

COMMUNITY REPORT

2017 - 2018

Kebaowek Health and Wellness Center



Contribution Agreement QC0700047

A MESSAGE FROM THE HEALTH DIRECTOR

OVERVIEW AND UPDATE FOR 2017 - 2018

PRIORITIES FOR 2018 - 2019

Let's start off our report with our « raison d'être » for coming to work every day. We take pride in it and you can also hold us accountable to what is written below.

OUR MISSION

- To deliver Health Prevention and Wellness Programs and Services to our members with respect and courtesy and to ensure they have equal access to all health services they are entitled to.

OUR VISION

- To empower, promote and encourage healthy lifestyles whereas illness, disease and addictions no longer threaten our people.
- That our health status in no way sets us apart from the rest of the Canadians in a negative way.
- That all members of our Nation live their lives to the fullest in a healthy and holistic manner.

GUIDING VALUES

Respect of Others' Lifestyle Choices

People are the first ones responsible for their health and they are entitled to make their own choices. It is the responsibility of the Health Centre to give them the proper information but not to interfere in their decisions as long as it doesn't jeopardized others' health or quality of life.

Confidentiality

People are entitled to respect of their personal life and privacy. Thus we, Health and Wellness Workers, will perform our duties while respecting their right to confidentiality.

Trust

Trust amongst us, Health Workers and the members of the population are a central axis of our way of working. Such value is completed by the autonomy that we should each show and the solidarity amongst ourselves that will benefit and help all of us.

Open to Suggestion (Non-Judgmental)

The Kebaowek Health 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, 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.

HEALTH CENTER OVERVIEW

Fiscal year 2017 - 2018 has been full of surprises. It has seen the anchoring of Donald Trump's racist's policies that still to this day, has people shaking their heads in disbelief. Mass shootings in Las Vegas, Texas and at a Florida school resounded across continents to the dismay of us all. The threat of nuclear war from North Korea has kept and continues to keep the entire world on their toes. The devastating hurricanes in the Virgin Islands, Texas and Florida reminded everyone that Mother Nature can be ruthless and merciless.

However, closer to home, we are reminded far too often that racism, cultural indifferences and the push-back from Mother Nature are also an intrinsic part of our lives. The energy required to obtain an inquiry for our Missing and Murdered Aboriginal Women, the long drawn out court battle against the federal government in regards to First nations Child and family services continue to show signs resembling those brought on by the colonizing spirit of the settlers.

Since it is now pretty clear that our people will not be fully assimilated and in facts are now making huge strides towards taking their legitimate place, the impacts of the past colonial governments have however done some irreparable damage. And it's this damage that most communities have to deal with on a regular basis. It begins with the dispossession of our lands, dismantling of families thru residential schools, loss of our native language and unequal access to health services.

So as we continue our work in our prevention and promotion modus operandi, we are constantly performing a juggling act between the pressing needs of colonial accountability, surging public health problems and community crisis and often mere perceptions. All this is done with a giant eye open towards influencing others in moving in such a way that we begin to reclaim the lands that provided for us, that we find means to rekindle our culture that is fundamental to our existence as a people, that we advocate to all levels of government and public institutions for equal access to all services and that we educate our youth so we can use the current settler tools to increase our health outcomes for our families and nations as a whole.

This world is changing fast and your Health and Wellness Center is doing its best to not only keep up, but look towards the future needs of our community. Several years ago, we thought about getting better control over all the services offered to us. As a community, we took over the First Line Services that were inadequately provided by the province. We also manage the home support program that was also done by the province. We began several years back to advocate for a new Health center because of our growing needs and now we have officially started the project steps with the plans and specs for a projected build in 2019 - 2020. Since the beginning of my career here as the Health Director and despite the fact that we do a very good job at keeping people in their homes for as long as we can safely, there has always been a community consensus that we needed to have our own Old Age Home. Without own source revenue and or government funding, this endeavor would remain only a dream if we did not work with our municipal partners for economic development projects. It would not be possible if our political bodies did not advocate to the federal government for funding in the area of long term care. The problem is that sometimes things just take a lot of time to evolve.

