive enabling change will come from, the will of our people to recognize much more quickly the importance of which the "Social Determinants of Health plays on our overall well-being, the openness to accept that some things are never going to be the same and from recognizing that we cannot depend on anyone else from the outside to improve our situation but ourselves.

Having said this, the effect of switching from victim to survivor, will give us that power in which we can feed off of one another and enable us to pass this on to our children and youth. Using our First Nations culture and heritage as our base, we can forge ahead towards a better future by focusing our strengths as opposed to our weaknesses.

EAGLE VILLAGE FIRST NATION HEALTH CENTRE COMMUNITY PROGRAMS

Diabetes, Nutrition and Community Health

Diabetic Retinopathy

Communicable Disease, Immunization and other Mandatory Programs

Foot Care Program

COHI Program

Early Detection and Screening

Home and Community Care Program

First-Line Services

Addictions and Wellness Program

Mental Wellness / Community Links Program

Sports and Mentorship Program

Environmental Health and Community Based Water Monitoring Program

Medical Transportation Program

Maternal Child Health

(Employee Biographies – Annex4)

COMMUNITY WELLNESS PROGRAMS

Community Wellness Programs Manager – Tina Chevrier

In conjunction with the other Health Professionals, the Community Wellness Program Manager (CWPM) coordinates Community Wellness and Prevention Programs in response to the needs of the community. The CWPM ensures quality services for community members through promotion and prevention for health issues such as diabetes and chronic disease, nutrition, physical activity, addictions etc.

Diabetes

I assisted with planning and organizing the Diabetes, Cholesterol and Blood Pressure Screening Clinics that were held in the community. This was held four times during this fiscal year. Information Kits were given to each participant I prepared invitations and mailed them to all local community members, advertised in our Community Newsletter and on the EVHC Facebook page. The Screening Clinics help us identify potential health issues for community members which includes our youth. A total of 238 screenings took place with 69 follow-ups.

Along with the Clinical Programs Manager and our Diabetes and Chronic Disease Coordinator, I planned and organized (4) Quarterly Diabetes Clinics. These clinics were organized for our community members living with Diabetes. They are 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. Preparation includes preparing and mailing invitations, setting up for the breakfast, shopping for all supplies needed for the clinic and information kits and making reminder calls to clients.

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. I was invited to

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.

Along with the Clinical Programs Manager and our Diabetes and Chronic Disease Coordinator, we organized a 2 day clinic for to address women's health, specifically STDI's and Cervical Cancer. We invited two doctors from the local CSST-K to be available at our Health Center to do PAP tests. We sent invitations to all eligible community members and made follow up calls to book appointments and over the two days of appointments 51 women were screened.

During Breast Cancer Awareness Month in October, we organized our 4th 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 member in the community who was receiving treatment for advanced stage cancer. We sold 500+ luminaries and they were lit and placed around the track. This was a very significant and memorable event and will be repeated in October 2014.

For the 2013-2014 fiscal year we worked 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 CSSST-K. We developed a strategy to encourage all women to have their mammogram done. They were asked to turn in a Medical Visit Attestation from their Mammogram appointment to be eligible to receive a prize at the end of the year. There was great participation and this allowed us to ensure that our members are being screened.

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 2013-2014 fiscal year. 450 copies were printed each month of which 130 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 and Information that I have contributed to the Newsletter:

- High Blood Pressure
- Employment Opportunities at the Eagle Village Health Center
- It's Your Health ... Sunglasses
- Healthy Recipes and Cooking Tips
- Health Center Reminders and Updates
- Upcoming Activities and Information Sessions
- Stroke Awareness ... Risk Factors and Warning Signs
- How to Avoid Illness from Hamburgers
- Diabetes Care and Mental Health
- How High Blood Pressure is Measured
- Childhood Obesity ... Frequently Asked Questions
- Ovarian Cancer Information
- Prostate Cancer Information
- November Flu Shot Schedule
- Eye Health Month ... Hyperopia/Farsightedness
- Eye Health Month ... Myopia/Nearsightedness
- Lung Cancer Information
- Medicine Cabinet Clean Up

- HIV and AIDS Awareness
- Winter Weather ... Cold Temperatures and Wind Chill
- What is Wind Chill? Seven Steps to Cold Weather Safety
- February is Heart Health Month ... How Does Belly Fat Harm You
- Obesity in Children
- Fast Food ... Eating Out Tips
- Watching Your Salt Intake
- Antioxidants and Fiber
- Diabetic Neuropathy ... What are the Symptoms

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 external resources and organized a community meal. We have over 130 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. 250+ prescriptions and over-the-counter medications were turned in.

