



Kebaowek Health and Wellness Center

Community Activity Report

2015 - 2016

Contribution Agreement

QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

REPORTING ON 2015 - 2016

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.

Because both the Health Center and the Band Administration is fully involved in the process of strategic planning, I thought that it would be appropriate to repeat what was said about visions, missions and strategic planning from last year.

Therefore it is 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

2015-2016 has seen Law 10 on provincial Healthcare reform take front and center stage for a variety reasons. First and foremost, we have seen the abolishment of local Health establishment management authorities making way to a single regional management structure that we now call the CISSS (Centre Integre de Sante et des Services Sociaux). Should we be surprised? Not really! Healthcare is what cost most provincial governments the most money, so if they can reduce the administration portion without compromising the quality of care, then you can bet things are going to change.

What we are supposed to expect from this is a more homogenous service delivery from the many establishments on our territory as opposed to particularities brought by different styles of management or manger values. But in reality, not much has changed for the core of the front line workers have not changed. Therefore, if things were going good before the reform, then chances are that they will continue. However, if relationships were tough or strained, then things would remain the same for the next little while.

Not all is negative with the merge in our Region. I strongly believe that the leadership of the CISSS of Abitibi - Temiscamingue is open minded and understanding of the challenges the First Nations are facing within their **Reseau**. Key people with knowledge of Algonquin history and culture are in important positions within their administrative structure and they remain open and available to discuss any issues we may encounter.

Efforts from both camps to revitalize existing collaborative agreements such as the "mental Health and Addictions have been minimized or sporadic to say the least. Although it is to our advantage to have such agreements to ensure an improved access to care, we need to make

ourselves more available to work on it despite the basic policies that distinguish on and off reserve differences.

Doctor recruitment for our service area has been a priority from the direction of the CISSSA-T since the closure of the Temiscaming Emergency unit we had during the Christmas holidays. Both local mayors, the Reeve and First Nation communities have joined forces in a valid attempt to entice future physicians to establish their practice in Temiscaming. It then became very apparent that the role of Kebaowek First Nation would become more important in the recruitment strategy than we thought it would be. Many future doctors, especially those from Europe seem to embrace our values to the lands and our way of life in general. They seem to appreciate the broader social determinant of health approach we take in our prevention and promotion strategies. It will be expected that our role in doctor recruitment will increase in the months to come for we have a lot to offer and to be proud of.

Over the course of 2015 -2016, we have been demanding that the “Assisted Living Program” managed by Centre Jeunesse on behalf of Aboriginal and Indigenous Affaires Canada, be handed over to us for managing. With the strong knowledge of our clients and having the capacity to objectively evaluate them via the provincial tools, we felt that it was natural fit for our team to manage. Therefore our talks led us towards the operation takeover (assessment, evaluation and timesheet management) scheduled for July 1st 2016.

The plan moving forward with the “Assisted Living” pertains to garnering the experience of managing the workers, their time and evaluating our clients according to establish schedules. The second phase of the takeover will involve the administration of salaries and long term planning which should take us into the fiscal year 2017-2018.

Health Canada / First Nation and Inuit Health Branch (FNIHB)

Our Regional Office in Montreal continues to be as supportive as they can be. Although always under some type of metamorphosis from the constant shifting in personnel, the folks at 200 Boul. Rene Levesque keep us on our toes. What I mean is that over the course of past few years, Health Canada via their regional teams has loosened the reigns and allowed our community to manage and administer their programs and services according to their needs with their support when required. The flexibility has been welcomed by all.

However, there seems to be a resurgence of “proposal driven” programs/projects that are giving us strong flashbacks of an era of fixed contribution agreements and single program proposal driven service agreements with tight deliverables. I’m hoping that this was just a retaliation of the Harper government cronies who were so use to doing everything that would go against our Nations from improving our state of affairs.

But all is not on the downswing. Respectful collaboration for our First Nations Health Governance project and the National Review for the Non Insured Health Benefits (NIHB) program is a promising example on how we can work together. Although we are in the early stages of the Governance in Health project, the NIHB review is moving along quite well with many opportunities for communities to provide valuable input and comments. Results are

expected for March 2017 and it is my hopes and those of many that we can meet most if not all the review objectives which are; enhance client access to benefits, identify and address gaps in benefits, streamline service delivery to be more responsive to client needs; and increase program efficiencies.

During this reporting year and coinciding with the election of the new Federal Liberal Government, Kebaowek First Nation deposited an official request to build a new Health Center which could include a gymnasium project built adjacent to it. Health Canada infrastructure team were in to evaluate and help determine the required size so that it will be suitable for our current needs and those for a few generations afterwards. During the summer of 2016, a request for proposals will be conducted for the architectural concept design so we can have a better idea of what the scope of the project could be.

Health Canada continues to be a valuable source for training and subject matter resource for various fields of work. The most notable are nursing and water quality monitoring. In the spring of 2016, KFN Health center was provided training on a new technique to monitor the quality of our drinking water. Using the newest technology and the Tecta B16 equipment, results from our sampling is more reliable and more than one technician can be made aware of the results as they are processed, thus resulting in better and safer management of our potable water.

Health Canada continues to support and encourage collaboration since they will provide the funding for our regional meetings of the Quebec Health Directors network and the NIHB advisory committee where they are fully involved with the people from the (FNQLHSSC) First Nations of Quebec and Labrador Health & Social Services Commission

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

As we continue to be an active member community of the FNQLHSSC, we can be assured of their support on many fronts of advocacy to access Health services and as a strong technical support to our political leadership.

Some of the main areas in which the “Commission” (short for FNQLHSSC) provide support are data and research, early childhood development, NIHB, First Line and Social Services, Abuse against Elders, Diabetic Retinopathy and more recently Public Health. There are many more but these are the main ones.

What is not seen because it involves a lot of board room and meetings with civil servants from both Governments either in Montreal, Ottawa and Quebec, is the advocacy and the defending of First Nations interest in regards to the access of Health Care and Services. I am very proud of what the Commission does for our communities and I couldn't think of a better organization to spearhead the First Nations Health Governance project. Please take the time to visit their website. You will find it in the appendix with many other relevant links.

DELIVERING ON THE 2015-2016 PRIORITIES

Advocacy for Accessing Service is and will continue to be the most important deliverable for our organization. More specifically for last year, the efforts were somewhat depending on the collaboration of other significant partners and openness from the regional health authority we now call the CISSSA-T. Several meetings occurred between the First Nations, municipal Mayors and other area stakeholders to voice their concerns over the shortage of doctors in the area and the longer corridor for services because of certain restrictions from North Bay.

It became evident that the CISSSA-T made Kipawa/Temisaming a priority. Genuine collaboration strategies were implemented and we should see in the very near future more doctors arriving at the Temisaming pavilion. Meetings have also took place between the management of the North Bay hospital and the Quebec representatives (CISSSA-T) to discuss the willingness to keep the Ontario corridor open for services. Matters are advancing at a slow pace in both areas of intervention, but at least they are advancing.

Despite the jurisdictional challenges of the Province providing services on reserve, we have responded by re-energizing collaborative agreements that will help alleviate this conundrum we find ourselves in. With perhaps some costs attached to certain services, we will ensure that our members on reserve can receive the same quality of services as those who live off reserve. Models of the agreements will be made available on our website as soon as we have updated them with the new organizational structure Law 10 has given us.

