



Eagle Village First Nation Health Center

Community Activity Report

2014 - 2015

Contribution Agreement

QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

REPORTING ON 2014-2015

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.

I thought that it was important to note that over the course of several years, our Vision and Mission Statements have transpired into more than the process of choosing inspiring words that the management, staff and leadership can agree upon to determine our direction, our primary focus and basically our template for alignment and decision making. I have been able to witness the slow but necessary transitional changes that most of our small First Nations communities have undergone.

When we implemented our first Community Health Plan in 2006, as a Manager, my first understanding surrounding the vision, mission and values statements was merely one of the many requirements needed to move from one funding model to another which at the end, gave us a bit more flexibility and autonomy in our work. As we began to take more and more ownership of our work, along with building our confidence through training, networking and experience, a deeper sense of accountability emerged which gave birth to a stronger understanding to our guiding words for our organization. It was then that we knew that by having a clear vision and mission statement grounded by strong and meaningful values that this would serve as the propulsion agent that defines what we are, where we want to be and how we plan on getting there.

Now that everyone is on board and has bought in to this mainstream organizational process, it was deemed strategically important to revisit our vision and mission statements from time to time to ensure that we are all walking to the same beat of the drum. However, as we evolved with the services and partnerships we developed over the years, and the necessity to adapt to the changing world pressed upon us, our same foundational and inspiring words have given birth to a more technical process that took place without us paying that much attention too. What I mean by that is "Strategic Planning".

Such a natural progression deriving from owning our vision and mission has organically developed into the basis of adapting to change and measuring our results from the goals and objectives we have set for ourselves. In other words, "Strategic Planning" is going on.

As suggested by Wikipedia; *Strategic planning* is an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy. It may also extend to control mechanisms for guiding the implementation of the strategy. Strategic planning generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. A strategy describes how the ends (goals) will be achieved by the means (resources).

Now that we know what strategic planning is and why it has to happen within every organization at the community level including ours, there is still no magic words or solutions to eliminate the resistance to change from all levels. Band Councils and department leaders must find ways to minimize such resistance so we can improve our responses to external

pressures and the changes forced upon us from government, industry and our own populations' needs and expectations.

Rest assured that your EVFN Health Center is continuously moving towards improving on acquiring all the necessary essential elements for efficient and effective strategic planning. Our human resources are stable, highly trained and eager to take on any additional transfer of authorities or programs from either level of government. Our financial capability is conducive to our current need to grow and expand. Our informational and data collection capacity has increased to a promising and enviable level. All put together, your Health Center has what it takes to move towards the future in the field of Health Prevention, Promotion and Primary Healthcare. The next natural step to occur in the upcoming years is without a doubt, acquiring "Certification" from Accreditation Canada.

HEALTH CENTER OVERVIEW

Relations with Quebec

Relations with the Province has had more lows this year as opposed to highs. In my opinion, putting an end to the Sports and Leisure Initiative is a great "faux pas". At first you here of a Government claiming that Quebec will be the fittest province within the next 10 years, then shortly after, they stop our only physical fitness funding available for our communities. Sure they put in place a program called "Quebec en Forme", but it doesn't allow us the necessary means to address our current needs.

Our efforts towards operationalizing our Mental Health and Addictions Collaborative Agreement has had more success from the technical standpoint than from the managerial level. It seems that for now, our organizations seem to find a way to continue to work together for the betterment of our people despite the hurdles brought upon by the Law 10 Health Reform of the Provincial Liberal Government. However, we can expect a distinct slowdown in community and provincial health care relations within the next few years while we decipher the never ending battle of responsibility and jurisdiction.

The conundrum we face as First Nations people in matters of Health puts us at a distinct disadvantage when professionalized services are needed to come onto reserve. Quebec Health Minister G. Barrette made it very clear that no way under any circumstances will the professionals from his provincial "reseau" set foot on an First Nations Reserve without an agreement that includes some type of financial compensation. In spite of this clear statement, First Nations and Inuit Health Branch (FNIHB) were adamant about their position when they were asked for support. For FNIHB, this should be an insured health service, the same services made available to the rest of the RAMQ card holding "Quebecers", therefore it doesn't fall under their primary responsibility. It is to be noted that the Branch would not oppose to the fact that communities could use surplus dollars to offset these costs. You just need to have it.

I think it is important that you are aware that this new unique scenario we have encountered with the Provincial Health System does not affect the services we are to receive if we go to

their healthcare facilities. They cannot be prejudicial to anyone with a RAMQ health card that presents themselves at their establishments. It seems to be true to that effect as of now.

Both the AFNQL via the First Nations of Quebec and Labrador Health & Social Services Commission (FNQLHSSC) have been made aware of this situation and are now talking with the higher echelons of the Ministry of Health and Social Services (MSSS). Case examples of refusal of services are being gathered as we speak so that a legal opinion may be formulated on this subject. It won't be until then or perhaps with a change in Government that will we be able to rectify this gap in equally accessing services as our neighbors can. Our community members must know that although this current atmosphere fosters a feeling of contempt given that our health status is below par in comparison to our Non-First Nations people, your EVFN Health Center will remain a strong advocate for equality in accessing services and we will continue to build partnerships that will aid us in accomplishing our mission to deliver better service to you and your family.

As mentioned earlier, Quebec's new Health Bill 10 has changed the face of provincial health care (see Annex 1). From what we were told, this Bill was categorized as an administrative overall on what was considered to be a top heavy Healthcare System. Many managerial positions have been eliminated along with the 18 Regional Agencies which are now transformed into what can be described as 13 "Super Hospitals" CISSS and 9 University Centers called CIUSSS . The Liberal Government wanted a leaner structure where the continuum of services would increase and the savings incurred would be reinvested back into the system.

It is far too early in time to form an opinion on how this may or may not affect the services we receive. As of now, we have received good feedback from the majority of our people who have frequented the northern establishments in Rouyn and Amos. Although some of the surgeries or specialist consults could have occurred closer to us such as North Bay, our members and everyone living in Temiscaming - Kipawa area, have had to be directed towards the Quebec reseau for economic reasons due to the changes in the Ontario Healthcare System. Please rest assured that our Medical Transportation Program will provide you access to health care at the closest point of service that does not charge any extras.