Residential School Survivors Commemoration Ceremony

I coordinated and assisted with planning and organization of the Residential School Survivors Commemoration Ceremony and Supper that was held in our community on Thursday November 7th, 2013. This event included the unveiling of a monument and information panels that recognized our Residential School Survivors, Guest Speakers, personal words from our Survivors and a supper was held in their honor.

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.

Priorities for 2014/2015

As the Community Wellness Programs Manager, my main focus for the next fiscal year is to ensure that the Wellness and Prevention Programs are meeting the goals and objectives that were identified in our five year Health Plan. It is important to review with the Program Workers and Coordinators what has taken place and what we are planning regarding the activities that we listed to meet our specific objectives. For example as a Health Center team when working on our five year Health Plan we identified the need and importance of a formal Diabetes Program, Chronic Disease Program and Addictions Program. In the upcoming fiscal year the priority will be to evaluate what has been completed in regards to these programs and what needs to be done to ensure we meet the target dates. With the implementation of the I-CLSC in 2014/2015 and the plan to begin the accreditation process in the foreseeable future, a more structured management plan on my part will definitely be important and necessary

ADDICTIONS AND WELLNESS PROGRAM

Addictions and Wellness Worker – Vicky Constant
Addictions and Wellness Worker – Rodney St-Denis

Monthly Newsletter Article Submissions

Every month articles are submitted in our community newsletter. The newsletter is an important means of sharing information with community members as it allows us to disseminate important information in regards to drugs, alcohol, other addictions, treatment options etc. The newsletter in certain instances is our only way of sharing it with community members who may be too shy or embarrassed to make a request from the addictions worker for specific information. We also include articles that may stimulate community members to talk with their children or family members

The following articles were submitted for this report period:

- Native Horizons Treatment Pamphlet
- Prescription Drug Abuse – Get the Facts
- Prom and Graduation – Make it a Memory Not a Tragedy
- Interview with a Resident from a Treatment Facility
- World “No” Tobacco Day
- Information About Oxycontin, Speed, Cocaine and Cannabis
- Bullying is a Big Problem
- Peer Pressure
- Information About FASD (FASD Awareness Day)
- 10 Ways Family Members Can Help a Loved One with a Drug or Alcohol Problem
- Who Bullies?
- NAAW (Explanation of Schedule of Activities)
- What if you’re the Bully?
- National Non-Smoking Week (NNSW) Explanation
- Get Ready to Quit Article
- Talking to Your Parents – or Other Adults
- How to Talk so Parents Will Listen.

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. It demonstrates at a young age that activities do not need to have alcohol or drugs to be considered “social”. Youth dances also provide the opportunity for the Addictions and Wellness Workers to build a rapport with the youth.

The dances held for this report period were held on:

- May 10th, 2013 – 30 Youth

- July 5th, 2013 – 12 Youth
- September 27th, 2013 – 18 Youth
- January 17th, 2014 – 23 Youth
- February 28th, 2014 - 6 Youth
- March 7th, 2014 – 20 Youth participants of various age groups and dynamics.

Prevention Activities

Hosting prevention activities allows the Addictions Workers to introduce components of healthy lifestyles to each activity. All activities promote healthy lifestyles and wellness without the use of substances. Themes include education, community links, hands on experience and personal expression. Prevention activities engage various age groups such as youth, families, adults etc. and these activities provide the opportunity for the Addictions Workers to interact with community members outside of the “client referral / consultation” box. By creating opportunities for our youth to build a strong sober foundation with courage and bravery, leads to an overall increase in self-esteem at the same time providing them with the tools that will minimize the tendencies associated with alcohol and substance abuse.

