

COMMUNITY REPORT 2016-2017

Kebaowek Health and Wellness Center



Contribution Agreement QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

REPORTING ON 2016-2017

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 The trust amongst the Health Workers and the members of the population is the 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 Kebaowek Health and Wellness Center 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 Kebaowek First Nation, 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.

During fiscal year 2016-2017 our community continue on its course of establishing long term objectives for all the chambers of activities which include; economic, social, education, environmental, health, and infrastructure to name a few. Giving our members a long term view helps keep the focus on what really matters and what really is going to have a positive impact for our well-being.

Two significant moves that are sure to reap benefits have to do with acquiring our own postal code and reverting back to our traditional community name of Kebaowek (place to take a break before continuing your journey). After a comprehensive referendum with all band members, it was decided to return to the original community name a few years back. However it was just over the past year that the move was eventually done. Many elders felt that it was important to our history and culture that we reverse the renaming of the community from the contest driven name of Eagle Village when in fact there were already a few places in Canada that had that name. This also gave respect to the original founders of our community.

Acquiring our own postal code for Kebaowek First Nation was another important initiative towards solidifying elements for long term planning. Efforts were made throughout the year so that come June 19th, just a few days before Aboriginal Day, Kebaowek received its own postal code. This may sound trivial but for our community it means that any and all statistics pulled from an area postal code perspective, can and will be used for our benefit. Multiple stats from health to economics to population age and gender can be extrapolated and serve as indicators and levers to access funds and other resources. Simultaneously, a renumbering of our streets and houses were done so that we are now in a better position to acquire 911 emergency services.

HEALTH CENTER OVERVIEW

Relations with Quebec

As it pertains to the relationship we have with the province, with well into over 2 years of Health Care Reform in progress, 2016-2017 continued to have outbursts of growing pains. In our case, having a serious shortage of the physicians to handle the Emergency Department and approximately 3200 clients, was not conducive to a good start especially when services continue to be centralized. The Centre Intégré de la Santé et des Services Sociaux de L' Abitibi – Témiscamingue (CISSSAT) however, made tremendous efforts to be inclusive in getting more people involved in the recruitment of physicians for our local hospital in Temiscaming. Despite the perceived over involvement of the local municipalities due to the constituent

pressures, we should see 3 more physicians arrive in our area by the fall of 2017. I would like to think that our community played a huge role in the efforts to persuade the foreign doctors to establish themselves in our area.

Président Directeur Général of the CISSSAT throughout the implementation of Law 10, Mr Jacques Boisseneault, did his best to keep all services grounded and with the precursor of “service de proximité”. However, proximity did not always prevail. Kebaowek First Nation and many other local users of the Health Care system have seen several medical acts displaced from our usual corridor of service in North Bay, Ontario to areas located as far as Amos and Val d’Or, Quebec. Although this closure of services from the North Bay Regional Hospital had nothing to do with all the changes of Law 10, it was just unfortunate that Ontario decided to make some modifications within their system at the same time we were going through changes. People continued to add to their frustrations the many changes to their usual routine.

Our people and local municipalities have been made aware that repatriating all the services we once had within the Ontario corridor, is a priority with the CISSSAT. They can now look at building the necessary bridges to ensure reactivation of these services since the physician crisis won’t be as significant in the future. If people residing in the Gatineau-Hull area can access Ottawa Health establishments without having to drive the distances we have to, then this should allow us the choice to go to North Bay like we have done in the past.

Following the wishes of our community on taking over the Assisted Living Program delivered by Centre Jeunesse for the CISSSAT, since 2017, we are now responsible for the Operational Management of the Program. This was a smooth transition given the competency of our employees and the knowledge of our clients, our people. What is taking time is the transfer of the full financial component of the program. We do everything except make the cheque, and when the cheques are late, we are, however, called upon the carpet. Meetings will resume in September to finalize the transfer of the Financial Management of the program so the full delivery will be done by the Kebaowek First Nation Health & Wellness Center.

Finally, despite in the change at the helm of the regional CISSSAT, I have reason to believe that the successor of Mr.Boissoneault shared some of his values pertaining to First Nations and that there will be continued support towards improving relationships with our people. Cultural sensitivity and English language training should continue to be offered to all staff of the Réseau. I can surely attest that our regional CISSS is the most collaborative one there is in the province. Efforts in the future will consist on breaking down even more, the barriers in having some specialized services brought into our community.

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

Our Montreal Regional Office remains as supportive as they can be. Regular conversations with our Liaison Officer always ends with the following “let us know if you need assistance with anything, we are there to help”. This is the type of relationship that I and many other

Health Managers appreciate. The fact of always being willing to help and at the same time not being invasive is important for our growth, managerial independence and self-governance.

What is different this year is that we are going through our 5 Year Evaluation. Although it's a mandatory exercise from our funding partners, evaluations should be second nature to any Manager who is out to make the best use of his human and financial resources while striving to achieve targeted objectives. These objectives should be responding to the needs of our clients and at the same time be SMART: **Specific – Measurable – Achievable – Realistic – Time-based.**

This is why you may have seen or been asked to complete surveys or questionnaires circulating in the community at the beginning of 2017. You may also have been asked to participate in a focus group discussion or you may have simply been questioned by an independent consultant. This consultant was responsible for gathering all the information and compiling it together so he could comprise a list of recommendations on how we can move forward in an improved manner. As well he will be able to evaluate if we have attained the objectives we set out to do or identify where we could have lagged behind. Nevertheless, this process, no matter how demanding it may be on the entire staff, is received with enthusiasm, as we want to do our best for our community.

On a positive note, this past fiscal year saw the birth of a project called “Jordan’s Principle”ⁱ. In a nutshell, the purpose of this program is to make sure no child falls through the cracks of not being able to access services that any other non-First Nation child would be entitled to. I am very distraught that in 2017 in Canada, we still need to come up with specific “programs” to reach equality in services. Please consult the appendices to see the Jordan’s Principle definition in bigger detail.

It was perhaps during the last 2 years in the mandate of the Harper Government when a first request was done to the Infrastructure Department on Boulevard Rene-Levesque for a new Health Center. At that time it was clear that any official request coming from the community in a form of BCR would be systematically denied and that we should wait for a more opportune time to make such request.

So after listening to the promises of what turned out to be the newly elected Liberal government under Justin Trudeau, it was thought to believe that things could be more plausible. Therefore an official request was made to our Regional Office for a new Health Center which also stated that we were ready to use surplus dollars from our agreement to help fund such an important asset that is greatly needed in our community. A few months after the Federal Elections, more moneys in infrastructures were announced from both the National and Regional Offices. We had a few visits from some Regional people to witness our restricted potential for growth and to help us with getting our new Health Center Project up and running. After consulting the members during a few gatherings like the Spring Health Fair, we came up with a preliminary drawing of what could be our potential new home for providing Prevention and Promotion Programs. Comprehensive and looking further down the road, Le Group Trame came up with a very functional one floor building concept that would address our current and future needs.

In the summer of 2017, we will be utilizing the AHSOR (Aboriginal Head Start On Reserve) Program funds to add to the realization of our project as we continue to build a “business plan”, as requested from Health Canada Regional Office. The last piece of the puzzle has to do with looking at if there are any possibilities of receiving funding from the Province. As we await the new program under the “Aboriginal Initiative Fund” volet III, I’m hoping that there may be some possibilities there. I am however, not very optimistic since there is and continues to be, a history of who is responsible for what when it comes to Health Programs and Services on reserve. We should have a clear answer by early September and deposit by October our final business plan.

Notwithstanding of our business plan, our Regional Office knows what our needs are, knows what potential funds we have available since they receive our financial reports every year and they know how much it costs to build a Health Center. Our leadership, members and entire Health Center staff will be extremely disappointed if the shovels don’t hit the ground in the spring of 2018.

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

As a community partner with the FNQLHSSC, we are assured of their support on many fronts of advocacy to access and integrate Health Programs and Services. This Regional First Nations Organization continues to be a strong technical support to our political leadership who depend on their expertise and connections to the grassroots communities.

With the collaboration of our Regional Office of Health Canada, the FNQLHSSC has been instrumental in developing health management capacity through training, networking and information via our Health Director Network Meetings. This important activity is not necessarily done in other regions (provinces) but I’m convinced that if it did, there would be a more respectful cooperation between all governments and communities to a point where the word “partnership” could even be used. Thumbs up for the Quebec Region!

What perhaps stands out a bit more this year in regards to the FNQLHSSC is the “Governance in Health” Project. Since 2013, British Columbia First Nations took over the management and delivery of Health Services that were previously administered by Health Canada. The Quebec Chiefs in Assembly gave the mandate to the FNQLHSSC to look at ways that our people could eventually take over such responsibilities in a manner that is respectful and with proper consultation and feedback from the Quebec communities. This project is of extreme importance but should not be rushed in to. We need to transition in the best way possible and by learning from others mistakes. It is clear that no matter how and when we as First Nations, take over our own destiny in matters of prevention, promotion and population health, there will be some growing pains and stumbling block along the way that we will overcome. We just need to prepare well so they are fewer than more and that the first step towards “self-government” will come from our own Governance in Health.

CONCERNING THE PRIORITIES OF 2016-2017

(Priority 1) 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 actively took part in the doctor recruitment. We gave tours of the community, cooked up our best moose meat and bannock and we showed them how they can easily impact a community like ours by being available to come to our Health Center to see our people. We took the time to meet them and great them. Now three family physicians should be in place by the fall of 2017.

(Priority 2) We will also be making our case against the imposed obligation to stay in the places where “Mamit Innuat” 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.

We have made it official by means of a BCR like many other communities in 2017 have done to handle our own services while in transit to Montreal or Quebec for medical reasons. It was no secret that issues had been raised for some time and that MAMIT INNUAT was under evaluation for several years as they tried to regain their credibility as a service provider for medical transportation in the big cities. Our reserve had taken over that responsibility from the onset of their struggles and seen that they could do it with more respect, safety and privacy than what MAMIT INNUAT could do.

(Priority 3) 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

Several meeting have been held with the Regional Office. The business plan is in the making and preliminary drawings accomplished. See drawing in appendices.

(Priority 4) 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.

With our Health Evaluation completed throughout the 2016-2017 year and to be reviewed by all stakeholders by September 2017, we will have completed a big part of our Health planning puzzle. No movement however has been done towards the “accreditation process” yet. We will need to be in a new facility before we could adhere to the rigorous norms of Accreditation Canada.

(Priority 5) 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 CISSSAT 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 Info-structure program, KFN Health and wellness will rely on our renewed spirit of collaboration with the CISSSAT to explore some professional support in the mental field.

In 2016-2017 we were successful in a project submission in developing a “Mental Health Team”. This has allowed us to make some contacts with external mental health support and begin having them (Clinical Social Worker/Psychologist) come to the community. Their presence should commence by mid-summer to early fall. With an emphasis on doctor recruitment and a change at the helm of the CISSSA-T, we should be able to rely on their support in matters of mental health a little later in fiscal 17-18.

LOOKING AT PRIORITIES FOR 2017-2018

Our first and most important priority is taking stock and ownership of our 5 Year Evaluation and transforming it into a workable canvas of what will be considered our new long-term objectives will take most of our energies and time during fiscal 2017-2018. Making sure that all program dollars are aligned with our goals and objectives requires some adjustments that can be temporary or long-standing. In spite of the obvious directions presented to us, we often need to adapt to the ongoing real life issues that seem to surface from time to time. Our national “OPIOD CRISIS” affects us all and we will need to collaborate with all our partners to address this plague, without however, losing the long term focus on improving on the social determinants of health in our community.

Another important priority is tabling a sound financial business plan for our new Health Center. A lot is riding on acquiring a larger workplace for both the Health center and Band Administration. Both departments will see new positions filled, but mainly we will see all respected workers will be under the same roof. In alignment with this priority is making sure that all project submissions under the Health and First line Services department are totally implemented to the fullest of their potential, given our lack of space.

Our last priority is probably going to be our most challenging. It is of the utmost importance that all other community departments understand that they have a huge role as an important social determinant of health. That their housing program, education program, training program, income security program, economic development and even public works are significant contributors to the overall health of our people. These interdepartmental silos need to gain acceptance on their importance on just how much they play a huge and long lasting effect on the health of the community for generations to come.

IN CONCLUSION

Kebaowek First Nations community members will continue to be at the forefront of our efforts in providing the best possible services in prevention, promotion and wellness programs delivery. We will continue to advocate on your behalf to ensure that you have access to health services as would any other Quebecker. We will also continue to bring forward all the unjust restriction to prescription medication as they are still occurring far too often to our people.

Through our new Jordan's Principle program, we will strive to make sure no child goes without the care and services that he or she is entitled too. We owe a great deal to the Caring Society and Mrs. Cindy Blackstock for all the strong work in that regard.

As an aspiring to be member of the CISSS A-T board of directors or as my capacity as your Health Director, I will continue to advocate for more services in English and to have provincial professional health care providers come to our community when our medical conditions require it and when they would provide their services if we were situated off reserve. Constant pressure to fully reopen the corridor of services with Ontario remains a priority for our members and those of our neighboring communities.

Our human resources have remained stable for the core staff with only a few comings and goings for project workers. Because of circumstances due to illness, vacations and NAIG participation, we were only able to receive the two medical students for one week. Our summer Youth Diabetes Camp was also later than usual due to the same reasons. They were nevertheless as successful as the previous years.

Sisters Erica and Karleigh Miness, who are two community members studying to become nurses, did a fantastic job during their Health Career Summer Student Employment. I wish them success in their nursing studies and look forward to seeing them again next year if Health Canada can continue to support us.

Training continues for most workers, other than the nursing staff, to be challenging and is at the mercy of the collective, meaning what is required by most interveners within our Region. This sometimes fits our needs but often enough, because of our low turnover, they will 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. I am pleased with the progress with both program managers in regards to the FNHMA certified health managers training. Both ladies should acquire their certification within the next 12 months. Several First line services

workers will be receiving more training in crisis response as in accordance to the plan from the Mental Wellness Team project we worked hard to get.