Should we run into issues with regards to language, the EVFN Health Center will assist you in bringing these challenges up with whatever establishment is concerned. As of today, we have already assisted a few establishments with the coordination of appointments for our members where language may have been a barrier. We will continue to advocate for better access to English services and will do so individually or through the "Coalition for English Speaking First Nations Communities". Accompanied by our Leadership and neighboring Municipalities, we will continue to advocate for the access to the Ontario corridor of health services on account of the proximity, language barriers and historical patient / doctor relationships. This is a difficult and complex file for it revolves around two different provinces who are both making huge administrative changes in attempts to keep the rise of healthcare in balance with their funding. Differing rates of pay for professional services is often at the heart of the issues and there doesn't seem to be any attempts of flexibility. The RAMQ refuses to pay more for a service (doctors' fees) rendered in Ontario in comparison to what they would pay their specialist anywhere else in Quebec.

Health Canada, More Than Just Funding

In regards to our relationship with Health Canada, the EVFN Health Center, with the exception of the NIHB Medical Transportation Program, has now moved all possible programs towards our block funding as a testament to our responsible and sound management of the available financial resources. Home and Community Care was the last program to make the shift over to the financing mode most sought after by all communities. Very few communities across our Nation have taken over the NIHB Program to include Prescription Medications, Medical Equipment, Dental and Vision Care. The Mohawks of Akwesasne with the 3 jurisdictions (Quebec, Ontario, New York State) and the Cree's of Bigstone, Alberta where their population and business sense landed them with their own pharmacy, dental office and other community owned successful businesses, are 2 communities who seem to be handling the takeover of the NIHB very well. Although this seems far from our reality with the current provincial monopoly on health care designations, more specifically to with pharmacy ownership, it is my hope that as we build capacity from our own people and that someday we will have our own pharmacy and dental or optometrist office here on reserve.

What has also transpired from our Regional Office in Montreal is that a few jobs were exchanged meaning, Julien Castonguay and Marc Voinson simply changed positions. Julien went from being head of the Community Liaison Team to, in my opinion, the toughest file there is, NIHB. Marc eased his way in from NIHB to his new position and will now be working more with our Health Directors Network. Both individuals bring a wealth of knowledge and understanding to the table and genuinely "try" to help us towards better autonomy at the local level and flexibility from their own area of responsibility. There was also a change at the helm of the same office where Mrs. Mary-Luisa Kapelus left for the FNHIB in Ottawa to be replaced by Mr. Richard Budgell. I was informed by our Liaison Agent Mr. Jean-Sebastien Emery that Mr. Budgell is looking forward in visiting our community within the near future, a time where I'm sure our Chief and Council would gladly take to present our plans for a new Health and Wellness Center.

The Diabetes Program was up this year for renewal along with several other upstream programs and it goes without saying that although it is hopeful that the renewal will mean more dollars, we must be vigilant not to over spend until confirmation has been received. Renewal of authority occurs every 5 years and it always puts a hold on activities or at least slows them down until we hear from our Regional Office of the results which usually is in June.

On a positive note which is rarely associated with anything to do with the NIHB Program, I am pleased to report that there is currently a joint AFN-FNHIB Review underway. (Annex 2 - Timeline). A strong panel of experts has been gathered, including both Assistant Deputy Ministers Mr. Sonny Perron and Ms. Valery Gideon and includes Regional Chief Stan Beardy, to address the major issues surrounding everything and anything to do with the NIHB Program. Progress made from this review will be shared to you all via our Community Newsletter and website.

First Nation of Quebec & Labrador Health & Social Services Commission (FNQLHSSC)

Eagle Village First Nation is amongst many other Indigenous Communities who receive valuable support from our own Regional First Nations Health and Social Services Organization. Key items for the past year include the regionalization of the Canadian Tobacco Strategy which benefited our Region's communities' capacity to put forward a local project on reducing the ill effects of the misuse of tobacco.

The FNQLHSSC has also been busy working on a Health Governance Project which I referred to in last years' report. Things are moving along well with several important gatherings involving leaders in Health and from the political arena to happen in the near future. This new project is another step closer towards self-governance for our people

It should be noted that many of our Community Program Workers often take part in the numerous workshops, training and networking opportunities organized by the FNQLHSSC and often in collaboration with Health Canada Regional Office. The Regional Round Table on Social Services, the Health Forum and the FNHMA Professional Certification Training are amongst the highlights of 2014-2015 fiscal year. Follow-ups to these gatherings is forecasted in the next calendar year. It is also important to recognize that our Leadership strongly supports their employees to sit on various Boards as a means of building capacity, networking and ability to bring back to the community board governance strategies and etiquette.

PRIORITIES FOR 2015 – 2016

Advocacy for Accessing Service

Because of the reduction on certain types of surgeries and consults to our usual North Bay corridor of services, EVFN will have to continue advocating along with the two neighboring communities of Temiscaming and Kipawa to regain the full compendium of medical services that will prevent us from travelling 4 hours or more to receive. Coincidentally, we will provide as much of support that we can so that when you have to consult specialist in the northern Quebec reseau, it will be done in a language you can understand.

Our Health Center will be amongst several communities who will be providing real life examples of where the Quebec Healthcare System denies us services for the unique reason of where we live. Since the first attempt to contact the people in Quebec City and bring this issue up with them has failed, building a case for a legal analysis is the second step that needs to be taken. Although we see it as discriminatory, Quebec still views this as jurisdictional. The FNQLHSSC will be assisting us in this legal review.

Keeping in line with our advocacy efforts, the EVFN Health Center will start to engage in the process of putting in place the protocols and agreements necessary in order to provide specialized tele-health services mainly in the fields of Mental Health.

Building on the Data Collection Capacity at our Local Level

During our past fiscal year, our Health Center moved ahead as planned with fulfilling an important position that needed to be filled. Ms. Donna Pariseau was the successful candidate for the Medical Secretary and Data Entry Clerk for our organization. Ms. Pariseau's knowledge and expertise in I.T. will prove to be an important factor as we move ahead at improving our Data Collection and Management System. The first step in managing our data revolved around updating all our client files in a format conducive to work with the I-CLSC Program that is very similar to what our Provincial people are using.

Weathering the Storm

I am not telling you anything new about how important the Tembec Pulp and Paper Mill is to our community and local economy. The recent labour dispute that occurred right before the Christmas holidays was a vivid reminder that things can change in a hurry in a mono-industrial town. Despite the noticeable amount of stress that came with this stoppage of work, dozens of random acts of kindness and generosity were witnessed and seemed to bring some type of serenity to such a stressful time in many individual's lives. People from all walks of life were now pulling together for a same cause.