With a dedicated human resource in the area of data management, Kebaowek First Nation Health and Wellness Center is in a much better position to garner and manage data on its community and members. Any data used will be nominal and aggregated, meaning never any identity attached and never singled out. This information will help us move forward with our Health Plan Renewal

PRIORITIES FOR 2016-2017

Priorities for fiscal 2016-2017 continue to revolve around our never ending advocacy for accessing health services to equal degree of the rest of the population. We will take our place amongst those responsible for doctor recruitment and we will continue to monitor the progress for keeping the corridor of services open towards North Bay.

We will also be making our case against the imposed obligation to stay in the places where “Mammit Inuat” decides for us when we are in transit in the Montreal area. It is not comforting to be subjected to what could be described as a “hit or miss” accommodations, especially when we are at our most vulnerable, sick and stressed. I know that my Medical Transportation Coordinator has done a fantastic and fiscally responsible job prior to Health Canada imposing this type of accommodations. Therefore our Chief and Council will be involved in a meeting

with the Regional office in Montreal to advocate as to why we should be left alone to manage our clients, our people.

Since an official request has been sent to Health Canada for the construction of a new Health Center, we will continue on in this process by first going out for a RFP (request for proposal) on the architectural work in the summer in August /September

Our 5 Year Health Plan renewal will also be part of our main tasks to accomplish during this fiscal year. This will begin in the fall with some program evaluations, maybe some focus group discussions and data analysis. In my opinion, this should be our last 5 year agreement. Once the dust will have settled and we will have explored all the potential of our new building, we will be in a position to put forth a Health Plan to cover a 10 Year contribution agreement for the 2024-2034 fiscal years. Wow, doesn't that sound great for our future generations! During our renewal, you will be able to find many traits of an organization that's heading towards an accreditation process. What accreditation will do, is provides us a framework for our health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does that business

Establishing stronger links with mental health professionals either via collaboration agreements, or by tele-health is also a priority for our establishment. Although there seems to be an adequate response to crisis situations around our country, we are going to try to work more upstream to avoid situations that will lead to crisis. The folks at the CISSSA-T recognizes the language barrier that currently exists and they are willing to strategically seek out professionals that can work in a bilingual environment like we need here in the Temiscaming – Kipawa area. Having acquired the necessary equipment to do tele-health through the eHealth Infrastructure Program, the Kebaowek Health and Wellness Center will rely on our renewed spirit of collaboration with the CISSSA-T to explore some professional support in the mental field.

IN CONCLUSION

In conclusion, I think it is important to mention that our members have spoken in regards to reverting back to our first community name via a referendum whereas Eagle Village is now a thing of the past for good, leaving way to Kebaowek First Nation. The meaning from Kebaowek revolves around the following “a place to disembark before continuing your journey”. This word does give justice to our location for our people who were traveling from inland, made an important stop here before reaching the main highway at the time, the Ottawa River.

Your Kebaowek First Nations Health and Wellness Center will continue to work at addressing our community needs in the matters of Health prevention & promotion, Wellness and Social Services.

It is fundamentally important to us to include aspects of our Algonquin culture in all the programming and tasks we do.

We will keep you informed on any advancement as they occur with the NIHB Joint National Review. I will also keep you informed on the progress of our Health Governance project via our newsletter but also by presenting on this topic at a community band meeting. We will continue to build partnerships and collaborative agreements with organizations that share our values and who can be supportive in helping us achieve our goals and objectives.

Our human resources remain stable and we can even count on a few new additions to complement our team. Matt Chevrier was hired to work with a program called Avenir D'Enfant out of the Migizy Odenaw Childcare Center under the responsibility of the First Line Services office where this program permits us to work with children representing some learning challenges. Lynn Grandlouis is going to spearhead a newly revamped Head Start program for which she will combine the core goals of the Maternal Child Health program which will help ensure that our kids will not start their academic learning with any noticeable learning deficiencies or standardized curriculum shortcomings. I invite you all to contact Ms. Grandlouis for more information on her important program.

Training for most workers other than the nursing staff remain challenging and is at the mercy of the collective, meaning what is needed by most interveners within our Region. This sometimes fits our needs but often enough, because of our low turnover, they may be repetitive. Therefore we find ourselves doing training via webinar and video conferencing and any other means in order to continue to improve and be on top of current issues.

So in a nutshell, the nursing component remains strong with 3 effectives and good collaboration with the local Pavillion in Temiscaming. Sports and Leisure despite the lack of provincial and Federal funding, will continue to facilitate and promote physical activity for all ages. The medical transportation and NIHB program is one of the most demanding department in our community. Means to evaluate the workload are in place and should give way to some interesting negotiations for our next 5-year agreement. Data collection and management is still improving and will play a huge role in our plan moving forward. Water monitoring is going well despite having lost our experience technician Mr. Terry Perrier who moved on to bigger challenges within the Public Works Department. This will result in us training a few more people as support for this important position that insures quality drinking water monitoring for the community of Long Point First Nation and of course ours. Chronic disease and diabetes will continue to be at the forefront of our prevention efforts for it's often at the core of our members serious health issues. Addictions and Wellness should see some changes in the approach when supporting our people. The newer trend of intervention should not lead us towards treating one issue at a time, but moreover dealing with all issues (addictions & mental health) concomitantly. Head Start and MCH should have a positive impact on the development of our 0 to 6 year old children. The fact that they are teaming up with First line Services to complement their Pals program should lead to some promising results. And speaking of First Line Services, we continue to receive the same funding for the past 5 years and all of our F.N. communities in Quebec are now starting to struggle in keeping up with the pace and rising costs. Nevertheless, our numbers for child placement remain at a most envied level and community trust continues to build. We also continue to coordinate and operate the diabetic retinopathy program which went from a few communities during a pilot phase to dozens who now are able to provide this service within their First Nations. We will continue to have only 1 visiting

doctor until the local hospital can increase their numbers which we hope should start around January 2017.

And finally, what is very important for you to know is that we are here to help you our clients improve on your well-being. We do so by creating fair and equitable policies and guidelines for both community and funding provider accountability. We may not always have the answers you are looking for, but we will definitely do our very best to find them. Should you have any concerns or questions pertaining to what we do and how we do it, I strongly urge you to reach and call or better yet, stop in to see us.

KEBAOWEK FIRST NATION HEALTH AND WELLNESS CENTER COMMUNITY PROGRAMS

Diabetes, Chronic Disease, Nutrition and Community Health

Foot Care Program

Diabetic Retinopathy

Communicable Disease, Immunization and other Mandatory Programs

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 / NIHB Program

Maternal Child Health / Head Start

Community Food Bank

(Employee Biographies – Annex 3)

COMMUNITY WELLNESS PROGRAMS

REPORTING ON 2015 - 2016

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.