- Gymtrix with the Youth
- Mother’s Day Craft
- Community Spring Health Fair
- Father’s Day Craft
- Strawberry Picking at Leisure Farms
- Prevention Activity with McGill University Students at the Migizy Odenaw Daycare Center
- Adult Bowling Night in North Bay
- Halloween Family Fun at Leisure Farms
- National Addictions Awareness Week included Prevention Activities with the youth at G. Theberge School, Information Session with a Pharmacist for Health Center Staff, Wendigo Lake Expeditions, Family Bowling Night.
- “Harm Reduction” Presentation for the Health Center Staff.
- Family Game Nights
- Canoeing Trip to Brennan Lake
- Annual Hunters Point Camping Trip (2 Weeks)
- March Break Activities with Sports and Mentorship Coordinator
- Cultural Awareness Activities
- Group support for Elders, native themed activities
- Hosted weekly Sharing Circles to engage in emotional expression linking with native ceremonies and arts.
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Meetings

Participating in informative meetings is of great importance for the Addictions Workers, clients and the community members in general. Generating new avenues of health services,

forming working relationships with external resources and networking with others in the addictions field allows the Addictions Workers to better service community members who often inquire about steps to take or whom they can talk to when faced with life's challenges regarding addictions and addiction behaviors. We can offer support and solutions with each other, with our clients, with the community and our partners in the addictions field.

- Hosted the NNADAP Quarterly Meeting in January 2014.
- Attended NNADAP Quarterly Meetings in Timiskaming First Nation and Kitigan Zibi
- Regular Staff Meetings at the Eagle Village Health Center.
- Regular Networking Meetings with CSSST-K (Addictions Counsellors)
- Health and Social Service Meeting in Rouyn, Quebec
- Meeting with Secondary Teachers regarding Prevention Activities.

Client Referrals / Consultations

Client referrals and consultations vary depending on the circumstances and the needs of the individual client. By delivering a wide range of services and providing one-on-one consultations we build a sustaining platform for the client choosing to enter treatment services. Working together, both the client and the Addictions Worker review health services that the client might need for entry into a treatment program ie) detox, doctor's appointments, medical transportation, personal life management etc. Aftercare planning is also very important and critical for the management and prevention of relapse. Harm reduction strategies were developed for the safety of the individual and for the community.

The following is a list of client referrals and consultations that were done:

- Client referral to Detox Center
- Client referral to Healing Lodge
- Applications and Referrals to Treatment Centers (including making travel arrangements and assisting with other health partners for transition into treatment.
- Needle Exchange Program within the Community
- Client Support (Pre/Post Treatment)
- Provided information as requested by clients and community members.

DIABETES AND CHRONIC DISEASE PROGRAM

Diabetes and Chronic Disease Worker – Virginia McMartin

The transition from Mental Wellness/Community links to the “Diabetes/Chronic Disease Coordinator” is complete, this year I focussed on the goals and objectives of this specific program. Prevention and promoting awareness on a variety of topics through education workshops, one on one sessions with clients, working in conjunction with the Sports and Leisure coordinator to promote physical activity, building resources that reflect Eagle Village Health Centre Diabetes/Chronic Disease Program, which we are still moulding to meet the needs of our members. Although a very busy year, I am very enthusiastic and optimistic that the program will grow into a tool that will be used to serve members; prevent and/or manage their disease.

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. 35 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, when to start solids and portion size etc.

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. I submitted monthly articles pertaining to Diabetes and Chronic Disease.

Diabetic Information Sessions

In conjunction with our neighboring community Wolf Lake First Nation we hosted two information sessions with guest speaker Lori McLean who is a Diabetes Prevention Worker and Dietitian. Both information sessions were a great success, 25 people living with diabetes attended the two sessions. The first session explained topics such as; importance of eating healthy, exercising to help manage your diabetes and the importance of combining the two for a healthier lifestyle. For the second information session Lori McLean spoke about what to look for on food labels, when living with Diabetes. Lorie was also available to meet with clients who requested one on one consultation time to personally address their questions and concerns regarding their diabetes.

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. This year we had visual aids such as sugar cubes that represent the amount in one large Slushy, or coke, mountain dew etc. This visual displays stimulated many comments and questions from the Spring Fair participants.

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.

Food Security Program

After speaking with teachers at our local school, we were astonished at the amount of youth that attend school each day without breakfast, and unfortunately some with a lunch or snacks. We submitted a proposal for the “Food Security Program” which helps allows us in conjunction with teachers and volunteers to ensure our students access to a healthy breakfast, lunch and/or snack. This program is also providing the older youth at the school the opportunity to help dispense, monitor and implement the program.

Diabetes Exercise Classes

In conjunction with the Sports and Mentorship Program, 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. This has been ongoing for 3 years now and it is a continued success.