In keeping with that same spirit of kindness in moments of need, I will encourage all those who are more fortunate to continue to demonstrate those acts of compassion by continuing to support our Community Food Bank and the one located in the town of Temiscaming. For those who donated throughout the hockey season by leaving a non-perishable item when riding the bus, I want to extend my deepest gratitude.

IN CONCLUSION

Your EVFN Health Center will continue to take its' place in amongst the compendium of Health and Social Services available to our Band and Community members. With a strong Nursing Staff and an experienced Community Wellness Program Team, we will remain on course on service delivery by adapting and molding our programs to your constant evolving needs. I strongly recommend that you take part of the Focus Group discussions, the Socio-Economic and Health Surveys and any other consultations we put out there, for this is how we can make changes to serve you better and prioritize our human and financial resources.

To conclude, your Health Center will be exploring the takeover of the Home Support Program from AANDC that is currently managed by Centre Jeunesse. If it would mean that it can be done within the existing budgets, EVFN believes that it can do a better job at administering the widely needed program.

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 – Annex 3)

COMMUNITY WELLNESS PROGRAMS

Community Wellness Programs Manager – Tina Chevrier

As the Community Wellness Program Manager (CWPM) I am responsible for managing the 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.

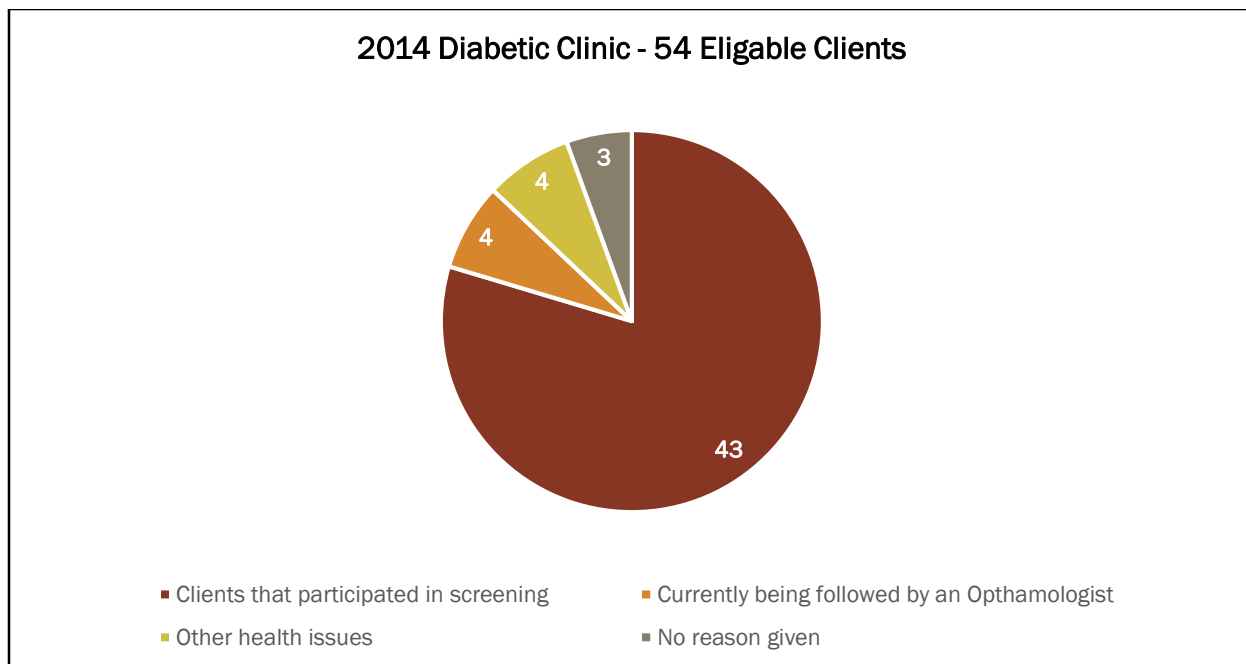


Diabetes

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.

Along with the Clinical Programs Manager and our Diabetes and Chronic Disease Coordinator, we planned and organized (4) Quarterly Diabetes Clinics. These clinics were organized for our community members living with Diabetes.

Diabetic Retinopathy Screening Month. We screened our diabetic clients during the month of April. We are 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 designated the Technician Educator for Diabetic Retinopathy for the English speaking communities in our region. The Diabetic Retinopathy screening Clinic for our community has been very successful. Our client participation rate has increased from 62% our first year (2010) to 80% in 2014. We have identified the reasons why the remaining 20% have not participated in the following chart.



Cancer

Along with the Clinical Programs Manager and our Diabetes and Chronic Disease Coordinator, we organized two ½ day clinics 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 28 women were screened. This number has decreased from 51 the previous year as screening is not recommended yearly for most women.

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. Luminaries and they were lit and placed around the track. The profits from the luminary sales were given to a community member who was battling breast cancer. This was a very significant and memorable event and will be repeated in October 2015.

For the 2014-2015 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 2014-2015 fiscal year. 470 copies were printed each month of which 135 were distributed door-to-door and the remaining 335 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. In addition to the Community Newsletter we host an Eagle Village health Center Facebook page to keep members informed about upcoming events and activities.

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 140 people attend our Health Fair.

Water Quality

I replaced the EHO when necessary (holidays etc). I was responsible for collecting and preparing samples 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. In 2013 there were 250+ prescriptions and over-the-counter medications were turned in, in 2014 there were 29 community members who at various times throughout the year turned in 319 prescriptions and over the counter medications.

Priorities for 2015/2016

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 will be a priority to address the formal Diabetes Program, Chronic Disease Program and Addictions Program. To date very little has been accomplished in regards to these programs and unless a strategic plan is put into place we will fail at meeting our goal of having these programs developed within our target date.

It will be important to build on the successes we have had and challenge ourselves address our weaknesses to improve our programs and services. Revisiting the Health Plan will be important to make any changes that need to be made.

A more structured management plan on my part will definitely be important and necessary not only for the development of the above mention programs but for the Community Wellness Programs in general. We regard ourselves as a team however there needs to be more planning and networking as a team on a regular basis to ensure quality programs and services. An example of this would be team meetings to start each week, round tables to discuss what is working well, issues that have been encountered, proposed ideas, upcoming activities etc.

ADDICTIONS AND WELLNESS PROGRAM

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

During the last fiscal year we organized and participated in a variety of activities targeting different age groups. We worked in collaboration with others who share the same path of health and wellness. Culture and identity has proven to be significant with clients who are on their healing journey and challenges that have been identified include addiction, violence, and mental health.