In early childhood development, our Headstart and Maternal Child Health programs continue to be more effective since our take over last year. I'm in a better position to follow the programs' success and hopefully we will see the difference in the children attending primary school within the next few years. The Mini Pals over at First line is also contributing to an optimum start to our children's learning and total development. Having a solid foundation is key for building a sound structure that is capable of absorbing all of what life has to offer as teachings.

To our community members, you may see a few more graphs or even a conglomerate of numbers or statistics in this report. We are not trying to be smarter than our britches or wanting to demonstrate how clever we can be with numbers, it's just that we are trying to find that happy medium we face when reporting to two different audiences. Our community report is intended for you, our member. We report to you, what we are trying to accomplish and where we are planning on going. Our other community audience is our main funding agent, Health Canada. Although they could probably gather all the information on what we do via our Newsletter submission, there are mainstream ways in which they want us to be accountable to you so we do our best to accommodate.

And finally, what is very important for you to know is that we are here to help you and all 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 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
 - HIV/AIDS
 - Hepatitis C
- Early Detection and Screening
 - Mammograms
 - Pap Test Screening
 - Blood Glucose
 - Blood Pressure
 - Cholesterol
- Home and Community Care Program
- COHI Program
- First-Line Services
 - Family Violence
 - Youth Suicide Prevention
 - Poverty Alli Solidarity
 - Estate Planning
 - ITMAV
 - Avenir D'Enfants
 - FQIS
 - Victims of Violence
 - Food Security
- Addictions and Wellness Program
- Sports and Mentorship Program
- Environmental Health and Community Based Water Monitoring Program
- Medical Transportation Program / NIHB Program
- Maternal Child Health / Head Start

COMMUNITY NURSING PROGRAMS

REPORTING ON 2016- 2017

CLINICAL PROGRAMS MANAGER UPDATE AND PRIORITIES FOR 2016/2017

As the Clinical Programs Manager responsible for Mandatory Programs, Home & Community Care Program (HCC) and other programs such as CPNP, MCH HS, COHI, ADI programs my main focus is to ensure Nurses, Program Workers, Administrative Staff and other professionals (ie Doctors, Dental Hygienist, SW and other Therapies) as well as summer nursing and medical students are meeting the goals and objectives that are identified and in our Health Plan. Administrative tasks within the clinical programs and the Health Centre itself are also an undertaking.

For the Home and Community Care Program (HCC Program), according to our Service Delivery Program, we continue to work toward improvements that we identified in our action plan. Two (2) staff from the Homecare team are trained to complete the OMEC/MCAT (Multiclientele Autonomy Evaluation Tool). It is a valuable tool that our team has incorporated into our program and it has proved to be very useful. Our team can now complete the evaluation and be actively involved with supporting and arranging services within the province of Quebec in Coordination with the Homecare / Social Services team at the CISSSAT. This team effort is flowing and has been instrumental in us providing quality services and support for our clients. More specifically, Services such as respite admissions, placement planning, support services for caregivers and for in the home itself. Lastly, linkages with the local CISSSAT GMF nurse was established in order to improve discharge planning and continuity of care. Establishing written agreements specifically are ongoing.

In 2016, The Kebaowek Health and Wellness Center became involved with a portion of the Home Support Program that is mandated thru Centre Jeunesse. We acquired the tasks of evaluating, organizing and coordinating and scheduling of Home Support services for our clients. We are also administratively managing the follow-up on service delivery, processing of timesheets and payroll for the home support workers. The portion of Finance (pay service) is still done by Centre Jeunesse. Most currently, there are 23 clients receiving Home Support Services. We are managing a roster of 26 - 28 workers. This service was previously completed by Social Workers from Centre Jeunesse.

Medical equipment for short term use can borrowed from the Health Center thru the Nursing Department. Assistance is available from the Clinical / Nursing Department for those clients that need long term medical equipment and supplies. The Clinical Department can assist in obtaining prescriptions and with processing the medical equipment and supplies that is covered thru Health Canada. Following our action plan for medical equipment within our HCC program, we update our policy and create a flow sheet for monitoring of equipment within the clients home. This document is filed in the chart and updated as needed -prn and /or annually.

Biohazard – As per our policy on Management of Biohazard Materials, sharps containers are available and used at the Health Center. The Nursing Department is responsible for collecting and storing containers in the biohazard freezer room until disposal via the Health Canada

arranged Schedule. Clients expired, discontinued or unused medications can be deposited here at the Health Center or at the local pharmacy. A process is in place where clients can hand in their medication to be destroyed to the nursing staff. They are locked up in the biohazard freezer until disposal as per our policy.

Establishing Collective Prescriptions remains unsuccessful. Due to changes in structure at the local and regional level it seems that most communities and smaller institutions remain stagnant in this area.

Training for CPR, First Aid, and AED was organized and completed in October 2016. All Health Center staff completed the training, including First Line Services staff. Training was extended Band staff and to other organizations within the community such as the Migizy Odenaw Daycare, Public Works, Fire and Police Department. We currently have 3 AED's in the Community installed at the Heath Centre, the Community Hall and with the Police Department. In compliance with the nursing requirement for annual training, the nurses set out a training plan for the year. The trainings session that were invested in were based on nursing demands in the community, need for upgrading in specific area and work related domains and interest. Following the plan set for the year supported improved competencies in the desired and interested fields and ease with staffing and coverage.

As with any break in coverage, foreseen or not, much demand has been brought forth in physician assignment or re-assignment. The Kebaowek Health and Wellness Center has offered much support in attempting to get our priority – high risk 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 and other professionals to our community remains. We continue to strive towards engaging another physician and the new Nurse Practitioner to join our monthly doctor visits here at the Health Centre. With word that our area is expecting a new physician soon, we are hoping to make this a realization in the late 2017 – 2018 year.

Medical Student in the community is one way to encourage future physicians in general to consider practicing in rural areas. 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. We have also embarked on having a nursing student during the summer months. She worked on and collaborated in many administrative clinical tasks. This also proved to be very rewarding for the Health Center, its staff, community members and our student. We look forward to having a nursing student again in the future.

The Community Wellness Programs Manager and I, as the Clinical Program Manager are providing focus on a more structured management and organization of program delivery with our teams. In the situation of overlapping target areas, we are applying focus on a more coordination amongst the overall groups and seamless delivery. With the implementation of the I-CLSC, we will be effectively making changes in regards to programs and services to ensure we meet the targets. Staff and Management training for I-CLSC is complete and the implementation phase is ongoing. Our Medical Administrative Assistant /Data Entry Clerk is

key in having staff start data entry with the goal of being able to pull a substantial amount stats in the 2017/18 year.

Setting a structured approach to certification and training as continuing education for all 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. Having a strong effort in higher level competencies with our staff and setting a more structure approach, we as managers can see the transition where our Health Center can be considered a more efficient, effective high performing organization.

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.

COMMUNITY HEALTH NURSE (CHN PROGRAM)

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

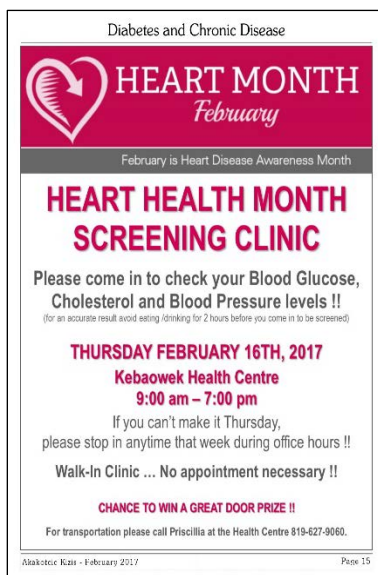
The clinic remains the CHN’s main daily function. Clinic activity for nurse consultation and/or treatment of various health related problems averaged a minimum of 130 and a maximum 350 clinic visits in a given month. Example issues are from minor cuts and injuries to daily dressing changes and treatment order by physicians, as well as vaccines and other injections.

Management of primary care, preventative care including monitoring of hypertension and other disease processes is a priority and daily duty.

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

One (1) out of Three (3) primary care physicians from GMF of the CISSSAT-K visited our clinic roughly every month. We have had 12 MD visits to our community with them seeing a total of 90 clients within the 2016-2017 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



In 2016-2017, four (4) Community Screenings take place reaching out to our priorities, goals and objectives of our 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 2016-2017:

- Spring 2016 - Community Health Fair had a screening available. 43 people participated, with 4 follow ups or referrals
- Fall 2016 - Community Health Screening at the Health Centre; 48 people participated with 5 follow ups or referrals
- Winter 2016 - Community Health Screening at the Health Centre; 67 people participated with 2 follow ups or referrals
- Spring 2017 - Community Health Screening at the Health Centre 51 people participated with 4 follow ups or referrals

Communicable Disease Control

The Communicable Disease Control (CDC) program at the Kebaowek Health and Wellness Center has a very interdisciplinary approach in that it is not a program solely involving the Clinical Nursing Department. Our approach combines the Clinical and Wellness staff including Program Workers from Addictions and Wellness, Mental Health and Wellness and First-Line Services. After evaluation of the community need and readiness, in consideration of expected resistance, our team focus has been promotion and education. To begin, our strategy aimed at the general population. General information distribution was done throughout the year on topics such as of HIV/AIDS, Hepatitis C and STBBI's. We also highlighted and participated with the mark calendar promotion days for those topics.

As a team we established the at risk groups, linkages with partners within the community and started to get education information into the community, Condom distribution is now back at the forefront in visibility and with easy access in multiple locations. Discussions internally regarding potential future tasks such as; direct approach, interaction and intervention with at risk target groups, screening activities, involvement with local harm reduction programs to mention a few are on the horizon. We also started the preliminary steps of the preparation of the mass educational component of "CDC Kits" to our youth and young adults which will include education materials on growth and development, hygiene, puberty, sex education, personal protection, prevention and precautions in areas of STBBI, Hepatitis C, Influenza and communicable diseases generally.

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
2016: 124 clients

PNEUMOVAX VACCINE

2014: 22 clients
2015: 10 clients
2016: 9 clients

Aboriginal Diabetes Initiative Program

The Kebaowek Health Center 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 Clinics for Labs; HgbA1c, Urinalysis quarterly and in addition annually; Lipid Profile and Microalbumin. These clinics are followed by a "Diabetic Breakfast". Approximately

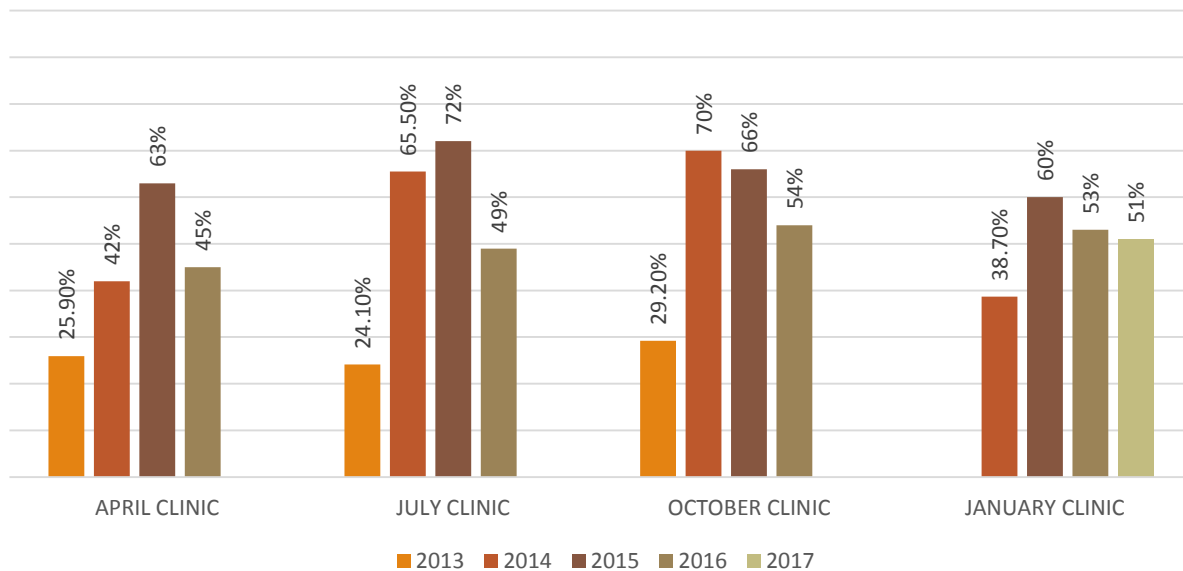
40-50 participants have participated with these quarterly sessions in 2016-2017 for a total 171. This is an increase from last year as in previous years reported.

- April 2016: 46 participants
- July 2016: 45 participants
- October 2016: 39 participants
- January 2017: 41 participants

We have data to support an increase in compliance and hence optimal HbA1C target ranges our diabetes clients over the last 5 years.

Comparison of participants:

CLIENTS WITH OPTIMAL RESULTS



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 31 people that access foot care service in the 2016 - 2017 year. This number consists of 22 homecare clients and 9 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 2016 was 38 with 2 referrals required.

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 37 women attended.

Breast Cancer Screening;

In conjunction with the provincial program CLARA bus in May 2016. 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 2016-2017 year, 16 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 6 services and support which are indicated below.

1. An information package to all persons of child bearing years; 18-40 years old. (mail out) Last Completed in Spring 2014, Next scheduled mail out is set for 2018/19
2. Nurse consultation for preconception and pregnancy planning information (mail out) Completed in Spring 2014, Next scheduled mail out is set for 2018/19
3. Postnatal follow up at home and at the clinic
4. Child developmental screening – ASQ Screening from ages 2 months up to the age of 6 years old.
5. Health promotion and child development packages / kits for 0-6 years old. There are 4 different parent / child kits according to their age. 17 kits were distributed.
6. Provide parent and child activities monthly for all children who are the age of 0-6 years.