Women’s Health

In conjunction with Community Wellness Programs Manager and Community Health Nurse help sending out letters for the annual PAP Screening Clinics here at the Health Centre.

School Walkathon

We provided healthy snacks, water and fruit for students during an organized Walkathon to help raise funds for playground equipment at the local school. This was done in conjunction with the Sports and Mentorship Coordinator. The importance of promoting and providing our assistance at such an event is essential as it helps us to show our dedication to having our youth be physically active. A playground means our children will be moving and playing at school during recess and at lunch versus standing idle in the field.

Diabetic Log Book

Developed and designed a daily log book for our clients living with diabetes. This tool is for clients to help them manage their diabetes by logging in their numbers after testing daily to help identify their high and low blood sugar. Our clients have found this tool to be very effective as it allows them to share this information with their health team (doctors and nurses).

Breakfast with Santa

This yearly event is geared to all youth in the community. While the EVFN Recreation Department provides the gifts, we at the Health Centre help by providing a healthy breakfast in place of sweetened cereals and high fat and calorie choices such as bacon. This event allows us to support other community services and have an impact on parents and children in regards to healthier eating options.

NADA Conference

Once again I had the opportunity to attend this conference which has so much to offer. The agenda is filled with workshops for learning and I have the opportunity to meet with other health workers in the same field and we share information, prevention strategies, activity ideas that I can bring back to my community.

Terry Fox Run at G. Theberge School

In conjunction with the Sports and Mentorship Coordinator and First-Line Service, we attended the Terry Fox Run at our local school with front line services to encourage the Youth also to support with providing water and fruit, again promoting healthy snacking.

Woody's Walk

This annual event is to create awareness about Breast Cancer and promoting the importance of early detection through screening and mammograms. 108 people attended this annual event. We had guest speakers who were invited to talk about their personal

experience of finding out that they had cancer and they explained the steps of their diagnosis, treatment and aftercare.

Other Activities

- Volunteered with Walking Challenge
- Adult/Youth Golf Tournament
- Participated in Community Clean-Up
- CSSST-K Golf Tournament
- Participated in A.S.I.S.T
- Participated in “Professional Development Workshop”
- Participated in Chronic Disease Webinars

It has been a busy yet interesting year, I have taken the reigns of the Diabetes and Chronic Disease Program in hopes that the challenges we meet we will overcome. I cannot stress the importance of “Team Work” in this specific department, I am very grateful for the continued support I receive from the Community Wellness Programs Manager, Clinical Programs Manager, Homecare Nurse, Community Nurse, Sports and Mentorship Coordinator and the Health Director, as they say it takes a community to raise a child, it also takes a team to build a healthy community.

Upcoming for 2014 – 2015

- Diabetic Breakfasts
- Newsletter input
- Participate in Community Health Fair
- Hunters Point Summer Camp
- Diabetic Physical Fitness Group
- 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

Sports and Mentorship 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.

Part One: Choose to Lose

We had 32 individuals join Part One of the 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 participants were given an incentive of losing 7% of their body weight to be accepted to Part Two of the program.

Part Two: Choose to Maintain

Once achieving 7% of lost body fat, participants now change their programming into weight maintenance. The program asked for the individuals to lose an additional 1% of body weight within a 2 month time frame on three occasions until the person reached 10%. The results are still on-going.

Adult Workout Class

In conjunction with the Choose to Lose challenge 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.

Hunter's Point Camping Trip

There is a Hunter's Point Camping Trip every year for those between the ages of 6 to 11 yrs and 12 to 17 yrs. This year the older group was going first and after cancelling last year's event due to no participation there was enough youth to continue with the Hunter's Point trip. It was the first time we did canoeing trips with the youth during the trip and in the end it was a success as they enjoyed their time.

For the second week with the younger children it was different. There was lots of participation by the kids and the parents. We provided the kid's with lots of physical activities during the week such as a man hunt, swimming, capture the flag etc. There are plenty of board games and arts and craft supplies made available to the kids so there is always something to do. The menu is always planned and has healthy choices. The emphasis is to promote a healthy active lifestyle.

After School Activity Program at G. Theberge School

I attended and participated with our 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, dodgeball, volleyball, basketball, etc. This helps me interact with the youth and develop a relationship with them while promoting physical activity.