Activities: As part of the Addictions and Wellness Program it our responsibility to promote and encourage healthy lifestyles free of addictions. Throughout the year we offer a variety of activities for people to participate in. These activities are also organized to help people who may be needing support in continuing to maintain a drug and/or alcohol free lifestyle. The activities organized during this reporting period included:

- Family Movie Night at the Galaxy Cineplex
- Mother's Day Craft Activity
- Family Game Night
- Father's Day Craft Activity
- Aboriginal Day Activities
- Youth All-Nighter at the Community Hall
- Family Bowling Night
- Family Trip to Leisure Farms for Halloween Fun
- Children's Halloween Party
- NAAW (National Addictions Awareness Week):

- Community Workshop and Comedy Show with Don Burnstick – November 18th
- “Empowering Our Youth Workshop” at GTS with Don Burnstick – November 19th
- Teen Dance – November 21st
- Cross Country Skiing at North Bay Nordic Ski Club
- Youth Shopping Trip to North Bay for their St. Paddy’s Dance
- Pre-Teen/Teen St. Paddy’s Day Formal Dance – March 14th
- Youth Dances
- Culture Day at Eagle Village with GTS students
- Annual Spring Health Fair
- Dream Catcher Workshop with Elders
- Canoe Trips
- Annual Hunter’s Point Camping Trip
- Offered cultural learnings to McGill students
- Organized drumming for the children at the Migizy Odenaw Childcare Center

Training: Training is very important in keeping up to date with new information and techniques which help us to better serve our community. During this reporting period, we participated in the following trainings:

- Suicide Prevention Training (ASIST)
- Webinar: “Mental Health, Addictions and College of Nurses of Ontario Practice Standards”
- Mental Health First Aid Training in Tmiskaming First Nation
- CPR & First Aid Training
- Charlie Training
- Lateral Violence Training
- Co-Dependency Workshop with Guest Speaker Doug Pawis
- NNADAP Training in Montreal

NNADAP Quarterly Meetings: Every 3 months the Algonquin NNADAP workers meet to report on their activities and share any new information and/or resources. Each community takes turns hosting the meeting in their community. The meetings we attended in this reporting period:

- Kitigan Zibi – April 23rd & 24th
- Lac Simon – November 5th & 6th
- Eagle Village hosted NNADAP Quarterly Meeting – January 14th & 15th

Networking Meetings with the CSSS-TK: The Addictions and Wellness team and First Line Services from Eagle Village meet with the Mental Health Worker and the Addictions Counsellor from the CSSS-TK to discuss and address concerns and to plan and collaborate activities together. These were the meetings that we attended in this reporting period: April 28th, May 5th, May 27th, June 25th, November 12th, February 9th and March 30th.

Clients: 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. During this reporting period 3 client referrals for treatment were completed. We have also been providing on-going client support as well. We welcomed walk-in clients who entered our offices with questions or requests for information. We established an assistance program for our clients who wanted to participate in AA Meetings which are held in North Bay Ontario. This is the closest location in which they are offered. Provided counselling for former IRS students.

Monthly Newsletter Article Submissions: Each month articles are submitted from the Addictions and Wellness Department. These articles are to inform the community of different topics and/or to announce up-coming activities that we may be having. The following is an example of articles that were shared with community members: Methamphetamine, Street Methadone, Tips for Relapse Prevention, Holiday Temptations for Alcoholics, How to Talk so Parents Will Listen.

Methadone Safety Kit Program: Worked with the Addictions Worker from the CSSS-TK who provided information and understanding in regards to methadone and the safety measures needed for people who used needles.

Small Group Weekly Gatherings: The group expressed interest and showed support but throughout the weeks it was noticed control in the dynamics of the delivery of the sharing circle was challenged in a negative way where negative humiliation within the group was practiced. Counselling was done for individuals to express emotional release of the practiced dominance of self-proclaimed native spiritual leaders.

Cultural Day for Students: Invited Secondary students to participate in a cultural day in the forest where a camp was set up and traditional foods were cooked outdoors.

Proposals: Completed a proposal for Aboriginal Day Activities from Heritage Canada and a proposal on behalf of Anicinabe Mikana Cultural Committee for a Regalia Making Course.

The Next Fiscal Year For the next fiscal year we will continue to plan fun and educational activities for all ages. An emphasis will be put on cultural activities as we believe that we have a beautiful culture and it something that we should all be proud of. By having such activities, it brings a sense of unity to everyone, as well as a sense of pride and well-being in the community.

Another area that we would like to focus on is, getting the youth more involved in the planning of their activities such as dances for example; this will enhance many different skills, such

as: leadership, organization, responsibility and motivation to name a few. These skills are important in building their self-esteem, confidence and at the same time helps build a good relationship with us (the Addictions workers) as well.

We will be working on visiting the school more frequently with the Drug and Alcohol Counsellor from the CSSS-TK, to do some life skills building with the youth, in terms of making better decisions when put in situations of peer pressure. We will also focus on offering cultural activities within the school such as a drum group.

DIABETES AND CHRONIC DISEASE PROGRAM

Diabetes and Chronic Disease Worker – Virginia McMartin

Challenges and growth go hand in hand in order to move forward in any field, and the Diabetes and Chronic Disease Department is no exception. However it is our outlook and determination that separates us, we celebrate our successes and embrace our challenges to help us make the changes needed to address individual and group needs for positive growth.

To date we continue with many activities that have been ongoing for years, however some minor changes were made to ensure a more successful and positive results such as:

Diabetic Clinic and Breakfast: This is organized quarterly and this year we have introduced a new approach. We now have Power Point presentations during the breakfast that focuses on a different topic that is informative and related to preventing or managing their disease have proven successful. Our participation numbers have increased therefore we will look at offering the clinic on two different days of the same week to help ensure less of a waiting time for the clients which will in turn provide more one on one time with the client.

Woody's Walk: This annual event is held in October and is organized to promote not only Breast Cancer Awareness but other cancers as well. It provides the community with an opportunity to acknowledge those who are cancer survivors and those who have lost their battle.

Diabetic Retinopathy: Through promotion and calling each individually to ensure they book appointments we have improved the numbers of people screened. 43 clients were screened in 2014.

Men's Health Awareness: This year we have introduced several articles and workshops that focus on prostate cancer, colon cancer and overall health of men in general.

Newsletter Article: Monthly articles are submitted that help promote an activity or to inform members about a certain topic that will enhance and educate them about healthy lifestyles.