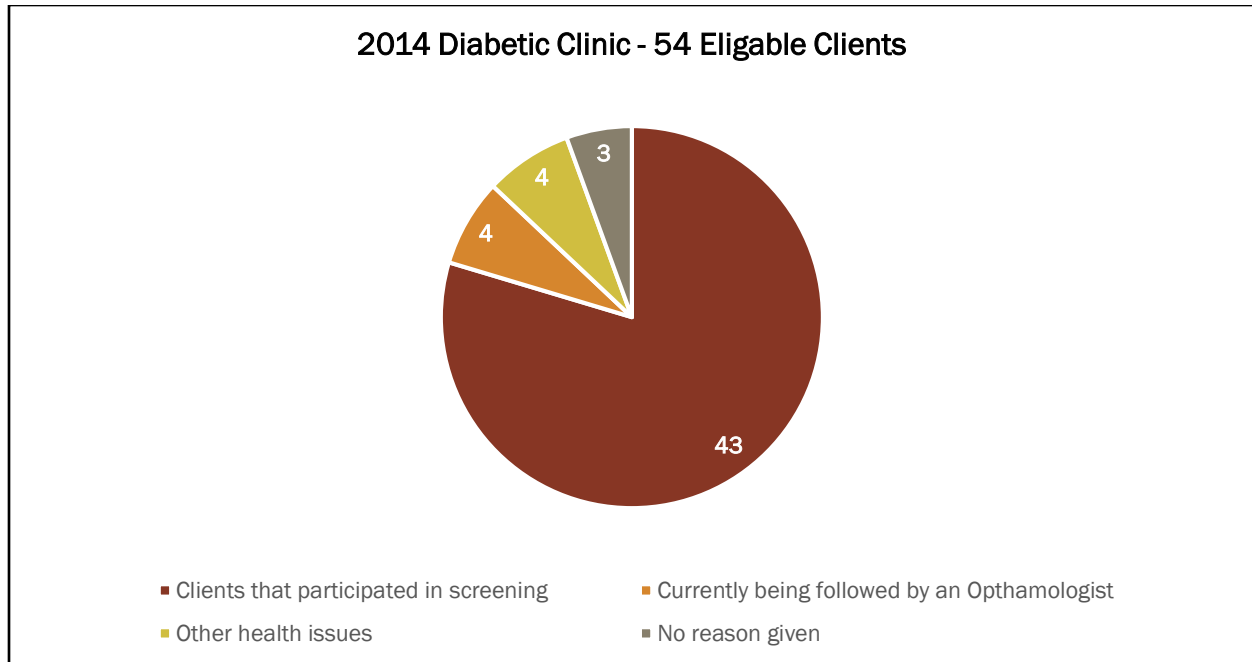


Diabetes

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

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 dominancy 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

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.

ENVIRONMENTAL HEALTH AND COMMUNITY BASED WATER MONITORING PROGRAM

For the fiscal year of 2015 /2016, Terry Perrier was responsible for the Community Based Water Monitoring Program for the communities of Kebaowek First Nation and Long Point First Nation.

Responsibilities included but were not limited to the following:

- Drinking Water Treatment Plant Operator for Kebaowek First Nation
- 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

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

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

COMMUNITY NURSING PROGRAMS

REPORTING ON 2015 - 2016

The Kebaowek 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 Kebaowek. 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 Kebaowek 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.

Two (2) out of Three (3) primary care physicians from GMF of the CISSSAT-K visited our clinic roughly every month. We have had 12 MD visits to our community with them seeing a total of 91 clients within the 2015-2016 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 2015-2016, 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 18% and 24 %.

For 2015-2016:

- Spring 2015 - Community Health Fair had a screening available. 81 people participated, with 17 follow ups or referrals
- Fall 2015 - Community Health Screening at the Health Centre; 34 people participated with 10 follow ups or referrals
- Winter 2016 - Community Health Screening at the Health Centre; people participated with 7 follow ups or referrals
- Spring 2016 - Community Health Screening at the Health Centre

Influenza (Flu Shot) and Pneumovax Vaccine Program

This year's flu shot campaign yielded a decrease of 7 % of people vaccinated compared to 2013 and 2014. Kebaowek 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
2015: 116 clients

PNEUMOVAX VACCINE

2014: 22 clients
2015: 10 clients

Aboriginal Diabetes Initiative Program

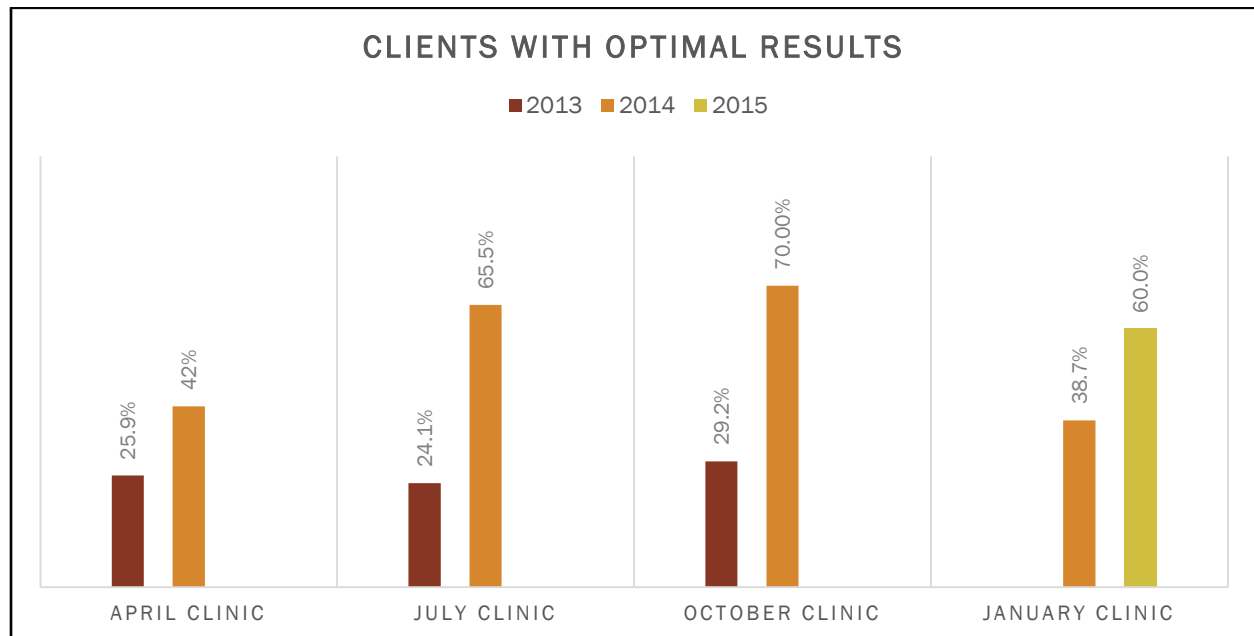
The Kebaowek Health Centre continues efforts to address diabetes education, better diabetes management and follow-up because of the diseases serious complications. A Community Health Team consisting of 3 nurses, the Wellness program Manager and the Diabetes Worker is addressing the needs of the community 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 40-50 participants have participated with these quarterly sessions in 2015-2016 for a total 171. This is an increase from last year as in previous years reported.

- April 2015: 41 participants
- July 2015 : 40 participants
- October 2015: 50 participants
- January 2016: 40 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 2014- 2015-2016 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 36 people that access foot care service in the 2015 - 2016 year. This number consists of 23 homecare clients and 13 non-diabetic with problematic issues and or cannot do it themselves. 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 2015 was 37.

Cervical Cancer Screening

Special clinic for cervical cancer screening (Pap test) with Dr. Zivkovic, Dr. Raad and Josee who is a Nurse Practitioner (1/2 day each). A total of 27 women attended.

Breast Cancer Screening;

In conjunction with the provincial program CLARA bus in May 2015. We provided support by sending out letters to all Kebaowek First Nation women and administratively assisting those in need with referrals and appointments for their mammograms. In the 2015-2016 year, 19 women reported back completing their mammogram.

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. 12 kits were distributed.