Educational Youth Trip to Bois Franc

We held a trip in March to ask families to come to Bois Franc and learn our ancestor's way of life. We had an Elder give our youth and parent's teachings that ranged from fire making to ice fishing to hands on practice of skinning pelts and fileting fish and cooking over an open fire. It was important to put a focus on our culture and traditions and educate youth on how physical tasks and chores were for our Elders when they grew up.

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. There were enough parents to have a couple of parent teams taking on the kids teams in a game of tug-of-war. There were outdoor games such as building ice sculptures, potato bag races, egg and spoon race etc. I planned and organized a trip to North Bay to the Gymtrix. This activity was geared towards children 12 and under. There was a skiing trip to Laurentian Ski Hill in North Bay that had 43 participants, these participants age ranged from 6 to 55. There was an outing planned and organized at The Centre for curling and hockey. The main theme of March Break activities is to promote a variety of physical activities and to encourage parent participation.

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 others as the money raised went to the Lion's Club who in turn ensures that all families in need have a food basket, turkey and gifts for Christmas. We went to Temiscaming and sang 2 songs on the local TV station and the children donated the money during the broadcast.

Diabetic Workout Group

This year, we have continued with the Diabetic Workout Group held on specific weekday mornings. There were 3 workouts given every week at 10:00 am. 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 Overnight Trip to Wendigo Lake

Program workers from First-Line Services, Addictions and Wellness and I, took a group of youth to Wendigo Lake Expeditions to participate in activities that focused on trust building. This included high wire walking, rope obstacles, and interacting activities to help the youth go outside of their comfort zone and try something new. This trip also allowed for program workers to build a relationship with the youth away from the community and technology (no electronics or cell phones).

Daycare Activities

After speaking with the Director of the Daycare, there were 3 different activities set on different months for the children at the Daycare. The activities were for different age groups within the daycare. We went sliding twice and had various activities at the Community Hall. This allows me to interact with a specific age group in a controlled setting that I may not otherwise have the opportunity to do so. Physical Activity needs to be promoted and encouraged at a very young age.

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.

Assisting GTS and EGT with Fundraising for School Playground

We went to the school to supply Healthy snacks and water to the English and French schools. We were asked to collaborate with the school to do so in hoping to achieve \$100,000 to help restructure the playground and play areas used by each school. As the person responsible for promoting physical activity I was very happy to lend my support to a worthwhile cause.

Summer Day Camp

There were two workers hired to provide activities for the youth throughout the summer. The workers provided different activities throughout the week from Monday to Friday such as arts and crafts, physical activities such as outdoor 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.

School Pedagogical Days

There were activities planned with the youth when they were out of school for Pedagogical Days. These activities varied depending on the day and month and included swimming, skating, hockey etc.

Adult Street Hockey Tournament

There was an Adult Street Hockey Tournament held at the Eagle Village Community Hall. Teams paid an entry fee and the format was a round robin with a semi-final and final game taking place at the end of the event. Teams were comprised of both males, females, young adults, adults and Elders. Many youth and community members came out to cheer on family members and parents. This activity was held outside and it was a non-alcohol event that families could enjoy together.

Walking Challenge

The Health Center held its first ever Walking Challenge. The challenge consisted of accumulating a person's walking distance within a ten week period. The goal for each participant was to hit a minimum of 100 kilometers to be eligible for the grand prize. For those that surpassed 100 kilometers people were given incentive by way of additional ballots. The prizes were geared towards two age groups one that was 16 and over and the other being 15 and under. The younger group had to walk 60 kilometers to be eligible for the grand prize in their age group. The first Walking Challenge held in the spring and 103 participants joined, we followed up with a second walking challenge in the fall, there was a small decrease in the participation however both Challenges were very successful with many members increasing their daily physical activity.

Newsletter

I submitted monthly articles pertaining to the Sports and Mentorship Program. This included advertising and announcing upcoming events and activities and providing summaries and pictures of events and activities that took place.

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 140 and a maximum 363 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.

One (1) out of four (4) primary care physicians from GMF of the CSSST-K visited our clinic roughly every month. We have had 16 MD visits to our community with them seeing a total of 126 clients within the 2013-2014 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

New in 2013-2014, Four (4) Community Screenings take place reaching out to our priorities, goals and objectives of our new 5 year health plan.

Quarterly, (4 times per year) community based screening clinics are now 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. From the numbers below, you will notice that there is a consistent screening referrals percentage between 23 and 35 %. Aiming for results under the 20 % range will be encouraged.