Nutrition Program: This was a program offered by Health Canada. We submitted a proposal that was accepted. We offer a “kitchen program” to the youth at G. Theberge School to ensure that our students have nutritious snacks and lunches if they do not have any.

Health Fair: This is an annual event where we have the opportunity to screen random members (for Diabetes, Cholesterol, and Blood Pressure), which can help in early detection, this also gives us the opportunity to focus on one or several topics; such as information about the importance of sunscreen, healthy eating habits, and so on. We are able to answer any questions our members may have and share valuable information with them such as pamphlets and info sheets.

Breakfast with Santa: Although it is meant for celebrating the holiday, we take every opportunity to promote healthy eating, and by participating in this event we have an influence on the menu that is served for the breakfast.

Workshops: We hosted a variety of workshop, with guest speakers such as Lori McLean and Karen Graham to educate members in regards to managing their diabetes. Lori McLean offered one on one sessions with clients after her workshops to go over any questions or concerns they had in regards to what and how much they were eating. We encouraged those living with diabetes and their families to attend.

Diabetes Youth Summer Camp: This has become an annual event, where youths learn about healthy lifestyle habits through play and hands on techniques that reinforces their learning capabilities. We “market” this summer camp as the Annual Youth Hunter’s Point Camping Trip however our underlying goal is to have youth be physically active, eating nutritious meals while enjoying aspects of our culture without the influences of today such as electronics, junk food, social media etc. Our youth need to be reintroduced to fishing, swimming and canoeing, activities that have become lost to many today.

Development of Material: Each year we are encouraged to attain material that will be suitable for our departments, therefore we now have our own “Personal Log Book” for our diabetic clients and pamphlets on topics related to seasons, which we developed and printed here at the Health Centre.

Although many of these activities have been ongoing over the years we have made some changes to ensure for the best outcome and participation. In addition to our recurring activities, I also work in conjunction with other departments to help reinforce health such as;

Terry Fox Run: With Sports and Mentorship we encourage physical activity and provide healthy snacks to our youth.

Exercise Classes: Again with Sports and Mentorship, we have taken the initiative to introduce a variety of exercise classes that is geared towards age groups.

The Next Fiscal Year: Many of the activities will be a continuation from last year and the years before, however we are focusing towards workshops that are designed to meet the needs of members in the community, workshops that will promote and have an impact on healthier

lifestyles.

- Diabetes Breakfast/Clinic
- Diabetic Retinopathy Screening
- Men's Health workshop
- Woody's Walk
- Newsletter Articles
- Health Fair
- Diabetes Youth Summer Camp; has been modified somewhat, whereas before I would hold an information session that is age appropriate to each group, regarding the topic diabetes, this year I plan to prepare the meals daily, not only with healthy choices, but introduce new meals and snacks
- **"Vegetables Grow, I Grow"** Workshops: In conjunction with the Migizy Odenaw Childcare Centre, offer a nutrition workshop that will enhance children to try new vegetable/food once a month.
- **"A taste of Culture"** Workshop: Introduce a family oriented workshop where a variety of recipes for traditional foods will be made and shared in a "hands on" approach by way of a community kitchen (quarterly or with season of wild game).
- **"Fired Up"** Workshop: Build healthier students, by hosting workshops to inform youths leaving for college, on topics; firing up to cooking skills for healthier meals on a budget.
- **"Adults Need a Time Out Too"** Workshop: Offered quarterly in a group setting to discuss "Men and Women's" health and wellness.

SPORTS AND MENTORSHIP PROGRAM

Sports and Mentorship Program Coordinator – Mitchell McMartin

Mitchell McMartin is the Sports & Mentorship Coordinator for our Health Centre. He has been a part of the Health Team for 6 years. The program began with the title Sports & Leisure Coordinator with Mitchell completing the First Nations Youth Addictions Prevention Program under the University of Chicoutimi the title has changed to Sports & Mentorship Coordinator.

Choose to Maintain: Part 2 Starting April 12th, 2014 the Sports & Mentorship Coordinator began Part 2: of the Choose to Maintain Program. We had 2 individuals who surpassed the 7% of body weight loss and had a time line of 8 months to lose an additional 3% more. The thinking behind this program was creating an opportunity for people's New Year's resolutions, as many resolutions made are to lose weight. In most cases people would lose the weight

initially but tend to tail off and go back into their old pattern which is something we as a Health Centre are trying to avoid. Thus, the Health Centre staff came up with an idea to create a program that consisted of two parts; one part to lose weight and the second part with a set of parameters to lose a small amount of weight (1% every second month) while maintaining their current weight. It is often said that it takes a long time to form a new habit so if we made a program that lasted 10 months, this should be enough time so the individuals who complete the program from beginning to end will have created a healthy living lifestyle based on proper physical activity along with good healthy eating choices. Many individuals joined the Choose to Lose Program however only 2 made the 7% mark which was set by the Health Centre (Next year we would look at lowering this number to get more people into the second part). Both individuals successfully completed the Choose to Maintain Program with one of them being declared our grand prize winner.



Walking Challenge: On April 14th, the Walking Challenge began for two different age groups one for 16 and under and another for 16 and over. The two age groups had different kilometers to walk in order to reach their goal with the younger group having to walk 60 kilometers while the 16 and older group has to walk 100 kilometers in an 8 week period. This challenge is successful as it encourages community members to engage in physical activity and we can see

many members taking walks in and out of the community and using the community walking track. In the picture we from right to left we have Virginia McMartin (Diabetes and Chronic Disease Coordinator), Pauline Gauthier (Walking Challenge Grand Prize Winner), Mitchell McMartin (Sports and Mentorship Coordinator) and Kendra Young (Physical Activity and Healthy Lifestyle Coordinator).

Paternity Leave: In May 2014, Mitchell was on a five week paternity leave. He was replaced by Kendra Young who was hired as a Physical Activity and Healthy Lifestyle Coordinator. Kendra took care of the Walking Program and several other tasks in Mitchell's absence. Upon returning, Kendra helped Mitchell with the planning aspects of the Annual Youth Hunter's Point Camping Trip, she attended the camping trip as well as a supervisor and completed her work hours with the Summer Camp students.