A total of 12 kits were distributed in 2015 - 2016 year. Every year up to the age of 6, these children will continue to receive the age related package. These developmental calendar kit include every day useful tools to stimulate the growth and development potential of every child. They are easy fun tasks and tools to interact with your child which stimulates proper growth and development.

ASQ Developmental Screening continues successfully at the Health Centre. This age-based developmental assessment screening tool was implemented in 2010. The goal of this initiative is to increase future successes for the children entering school by identifying early on, any shortcomings. For the 2015-2016 year our MCH program worker was at the Health Centre for ASQ screening and Monthly Parent – Child Activities. This screening is scheduled according to their age therefore most children are screened 1-2 times a year and more often when results indicate close monitoring is needed.

In late Spring of 2015 there was a “Welcome Baby Ceremony” for new community babies born in the previous year. A beautiful ceremony and dinner event took place for 4 children and their 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 Kebaowek Health Centre for all children from birth to age seven. It also provides information to their parents /caregivers to help children build and maintain healthy smiles from the start. We also invite and encourage our pregnant mothers to see the Dental Hygienist.

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 completed 96 children screening in the 2015-2016 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.

HOME AND COMMUNITY CARE PROGRAM

In the 2015-2016 year, the Kebaowek 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 19 people with 17 of them receiving regular nursing visits. Other clients (5 - 6) 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 team coordinates with the FLS (First Line Services) Team for cases with identified needs in the area regarding respite, advanced directives, future planning and long term placement process. They also collaborate and provide support for clients and families managing challenging situations.

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 34 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, after approval of the Service Delivery Program in November 2014, we continued to work toward improvements that we identified in our action plan. 2 staff (1 nurse and 1 SW) from the Homecare team attended the training for the OMEC/MCAT (Multiclientele Autonomy Evaluation Tool) where now our staff are able to complete the evaluation and proceed with supporting and arranging services within the province of Quebec. It is also a valuable tool that our team has incorporated into our program and showed to be very useful. Following our action plan for our Medical Equipment, it was required that we update our policy and create a flow sheet for monitoring of equipment within the clients home. This has been completed and implementation of this process is underway for all our homecare clients charts.

Performance appraisals processes, nurse training plans and nursing supervision discussions and planning are ongoing with Health Canada, other agencies and neighboring Algonquin communities to find a feasible solution to implement in the year to come.

Lastly, linkages with the local CISSST-K GMF nurse was established in order to improve discharge planning and continuity of care. Establishing written agreements specifically are ongoing.

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, We have not yet been successful in

To coincide with emergency preparedness training for CPR and AED was last completed in September of 2014. The next re-certifications are set to be in September – October of 2016. 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. We currently have 3 AED's in the Community installed at the Heath 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 continuing to but forth efforts to engage another physician and the new Nurse Practitioner 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 is on the forefront is to continue 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 the implementation phase. Our Medical Administrative Assistant and Data Entry Clerk has been key with having staff start data entry with the goal of being able to pull a substantial amount stats in the 2017 year.

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 PROGRAM AND NIHB

REPORTING ON 2015 - 2016

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.

There are 3 vehicles that are used for our Medical Transportation Program:

- Mercedes Sprinter with high roof which is adapted for wheelchair access. It can now accommodate up to 2 wheelchairs and can still sit 4 passengers plus the driver.
- Mercedes Sprinter with low roof that can accommodate 11 passengers plus a driver.
- Dodge Caravan that can accommodate 6 passengers plus a driver.

Below are pictures of our vehicle fleet:



In September 2015, our local commercial taxi business closed their doors. Because of this there was no transportation available to the local hospital after normal work hours and on weekends. There was also no last resort transportation to do trips during work hours when our medical transportation vehicles were out of town or in maintenance. Our dodge vehicle had previously been used as our spare third vehicle and now was needed on a more regular basis sometimes leaving us with no other transportation option. Surrounding local communities also were at a loss as this was the only commercial taxi service in our area. There's no volunteer group that provides transportation and no other public transportation. There is a non-profit organization in a neighboring community called Independence 65 which has strict criteria, not always available and not an on-call service.

After reviewing our options and meeting with Health Canada in November 2015, we were able to secure a Pilot Project that would ensure access for our members to medical services via our Medical Transportation Program and more specifically to cover after hours and on weekend hours. Noting that our medical transportation would normally operate during the same hours as the Health Centre work hours (Monday - Thursday 8:00 am to 12:00 pm and 12:45 pm to 4:30 pm and Friday 8:00 am to 12:00 pm), we were able to additionally provide the following hours as well:

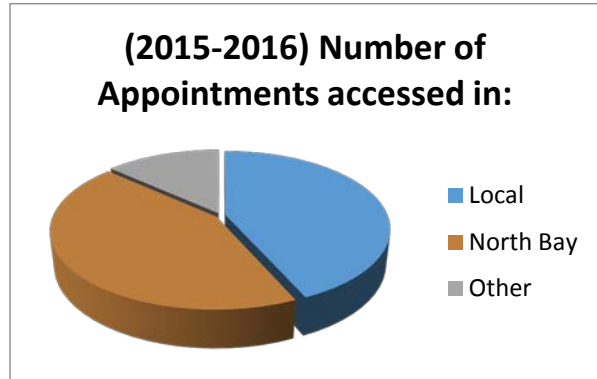
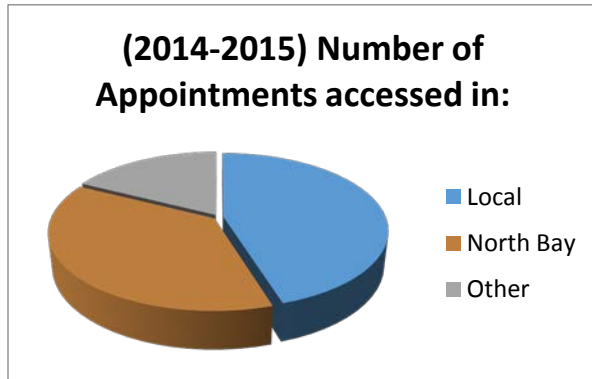
SUNDAY	MONDAY TO THURSDAY	FRIDAY	SATURDAY
8:30 am to 12:30 pm	4:30 pm to 8:30 pm	12:00 pm to 5:00 pm	8:30 am to 12:30 pm

After 3 months, we saw the need to continue these extra service hours and Health Canada approved permanency in March 2016. This was and continues to be an important change to better serve our community.