For 2013-2014:

- Spring 2013 - Community Health Fair had a screening available.
90 people participated, with 23 follow ups or referrals
- Summer 2013 - Community Health Screening at the Health Centre;
34 people participated with 8 follow ups or referrals
- Fall 2013 - Community Health Screening at the Health Centre;
67 people participated with 24 follow ups or referrals
- Winter 2014 - Community Health Screening at the Health Centre;
47 people participated with 14 follow ups or referrals

Influenza (Flu Shot) and Pneumovax Vaccine Program

This year's flu shot campaign yielded an increase of 13 % of people vaccinated compared to 2012. EVFN continues to receive good cooperation from the Agence de la Sante and the local CLSC to carry out this important prevention activity.

FLU SHOT

2012: 130 clients

2013: 147clients

PNEUMOVAX VACCINE

2013: 10 Clients

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 Wellness program Manager 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 24-31 participants have participated with these quarterly sessions in 2013-2014 for a total 115. This is an increase from last year as in previous years reported.

- April 2013: 31 participants
- July 2013: 29 participants
- October 2013: 24 participants
- January 2014: 31 participants

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 38 people that access foot care service in the 2013 - 2014 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 2013 was 42.

Cervical Cancer Screening

Special clinic for cervical cancer screening (Pap test) with Dr. Zivkovic and Dr. Raad (1 day each) Total of 49 women attended.

Breast Cancer Screening:

In conjunction with the provincial program CLARA bus in April 2013. We provided support by sending out letters to all EVFN women and administratively assisting those in need with referrals and appointments for their mammograms.

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) Completed in Early Spring 2014
2. Nurse consultation for preconception and pregnancy planning information (mail out every 2 -3 years) Completed in Early Spring 2014
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. 10 kits were distributed.

A total of 10 kits were distributed in 2013 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.

New planning for 2013 now has our MCH program worker at the Health Centre monthly for ASQ testing and Parent – Child Activities. This is scheduled every 1st Tuesday of the month.

ASQ Developmental Screening continues successfully at the Health Centre. This new age-based developmental assessment screening tool has been implemented since 2010. The goal of this initiative is to increase future successes for the children entering school by identifying early on, any shortcomings.

Again this year, there was a “Welcome Baby Ceremony” for new community babies born in the previous year. A beautiful ceremony and dinner event took place in March of 2014 for 5 families.

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 107 children in the 2013-2014 year

Weight Loss and Walking Challenges

In conjunction with Sports, Leisure and Mentorship program's Physical Activity component, Nursing is involved for the clinical component of the Weight loss challenges and the Walking challenges. Initial evaluations and regular interval checks are completed with nurses in the clinic as per each program setup. Clinic evaluations and rechecks such as blood pressure, weight, blood sugar, cholesterol and measurements are all done in the clinic. There were approximately 197 participants that presented to the clinic during the 2013-2014 year events.

HOME AND COMMUNITY CARE PROGRAM
Homecare Nurse - Bonnie Down LPN
Case Manager – Jennifer Presseault RN CCM

In the 2013-2014 year, the Eagle Village Home and Community Care Program continued 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 makes the necessary arrangements and follow up with the local hospital if a client requires services on week-ends.

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, Rheumatoid Arthritis and Diabetes with their respective related complications continue to be the focus of the interventions as well as medication management and lab tests. 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 provides coverage to the walk-in clinic if needed and participates in other activities such as the quarterly diabetic clinic, vaccination campaign and community screenings clinics.

The Homecare Nurses provide the foot care services for both home and community clients in need. In the past year, foot care services have increased from 28 to 38 clients total. Foot Care services are provided either in clinic or at the client's home depending on the clients condition or specific situation.

We continue to build our 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 and Physical Therapy resources continue to be 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.

In the past year the Homecare Nurse has successfully completed online courses to better serve the needs of the community, the courses were:

- Wound Care (Part 1)
- Wound Care (Part 2)
- Psychosocial Aspects of Chronic Disease
- Chronic Care for Health Promotion and Disease Prevention (Diabetes, COPD, Asthma)

Priorities for 2014/2015

As the Clinical Programs Manager responsible for Mandatory Programs as well as the Home & Community Care Program (HCC), my main focus for the next fiscal year is to ensure nurses, related program workers and other professionals are meeting the goals and objectives that were identified in our five year Health Plan. Specifically for the HCC Program, one main goal is to complete the revision of the Service Delivery Plan to meet all the needs of the community and demands of Health Canada. Another focus will be improved collaboration with the Wellness Manager to provide a more structured management and organization of program delivery which will be important and necessary to finalized such projects as a formal Diabetes & Chronic Disease Program. With the implementation of the I-CLSC in 2014/2015, we will be able evaluate effectively what has been completed in regards to these programs and what needs to be done to ensure we meet the target dates. Setting a structured approach to certification and training as continuing education for clinical staff will translate into functional improvements and improved quality of care which will be essential as a plan to begin the accreditation process is in the foreseeable future.