A total of 17 kits were distributed in 2016 - 2017 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 2016-2017 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 needed. When results indicate a concern in one or more development area(s), referral requests are initiated. With parental permission and involvement an action / intervention plan is put place for those children to get them the follow-up and assistance that is needed.

In the spring of 2016 there was the annual “Welcome Baby Ceremony” for new community babies born in the previous year. A beautiful ceremony and dinner event took place for 11 children and their families.

Head Start (ASHOR)

The ASHOR program is to provide a good head start for the children of our community ages 0 to 6 by implementing a variety of strategic programs and activities that will promote health and nutrition, culture and language, social and family support and finally a targeted educational strategy that will ensure their early childhood development be a solid foundation for their years of learning ahead. By doing so will are reaching all the goals listed below;



Education

- Prepare our children to meet or exceed entry level required abilities.
- Prepare our children to meet or exceed entry level behavioral skills.
- Develop their gross and fine motor skills.

Social and Family Support

- Ensure maximum parent involvement in the development activities.
- Provide opportunity for social development.

Culture and Language

- Introduce age appropriate Algonquin language and teachings.
- Incorporate the Algonquin language throughout the educational activities.

Health and Nutrition

- Provide nutritional teaching incorporating traditional and mainstream food guides.
- Networking with other community nutrition/food programs.
- Incorporate age appropriate physical activities daily.
- Promote Public Health Immunization programs.
- Provide ASQ and Observation screening tools.

The ASHOR program currently implements all its related program activities through the Daycare Centre and other resources buildings in the community due to the limited facilities within the Health Centre building itself.

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 COHI program had a mid-year transition of Dental Hygienist staff from Francine Joron located in the Montreal, Quebec area to Naomi Hurtubise from a much more local area of Notre Dame du Nord, Quebec. This translated into an improved equation where now we are able to have a Dental Hygienist in our Health Centre 1-2 times per month. They completed 96 children screenings in the 2016-2017 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

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 8:00 am to 4:30 pm, Monday to Thursday, Friday 8:00 am – 11:2:00 pm. 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. In the 2016-2017 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 Homecare Program currently has a roster of 19 people with 17 of them receiving regular nursing visits. Other clients 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 nurses also provides support services in obtaining appointments for clients with family physicians, specialists, physio, occupational and respiratory therapists. There is also support provided in the areas of Audiology and Denturology not to mention with medical equipment and supplies.

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.

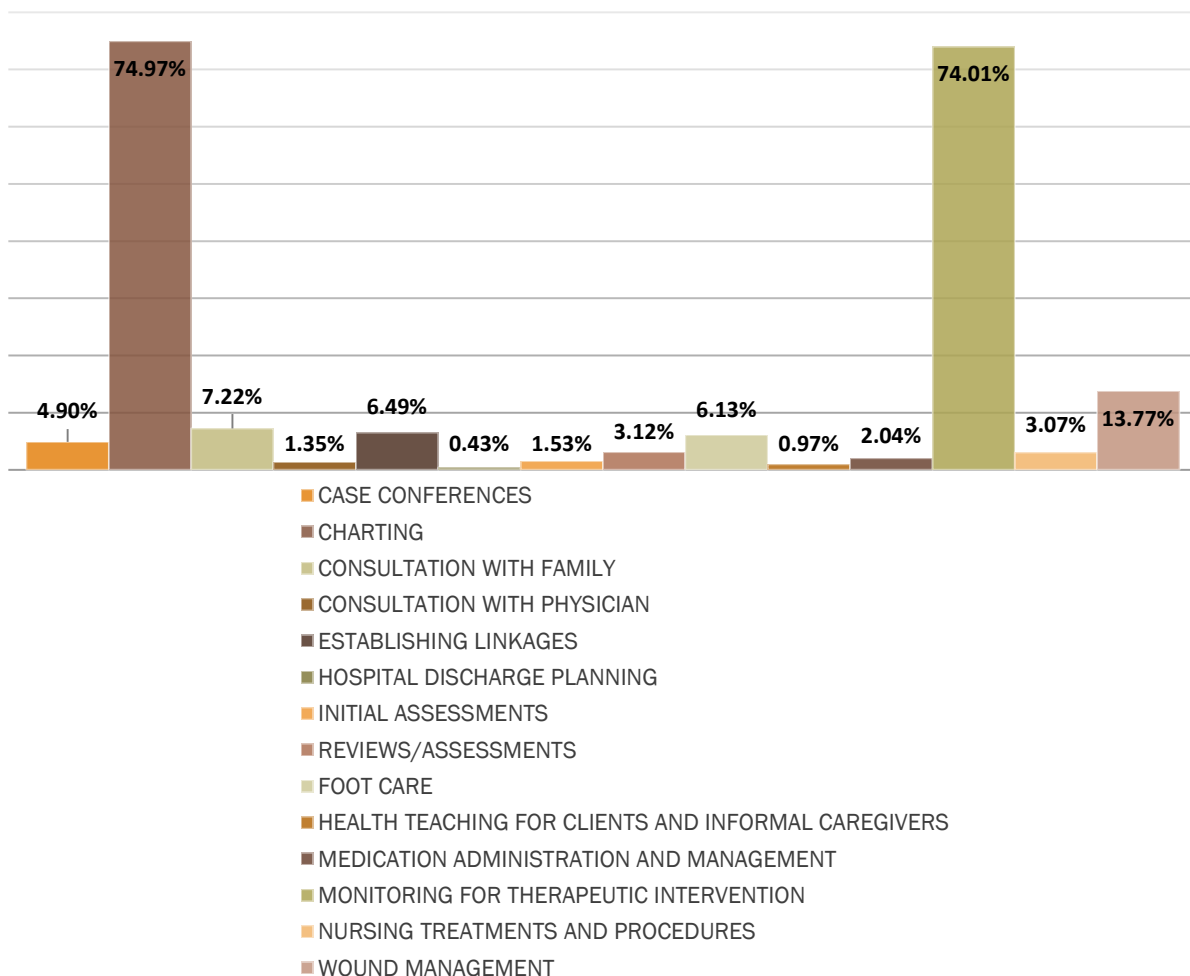
The Homecare Nurse provides the foot care services for both homecare and community clients in need. Currently, foot care services are provided to 38 clients. Foot Care services are provided either in clinic or at the client's home depending on the client's condition or specific situation.

We continue to build our link with the local CSSST-K in order to meet many of the needs of our clients. With a team approach, disciplines such as Occupational Therapy and Physical Therapy and Respiratory Therapist 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.

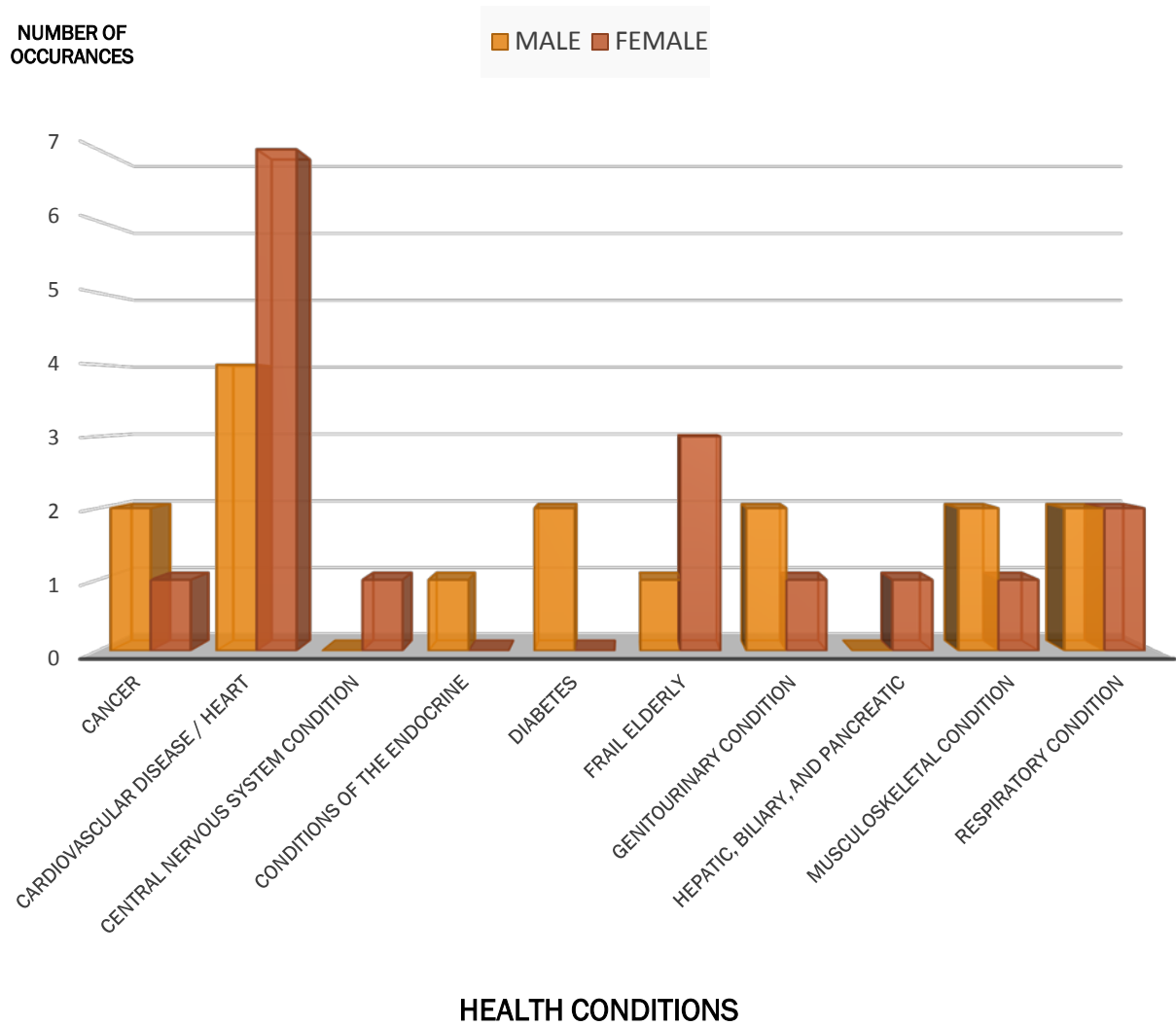
As we strive to meet our objectives guided by our mission, the Home and Community Care Program has contributed and has been a benefit in areas of education, prevention, access to support and direction for care and treatment to our community members. With the home support services funded by AANDC (managed 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.

HOME AND COMMUNITY CARE PROGRAM CASE MANAGEMENT AND NURSING SERVICES



Percentages represent the annual number of hours spent on Home Care Case Management and Nursing Services

PRIMARY REASONS FOR HOMECARE SERVICES



COMMUNITY WELLNESS PROGRAMS

REPORTING ON 2016- 2017



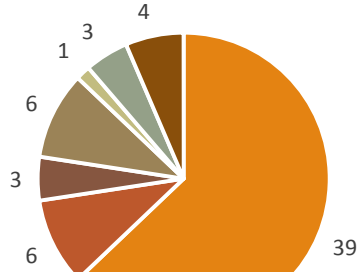
COMMUNITY WELLNESS PROGRAMS MANAGER UPDATE AND PRIORITIES FOR 2016/2017

The Community Wellness Programs Manager (CWPM) is responsible for managing the Community Wellness and Prevention Programs in response to the needs of the community. The CWPM ensures that the program workers are implementing and completing the activities identified in the Kebaowek Health and Wellness Center 5 Year Health Plan. The CWPM ensures quality services for community members through promotion and prevention for areas of health such as diabetes, chronic diseases, nutrition, physical activity and addictions etc. responsibilities include time management for staff, event and activity planning and coordination, program support, proposal writing, and coordinating with other Health Center departments. In addition to these responsibilities I take a lead role in the following:

Diabetic Retinopathy Screening

Our Diabetes Retinopathy Screening Program is typically held during the month of April in our community. During the 2016-2017 fiscal year we had to adjust our screening month to June as we were the recipients of a new retinopathy camera. This new camera allows us to take a much better quality image of the eye without the client needing to have their eye dilated. With the delivery of a new camera a training needed to take place. We continue to share the camera with the communities of Long Point First Nation, Timiskaming First Nation and Kitigan Zibi. I am currently the person responsible for the coordination of transportation for the retinopathy camera and equipment and I am the “trainer” for the English speaking communities should they require training for new technicians in their communities. We consider our retinopathy program to be a success, we have been annually screening clients for 7 years we continue to monitor the eye health of all of our 62 clients living with diabetes in the community.

2016 DIABETIC RETINOPATHY SCREENING



- Clients that participated in screening
- Recently eye surgery
- Family decision due to health of client
- Refused to participate
- Currently under the care of an Ophthalmologist
- Clients that have relocated from community
- other pertinent medical factors (chemo therapy etc)

Community Newsletter/Facebook Page

I am responsible for the Kebaowek Community Newsletter, which includes editing, formatting, and having it published each month. Our newsletter was published monthly, 11 issues for the 2016-2017 year. 485 copies were printed each month of which 140 were distributed door-to-door in the community and the remaining 345 were mailed to our off-reserve members. Each newsletter was between 24 to 28 pages and contained information and updates from all of our programs and services. In addition to the Community Newsletter I am responsible for the Kebaowek Health and Wellness Facebook page. This page continues to help us keep members informed about important information including upcoming events and activities.

Hepatitis Awareness Month

Viral hepatitis is a group of diseases of the liver that can be caused by consuming contaminated water or food, using dirty needles or syringes, or practicing unsafe sex.

Scientists have identified six hepatitis viruses, but three – known as A, B, and C – cause the most serious or chronic hepatitis cases in Canada. People infected with hepatitis can experience effects ranging from mild illness to serious liver damage. Many people are unaware of an infection until chronic liver disease or cirrhosis develops and/or symptoms are reported to others. It is especially important to screen who are pregnant or are trying to become pregnant for signs of hepatitis.