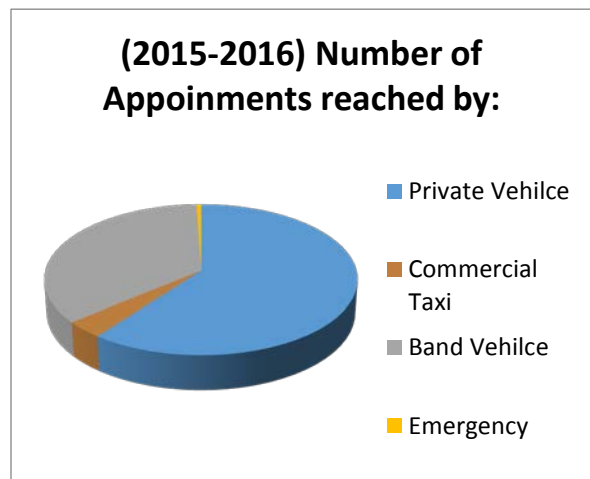
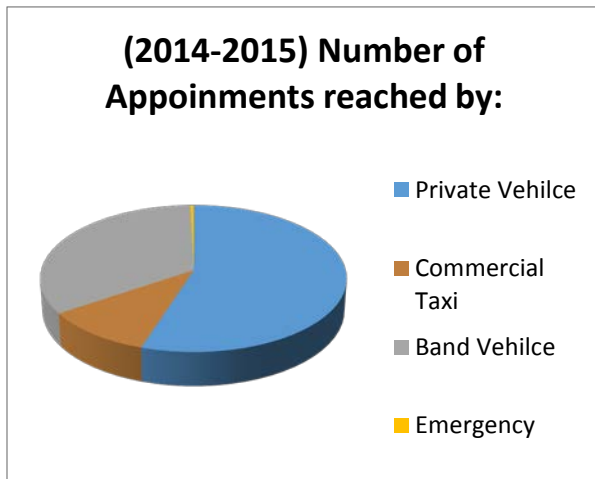
Also important to note, in December 2015 during the Christmas and New Year holiday, we were faced with changes in the hospital system that were out of our control. The shortage of physicians brought upon our community and surrounding communities a lack of emergency services. Ambulances and the population were instructed to travel directly to Ville-Marie, QC for emergency situations since there were no physicians at our local hospital in the neighboring community of Temiscaming, QC. It was since corrected and there are plans to bring in new physicians. The Abitibi area is still experiencing changes in Health Care and this sometimes creates longer distances to travel. One such example is that where we could have an anesthesiologist in Ville-Marie, that specialty is now only in Rouyn and only in Ville-Marie in emergency situations.

Last year, 271 Kebaowek First Nation members from our Quebec region accessed the Medical Transportation Program, an increase of about 6 people. As always, 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. For example a simple diagnostic ultrasound would need to be done in Rouyn-Noranda, QC when they have the equipment in North Bay, ON. This in turn causes an increase in travel cost due to the increase in distance

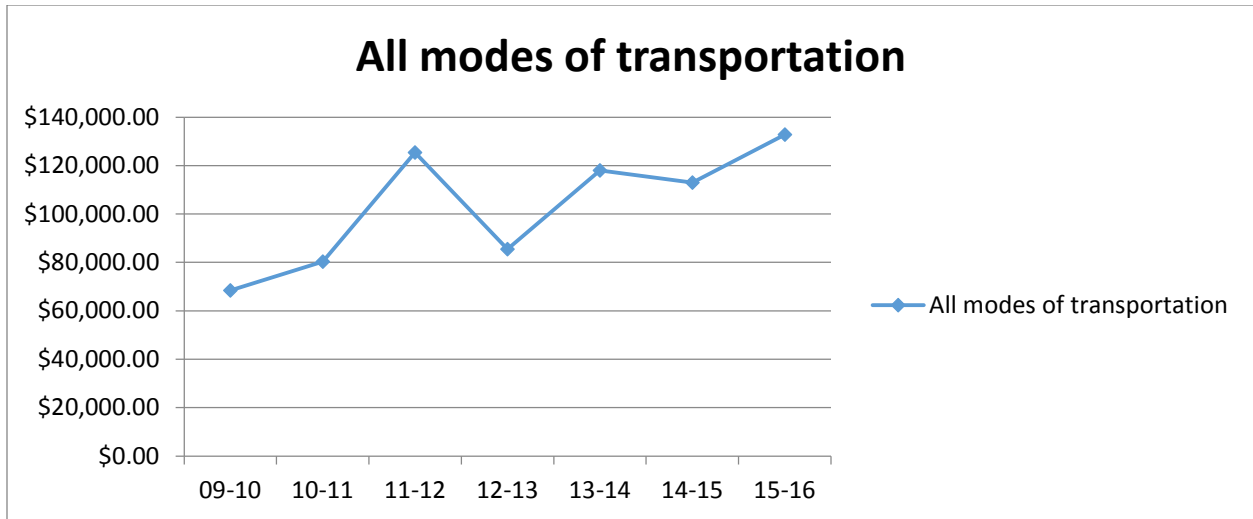
that needs to be travelled for medical access to specialized services. The charts below show the number of appointments accessed in different locations from the previous year compared to 2015-2016 year.



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.



The cost of our Medical Transportation Program has gradually been increasing over the last 10 years and now should be at a plateau.

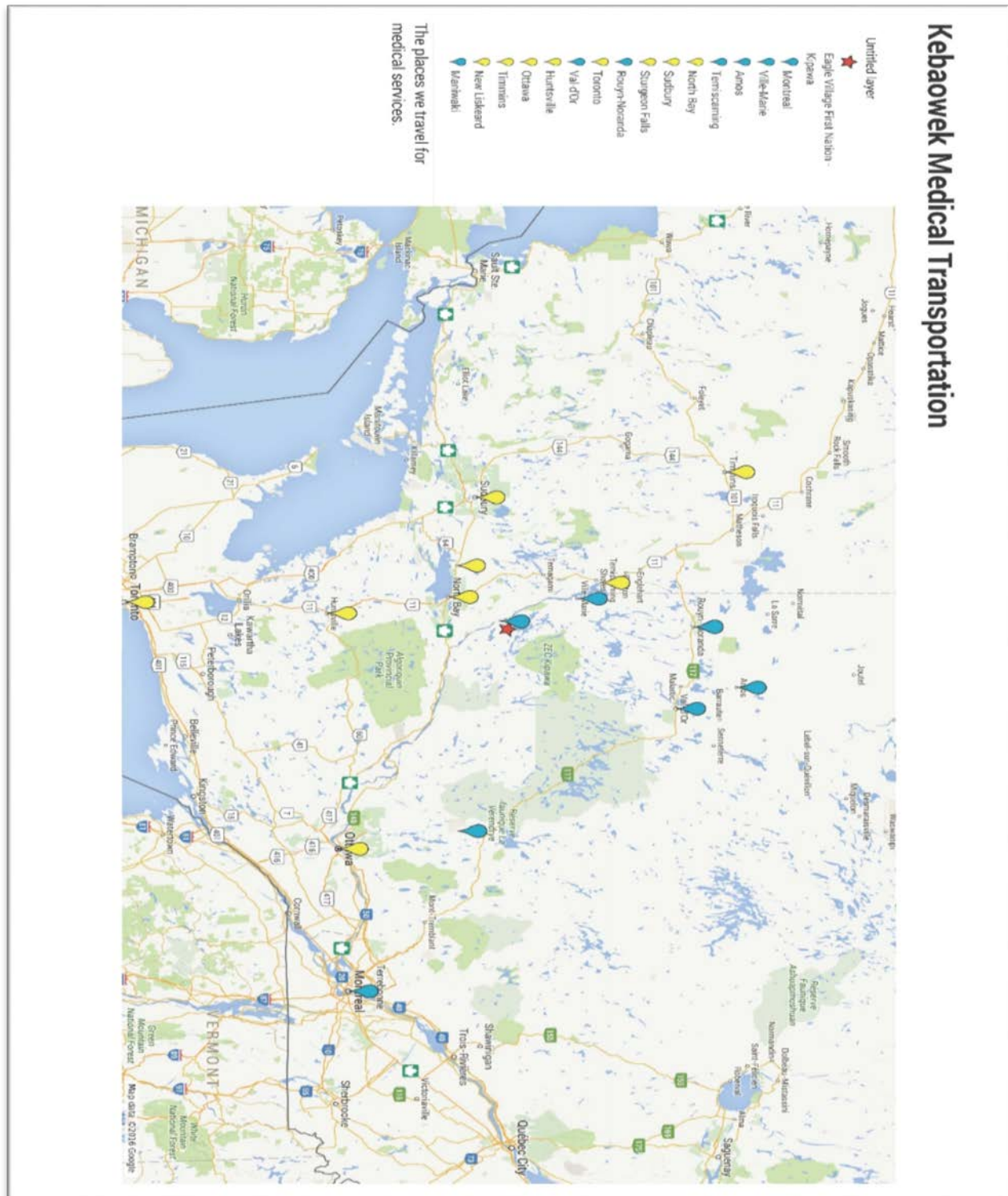


We appreciate our clients calling ahead of time for scheduled appointments and we continue to receive required documents such as hotel receipts, doctor’s proof of escort, referral notes and completed medical visit attestations. The Kebaowek Newsletter is utilized to inform our members of the Framework and also for operational aspects such as our deadlines for processing. The Health Centre Facebook page is also utilized to inform our community members of new hours for medical transportation and the number to call.