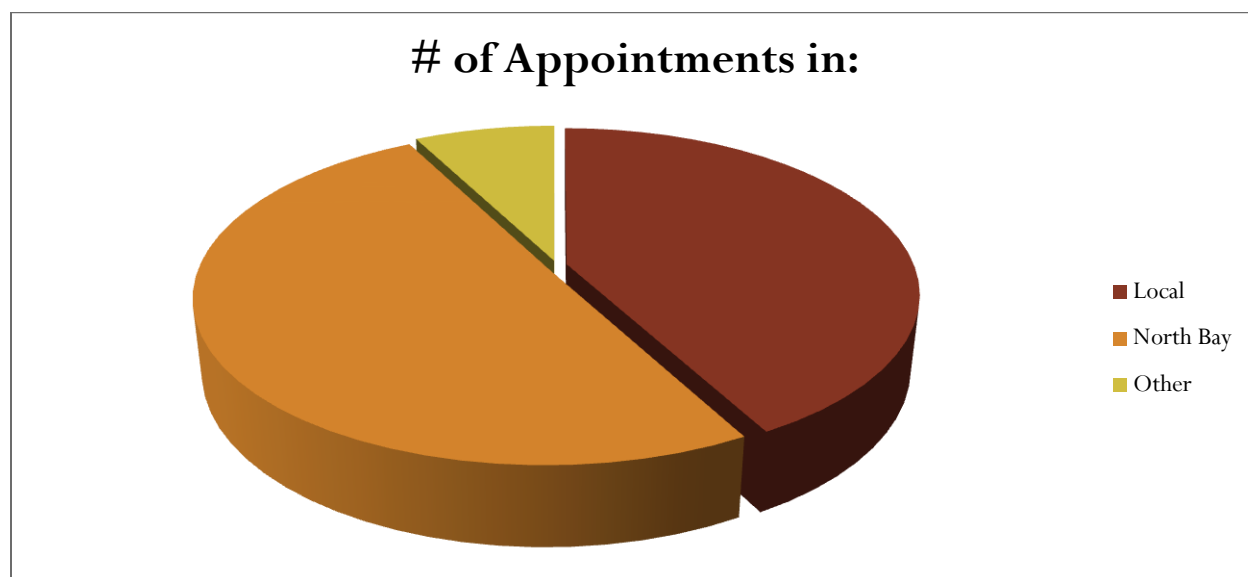
MEDICAL TRANSPORTATION

Medical Transportation Coordinator – Priscillia Durocher

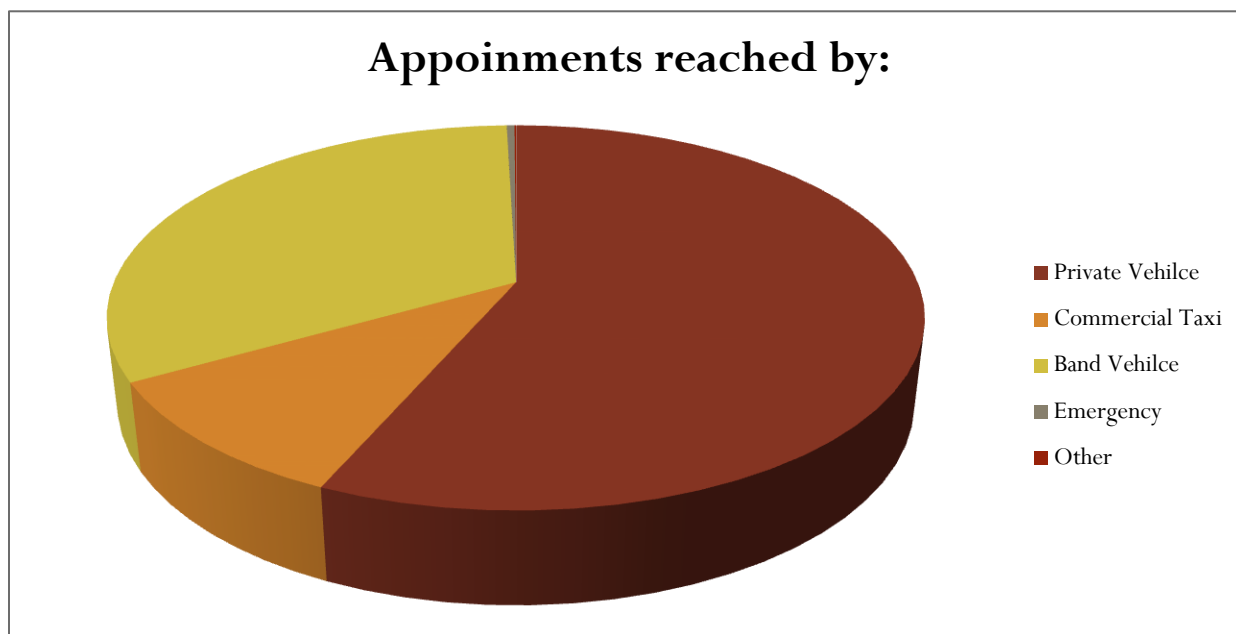
This program is managed using Health Canada's National framework. Medical trips are coordinated through the Health Centre Medical Transportation Coordinator and are dispatched to our two full time drivers.

During the reporting year we had 2 regular vans and 1 handicap adapted van. One of the regular vans needed to be replaced as well as the handicap adapted van due to wear and tear. The needs for our community were taken into account and requests were made to Health Canada to have these 2 vehicles replaced.

Last year, 280 Eagle Village members from our community and surrounding area utilized medical transportation services, an increase of 15 people. Of the 280 members, there are approximately 25 new clients using the service. There was an increase in the number of medical trips and the number days away from the community. Our members were touched with health conditions requiring specialized services in the areas of cardiology, oncology, neurology and pediatrics to name a few. The majority of our specialized English health services are obtained locally and in the North Bay Ontario area. We've seen an increase in our services being accessed in the Quebec Region due to inter-provincial barriers.



During this past fiscal year, the most utilized means of transportation was done with the clients own vehicle. This can be explained by closure of our only grocery store in town therefore often combining medical appointments with grocery shopping opportunities. Even with this, there was an increase of 60% in the number of trips by band vehicle.



The cost of our Medical Transportation program over the last 10 years has been 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 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.