Typical symptoms of acute hepatitis are:

- Fever
- Appetite loss
- Nausea
- Abdominal pain and
- Jaundice (yellowing of the skin and eyes)

HEPATITIS A

The hepatitis A virus (HAV) was first discovered in 1975. Hepatitis A can be transmitted via an oral-fecal or fecal-oral infection but you can also get HAV through sharing and body piercing. In Canada, it is estimated that between 100,000 and 200,000 people are currently infected with hepatitis C, of whom 90% do not know they have the virus. Hepatitis C is a serious chronic illness that often causes cirrhosis or liver failure. It is important to screen who are pregnant or are trying to become pregnant for signs of hepatitis.

Food Recall Warning

Nature's Touch brand Organic Berry Cherry Blend recalled due to Hepatitis A.

On June 15, 2016, Nature's Touch is recalling hepatitis A. This recall affects Berry Cherry Blend from the manufacturing date to present. Hepatitis A is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis A.

The following product has been sold exclusively at Costco warehouse locations in Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador:

Recall Details

Costco, April 15, 2016 - Nature's Touch is recalling hepatitis A. This recall affects Berry Cherry Blend from the manufacturing date to present. Hepatitis A is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis A.

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HEPATITIS B

Hepatitis B virus (HBV) is the most prevalent hepatitis virus in the world. Hepatitis B virus (HBV) is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis B.

Many people who get the hepatitis B virus become carriers and develop chronic hepatitis B. In some cases, they may develop liver disease or liver failure. It is important to screen who are pregnant or are trying to become pregnant for signs of hepatitis B.

Hepatitis B can be prevented by getting vaccinated. Hepatitis B is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis B.

HEPATITIS C

Hepatitis C virus (HCV) is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis C.

Many people who get the hepatitis C virus become carriers and develop chronic hepatitis C. In some cases, they may develop liver disease or liver failure. It is important to screen who are pregnant or are trying to become pregnant for signs of hepatitis C.

Hepatitis C can be prevented by getting vaccinated. Hepatitis C is a contagious virus that can be transmitted through contaminated food. Consuming contaminated food from people who have not washed their hands or under contaminated water or human waste can spread hepatitis C.

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Kid's Health ... Head Lice

The head lice are a tiny, invisible parasite that live among hair shafts and feed on the blood to obtain food for their eggs. Use the alcohol to wet hair, a very common problem especially for kids. From shampoo, soap, and conditioner to hair gel.

But when they're itching to do with lice, don't panic. They don't cause disease, although they can cause itchy skin. They're not dangerous and can be treated with over-the-counter medicine.

It's best to treat head lice early when they're first noticed. They can spread to other children.

Signs of Head Lice

Although they're very small, lice can be seen by the naked eye. They're most likely to be found on the scalp, behind the ears, and on the neck.

Low-grade itching (scalp) that's worse at night, hair loss, or lice on the scalp, face, or neck. Lice are most likely to be found on the scalp, behind the ears, and on the neck.

Use the alcohol to wet hair, a very common problem especially for kids. From shampoo, soap, and conditioner to hair gel.

But when they're itching to do with lice, don't panic. They don't cause disease, although they can cause itchy skin. They're not dangerous and can be treated with over-the-counter medicine.

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Are Lice Contagious?

Lice are highly contagious and can spread quickly from person to person. They're most likely to be found on the scalp, behind the ears, and on the neck.

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Use the alcohol to wet hair, a very common problem especially for kids. From shampoo, soap, and conditioner to hair gel.

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Treatment

There are several over-the-counter treatments available for head lice. They're most likely to be found on the scalp, behind the ears, and on the neck.

Use the alcohol to wet hair, a very common problem especially for kids. From shampoo, soap, and conditioner to hair gel.

But when they're itching to do with lice, don't panic. They don't cause disease, although they can cause itchy skin. They're not dangerous and can be treated with over-the-counter medicine.

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2017 Medicine Cabinet Clean Up Contest

Don't forget to drop off your expired medications or medications you no longer use to the Health Center and have a chance to win a prize.

This includes any prescription drugs and/or over-the-counter medication that you may have such as pills, cough syrup, cold remedies and blister packs.

If you need help or if you have any questions please do not hesitate to call the Health Center for help.

All medications need to be dropped off before 4:30 pm on Thursday December 14th, 2017 to be eligible for a prize.

For each bottle of medication brought in for disposal, you will have your name entered in a draw for a chance to win a \$100 Gift Certificate for Nungate Mall.

THE CONTEST WILL RUN ALL YEAR !!

Reminder

Please do not forget to bring your 2017 Mammogram Affidavit. If you do not have one, please call Virginia at the Health Center. This affidavit is to be completed when you attend your mammogram appointment and returned to the Kebaowek Health and Wellness Center at your earliest convenience. We will be having a participation draw for the women who have had a mammogram done this year.

All Mammogram Affidavits must be returned to the Health Center no later than 4:30 pm on **Thursday December 14th, 2017**. The draw will take place that same afternoon and winners will be notified.

If you have had a mammogram done between January 1st, 2016 and now, please note that you are still eligible to have your name included for the draw. Your family doctor can fill in the 2016 Mammogram Affidavit.

It is important to note that it does not matter where you have had your mammogram done. If possible, if you have your mammogram done in North Bay you are still eligible to participate in the draw. Our goal is to ensure that all of our female community members are screened for Breast Cancer.

Thanking you in advance for your participation,
Kebaowek Health Center Team

Most people who get breast cancer do not know they have it until it's too late. Many women find their own breast lumps. There's really nothing a doctor or a mammogram can do to prevent breast cancer. They just need to know the whole area of their breast tissue well enough to notice changes.

Read more: <http://www.cancer.ca/cancer-information/cancer/types/breast/diagnosing/breast-lumps>

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Spring Health Fair

During the month of May, I planned and organized our Annual Spring Health Fair. This included inviting guests, advertising the event and coordinating the set up for the day. The Spring Health Fair for 2016 focused on highlighting our Health Center and First-Line Services Programs as well as providing the opportunity for community members to speak with representatives from other key departments such as Housing, Public Works and Economic Development. This follows up to our theme from the previous year where we focused on introducing the “social determinants of health”. The Spring Fair allows community members to come to a centralized location to ask questions, meet with staff members and participate in our Diabetes, Cholesterol and Blood pressure Screening Clinic. We also use this forum to promote our Cervical Cancer Screening Clinics, recruit volunteers, high light upcoming summer activities and provide valuable prevention information. A key theme we addressed was the importance of emergency preparedness. With the fires of Fort McMurray and a 2 day power outage during Christmas in our own community, we wanted to ensure that our community members understood the importance of being prepared in the case of a natural disaster or power outage. We distributed resource materials that highlighted the importance of a “72 Hour Emergency Preparedness Kit” and what it should include. We hosted a contest for members to make their own “72 Hour Kits” where they had to physically show us the kits, our winner went above and beyond by making a kit not only for their home but one for their vehicle as well.

The Kebaowek Health and Wellness Center is pleased to announce our...

SPRING HEALTH FAIR

Thursday May 19th, 2016

Please join us at the
Kebaowek Community Hall
1:00 pm - 7:30 pm

Receive Info and Ask Questions

Meet Key Resource People
Health Center • Education • Housing • First-Line
Economic Development • Public Works and More !!

Free Fish Fry Supper

Transportation Provided
(Call the Health Centre to make arrangements)

Annual Cholesterol, Blood Glucose &
Blood Pressure Screening Clinic

Prizes to be won !!

Ballots will be given out based on your participation !!
Draws are the community and family members only.

EARN EXTRA BALLOTS:

Before the Fair ...

- ★ Participating in the Annual Spring Clean Up

At the Fair ...

- ★ Participating in the Screening Clinic
- ★ Completing surveys or Questionnaires
- ★ Asking questions at the booths
- ★ Signing up online for a family physician
- ★ Completing a Personal Contact Information Form

Bring to the Fair ...

- ★ Bringing a canned / dry good for the Food Bank
- ★ Bring your expired medications or medications you no longer use (prescription or over-the-counter). You will also have your name entered for the end of the year draw.

Kebaowek Health and Wellness Center
1 Ogden Street
Kipawa QC J0L 2H0
Tel: 819-827-0880
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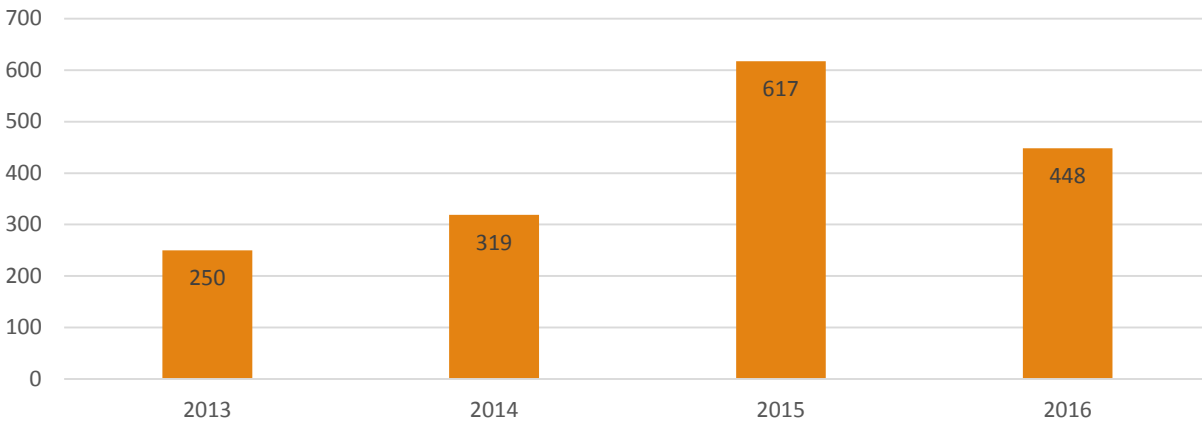
Everyone Welcome



Medicine Cabinet Clean Up

With the Clinical Programs Manager, we once again organized our “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. We organize this contest to promote the safe disposal of medicines to protect the abuse or misuse of medications by other people. We also highlight the importance of proper disposal to protect the environment. This is our 4th year to run this campaign and we have collected 1600+ prescriptions and over-the-counter medications that includes, prescribed narcotics and fentanyl patches. A secure procedure is in place from the time the medication is given to the nurse to the packaging for Bio-Med pick up.

NUMBER OF MEDICATIONS TURNED IN



The Next Fiscal Year

The end of this reporting year had us working with our consultant to complete an evaluation of our Five Year Health Plan. This sets the stage for the next Health Plan that we will be undertaking in the next fiscal year. Important things that need to be considered is the integration of Hepatitis C, the Tobacco Strategy and other programs that were not available when our previous health plan was developed. We adapted our programming as needed when new program dollars became available and this has highlighted the importance of including this in our activities for the next 5 year plan. As we move forward we will be incorporating a new approach to health prevention and promotion. We will build off of the success of our MCH kits that are distributed to children 0 - . Our goal is to target our youth ages 6 to 18 with health kits designed specifically for certain age groups and genders. We have identified that intervening at a young age can have an impact of health and lifestyle choices when they become adults. Another area that is of importance when looking at our next 5 year plan will be better defining our target groups and potentially realigning our programs to ensure all age groups have been addressed.

As the Community Wellness Programs Manager I will be making it a priority to ensure all the Health Center programs and services are collaborating together. The lack of space at the Health Center has the First-Line Services department working in another building, activities from various departments are held in multiple locations in the community as we do not have the adequately meet the needs of our programming. Although we hope to have a new Health Center in the future we must take the steps now to address the gaps in our services, overlapping of activities, cohesion of programming to ensure all of our objectives are met.

Having been to multiple workshops about accreditation and completing 4 of 5 courses of the Certified Health Managers Program, the importance of policy and procedures has been a reoccurring theme. Along with the Clinical Programs Manager we hope to evaluate what we currently have in place in regards to policy and procedures, and begin the process developing policy and procedures for what is missing. We hope to benchmark with the Health Center in Kitigan Zibi which is an accredited organization.

COMMUNITY BASED WATER MONITORING PROGRAM

For the fiscal year of 2016 /2017, Tina Chevrier was responsible for the Community Based Water Monitoring Program for the communities of Kebaowek First Nation and Long Point First Nation.

Responsibilities of the Community Based Water Monitor include:



- Weekly Water Quality Monitoring using the Tecta method for Kebaowek First Nation and Long Point First Nation.
 - Monitoring Free and Total Chlorine at each sampling site.
 - Monitoring Turbidity at each sampling site.
 - Entering results into the www.eau-water.ca website.
- Perform all Quality Control Tests.
 - Monthly validation and cleaning of the Tecta System.
 - Bacteriological Sample Checks and Quarterly Physical Sampling to be sent to lab.
 - Ensure availability, ordering and proper rotation of products and equipment need for sampling and analysis.
 - Keep all equipment clean and in working condition.
 - Issue Boil Water Advisories as instructed.

During the fiscal year the following sampling and tests were completed:

KEBAOWEK FIRST NATION

LONG POINT FIRST NATION

Samples Taken:	217	Samples Taken:	171
Free Chlorine Tests:	180	Free Chlorine Tests:	169
Total Chlorine Tests:	180	Total Chlorine Tests:	169
Turbidity Tests:	164	Turbidity Tests:	168
Monthly Quality Control Tests:	12	Monthly Quality Control Tests:	0
Boil Water Advisories:	2	Boil Water Advisories:	0

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 we have continued to offer the clinic 2 days, to ensure less waiting time, thus creating more time for one on ones. This year we took the opportunity to invite our new Dental Hygienist Ms. Hurtibise to attend and follow our clients, ensuring the information of proper mouth care is taken. , We also encourage other departments to come share their knowledge and/or information that is pertinent to Promoting Healthy eating and physical fitness. We also continue to 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.