Annual Hunter's Point Camping Trip: The annual trip to Hunter's Point is divided into two age groups. 12 and under for one week and 12 and over for the second week. We allow youth who are 12 years of age to choose which week they would like to attend. Supervisors include the Sports and Mentorship Coordinator, an Addictions and Wellness Coordinator, Summer Camp Workers and parents who volunteer to attend. For the younger age group we keep the activities simple and close to camp as the age group is suited for this type of structure. Our main activities consisted of being physically active (ie) swimming an average of 3 times a day as well as crafts and indoor games that promoted sharing and team work. For the older group in addition to our supervisors we had two McGill students take part in our week of activities. They helped with the activities and at the same time they learned about our community and culture. This age group allowed us to do more as they are older and more capable. An example of one activity we did last year was paddling from the school in Hunter's Point and after 2.5 hours of paddling we made it to Little Birch where we went to the natural whirl pool and walked up to the edge of Big Birch for a shoreline lunch.

August Canoe Trip: During the second week in August, 16 members of our community participated in our annual canoe trip. The trip was intended for two nights however with inclement weather we were out for a one night trip. We started in Ostaboningue and ended past the Cherry River. The trip was a success despite the weather as it was requested by the participants to organize the trip again for next year.

Brennan Lake Canoe Day Trip: We had 4 canoes and 8 community members go on a day trip to Brennan Lake. We paddled and had lunch, went swimming and take a look at one of the islands was mined in the past.

Summer Camp Students: In June 2014, we hired Lois Tepiscum and Jessica Ace (St-Denis) as our two Summer Camp Coordinators. They were hired for an 8 week contract to provide activities Monday to Friday for youth ages 6 to 12 years old. The summer students came to Hunter's Point for a week in July as well.

Choose to Lose Program: During the month of February 2015, we launched the second annual Choose to Lose Program. This program was geared for those 16 and over and the program was to lose 4% of your body weight in order to advance to Part 2 of the Choose to Maintain portion. We had a very good turn out as we had 21 entries taking part with 33% of the group advancing to the second round which was an increase in part two from the year before.

March Break Activities: During this year's March Break we organized five different activities that promoted our youth to be physically active as well as encourage parents to participate with their children. The activities included skiing in North Bay, movie and bowling in North Bay, ice fishing in Beauchene, and an activity day at the Centre.

Pilates Basic: In January, Joanie Morin asked to do a Pilates Basics class for the members of Eagle Village First Nation and the program began in February. The class started out very good and in time there were factors that came into play that ended the program in early March. The introduction to Pilates was successful as we have community members who continue to take classes with Joanie outside of the community.

Monthly MCH Activity: The Sports and Mentorship Coordinator works with the MCH Program by assisting with different activities. These activities have a monthly different themes and are for children and 0-5 years of age and their parents.

Monthly Daycare Activity: The Sports and Mentorship Coordinator visits the Migizy Odenaw Childcare Center once a month to facilitate activities that were designed to improve the gross/small motor skills in children. The classes that were given included yoga, stretching, cardio, and structure play.

GTS Youth Cultural Day: In December 2014 I was approached by G. Theberge School to organize an activity day for the youth before the winter break. After some discussions with Health Centre team, we were able to accommodate to make a GTS Youth Cultural Day on December 17th, 2014. The GTS students from Pre-K to Grade 6 came for an afternoon of activities that consisted of sliding, setting rabbit snares, a fire and refreshments.

GTS Fun Day: When G. Theberge School first contacted me in December, they asked if it was possible to do two activities for them. The first was completed in January and they asked for another just before the March Break. When the date came, the original date was cancelled due to the day being extremely cold. The GTS Fun Day was now transferred to a date after the March Break and included a cultural learning session in the morning and physical activity in the afternoon. The morning learning sessions were broken down into five groups; the Wolf Program that is being taken care of by Wolf Lake First Nation, an Algonquin Language Course, toffee making, an actual demonstration of skinning different animals, and a snowshoe making which all groups attended. In the afternoon the outdoor activities included dog sledding, soccer and snow shoe races.



Diabetic Workout Class: In the colder months, we would offer the Diabetic Workout Classes three days a week to all community members. We would work on small and gross motor skills, balance, flexibility and some cardio to improve the general health of the person.

GTS After School Activity: This is activities organized after classes at G. Theberge School. This year we played floor hockey for a majority of the year. The after-school activity is for those from Grade 5 to Secondary 5. We would play once a week from September till May.

Newsletter: Monthly articles were submitted 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.

Proposals and Allocated Funds: During this fiscal year, proposals were drafted and submitted for a Nike N7, FNQLHSSC, Quebec en Forme and Health Canada grants. We have been

accepted for all of the proposals with these funds being allocated for brand new boards at our community rink, the summer camp workers, reinvesting into the Sports & Mentorship Coordinator budget, brand new hockey nets, and daycare equipment.

The Next Fiscal Year: After attending a training for DrumFit, a trio of workers will do DrumFit classes for community members to be held at the community hall, twice a week after supper for approximately 6-8 months starting in September until April. We will continue to work with the GTS School on different physical activity and culture projects as last year was the first time working with them on larger scale projects.

We will try and work on a date to work on a cultural aspect by taking a group of kids out hunting in the Hunter's Point area in September.

The main focus going forward will be to continue and to try to reach all age groups from 0 to 65 with all types of physical activity opportunities in the upcoming year.

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 130 and a maximum 361 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 three (3) 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 94 clients within the 2014-2015 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 2014-2015, three (3) 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 18% and 24 %. Aiming for results under the 20 % range will be encouraged.

For 2014-2015:

- Spring 2014 - Community Health Fair had a screening available.
92 people participated, with 17 follow ups or referrals
- Fall 2014 - Community Health Screening at the Health Centre;
40 people participated with 8 follow ups or referrals
- Winter 2015 - Community Health Screening at the Health Centre;
33 people participated with 8 follow ups or referrals

Influenza (Flu Shot) and Pneumovax Vaccine Program

This year's flu shot campaign yielded a decrease of 7 % of people vaccinated compared to 2013. 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