A large poster from the FNQLHSSC called the "Medical Transportation Decision Tree", which can be viewed in the Coordinators office, 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. The steps are to be illustrated in the Newsletter as well. Our vehicle fleet will be comprised of the Dodge caravan, an adapted Mecedez Sprinter with high roof and a regular roof Mercedez Sprinter. Our adapted van will be able to accommodate 2 wheelchairs. 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. Therefore we are counting on your usual cooperation to use such personal protective equipment while in transit and feeling under the weather.

ENVIRONMENTAL HEALTH AND COMMUNITY BASED WATER MONITORING PROGRAM

Environmental Health Technician (EHT) – Terry Perrier

For the fiscal year of 2013/2014, 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.

Since December 2013 the new Water Treatment Plant (WTP) has been supplying our community with water. All of the equipment has been functioning adequately. We are still in the Commissioning phase and any operational issues are being addressed in a timely fashion. These issues have had no effect on the water quality. The owner/designer of MS Filtration, Mr. Bob Lecraw, even brought a group from Carlton University for a tour of our facilities. Everyone was very impressed with our WTP.

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
- Community Spring Clean Up
- Participated in the EVHC Spring Fair
- Community Newsletter Submissions

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

- 416 Colilert tests
- 938 Free Chlorine tests
- 468 Total Chlorine tests

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:

Adults

Diabetes and Chronic Disease Management
Wound Care I&II
Palliative Care
Obesity
Elder Abuse

Child /Youth

Head Trauma
Clinical Examination
Childhood Development
Childhood Obesity

Other

PIQ – (Immunization)
Homosexuality
Pregnancy & Substance Abuse
Opioids 101
PPI – Protecting Personal Information

Other Employees:

- Synthetic Drugs, Psychotropic Substance of New Tendency Trends
- Community Trauma Impact Training
- Opiates
- Employee Professional Development