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.

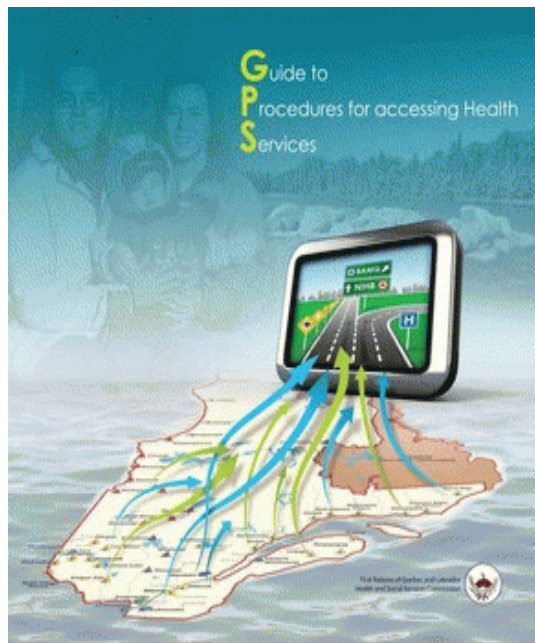
In the New Year, we will work with Health Canada to request a replacement of our oldest vehicle being the Dodge Caravan and essentially proving that 3 vehicles are needed to operate and provide adequate services to our members. Sometimes 3 vehicles is actually not enough and we require a 4th spare vehicle. In the meantime vehicle maintenance will be done to keep our vehicles operating safely. It was suggested by Health Canada that we group transports out of town which we do when “all the stars align”. We take into account the distance from home and time of appointments which don’t always coincide and the health condition of patients. Patients travelling out of town and utilizing our services are mostly accessing specialized services. It takes sometimes up to 6 months to 2 years to access some of these specialists. Any changes can delay treatment or testing from 2 to 6 months. Patients are often at the mercy of the physician’s schedules and not our medical transportation schedule. Health Services need to be accessed in a timely manner and there is often no room for changing appointments that are given to our members. It was also suggested for group transports per days of the week and for the same reasons just mentioned, that is not always possible. The number of trips, according to Health Canada does not justify 3 vehicles but as we know our sheer location of our community as compared to the location of appointments we need to access requires at least 3 to even 4 vehicles. For example 3 vehicles are needed for North Bay, Ville-Marie and Temiscaming (our 3 main locations). Often times if the Temiscaming

hospital cannot provide the specialty required, the clients will be transferred to a location within our vast territory. A person who needs orthopedic specialist would need to travel to Amos, QC. Below is a map of the places we travel for medical services. It is our hope that in the New Year we can replace our old vehicle and work with Health Canada and our Band Members to provide a quality service.



Medical Transportation Encompassing Non-Insured Health Benefits

Medical transportation is at the core of the other benefits of NIHB, and needs to be accessed before all other benefits. It is a means to an end in the NIHB Program and our Medical Transportation department is the first to know about any problems accessing other benefits or navigating through the complex health system.



Of all of the reasons for accessing our medical transportation services, according to our ICLSC statistics, 20% of those represent some kind of trouble accessing other NIHB benefits or navigating through the RAMQ system and not to mention interprovincial barriers trying to access services that are closest. The CSSSPNQL developed the “GPS” Manual to help communities navigate and access services. It touches the surface of the reality that First Nations encounter everyday as each person has a different experiences accessing NIHB. The “GPS” is an indispensable reference guide to assisting the Medical Transportation Coordinator and Health Centre staff, however, each community is different and has different realities. As part of our medical transportation service, it is our mandate to provide medical transportation and to facilitate access to these benefits.

There are difficulties in each benefit area some of which are trying to get medications covered that should be covered, trying to discover where the process failed, paying up front for medication that should be covered, then seeking reimbursement and not receiving the amount that was paid, then being told its out of Health Canada's control. At the end of the day, it's the community member's health and pocket book that is at a loss. There are lengthy processes and forms that need to be completed, rates reimbursed are not the same as the costs, both providers and the clients get frustrated with this. Some providers are choosing not to deals with the NIHB systems because of these road blocks. There are also appeal processes, helping clients understand and guiding them even under some of the most stressful times in their lives.

Geographically we are located at a very close proximity to Ontario and there are serious issues accessing services in the province of Ontario ranging from interprovincial barriers and costs to lack to communication between NIHB and providers. It is most beneficial to access these services in Ontario because of their close proximity and English speaking services. Private fees are not a benefit under NIHB Program so members are often required to travel much longer distances to access services at no cost within our Quebec provincial system thus increasing our medical transportation costs. The CSSSPNQL also developed a decisional tree based on the policy for Medical Transportation, its complexity intertwined with provincial and interprovincial health programs proves to be a difficult process to follow and understand. The tree helps put things into more perspective while give a visual of this complexity.

Provincial health programs that are in place interfere with accessing health services and benefits such as medical supplies. Just to name a few we have CPAP, hearing aids, eye exams/glasses and each of these has a decisional tree attached to it. A simple question on how to access a service does not have a simple answer. The Medical Transportation Coordinator who needs to approve the transportation to these services, becomes naturally responsible by way of a developed expertise for giving guidance to access these services.

The National NIHB Program is currently under review and it is our hope that some of the issues and gaps can be resolved. It's a process that involves everybody's participation.

FIRST-LINE SERVICE PROGRAM

REPORTING ON 2015 - 2016

Fiscal year 2015-2016 has provided many new opportunities and advancements for First-Line Services Team, with Programs Supervisor; Stacey McBride welcoming her third year at Kebaowek Health and Wellness Centre and Social Worker Technician; Darlene McLaren, and Community Service Worker; Kim Chevrier, entering their second year working with First-Line Services.

First-Line Services continues to work with other departments of Kebaowek Health and Wellness Centre to offer collaboration and partnerships between departments and a smooth transition between accessing health and social services.

Kebaowek First-Line Services continues to offer support for community members throughout the Food Bank a project which was introduced into the community in 2014. Not only does the Food Bank assist with providing basic necessities to the community members who require, it also continues to act as a corridor of services for cliental. Providing confidential services through a satellite office, First-Line Services are able to establish more bonds of trust with the community as well as willingness to access services from the community.