2013: 147 clients

2014: 138 clients

PNEUMOVAX VACCINE

2014: 22 Clients

Aboriginal Diabetes Initiative Program

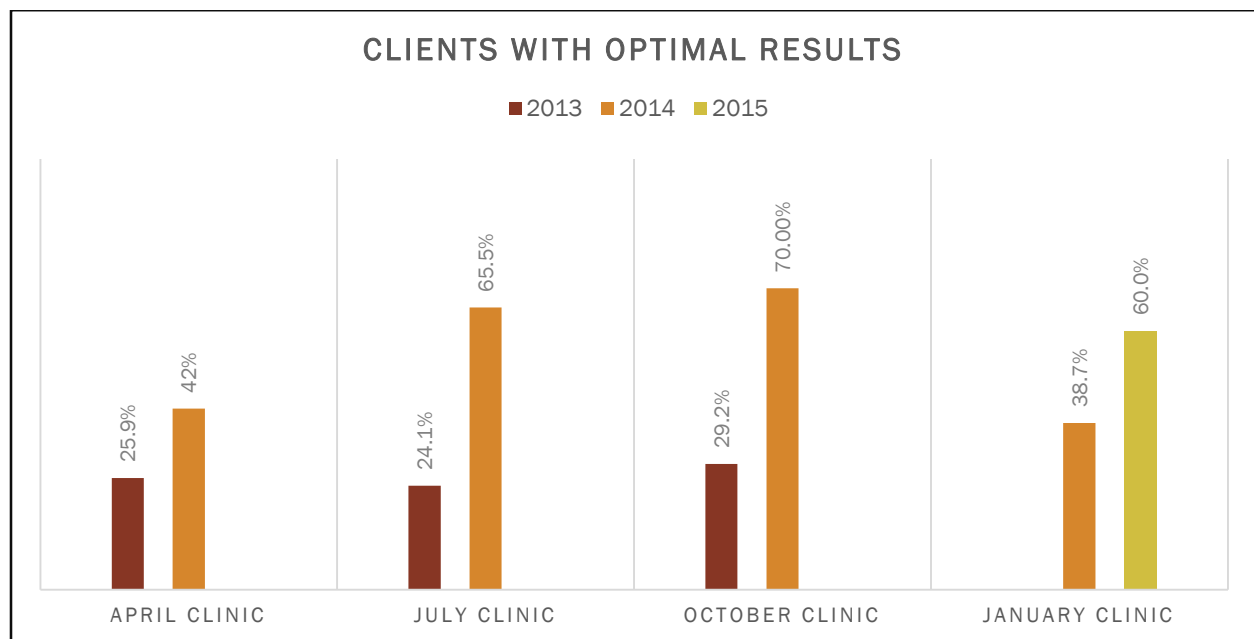
The Eagle Village Health Centre continues efforts to address diabetes education, better diabetes management and follow-up because of the diseases serious complications. A Community Health Team consisting of 3 nurses, the Wellness program Manager and the Diabetes Worker is addressing the needs of the 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 29-45 participants have participated with these quarterly sessions in 2014-2015 for a total 138. This is an increase from last year as in previous years reported.

- April 2014: 31 participants
- July 2014 : 29 participants
- October 2014: 33 participants
- January 2015: 45 participants

We have data to support an increase in compliance and hence optimal HbA1C target ranges our diabetes clients over the last 3 years.

Comparison of 2013- 2014 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 35 people that access foot care service in the 2014 - 2015 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 2014 was 45.

Cervical Cancer Screening

Special clinic for cervical cancer screening (Pap test) with Dr. Zivkovic and Dr. Raad (1/2 day each) Total of 28 women attended.

Breast Cancer Screening;

In conjunction with the provincial program CLARA bus in May 2014. 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. 8 kits were distributed.

A total of 10 kits were distributed in 2014 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 2014-2015 has our MCH program worker at the Health Centre monthly for ASQ testing and Parent – Child Activities. This is scheduled every 2nd Wednesday 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 2015 for 3 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 104 children in the 2014-2015 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 51 participants that presented to the clinic during the 2014-2015 year events.

HOME AND COMMUNITY CARE PROGRAM

Homecare Nurse - Bonnie Down LPN

Case Manager - Jennifer Pousseault RN CCM

In the 2014-2015 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 16 people with 14 of them receiving regular nursing visits. Other clients (3 - 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 post-surgery, medication management, monthly injections as well as post-op follow up 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. Currently, foot care services are provided to 38 clients. Foot Care services are provided either in clinic or at the client's home depending on the client's 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.

Clinical Programs Manager Update and Priorities for 2015/2016

As the Clinical Programs Manager responsible for Mandatory Programs as well as the Home & Community Care Program (HCC), my main focus for this fiscal year was to ensure nurses, related program workers and other professionals are meeting the goals and objectives that were identified and set in our five year Health Plan. Specifically for the HCC Program, one main goal was to complete the revision of the Service Delivery Plan. In joint effort with Homecare visiting nurse, Health Canada program coordinator I am pleased to report the EVFN Home and Community Care Service Delivery Plan (HCC –SDP) was revised, submitted and approved in November 2014. The approval process for the SDP requires us to have Policies and Procedures in place specifically for homecare but including other medical aspects for our clinical setting such as Biohazard Waste Disposal, Specimen Handling and Transportation of Potential Hazardous Goods to mention a few. They have been created and updated in certain cases and now being implemented with our Homecare and Health Centre staff. We had one change in our Homecare team, a hire of a new PSW in August of 2014. We were fortunate to find a replacement quickly to prevent any lapse in service delivery.

There was a call for attention with regard to other importance clinical aspects that being Pandemic Preparedness, Support and Supervision of Nursing Professionals and Collective Prescriptions. In collaboration with the Health Director and the Community Health Nurse, majority of our current Pandemic Plan was brought to date with enhancements made with our current charts to include Emergency Contact information for our clients. Discussions and planning are ongoing with regard to professional supervision with Health Canada and other agencies to find a feasible solution to implement in the year to come.

Collective Prescriptions have been prepared and submitted to both the local professionals and administrators for review and approval. Since that time due to changes in structure at the local level the processing has now moved to Centre in Ville Marie, its CMPD and administration offices.

To coincide with emergency preparedness training for CPR and AED was coordinated in September of 2014. All Health Centre staff completed the training. This includes First Line services staff and extended to other organizations within the community such as the Migizy Odenaw Daycare. 3 new AED's were purchased and installed at the Health Centre, the Community Hall and with the Police Department.

As with any break in coverage, foreseen or not, much demand has been brought forth in physician assignment or re-assignment. The EVFN Health Centre has offered much support in attempting to get our priority clientele and then all clients assigned to a family physician. We have worked collaborative with hospital administration to complete this very grand and taxing process and most importantly advocate when needed for our community members.

Co-ordination of physicians other professionals to our community continues, we are making efforts to engage another physician to join our monthly doctor visits here at the Health Centre.

Medical Student in the community is one way to encourage future physicians in general to consider practicing in rural area. We continue to work with FNQLHSSC and McGill University to have 2 medical students every summer complete a Preclinical Internship in our community.