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. This year we are very proud to announce that 62 clients on our Diabetic list have been accounted for.

November ... Prostate Cancer

Prostate cancer is a disease where some prostate cells have lost normal control of growth and division. They no longer function as healthy cells.

A cancerous prostate cell has the following features:

- Uncontrolled growth
- Abnormal structure
- The ability to move to other parts of the body (invasiveness).

It is important to note that not all clusters of cells growing in a mass are cancerous, and that a prostate with an irregular shape is not necessarily cancerous either. It is advisable to ask your doctor what it may be.

Prostate cancer can be slow-growing and some men who develop prostate cancer may live many years without ever having the cancer detected. It is important to get screened regularly so that if you do develop prostate cancer, the appropriate action can be taken. A significant proportion of prostate cancers, if untreated, may have serious consequences.

AM I AT RISK FOR PROSTATE CANCER?

While any man can develop prostate cancer, you may be at a high risk if you are...

Over 50: Age is the strongest risk factor for prostate cancer. Your risk increases starting at age 50, and most cases are diagnosed in men over age 65. Prostate Cancer Canada recommends that men in their 40s get a PSA test to establish their baseline. If you think you are at increased risk, talk to your doctor before age 40.

Have a family history of prostate cancer: Your risk is higher if a first-degree relative (father or brother) has had prostate cancer. Your risk increases with each additional first-degree relative who has the disease.

African or Caribbean: Prostate cancer is more common among men in these ethnic groups. (Men of Asian descent have lower risk.)

Overweight: Achieving and maintaining a healthy weight reduces your risk. Regular exercise and a nutritious diet are important to overall well-being.

Do not have a healthy diet: Men who eat a low-fibre, high-fat diet are more likely to develop prostate cancer. Saturated fats may increase testosterone production and promote the growth of prostate cancer cells.

PROSTATE CANCER

1 in 8 Canadian men will be diagnosed with prostate cancer in their lifetime

An estimated **21,600** Canadian men will be diagnosed with prostate cancer in 2016

21% of all new male cases

The death rate has been declining significantly by almost **3.1%** per year between 2003 & 2012 from improved testing for prostate cancer and better treatment options

SIGNS AND SYMPTOMS

Common signs and symptoms of prostate cancer may include:

- Difficultly urinating
- Urgent need to urinate
- Frequent urination, especially at night
- Burning or pain when urinating
- Inability to urinate or difficulty starting or stopping urine flow
- Painful ejaculation
- Blood in the urine or semen

Symptoms are not always present especially in the early stages of prostate cancer. If detected and treated in its earliest stages (when cells are only in the prostate), your chances of survival are greatly increased. Early detection is key.

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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 is still an on-going 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: Once again, we took the opportunity to promote healthy eating, and by participating in this event we have an influence on the menu that is served for the breakfast, which helps teach parents the importance of a nutritious breakfasts for the whole family.



Workshops: We hosted a variety of workshop, where we introduced our new dental hygienist, myself to educate members in regards to managing their diabetes. We also take the opportunity to introduce items such as “Foot examination mirrors to check their feet, tooth brushes for proper teeth and gum care” etc. any questions or concerns they had in regards to a topic, we will answer to help them manage their diabetes and prevent any future onset of complications.. We encouraged those living with diabetes and their families to attend.

Diabetes Youth Summer Camp: This annual event, is very popular amongst the youth, they look forward to it each year, where they 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, the “Personal Log Book” for our diabetic clients is still being used and is working very well, also this year we had made a variety of pamphlets on topics related to seasons, which we developed and printed here at the Health Center.

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: This year the “Eldersize” group has grown to an average of 13 Elders that attend regularly 3 times a week. Again with Sports and Mentorship, we have taken the initiative to introduce a variety of exercise classes that is geared towards age groups, there is also the adult exercise class that is ongoing to help promote physical fitness.

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
- 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
- "Come dine with me"; is a monthly workshop and ongoing for the year, is designed to encourage healthy cooking, focusing on healthy choices, exchanging ingredients to improve health, example; whole wheat instead of white, prepare veggies for healthy snacks etc.
- Men's health workshop; Host workshops designed to promote men's health, to help encourage them to see their physician for regular check up's, routine prostate exam for those in the recommended age group, encourage physical fitness etc.



SPORTS AND MENTORSHIP PROGRAM

The overall goal of the Sports and Mentorship Program is to promote and increase the level of physical activity within our community. Physical activity at any age and at any level can have an impact on physical health as well as the overall mental health and well-being of a person and vice versa, if you are feeling positive and mentally well you feel energized to participate in various activities. This program works with all other Health Center Programs and Services to incorporate and promote physical activity and mental wellness as well as coordinate the following specific activities:



FNEC Games: This is the first time that we've participated in the FNEC Inter-School Games that took place in Quebec City. We had 3 participants take part in the huge event that had approximately 500 students taking part from all over Quebec's school. Our youths did a good job at the games however we didn't win any medals at the event. We will be looking forward to next year's 10th annual FNEC Games.

Hunter's Point Trip – Diabetes Youth Summer Camp: It was a good year for the 5-12 year old group that went to Hunter's Point. The weather was good and many of the kids played games, swam and participated in other types of leisure or physical activity during the week. The kids

average about 5-6 hours of physical activity per day while they are in Hunter's Point and the rest playing board games and interacting with other kids. During the Hunter's Point trip for the 12 - 17 year age group, we had two medical students from McGill University that joined the youths for our trip. The older group had 6 teenagers taking part in this year's Hunter's Point trip. Once again, we brought the kids back to Ostaboningue Lake on a canoe trip we've done the previous year. It is a nice little paddle (1.5 hours) and we stay the afternoon at a beach and swim for the day until we head back for supper. We played some games at night had a fire and made sure to keep busy for the week. We had one child who went to Hunter's Point for the first time and it was her last year she was eligible to go, she wished she would have went sooner and experienced the trip for all her teenage years.



GTS After-School Hockey: Every Wednesday, there is an after-school floor hockey activity that takes place. I assist with this activity at GTS School. There are very few recreational/sporting activities offered for our youth at the school outside of their regular gym class.

GTS Activity Days: There were two days this year that the Kebaowek Health & Wellness Centre has invited the G. Theberge School to come up for a day filled with activities for the elementary kids. There was 5 different activities made available and the groups would shuffle between all the activities throughout the days. The days went really good and we look forward to having the G. Theberge School back up to our community next year.



Pink T-Shirt Day at GTS: On February 22nd, I went to G. Theberge School to deliver a speech about Bullying to coincide with Pink T-shirt Day. Everyone in the school wore a pink t-shirt for the day, to show support to stop bullying. I went to 3 different classes and for each class we spoke about different types of bullying. It was a very interactive approach and the kids had a lot to say about the bullying subject and it went really good.

Christmas Caroling: Another year has come with the kids coming out to help raise money for the Lion's Club Christmas Telethon. The kids were asked to come out to a few practices before going door-to-door in the community to sing Christmas carols to the people. We would collect their donations and go to the Centre and sing 3 songs on T.V. We raised \$357.00 during our Christmas caroling, it was a great job by the kids. Our Elders also love to have the children visit their home to sing a couple of songs.

Biggest Loser Challenge: This year we had 20 people join up for the Biggest Loser Challenge. The participants had 10 weeks to lose weight and every second week to come and weigh in and at the end of the program it is the 3 people who lost the most body weight percentage that wins the Challenge.

Choose to Maintain Challenge: We had 4 people advance in the Choose to Maintain program. This part of the program is made for those that lost 4% of their body weight in the Biggest Loser challenge. It is aimed to keep off the weight that is lost while losing a little bit more per month while weighing in 9 months later.

Diabetic Workout Classes: This year, we've seen the number of participants dramatically go up. We've averaged between 4-6 people per class for the past couple of years whereas this year we had the highest amount we've ever had attend the workout program with 17 participants. We averaged around 9 people per class this year. We hope that the participants keep coming out and that it keeps growing.

Evening Workout Classes: This year we had three people taking part in the work out group. There would be two nights available for the work out class and the class last for approximately 2 months.



March Break Activities: For the March Break activities this year, we had 4 days assigned for activities which consisted of an activity in the community (sliding and broomball, etc.), skiing at Antoine Mountain in Mattawa, bowling and movie in North Bay and curling, swimming and skating at the Centre in Temiscaming. We had a very good participation rate for the activities and reached our goal of introducing and promoting different types of sporting activities.

Daycare Activity: Every second week, I go to the Daycare to provide a physical activity class to the two older age groups in the afternoon. We tried changing up the activities in the winter as we tried get more outdoors activities, we had snow shoeing with the kids on a couple of occasions and had the kids come out for a fire and walking in the bush. We will continue to incorporate more outdoors activities in the next fiscal year, weather permitting.

Fall Walking Program: This program is designed to encourage community members to walk. We had many people sign up and participate with 5 individuals who reached the target and walked more than 100 kilometers. There is a youth component as well, and we had one youth successfully reach their target of 60 km.

Senior Social: This year we started something new and it is called the Senior's Social. It is on Thursday afternoons and it is aimed for Elder's to allow social interaction during a game of cards to avoid isolation. We had a very good start to the program after taking a break for the summer month's we will be hosting this activity in September. To ensure that all Elder's are able to come out and take part in this activity, rides have been made available.



Terry Fox Run: The Terry Fox Run is coordinated at the G. Theberge School and the Kebaowek Health & Wellness Centre was asked if they can attend and help out with the distribution of drinks and snacks for the kids participating in the walk to raise money for the charity. There were 3 workers that went to help and distribute snacks. This is great opportunity to support our youth being physically active and highlighting how cancer affect their lives.

For the next fiscal year there will be a repeat of the successful activities that have taken place this year including the work out classes, activities in collaboration with GTS school, the annual camping trip etc. Where there will be a change is in the activities we can offer to our youth in our own community. We do not have a school in our community therefore it is hard to coordinate to reach all of our youth. We have students equally attending both the local English and French school as well as youth attending primary and secondary school in North Bay, Ontario. This means different PD Days and March Breaks. An emphasis will also be placed on physical activities that families can do together such as family swimming, snow shoeing and other outdoor fun. It will be important to collaborate with all other Health Center and Community Programs to see how physical activity can be incorporated in their activities ie) the Mini-Pals group.

ADDICTIONS AND WELLNESS PROGRAM

The Addictions and Wellness Program has two program workers who each bring their own skills and assets to the team. A well balanced program of prevention activities and treatment services is enhanced with a cultural component while also addressing cultural identity and helping with personal management of building life skills and making healthy choices.

Client Care:

- Completed 3 treatment referrals during this time period.
- 11 consults with clients needing assistance, other than treatment.
- Supported 1 client with cultural understanding. Met with individual weekly for three weeks. Expressional cultural explanation was met, leading to active smudging and prayer.
- Completed a referral for a client requesting counselling for grief.

School Cultural Assistance:

- Making Drum Stick Workshop with students - 10 students
- Drum Ceremony for students - 55 students

- Teaching Hand Drum Song for students - 7 students
- GTS Activity Day, prepared bannock on a stick making - 75 students

Community Cultural Assistance

- Baby Welcoming Ceremony – 30 participants
- Neighbor’s Day, represented community and followed what organizer requested for cultural set up of grounds.
- Aboriginal Day, planned various cultural activities.
- Assistance of Hunters Point Camping Trip for youth, 2 weeks, 2 age groups.
- Kejeyadizidjig Cultural Camp, planned event for youth from surrounding Algonquin communities, week-long event hosted by camp leaders from the many communities - 85 youth in attendance

Daycare Cultural Assistance

- Weekly visits to daycare, introductions of welcoming circle, practicing smudging and prayer; 14 children
- Native arts and crafts, introductions to native values

Prevention and Promotion Activities:

Family Movie Nights This type of activity is organized to encourage family and friends to get together for social interacting. This type of activity supports the building of good relationships which in turn strengthens the community and promotes our overall health and well-being. (Movie Night #1 - 20 participants/6 families) (Movie Night #2 - 26 participants/7 families who participated) (Movie Night #3 – 28 participants) (Movie Night #4 – 36 participants)

Family Bowling Night This type of activity is organized to encourage family and friends to get together for social interacting. This type of activity may also help build good relationships which in turn strengthens the community and promotes our overall health and well-being. (Family Bowling Night #1 - 31 participants/7 families) (Family Bowling Night #2 - 12 participants)



Spring Health Fair Wellness & Addictions This event is organized annually. We set up our display table of information/resources for our community members and were available all day to talk about our services and to answer any questions our Kebaowek members may have had pertaining to our department. (100+ participants)



Awareness Activity Night This activity night was organized to educate and bring awareness to our members about the drugs and alcohol in a fun learning environment. We played a game called 'Drug Prevention Bingo'. The participants all said they had a lot fun and also learned from this game as well. (6 participants)

Craft Night This activity was organized with the intent to encourage people to come out and do something productive and fun, as well as to promote healthy positive socializing amongst community members. (5 participants)

Fetal Alcohol Spectrum Disorder Awareness Day (FASD) This type of awareness activity was organized with the MCH, Maternal Child Health worker. To raise awareness for this we decided to hand out the 'knot' pins which signify the umbilical cord for the 9 months of pregnancy along with individually packaged cookies by stopping each vehicle entering the community alongside our community police. Each individually packaged cookie had a sticker on it with web links if they wished to learn about FASD. (75+ people reached, public awareness)

Awareness Activity Night This activity night was organized to educate and bring awareness to our members about the drugs and alcohol in a fun learning environment. We had planned to do a variety fun learning activity sheets. Although we hadn't had the participation we were anticipating, we did still went ahead with completing our activity sheets. (1 participant)

Leisure Farms Halloween Fun This activity is organized to bring families together to enjoy some seasonal outdoor fun along with other families and friends. It promotes healthy bonding and is good for maintaining good mental health. (24 participants)

Halloween Party for Children & Halloween Teen Dance This activity is organized along with our Community Recreation Department. These activities are meant to bring our youth, parents and teens together for a fun evening, which is great for family bonding and healthy positive friendships. Encourages social relations in a fun and positive environment. (100+ participants for the children's party and approximately 20-25 for the teen dance)



National Aboriginal Addictions Awareness Week (NAAAW)

This week is organized for the community to come together through activities and events that bring about awareness of addictions and to promote healthy lifestyles. Types of activities included: Opening Ceremony with Elder Peter Beaucage, Information Booth with invited guest 'Wanaki Center', Photo Transfer Activity and the week ended with Dinner & Movie Night in North Bay for anyone who participated throughout the week's activities.