With the growth of First-Line Services department and its involvement in the community, we are able to continue to focus on our mandate 'Prevention of Child Placement' through programming that continue to work toward low child placement rates. Through many different approaches we are able to foster the growth of the family unit by enhancing learning through play and offering more positive bonding opportunities for community members. Throughout activity programming parents have the opportunity to interact with other parents and health professionals while learning new approaches and techniques to handling situations related to Child Development, parenting tips/strategies, how to access services and programs that are available within the community. During community activities, First-Line Services using the opportunity to get to know families, explain support services in the community, and offer support if needed. As a result, more families are comfortable accessing services from First-Line Services and have mentioned feeling 'more comfortable' asking for advice, assistance and/or support.

Throughout the implementation of First-Line Services activities, there has been a steady increase in participation from community members and their families. Parents are becoming more familiar with First-line Services, its programming and the distinction between voluntary and involuntary social services. This has proven to be beneficial as families have been more likely to accept to work with First-Line Services rather than continuing with Centre Jeunesse. The communication between First-Line Services and Centre Jeunesse has improved, Centre Jeunesse communicates with First-Line Services to discuss objectives for families and work toward improving situations for families within the community.

Through fostering existing programming as well as the incorporation of new programming allows for First-Line Services to outreach to community members to offer a unique learning experience while working toward increasing support services, collaborations and resources for parents, youth and children, listed below are a few examples of First-Line Programming:

Kebaowek Food Bank

June 2014, Kebaowek welcomed its first Food Bank, under Kebaowek Health and Wellness Center First-Line Services. Once the food bank was introduced into the community at the 2014 Spring Fair, this was the perfect opportunity to answer any questions and diminish myths that may be associated with Food Banks.

The first few months of the Food Banks were a huge adjustment for the community. In order to ensure that the Food Bank would be operational, First-Line Services set up a series of meetings with other Food Banks to learn key components of starting a Food Bank.

The Food Bank became fully operational in August 2014 with many community members choosing to access our services. As a result, many Kebaowek First Nation leaders were astonished with the food security issues in the area. It was at that point when these leaders realized a Food Bank in our community was much needed.

Since the opening of the Food Bank, access from the community has remained constant. Many families have accessed the Food Bank in times of emergency/ crisis and have used the Food Bank to access other services, such as Health Services, Employment Strategies and Counselling Services. No child goes hungry in Kebaowek First Nation.

Community Garden

To continue to promote “healthy eating” a community garden has been promoted into the area every spring, together community members along with First-Line Services worked hand and hand to start seedlings, turn garden beds, plant seeds. As a result, there was plenty of fresh produce available for the community. The produce for the garden was used in canning and jarring activities incorporated into Community Kitchens and was given out at local stores and in food hampers. With the incorporation of fresh produce, community members offer to water the garden and assist with the planting and harvesting season.

Throughout the summer many participants joined in gardening activities’ claiming that it was a therapeutic exercise and helped to de-stress and get a healthy snack.

There has been an increase in personal home gardens, in the community. Members frequent First-Line Services to learn of techniques and gardening tips from planting to watering frequency to harvesting.

Workshops

First-Line Services have collaborated in hosting workshops through the Food Bank, Food Security Initiatives. There was a workshop surrounding ‘whole foods’ and how to create nutritious meals and drinks that the whole family would enjoy. For this workshop Kebaowek welcomed entrepreneur Sarah Blackwell to the community to give demonstrations of how to incorporate healthier eating habits into your life.

Community Kitchen

Originally held once a month, Community Kitchen has grown in popularity. Now held bi-weekly, First-Line Services welcomes community members to attend a cooking class to learn new healthy recipes, share recipe ideas and take a prepared meal home. First-Line Services continues to establish connections between the community and Kebaowek First-Line Services through offering opportunities for families to interact in a positive family setting while learning and teaching new skills. Participants are invited to 'host' Community Kitchens, if desired.

Through addressing basic needs such as food security, First-Line Services can begin to support families through addressing other issues that may arise thereafter.

The Guardian Angels Program:

This program consisted of having our youth at risk (ages 14 to 17) in regards to behavioral issues; actively participate in cooperation with our Police Department in patrolling the community on bikes and serve as a deterrent to counter vandalism or other reportable behaviours. Four youth are hired to participate, build a positive relationship with the community while serving to fight against behavioural conduct that prompts authorities to force our youth into placement and institution.

As the Fourth year running, the Guardian Angel program continues to be a great success. We hired 4 students for the summer and had weekly team meetings to discuss how we could help improve the community. Throughout the summer months random checks have been done by First-Line Services to ensure that the students were working during the scheduled time and wearing reflective vests, they were given a ticket to get a free drink or snack from the local depanneur. We have also begun a 'good deeds' initiative, when a Guardian Angel does a good deed they receive a ballot to enter a draw at the end of the summer, more good deeds result in more ballots. This initiative has proven to be beneficial and the community showed its appreciation through phone calls and word of mouth.

Working with the Eagle Village police department we constructed a working partnership between the police, guardian angels and the community. Once students are hired a meeting is set up between the police officers and students to discuss safety while on patrol. Guardian Angels are invited to stop by the police station at any time during their shift.

With the change over of police staff, this program works with 'at-risk youth' as well as new officers to continue and create lasting partnerships.

Family Movie Night:

Family Movie Night is designed to increase family participation in the community by providing positive family interaction activities within the Kebaowek Community. Through offering families the opportunity to have an inexpensive night out community members are invited to attend a movie at the Community Hall. Once a month, a new release movie is shown, attending Families have the opportunity to enter a draw to win the movie at the end of the night. During this event, healthy snacks are available free of charge for participants.

Through promotion of Family Movie Night, First-Line Services works toward increasing positive interactions between families, as well as identifying First-line Services as a support service available for parents. When hosting Family Movie Night, there are First-Line Service workers available should assistance or support be required.

Promotional advertisement for this activity is done through flyer handouts on the bus, texting/ social media, monthly newsletter; First-Line services family Calendar as well as word of mouth.

This is a very popular activity among the community. Many families enjoy bringing their children to a relaxing activity that allows for them to interact with First-Line Workers and other families. Through 'Family Movie Night' First-Line Services promotes other Health Centre activities and services available for families within the community.

Community Involvement:

Organizations:

Throughout the past year, First-Line Services has been working on partnerships within the Kebaowek Community. Through collaboration efforts, First-Line Services along with other Health Centre Departments have been working to improve existing programming and offer support for one another. First-Line Services has been assisting clients through working with Departments within the Band Office, have provided advocacy for Centre Jeunesse, as well as worked alongside the community Daycare. By helping families understand services that are available within the community ensures trust and a valuable resource for community members and health professionals.

Communication with the local childcare centre, Migzy Odenaw Childcare has proven to be a step in the right direction in regards to reaching out to families. Through a meeting with the Director discussions took place in regards to families and issues that are faced from the daycare perspective, this has also contributed to the programming of First-Line Services. In order to reach the parents/families that are both band members and live in the community, the daycare has agreed to advertise our posters and activities. Through regular meetings between the daycare and First-Line Services, issues of concern have been identified by the childcare establishment. As a result, First-Line Services has constructed information packages for the Daycare families to ensure that families remain informed of current events and information regarding their community. Making contact with the daycare was essential as many families on reserve access this service. Migzy Odenaw Childcare often participates in First-Line Services programming.

Over the past three years, connections with the Kebaowek Police Department continue to enhance. There are instances where EVFN Police have called First-Line Services to intervene for families, or to provide support and assistance. As a result, officers will request information if they feel it is necessary-whether coming into our office directly, email, telephone call or assisting a client. The police service is a major point of entry for clients particularly in emergency situations. First-Line Services have constructed an information binder for Police. Through this binder, police have quick access to important resources in the surrounding area. Some of this information will include: Emergency Shelter information, Food Banks, Social Services, Health Services, Hot-Lines, ETC..