Based on the feedback from the coordinators and the students themselves, we have been successful thus far in providing a full well rounded, comprehensive, 2 week cultural experience for our students.

Another focus that was on the forefront was to improve collaboration with the Wellness Manager to provide a more structured management and organization of program delivery with our teams in their overlapping target areas. With the implementation of the I-CLSC in 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 targets. Staff and Management training for I-CLSC were completed and we are now in preparation mode for the implementation phase, with implementation expected in mid – end 2015. Included in preparation was the planned hire of a Medical Administrative Assistant and Data Entry Clerk which was completed in February 2015.

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

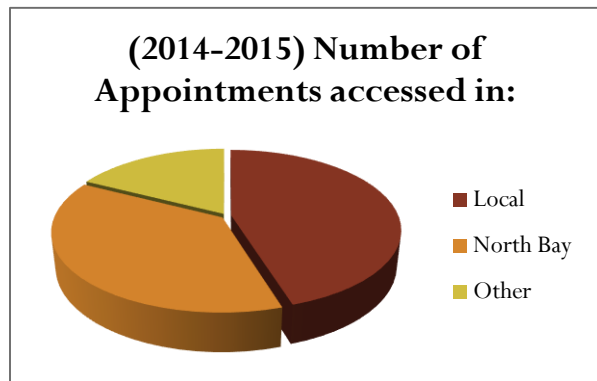
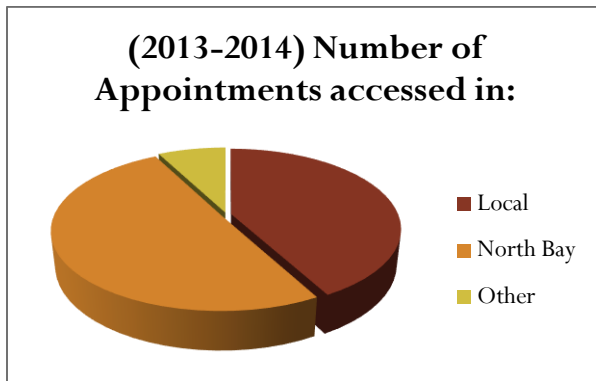
This program is managed using Health Canada's National Framework. Medical trips are coordinated through the Health Centre Medical Transportation Coordinator and are dispatched to our two full time drivers.

In early 2014, we had acquired a new Mercedes Sprinter with high roof. Later in 2014, we had this vehicle adapted for wheelchair access. It can now accommodate up to 2 wheelchairs and can still sit 4 passengers plus the driver. We also acquired another Mercedes Sprinter with low roof that can accommodate 11 passengers plus a driver. Our request to have our older vehicles replaced and adaptation request were successful. This has been an important addition to our equipment to better serve our community.

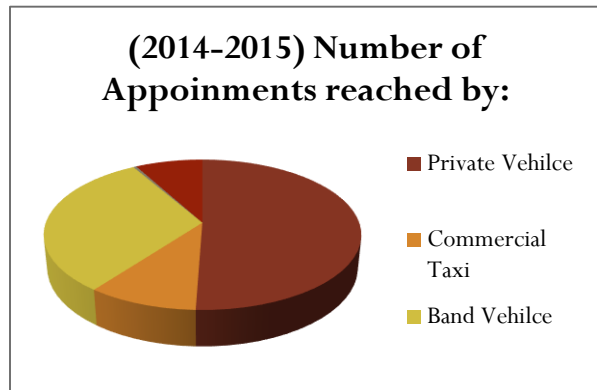
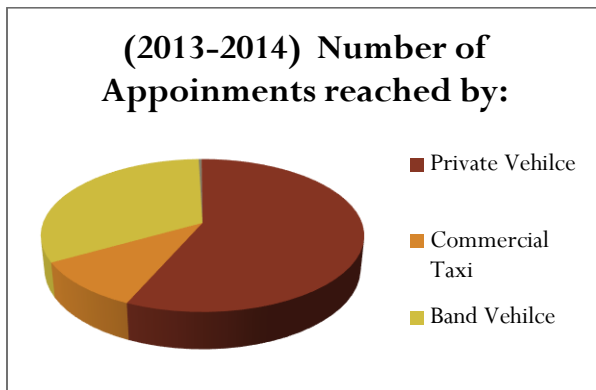
Below are pictures of our vehicle fleet:



Last year, 264 Eagle Village members from our Quebec region accessed the Medical Transportation Program, a decrease of about 15 people. Of the 264 members, there are approximately 7 new clients using the service. 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 still obtained locally and in the North Bay, Ontario area however, our numbers show an increase in services obtained in the Quebec province such as Ville-Marie, Amos, Rouyn-Noranda and Val-d'Or due to inter-provincial barriers. This in turn causes an increase in travel cost due to the increase in distance that needs to be travelled for medical access to specialized services.



During this past fiscal year, the most utilized means of transportation was done with the clients own vehicle as was done in the previous years, however, there has been a slight decrease. Our numbers also show a slight increase in the number of medical trips accessed by band vehicle.



The cost of our Medical Transportation Program has gradually been increasing over the last 10 years and now should be at a plateau. Last year the rates were revised by Health Canada for meals, mileage and accommodations so this in turn increased our cost. Costs have been relatively stable compared to last year including the new vehicle purchase and adaptation costs.

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.

As in the past, 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 2014/2015, I was responsible for the Community Based Water Monitoring Program for the communities of Eagle Village First Nation and Long Point First Nation.

The Commissioning of the Drinking Water Treatment Plant which started last year is still ongoing. A problem with the ozone injection system has been identified and possible solutions are being investigated. This issue with the ozone system does not hinder our ability to produce potable water for our Community.

My responsibilities included but were not limited to the following:

- Drinking Water Treatment Plant 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

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

- 416 Colilert tests
- 781 Free Chlorine tests
- 10 Soluble ozone test

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
Palliative Care
Obesity
Elder Abuse
Women's Health
Mental Health and Wellness

Child /Youth

Head Trauma
Clinical Examination
Childhood Development
Childhood Obesity

Other

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

Nursing and Other Employees:

- Certified First Nations Health Management Training
- Charlie 1
- Mental Health First Aid
- ASIST (Applied Suicide Intervention Skills Training)
- ASIST - Safe Talk
- River Of Life: Suicide Intervention
- Food Safety Handling
- Multi-Cliental Training
- Lateral Violence in the Workplace
- First Aid and CPR
- I-CLSC
- Drumfit