2nd Annual Youth Christmas Dinner & Dance This event is organized to acknowledge our youth and to bring them together with their families for a special dinner for the festive season. Our Council is also invited as well to offer words of encouragement and send a positive message for our youth, as they are our future. (Approximately 150 participants)



Youth Valentine's Dance: The dance is organized with the purpose of having a place for the teens to come together for a fun night and to mingle with each other. (11 participants)

Medicine Bag Making Workshop & Traditional Oral Stories: This workshop was organized by to practice our traditions through smudging and hearing a traditional oral story which brings people together for a fun learning evening. (5 participants)

Native Crafts: This activity was organized to promote and practice our traditional ways in making a variety of different crafts such as: beaded necklaces, bracelets and knife cases made from animal hide.

Other:

Developed a Smoking Cessation Program for Kebaowek Health and Wellness Center This is to be launched in the next fiscal year. We have 4 interested band members who called me after reading the Wellness & Addiction's newsletter article about wanting to start a Quit Smoking Support Group here in the community) This program will also be formally introduced to the community at our Annual Health Fair in May.

Monthly newsletter articles are submitted in the Community Newsletter. A wide range of topics are addressed. We also use this forum to update community members about what has taken place in our program as well upcoming activities and events.

Looking back at the activities that we have organized, it proves that if anything incorporating family and community links amongst our members have been most successful in participation numbers.

With that being said, improvements can be made with any kind of activity where there are more serious topics to be discussed or where there is a community awareness to be made about a particular subject. For instance, looking at the participation rate for some of the workshops/information sessions, they are quite low, as was our participation rates for NAAAW. I would like to try a different approach for inviting our members to such activities so that they don't have any stigma associated or fear of being judged if they do decide to attend a workshop or activity of that nature.

UPCOMING FOR NEXT YEAR:

- Family Outings/Activities: bowling nights, movie nights, cross-country skiing, snowshoeing, etc.
- Youth Activities: Themed Dances, Bowling Nights, Movie Nights, Annual Youth Christmas Dinner, Halloween Party/Dance, Information Sessions, etc.
- General Information Sessions
- Continuous Work with Clients: Consults/referrals/support.
- Elder Activities: An effort will be made to incorporate more activities specific to the senior population of our community.

MEDICAL TRANSPORTATION PROGRAM

REPORTING ON 2016- 2017

This program is managed using Health Canada's National Framework. Medical trips are coordinated through the Health Centre Medical Transportation Coordinator and are dispatched to our two full time drivers. We also have a third driver available for after-hours and often require a fourth driver when the schedule is overloaded.

There are 4 vehicles that are used for our medical transportation:

- 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.
- Subaru Legacy that accommodates 4 passengers plus a driver.

Below are pictures of our vehicle fleet:



In September 2015, our local commercial taxi business closed its 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 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 8:00AM to 12:00PM / 12:45PM to 4:30PM and Friday 8:00AM to 12:00PM), we were able to additionally provide the following hours as well:

SUNDAY	MONDAY, TUESDAY, WEDNESDAY, 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

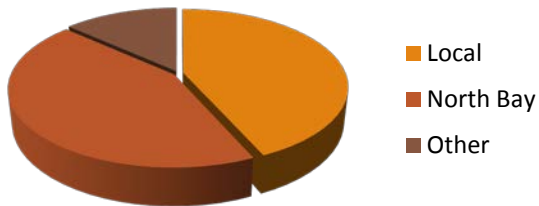
After 3 months, we saw the need to continue these extra service hours and Health Canada approved permanency in March 2016. This is still being continued currently. This was and continues to be an important change to better serve our community.

Also important to note, again this year in December 2016 and January 2017 during the Christmas and New Year holiday, we were faced with changes in the hospital system that were out of our control. This occurred again in March of 2017. 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.

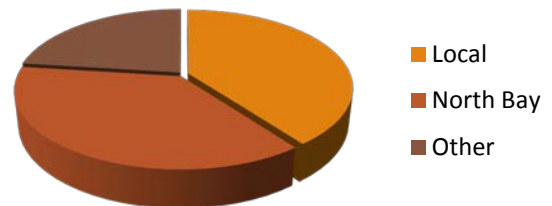
Last year, 273 Kebaowek Band Members from our Quebec region accessed the Medical Transportation Program, a number that stays relatively the same in the past few years. As always, our members were touched with health conditions requiring specialized services in the areas of cardiology, oncology, neurology 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 2016-2017 year.

(2015-2016) Number of Appointments accessed in:

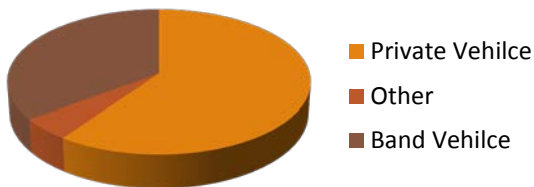


(2016-2017) Number of Appointments accessed in:

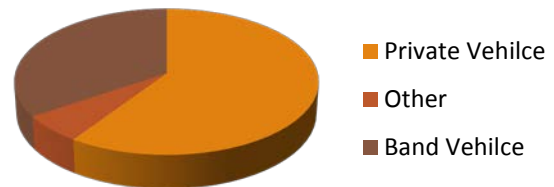


During this past fiscal year, the most utilized means of transportation was done with the clients own vehicle as was done in the previous years.

(2015-2016) Number of Appoinments reached by:

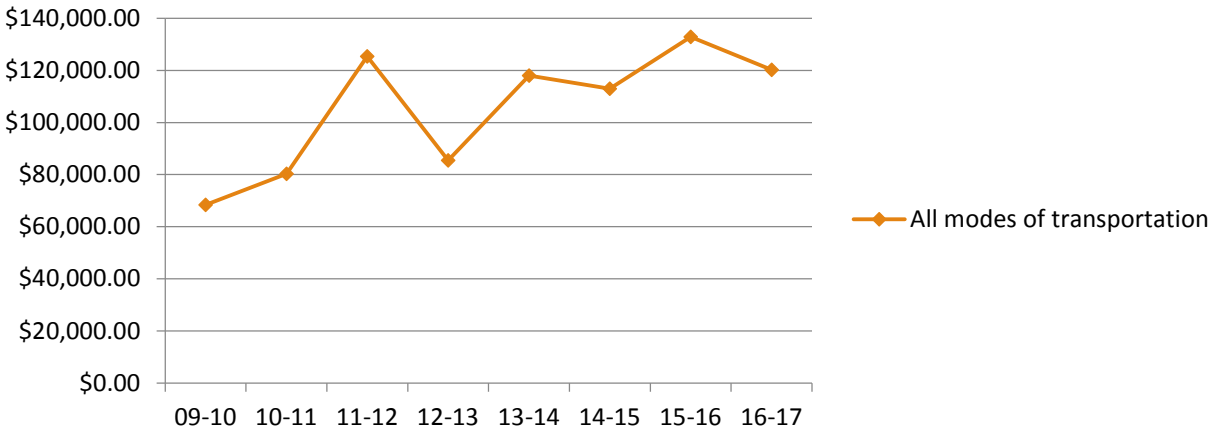


(2016-2017) Number of Appoinments reached by:



The cost of our Medical Transportation Program has always gradually increased. Below is a graph of the transportation costs only for the program. Other graphs for each part of the medical transportation program are available on file.

All modes of transportation



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.

At the end of March 2017, we acquired a fourth vehicle, the Subaru Legacy but more and more we require a 4th spare vehicle. We continue to group transports out of town 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 6 months up 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. 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. A On the next page, there's 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 Center 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 appeals processes, helping clients understand and guiding them even under some of the most stressful times in their life.

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 SERVICES DEPARTMENT

REPORTING ON 2016- 2017

Fiscal year 2016-2017 has provided many new opportunities and advancements for the First-Line Services team, with Programs Supervisor; Stacey McBride welcoming her fourth year at Kebaowek Health & Wellness Center. Social Worker Technician; Darlene McLaren and Community Service Worker; Kim Chevrier entering their third year.

First-Line Services continues to work with other Health Centre Departments to offer quality services to community members. Through establishing partnerships among other organizations both on and off the reserve, First-Line Services will continue to offer community members a continuum of services and English speaking professionals in the area.

Through incorporating community based programming, First-Line Services has been able to continue to deliver many communities based services to meet the needs of families. Through many family-based initiatives, First-Line Services assists families with access to basic needs such as food security as well as support for referrals, advocacy, parenting skills, reduction of social isolation, as well as a multitude of family based interventions.

Our Mission

Our Mission is to work with families to reduce the likelihood of “Child Placement” for families within the Kebaowek Community. Through programming that continue to work toward low child placement rates Kebaowek Families are able to focus on strengthening family unity through a variety of workshops and activities that are offered within the community. Through community based programming families are able to establish connections with other families learn new approaches and techniques, work toward elimination of social isolation in a safe, secure and confidential environment.

The Goals of Our Organization are:

- Promote the parent/child relationship
- Promote the parental role for First Nation families.
- Work toward elimination of social isolation for parents/families.
- Promote the child through physical, cultural, social emotional and cognitive development.



OBJECTIVES 2017-2018

1. High Risk Families:

- Increase Services offered to children and families
- Increase collaboration between First-Line Services and Centre Jeunesse
- Promote parental support groups for First Nation families
- Continued efforts on expanding parental resources and networks
- Mental Wellness Initiative

2. Prevention/ Awareness Programs:

- Suicide prevention and awareness
- Community Awareness and prevention (for all ages)
- Family Violence Awareness & Prevention Campaign
- Mental Wellness Initiative
- Food Security Awareness
- Mental Wellness Initiative

3. High Risk Youth:

- Youth Cultural Worker
- Leadership/ Mentoring Program
- Mental Wellness Initiative
- Educational Meetings, Workshops and Outings

4. At Risk Elders:

- Have First-Line Services connected with Elders
- Reduce social isolation
- Incorporate Elders in First-Line Services programming.
- Enrich Algonquin culture and heritage by fostering the relationship between Elders and Children.



OBJECTIVES 2016-2017

The year 2016-2017 was a great year for First-Line Services. With the support of the Kebaowek Community, we have exceeded our objectives. Here is how we got there!

- Collaboration with Kebaowek Families to establish a weekly and monthly parenting groups that promote positive parent and child interactions in a safe and secure environment.
- Evaluated programs to ensure that they are relevant and continue to meet the needs of those attending.
- Listening to parents about concerns and needs, adapting programming to meet the realities of first nations and their families.
- Collaboration among other professionals to discuss best practices and future collaboration.
- Empowering families to take initiative and leadership for their progress.
- Collaboration among many departments and agencies to ensure information and support services are accurate.

A PORTRAIT OF 2016-2017 FIRST-LINE SERVICES ACTIVITIES



FIRST LINE SERVICES PALS
PRESENTS:

Family FUN Day

WHEN: JUNE 11TH @
11:00AM-1:00PM

WHERE: BALLFIELD

BBQ

\$2 Hamburger
\$1 Hot Dog
Water/Fruits \$ Veggies Available

FOR MORE INFORMATION (819) 627-9877

Face Painting, Water Play Areas, Arts & Crafts, Family Three-Legged Race, Flower Planting Station, Inflatable, Games & more..

FIRST LINE SERVICES & MCH

PosterMyWall.com

Community Involvement

Since the incorporation of the local food bank, volunteerism has been the foundation for many programs offered within the Food Bank Initiative. Through volunteerism, the food bank programs have worked alongside the community to offer support and give back to the community.

Food Bank:

The Kebaowek Food Bank provides opportunities for everyone to be able to access good, healthy food in a dignified way, it also provides the opportunity to be heard on food or other issues that affect the client and to begin to link up or share information that will benefit the client. Through a multidimensional approach to programs First Line Services can assist individuals and promote change at the community level. Through having the food bank within the First-Line building we have created multiple points of entry through existing programs and encourage synergy and collaboration among other health professionals.

The community contributes through a combination of food donations directly to the food bank, as well as assists with the planning and implementation of activities. Many collaborators have contributed to the Food Bank through other community programs such as:

- G. Theberge School: food fundraising activity.
- Titans Bus Run (donation box): Weekly bus run to local hockey game
- IGA (Donation Box)
- Health Centre: Activities – Donation Box
- Kebaowek Health /Band Office Christmas Competition
- Community Members: Local Food Drive



All of these efforts have assisted with the continuation of the Kebaowek Food Bank. Through the Food Bank, Other Food Security Based Programs have emerged and continue to offer community members with the opportunity to access healthy food locally.

Community Garden:

This project is designed to provide fresh produce to the Kebaowek Community. Through offering the opportunity to have access to a community garden promotes healthy food choices and allows for community members to volunteer and give back through assisting with the planting and harvesting of the garden. The Community Garden offers people and community many benefits. They provide opportunity for both recreational gardening and food production. Community gardens are also great for the environment.

Community Gardens contribute to a healthy lifestyle by:

- Providing fresh, safe, affordable herbs, fruits and vegetables.
- Helping to relieve stress and increase sense of wellness
- Promoting a more active lifestyle and improving physical health.
- Providing social opportunities that build sense of self and belonging.
- Opportunities to learn and share knowledge on gardening.