Advertisement:

First-Line Services promotes community activities and events in a variety of ways. Through social media, newsletters, posters distributed in the community, personal phone calls and word-of-mouth community members are informed of upcoming schedules and events.

First-Line Services has recently created a Facebook Profile to provide updates for programming and to keep community members informed of upcoming events. This helps to keep the community updated on current events, health promotional material. Many clients also send private messages through face book to request additional information or to set up appointments.

First-Line Services Calendar:

In order to promote First Line Services and their partners, a calendar has been created for families to provide upcoming dates, local support network for parents, hotlines for youth and families. The calendar also has pictures of First-line activities and events held throughout the year, a school schedule of holidays, healthy recipes, quotes as well as contains the Algonquin Language. The main idea of the calendar is to provide families in the community with a sense of pride and belonging and to know that Kebaowek Health Centre recognizes the effort put forth from the community. Through this calendar we hope to empower the community to continue to grow united.

The Calendar is often distributed in the month of August and September.

Elders:

Elders are a very important component in first nation's culture. Elders are respected individuals in the community and help to pass along aboriginal traditions and ways of life through various cultural teachings. First-Line Services collaborates to keep these connections sacred through inviting elders to attend First-Line programming, in hopes of keeping and strengthening connections between Elders, Families and Youth. First-Line Services, through the food bank often reach out to elders in the community. Offering fresh produce, often these short visits open discussions; as a result we can guide them to appropriate resources, if necessary.

First-Line Services continues to work with the Nursing Department to continue to offer support for elders in the community. Through collaboration, First-Line continues to reach out to 'high risk' elders through a quick telephone call or visit. First-Line Services has assisted Elders with obtaining additional information on various topics.

It has been noticed that when Elders seem to be having difficulty with services i.e. home support services, their initial reaction is to reach out to First-Line Services staff for support. Whether it is organizing the support worker, determining the tasks that need to be fulfilled, discussing paperwork or finances, First Line staff is usually the support service accessed for these needs. As home support is being taking care of by a third party Centre Jeunesse, First Line supports the Elder in an advocacy role. In the future, it would be beneficial to have Eagle Village First Nation managed programs associated with Elders and their needs as they are very important people in Aboriginal communities.

First Nation Communities:

In order to benefit First Nations, communication between other First Nation Communities has been established between social services. First-Line Services worked on connecting with other communities to discuss issues, gaps that are faced in other communities and services that are offered. This helped to expand the framework of First-Line, gaining more insight to potential problems and issues that may be faced from the social services perspective, as well as how other First Nations have helped improve their own communities.

Through information sharing we have established lasting contacts with other communities.

Conferences and meetings hosted by the FNQLHSSC, and Centre Jeunesse provided the opportunity to meet with other First-Line Services across Quebec. Through training First-Line Services had the opportunity to meet and discuss issues surrounding First Nations peoples and strategies to combat pressing issues. These conferences were important as it connected all First-line Services within Quebec and helped us toward a common goal. Many contacts and friendships were established, For Kebaowek particular friendships were made between Timiskaming First Nation, Long Point First Nation, and Kitigan Zibi First Nation. These will have a positive lasting impact on all.

To continue to keep lines of communication open between Kebaowek and surrounding Algonquin communities will be accomplished through frequent follow ups. Collaboration can be seen through invitations to cultural events, meetings and training sessions. In the future, there would be benefits to try to form a committee to discuss pressing issues among the three Algonquin communities of Kebaowek First Nation, Timiskaming First Nation and Long Point First Nation.

First-Line Services 5 Year Action Plan:

The Five Year action plan helped to project First Line Services and maintain objectives over the next 5 years. The main objective will continue to focus on the unique needs of the community. This action plan was created by the community for the community and will continue to foster positive growth and development of families. Through surveys, evaluations, follow-ups and conversations, First-Line Services will continue to provide relevant, meaningful programming for participants while promoting a cultural, holistic approach.

Through continuous contact with the community, First-Line Services can continue to meet the needs and demands of the Kebaowek community and ensure that the goals and objectives remain priority in future planning.

First-Line Support Services:

Support is offered to Kebaowek First Nation members through First-Line Services. Clients have the option of receiving in home support services or to come to the office. Originally, First-Line Services was placed in a building with Centre Jeunesse; as a result First-Line Services would receive calls to meet with clients within their home. Due to the growth of First-Line Services and the incorporation of the food bank, First-Line Services was relocated into a separate building. As a result, First-Line Services have received more 'walk-in' meetings, booked more in office appointments and were able to begin hosting programming from within the new location. Elders also have accessed First-Line Services more and the building had ramps for those with mobility difficulties.

First-Line Services continues to offer new programming and activities to families in the community. With the increase in pregnancies in the community, it may be beneficial for First-Line Services to offer support services for young families in a variety of aspects.

Mental Health & Addictions:

Collaborative agreement/partnerships between the CSSSTK have been established. These partnerships promote positive growth and development between Kebaowek Health Centre & Wellness Centre and CISSS. Throughout the past years meeting were held regularly between the Addictions team and First-Line Services from both establishments, however; with the change over from CSSSTK to CISS meetings began to decrease overtime. In the Future, it would be beneficial to reconnect partnerships between the establishments through revising the Collaborative agreement/partnerships that have been established.

Health Centre Program Cooperation:

First-Line Services and other Health Centre Departments have collaborated on many activities and programming that has been offered throughout the community. Providing more family based activities. Many of these activities were offered to increase bonding for families and to identify services available within the community. By working alongside other health professionals and departments, First-Line Services can reach more families in different settings. In the future, it would be beneficial to create and implement new, regular programming with other professionals in the community to offer families diverse learning opportunities.

Objectives for 2015-2016

Amongst the key areas identified to quickly respond to for 2016-2017, continue to revolve around 3 important aspects of our First-Line Department:

1. First, to continue to distinguish First-Line Services as a voluntary support option for Kebaowek First Nation families, through providing a safe, secure and comfortable environment where families can visit and interact. A clear, definitive separation between voluntary & involuntary services is required.
2. To continue to support families through offering meaningful programming and objectives in order to reduce child placement rates in the Kebaowek community. To continue to adapt these objectives to meet the needs of these specific families involved.
3. Establishing and validating intervention plans with families, allowing them to take the initiative and lead on their own progress.

Working in partnerships with Kebaowek First Nation resources, to continue to support and assist individuals and their families.

Other important program development in the community will include:

To be worked on during the next 12 months:

1. High Risk Families:
 - Children 0-18 yrs
 - Increase in collaboration between First-Line Service and Centre Jeunesse
 - Females/mothers of low income status
 - Integration of support groups for families.
 - Parenting workshops/ drop ins for families.
 - Working on expanding parents resources and parenting networks.

2. Prevention/Awareness Programs:
 - Suicide prevention and awareness
 - Support services & awareness (community based)
 - Family Violence Prevention
 - Mental Health Awareness
 - Food Security Awareness
 - Harm reduction approaches (needle injection prevention/ Safer sex programmes/ Tobacco use)

3. High-Risk Teens
 - Substance abuse awareness for teens (breaking the cycle)
 - Harm reduction approaches
 - Cultural Awareness Initiatives
 - Leadership/mentor programs
 - Educational meetings, workshops and trips

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