Community Garden benefits community:

- Building welcoming, safer community.
- Reduce food insecurity
- Connection people to nature
- Educated people on where food comes from
- Provides inclusive meeting opportunities for all ages to share experiences.



Community Kitchen:

Community Kitchen is a community based program where small groups of people come together to prepare meals and take home food for their families. In a community kitchen everyone contributes by planning, preparing and cooking food. Community Kitchens are great opportunities for participants to learn about the importance of healthy eating. Community Kitchens can help improve food security for participants by increasing physical and economical access to adequate amounts of healthy food. Being involved in a community kitchen, participants will have the opportunity to:

- Learn more about meal planning.
- Learn to prepare healthy, nutritious meals on a budget
- Develop food knowledge and cooking skills

- Opportunities to try new foods.
- Build Cooking Confidence
- Cook in a social atmosphere and connect with community members.



Senior Drop Ins & Community Shopping Trip:

Senior citizens tend to lose their means of socialization post retirement. As a result, seniors are prone to social isolation. Socialization among seniors has enormous benefits. With senior social being every 2 weeks, seniors have the opportunity to participate in a social gathering, reducing stress and have conversations with others. Socialization for seniors has many health benefits, it promotes a more active lifestyle which can ward off some disease. Social interaction provides seniors opportunity to engage in purposeful activities, resulting in enhancing mental wells. Social isolation is a leading cause of depression in seniors.



Guardian Angel Program:

In its 6th year, The Guardian Angel Program is a youth based summer program that promotes the involvement of youth within the community between the ages of 14-17 years of age. Through the Guardian Angel Program, youth have the opportunity to gain employment experience through patrolling the community to keep it safe. Working alongside the local police, Guardian Angels have the chance to create positive relationships with local officials and work toward common goals for the community. Reporting to the police any vandalism or concerning issues within the community youth and police have the opportunity to work alongside each other in a positive way building more trusting relationships. As a part of the job description, Guardian Angels assist the community through helping out and assisting elders. Through carrying groceries to running a short errand, First-Line Services has received many compliments on the program.



Mini Pals:

A weekly parent-child group held within First-Line Services to increase support for parents and their children and to provide up-to-date information for local programs. Services and support. Mini Pals is designed to give parents the opportunity to establish meaningful relationships with other parents within the community, create links with other health professionals, work toward elimination of family violence and social isolation. Mini Pals is designed for children 0 to 5 years of age.



Mini Pals steams from the PALS (Parents of Active Little Souls) program and was constructed based on requests from parents to have regular programming for families and their young children. This project identifies the needs of the children and families in the Kebaowek Community in the Early Childhood Setting and focus on providing support to enrich environments and provide learning opportunities for both parent and child.

Support for First Nations Children:

With the collaboration of Migizy Odenaw Childcare, First-Line Services was able to incorporate a Special Needs Educator into the childcare facility to offer support to children who may have learning difficulties. Through a series of large and small group activities as well as individualized learning plans additional support was offered. Through support services for children, Kebaowek Health and Wellness Center was able to detect potential delays sooner and collaborate with other health professionals to offer ongoing support. Through this approach, early identification and intervention children were able to receive services before they begun school.

P.A.L.S:

Parents of Active Little Souls (PALS) was designed for children 0-10 and their parents. Through this monthly activity parents are invited to participate in 'Learning through Play' with their children. A part of the Family Violence Prevention Project, PALS offers families with the opportunity to learn about available resources within and outside the Keabowek Community through positive and fun interactions with their children. Building trusting relationships among one another and Health Centre Staff, parents are able to obtain information about support and services available for victims of violence, gain insight about services that are available in the surrounding area, through access in a safe environment, talk one on one with a health professional, or know where to turn should a situation become violent.



Family Movie Night:

Through providing a theater atmosphere Kebaowek Families have the opportunity to participate in viewing a new release movie within the Community. As a part of the Family Violence Prevention Program, this promotes community bonding for families as well as a relaxing environment for parents to meet while children view the film. First-Line workers are on site to relay new information to families or provide support if necessary. During family movie nights healthy snacks are served. Through this program families can learn more about other programs offered within the Kebaowek Health Center and requested specialized services to meet the needs of the family.



Seasonal Activities

Leisure Farms:

From Picking Berries to selecting pumpkins, families enjoy a day in the field to relax and enjoy the weather. Leisure farms is scheduled in First Line Programming twice a year, through this family building activity, parents are invited to come with their children and receive fresh produce from a local farm. Leisure Farms offers many different family based activities depending on the season, Kebaowek Families enjoy this seasonal workshop.



Pontoon Boat Rides:

An excellent time for our children and Elders to mingle for the day. Our annual pontoon boat ride provides the opportunity for elders to share stories and experiences while enjoying the relaxing activity. Community members have offered their time as a guide and use of their boats to provide this experience to children and Elders to support and foster relationships that may not have happened otherwise. The pontoon boat ride has two objectives, for the children its to learn more about their culture and heritage. For the elders, to socialize and pass knowledge to the future generation. As a result, both bring something valuable to trip.

Christmas Lights Decoration:

To encourage community pride and Christmas spirit, First-Line Services hosts a Christmas Lights Decoration Drive. For this special day Elders, Children and their parents are invited to board the bus and take a tour of the community to view the local decorations. Participation prizes are given are drawn for those who decorated. To end the evening, participants return to First-Line Services to have milk and cookies with a special visitor. Throughout the years, this activity has sparked the creativity of the community and has become a bonding experience for the entire family.



Community Mental Wellness



International Women's Day:

An Annual celebration, International Women's Day is special day for women to meet to discuss women's topics. In the past we have discussed, Women in leadership, the red dress campaign, and aboriginal culture. Through empowering women in the community, we take the time to recognize and honor all women in the community and celebrate their successes. Through these groups we have learned the importance of women and their positive impact in the community.



National Childcare Week:

One week a year, Kebaowek Health and Wellness Center celebrates the children in the community. As the next generation, this week is filled with activities that honor the child, their family and the community. Promoting awareness on children's rights ensures that all children are treated with dignity and respect.

Mental Wellness:

Through sharing information on Mental Wellness via social media, newsletters, post flyers and distribute them within the community, First-line Services continues to work toward eliminating stigmas. As an ongoing approach, we invite community members to participate in a regular smudge or a coffee within First-Line Services. Through informal meeting, community members have the opportunity to meet with the First-Line team to discuss concerns and work toward support within the community.



An annual family calendar is distributed within the community at the beginning of the school year. This community calendar provides parents with up to date information regarding topics such as mental wellness, nutrition, helplines, local resources, information about the local school, Algonquin language and culture, and pictures of community events. The Family Calendar is designed to empower Kebaowek First Nation families.

Elder Abuse Awareness Day:

Through collaboration with the local Police Department and other health care professionals, First Line Services organizes an annual campaign to raise awareness on Elder Abuse. Through inviting them to a BBQ we set the platform to discuss important issues that seniors may face and provide them with the resources to empower and maintain their autonomy.



Wills and Estates Program:

First-Line_Community Service worker has assisted with the incorporation of Wills and Estates throughout the community. Done through working alongside the notary, First-Line would book appointments between the client and the local notary. Through this project a trusting relationship was clearly established after which point clients began coming to First-Line Services if they had issues with documentation or needed assistance.

Drumfit:

Drumfit is an exercise program designed for the entire family. Through working with an exercise ball and sticks, the intensity depends on the individual and can be modified. This exercise was introduced to the community to promote healthy lifestyles through exercise. Drumfit has been incorporated within the Childcare Centre, school as well as in the community. It gets the entire body and mind working together in unison, allowing students to focus, become fully engaged and increased their performance in all subject areas. Physical activity in children and youth does more than improve health and well-being, it builds confidence, leadership, productivity and creativity.



FIRST-LINE SERVICES COMMUNITY INVOLVEMENT

PROGRAM DATA 2016- 2017

MONTHS/ACTIVITIES	PALS	FAMILY MOVIE NIGHT	SENIOR NETWORKING	COMMUNITY SHOPPING TRIPS	MULTICLIENTELE ASSESSMENTS	RESPIRE	GUARDIAN ANGELS
APRIL	21	15	6	9		1	
MAY	22	16	6	7		1	
JUNE	18	20	7	7	1	1	
JULY	-	-	6	9	-	1	4
AUGUST	-	-	7	9	1	1	4
SEPTEMBER	6	8	6	7	-	1	
OCTOBER	16	20	7	8	2	1	
NOVEMBER	8	14	6	9		2	
DECEMBER	32	24	5	7		2	
JANUARY	24	26	5	7		1	
FEBRUARY	20	29	5	7		1	
MARCH	16	30	5	7		1	

FIRST-LINE SERVICES COMMUNITY INVOLVEMENT

PROGRAM DATA 2016- 2017

MONTHS/ACTIVITIES	FOOD BANK SINGLE	FOOD BANK FAMILY	COMMUNITY KITCHEN	COMMUNITY GARDEN VOLUNTEERISM	**EMPLOYMENT ASSISTANCE AND FORMS ASSISTANCE	AWARENESS WORKSHOPS	WILLS AND ESTATES
APRIL	9	26	53	22	19		7
MAY	10	19	55	9	21	87	50
JUNE	6	18	56	12	25		
JULY	7	15	54	25	29	25	
AUGUST	8	12	50	28	32		
SEPTEMBER	9	22	58	23	38		
OCTOBER	7	22	51	23	33		
NOVEMBER	13	22	59	3	36	*208	
DECEMBER	7	13	54		30	29	
JANUARY	5	27	43		10		
FEBRUARY	9	28	59		18		9
MARCH	16	27	51	25	22		19

Food bank Singles:

One person in the household

Food Bank Families:

Families include more than 2 people in household

Community Kitchen:

Held two (2) times per month; 1st is delegated for singles and second if for families

Community Garden:

Volunteer based project that includes preparation, care and distribution amongst community members. Also includes information sharing for individuals who require assistance in starting their own home gardens.

Employment Assistance/Forms Assistance:

Assisting community members with job searching including resume and cover letter assistance as well as job applications and certification for WHMIS. We also have had many requests for general assistance with forms including welfare applications, application for pension and medical form access.

Workshops Awareness:

Included grand opening at Spring fair in June 2014, canning and preservation, strawberry jam making from harvesting, spaghetti making with garden harvest donated to food bank, how to start a garden, mental health for women and men pertaining to diets, awareness with local school including food drives contests, mitten making for donations to children in need, scarf making for donations to local children in need. Please note that all awareness and workshops are open to all community members.

Wills and Estates:

Project geared at assisting community members in acquiring a will.

***208:**

4 Community members assisted the food bank in preparing pre made spaghetti and bannock mixes for distribution through the food bank.

****Employment Assist. & Forms Assistance**

There has been and tremendous increase for assistance with employment needs and request for assistance when filling our application forms and personal issues.

WAITING LIST FOR Kebaowek First Nation

CENTRE JEUNESSE



Waiting list for Kipawa (Kebaowek F N)
2016-2017 - Period 13

Semaine / Week: Semaine / Week: Semaine / Week:

2017-03-05 2017-03-11 2017-03-12 2017-03-18 2017-03-19 2017-03-25

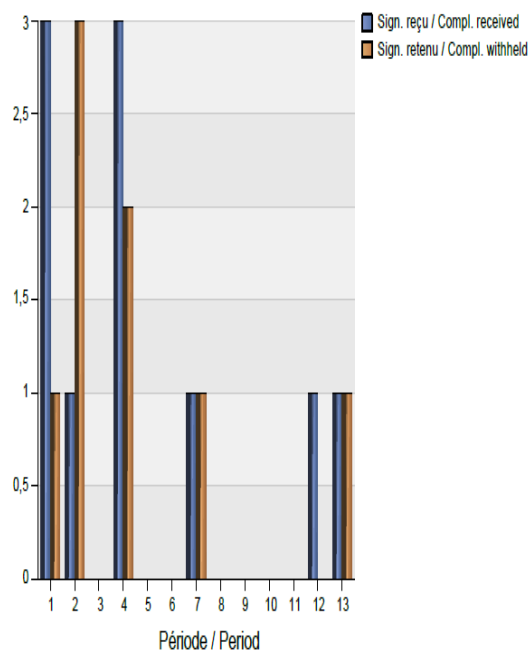
Installation / Facility	Sign. reçu / Compl. received	Sign. retenu / Compl. withheld	Installation / Facility	Sign. reçu / Compl. received	Sign. retenu / Compl. withheld	Installation / Facility	Sign. reçu / Compl. received	Sign. retenu / Compl. withheld
Kipawa			Kipawa	1		Kipawa		1

**Cumulatif de la période /
Cumulative period**

Installation / Facility	Sign. reçu / Compl. received	Sign. retenu / Compl. withheld	%Rétention / %Withheld
Kipawa	1	1	100,0%

**Cumulatif de l'année /
Cumulative years**

Installation / Facility	Sign. reçu / Compl. received	Sign. retenu / Compl. withheld	%Rétention / %Withheld
Kipawa	10	8	80,0%



EMPLOYEE TRAINING

REPORTING ON 2016- 2017

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

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

For Nursing Staff:

- PIQ – (Immunization)
- Anorexia and Bulimia
- Foot care (Nail Pathology, Corn, Callus and Wart Care)
- Confidentiality
- ITSS Training
- Trauma – Frost and Hypothermia
- Diabetes 1 & 2 (Adult)
- Car Seat Safety / Installation
- Teens and Cannabis
- Advanced Wound Care and Dressings
- Advanced Clinical Review of the Adult and the Elderly Person

Nursing and Other Employees:

- Certified First Nations Health Management Training
- Drinking Water Monitoring – Tecta Method
- Smoking Support Training
- CPR & First Aid Recertification
- Motivational Interviewing Training
- Disclosure of Personal Information Workshop

EMPLOYEE BIOGRAPHIES



David McLaren first joined Kebaowek First Nation in 1987 where he spent the next 8 years as a Police Officer. He returned to school to get a DEP in Pulp and Paper to then spend 5 years as the Safety Supervisor at the Temiscaming Tembec Site where he was exposed to numerous management trainings and coaching as part of the H.R. Department. In 2002, David returned to the community as the new Health Director and led his team to become the first community in Canada to operate under the new Flexible Funding Agreement Model. With his College Diploma in Human Sciences and Police Technics as a foundation and numerous years of experience and training in management, David was able to attain his professional designation as a Certified First Nation Health Manager (CFNHM). Encouraged by leadership to develop capacity, he has held several board positions and is currently with organizations like First Nations Information Governance Center (FNIGC) as the Quebec Representative, Vice-President of Health and Board Member of the First Nations of Quebec & Labrador Health & Social Services Commission (FNQLHSSC), Vice-President of the First Nations Health Managers Association and recently appointed by the Minister of Health to sit on the Board of the Centre Intégré de Santé et de Services Sociaux de l'Abitibi-Témiscamingue (CISSSA-T) as well as an active participant in various working committees. David is an avid trapper and hunter who enjoys spending his free time in Hunter's Point on our traditional Algonquin Territory. He believes in developing new strategic partnerships with all health stakeholders and working hard towards improving our First Nation's Social Determinants of Health is key to improve the health outcomes for our people.



Tina Chevrier-Raymond is a Band Member and resident of Kebaowek First Nation. She has been an employee of the Kebaowek Health and Wellness Center for 25 years, 10 years as the NNADAP Worker, 10 years as the Community Health Representative and for the last 5 years as the Community Wellness Programs Manager. Tina has a Community Service Certificate Diploma from Concordia University and Community Diabetes Worker Certificate Diploma from Yellowquill College. During her career Tina has had the opportunity to participate in a multitude of conferences and workshops covering a vast majority of health topics and has attended trainings for management and skill development. She is currently enrolled in the FNHMA Certification Training with intentions of becoming a Certified First Nations Health Manager. Tina manages the Prevention and Wellness team for her community which encompasses Addictions, Culture, Sports and Mentorship, Chronic Disease, Diabetes and the Retinopathy Program. Tina is the Diabetic Retinopathy Screening Program – Imager Trainer for English speaking communities of Quebec. Tina is very active in her community outside of her work and participates and volunteers for numerous activities and committees.



Virginia McMartin was born and raised in the community of Timiskaming First Nation. She moved to Long Point First Nation in 1981, then moved and became a member of Kebaowek First Nation in 1985. After raising her three children and numerous foster children, she returned to school and received her high school diploma then went on to Canadore College to receive a Certificate in the health field. In April 2002, she began working at the Kebaowek Health and Wellness Center as the Mental Wellness and Community Links Coordinator which encompassed Family Violence and Suicide Prevention Program. Virginia then made a transition and began working in the field of Diabetes and Chronic Disease after completing the Community Diabetes Prevention Worker Certificate Program from Yellowquill College in 2009. Virginia also received training to be a Retinopathy Screening Technician.



Vicky Constant is a Band Member of Kebaowek First Nation and was born and raised in the community. Vicky has been the Wellness & Addictions Worker here at the Kebaowek Health and Wellness Center for the past 14 years. Her formal training consists of: a Social Service Worker Diploma from Canadore College in North Bay, a Certificate from Moncton University in Addictions, and a Pharmacy Technician Diploma from Canadian Career College in North Bay, ON. Throughout her years of employment with the Health Centre, Vicky has taken advantage of opportunities to participate in various workshops and trainings, which helped her, grow and develop professionally as well as individually. Vicky has established external many resources and loves to work in a team setting.



Mitchell McMartin is an Algonquin Band Member residing in the Kebaowek First Nation community. He has been employee for the Kebaowek Health and Wellness Center for 10 years as the Sports & Mentorship Coordinator. Mitchell began his college studies at John Abbott College under the program of Correctional Intervention and then transferred his credits to Canadore College in the Correctional Worker Program to graduate and earn his diploma. After graduation, Mitchell found employment at Youthdale Treatment Center located in Magnetawan, Ontario. He worked as a replacement Child-Youth Worker for 6 months until he was hired as a full-time employee in which he worked for another 2 years before joining the Health Center team. Mitchell's job title has changed to Sports & Mentorship Coordinator and this has added another aspect to the job description. Mitchell took part in was the 2 courses given by the Universite de Quebec a Chicoutimi for the Bachelor level Aboriginal Youth Intervention Short Programme and the Bachelor level Drugs and Alcohol Counsellor Short Programme which he completed.



Jennifer Presseault has been an employee of the Kebaowek Health and Wellness Center for 14 years; 4 years as a Home and Community Care Nurse, 5 years as the Community Health Clinic Nurse and for the last 5 years as the Clinical Programs Manager. Jennifer completed her studies as a Registered Nurse in Montreal, Quebec and then became a Certified Case Manager while working in the United States. Jennifer is currently completing the last course from the FNHMA with intentions of becoming a Certified First Nations Health Manager. During her career Jennifer has had the opportunity to participate in a multitude of conferences and workshops covering a vast majority of health topics and has attended trainings for management and skill development. Jennifer manages the Nursing Team, Homecare Team and other clinical disciplines for the Health Center. She also oversees and is responsible for programs such as the Maternal Child Program (MCH), Head Start Program (HS), Canadian Prenatal Nutrition Program (CPNP), Canadian Oral Health Initiative (COHI), Immunization, Communicable Disease Control, Chronic Disease and Diabetes. Jennifer is the Diabetic Retinopathy Screening Program - Nurse Trainer for English speaking communities of Quebec.



Bonnie Judge-Down is a resident of the Municipality of Kipawa for 17 years and has lived in Temiscaming 23 years prior to that. Although not a member of Kebaowek First Nation, Bonnie has worked for numerous years in a different capacity alongside many of our members and is even related to several of them. After graduating from Canadore College in North Bay with a diploma as a Registered Practical Nurse, Bonnie has been employed at the Kebaowek Health and Wellness Health Center for the past 6 years. She also earned a certificate for Foot Care from Ruttan Foot Care Specialist's in Toronto. Bonnie enjoys her responsibilities that go with working with our Home and Community Care Program which includes providing foot care services in the home and clinic. She also enjoys working as a team with the other two Health Center nurses during the Diabetic and Flu Shot Clinics held here at the Health Center as well as the Spring Health Fair at the Community Hall. She continues to participate in numerous educational programs and trainings as well as workshops to further her education to benefit the members of the community.



Helene Savard is originally from the small town of Bearn, Quebec. She has a beautiful daughter, Naomi who is currently in school and working in Gatineau. She went to Cegep in Rouyn-Noranda to become a nurse. After her studies, Helene applied for a job in Temiscaming, Quebec at the CSSST-K. She worked in short-term, long-term, and at the emergency. Helene wanted to learn how to speak English, and thought Temiscaming would be the perfect place to learn a new language. She loved the town so much that she decided to move here and has been here since 1993. In February of 2012, Helene received the opportunity to join the Kebaowek Health and Wellness Center team as the new Community

Health Nurse. Being CHN is a very fulfilling job. Not only does she carry out every day nursing duties, but as CHN, she also gets to work in different initiatives, such as; Aboriginal Diabetes Initiative, Communicable Diseases/Immunization, Prenatal and Postnatal Program and every duties regarding being a clinical nurse . Helene has also been able to participate in various trainings to help her provide the best nursing services possible.



Lynn Grandlouis is a member Kebaowek First Nation who currently resides in the community with her husband and five children. Lynn completed her post-secondary education at Georgian College in Orillia, Ontario where she graduated from the Early Childhood Education Program in 2008. Thereafter, she successfully completed a certificate program with UAQM to work with Children with Special Needs. She joined our Health Center Team initially in 2009 as the MCH Program Worker, a part time position while continuing to work at the Community Daycare. She accepted a full time position at the Kebaowek Health and Wellness Center in 2016 as the Maternal Child Health (MCH) and Head Start (HS) Program Worker. Lynn has been instrumental in the development and implementation of the Head Start Program. She has been exposed to various trainings and workshop opportunities that will help her serve our community well.



Priscillia Durocher is a Band Member and resident of Kebaowek First Nation. She has been an employee of the Kebaowek Health and Wellness Center for 8 years as the Medical Transportation Coordinator. Prior to this, she was employed at Tembec Inc. for 3 years as a Credit Associate and Junior Credit Analyst. Priscillia has a Bachelor of Business Administration Diploma from Nipissing University where she specialized in Technology Management. In addition to managing Medical Transportation, Priscillia is also a navigator between our Band Members and Health Canada's Non-Insured Health Benefits. She has been part of the Non-Insured Health Benefits Regional Advisory Committee for the past 4 years.



Donna Pariseau began with Kebaowek First Nation in 2001 after obtaining a Diploma in Computer Systems Technician – Networking from Canadore College. Working in IT Administration for 14 years creating a stable networking environment for all Kebaowek public buildings and employees, she had the pleasure and opportunity to work with many of the youth in the community. Many volunteer hours were spent creating events and raising monies with the youth for the Youth Center. In 2015, she applied for a new position at the Kebaowek Health and Wellness Center as an Information Data Technician and started in February of 2015. Working in health was a big change but the duties were very similar. After much training she implemented the Information Data Program – I-CLSC. Two years later, she was offered another position of

Jordan's Principal Co-ordinator. Accepting in 2017, she now works with information and data pertaining to all youth of our community to be sure every child has access to all health services.



Jennifer King is a Mother of 3 and a Grandmother of 1. She is a Band Member and a resident of Kebaowek First Nation since 1995. Jennifer is the receptionist at the Kebaowek Health and Wellness Center and has been a part of the team since 2008. She graduated as Administrative Assistant in North Bay in 2002. Before coming to work for the Health and Wellness Centre, Jennifer worked at Tembec (White Oaks) and at the Migizy Odenaw Childcare Centre where she has gained plenty of experience in the administrative field. Her duties as receptionist include;

answering phone calls, greeting clients, etc. Jennifer considers herself to be very lucky to be employed in her community.



Stacey McBride is an Algonquin working in the Kebaowek First Nation community. She has been an employee of the Kebaowek Health and Wellness Center since 2013 as the First-Line Services Coordinator. Recently with the advancement of First-Line Services; Stacey has been promoted to First-Line Services Programs Supervisor. Stacey has graduated from Nipissing University with a Bachelor of Arts Degree in Social Welfare & Social Development. Over the years, Stacey has had the opportunity to

work directly with the community to help assist families during times of need, as well as bring awareness to mental health issues. Stacey has dedicated time to proposal writing based on the needs of families to assist with working toward a more holistic community. Stacey currently supervises the First-Line Team which encompasses the Social Worker Technician, the Community Service Worker/Food Bank, and the Early Learning Educator/ Parent & Child Groups. The First-Line Services Team will continue to provide relevant, up-to-date services and information to community members through various types of workshops, events and one-on-one sessions.



Darlene McLaren is a member Kebaowek First Nation who currently resides in the community with her daughter Olivia. After completing her high school at G Theberge School in Temiscaming, she pursued her post-secondary education at Canadore College in the Social Service Worker Program and has gained relevant experience during her summer break working at the Kebaowek Health and Wellness Center as Summer Youth Coordinator and also for Service Canada in North Bay. After successfully obtaining her Social Service Worker diploma, Darlene joined

the Kebaowek First-Line Services Team in May of 2014, as a Social Worker Technician. She has since been exposed to various training and workshops opportunities that will help her better serve our community.

Other Staff

- Judy Young Medical Transportation Driver
- Roger Mitchell Medical Transportation Driver
- Joseph Grandlouis Medical Transportation Driver (Replacement)
- George Grandlouis Medical Transportation Driver (Replacement)
- Steven Miness Medical Transportation Driver (Replacement)
- Shella McBride Certified Personal Care Worker (Contract)
- Naomi Hurtubise COHI – Dental Hygienist
- Claudette Jawbone Janitorial Services
- Sharon Pariseau Janitorial Services

ⁱ Jordan's Principle was established in response to the death of five-year-old Jordan River Anderson, a child from Norway House First Nation who suffered from Carey Fineman Ziter Syndrome, a rare muscular disorder that required years of medical treatment in a Winnipeg hospital. After spending the first two years of his life in a hospital, doctors felt he could return home. However, the federal and provincial government could not resolve who was financially responsible for the necessary home care in order for Jordan to return to his family in his home community 800 kilometers north of Winnipeg. After spending over two years in hospital unnecessarily while governments argued over who should pay for his at-home care, Jordan died in a hospital in 2005.

Jordan's Principle is a child first principle used in Canada to resolve jurisdictional disputes within, and between governments, regarding payment for government services provided to First Nations children. Under this principle, where a jurisdictional dispute arises between two government parties (provincial/territorial or federal) or between two departments or ministries of the same government, regarding payment for services for a Status Indian child which are otherwise available to other Canadian children, the government or ministry/department of first contact must pay for the services without delay or disruption. The paying government party can then refer the matter to jurisdictional dispute mechanisms.

In Canada, there is a lack of clarity between the federal and provincial/territorial governments around who should pay for government services for First Nations children even when the services is normally available to other children. Too often the practice was for the governments to deny or delay the child's receipt of a service(s) pending resolution of the payment dispute. Jordan's Principle applies to all government services and states that when a jurisdictional dispute arises, the government of first contact with the child must fund the service and then resolve the jurisdictional dispute later. Jordan's principle is reflective of the non-discrimination provisions of the United Nations Convention on the Rights of the Child and Canadian domestic law that does not allow differential treatment on the basis of race or ethnic origin. Private Members Motion 296 in support of Jordan's Principle was passed unanimously in the House of Commons on December 12, 2007. Some provinces have partially implemented Jordan's Principle in the area of children with complex medical needs, but more work needs to be done to eliminate the impact of jurisdictional disputes on First Nations children's access to all government services.