Today, the federal government is looking into solutions for our aging populations in our communities. Is it because Indian and Northern Affairs and Health Canada are joined and are now talking to each other rather than keeping us in some grey area of treasury board jurisdictional battle of responsibility. Our people, although still lagging behind mainstream in health outcomes, are beginning to live longer, not necessarily healthier yet but longer. Systemic change to our lifestyles from the 70s to the 2000s will take some time to reverse itself in what we now promote as being Healthier Lifestyles notwithstanding of course, our access to our traditional territories and the abundance of foods it once had.

Other important determinants of health such as the lack of adequate housing, although not our current situation, will continue catalytically to impede on better health outcomes for many First Nations communities.

For Kebaowek First Nation, continuing to support a higher education, access to training and partnerships with industry is paramount in helping our members achieve the best health outcome possible. Fundamental positioning strategies that allow our members to access our traditional territory and harvest our customary foods is also embraced and equally viewed as an important determinant that is shared with most of our brothers and sisters across Turtle Island.

Economic development strategies carried on and improved upon like ONIMIKI (past Innergex project) as an own source revenue run-of-the-river hydro project, now has the partnership formula to favorably be supported by the province. The potential socio-economic spin off of such a project could lead to the development of a Seniors Home in our community, our own pre k to grade 8 school, covered rink and more importantly, our ability to develop and participate in other economic opportunities that require significant investment from the community that would not take away from needed program and services. At this time, I can't help but feel encouraged about our current situation in this file.

UPDATE ON PRIORITIES FOR 2017 - 2018

Finalizing our 5 Year Health plan with all of its internal parts to update was very consuming. We took a look at how the ongoing CCP project could help us in our 5 year plan and determined that it was going to be more complementary as opposed to being intrinsic to our goals and objectives. Either way, the information gathered confirms our work towards autonomy and needs of a new building large enough to house all our community health & social services workers.

The past fiscal year has seen us commence the work for a new Health & Wellness Center project. All we need is for our funding provider to keep us as a Regional priority for infrastructure. We need our FNIHB people at the Montreal office to continue to advocate for us and keep our infrastructure dollars within our region. We will be shovel ready in April 2019.

Not only would we be in a better position to serve you, our community members with a new building, we will also be freeing up some space for the band administration to address their growing needs.

Relations with Quebec

2017 - 2018 has been very interesting for me for I was privileged enough to be nominated by the Minister of Health to sit on the CISSSAT board of directors. The experience gained and shared with my new colleagues has been mutually fulfilling and I would like to think, beneficial. While contributing to the overall direction of the huge healthcare organization, I'm learning how this machine is working. I also have the ear of my fellow board members and president-director-general to support initiatives that advance relationships between our members and all other First Nations on the territory the CISSSAT serves. Most decisions are easy to endorse while others are often difficult to make especially when you know that only one version of the story will be in the news or on social media.

Healthcare is often what makes or breaks a political party and efforts done to reduce the rise in costs affect everybody's personal bottom lines in physical and financial health. Therefore change will frequently be met with resistance and hard line stances. It's easy for the average person to criticize the changes that occurred in the Health field over the course of the past 3 years, because we are not the ones stuck with balancing a fixed budget that is constantly stretched to the maximum year after year. Correcting inefficiencies although logical and comprehensible remains controversial because you are changing something that went on for years and sometimes forever.

Closer to home, three doctors (from France) joined the local hospital in Temiscaming this past winter to bring the contingency up to 5 local family physicians. However, because of some internal adjustment difficulties, the team seemed to remain fragile in spite of the support provided by the communities they serve and the CISSSAT. Nevertheless in the end, it's the doctors who decide where they are going to practice! With this being said CISSSAT is back in recruitment mode and has prioritized our local hospital for the next contingencies of doctors willing to work in our provincial system. The communities Kebaowek, Temiscaming, Kipawa, will play a role of welcoming and supporting any new physician who seek to work in our area.

We have been made aware that we are on the verge of repatriating all the services we once had with the corridor of services in North Bay. Missions of providing proximity services enhanced the efforts to reintegrate the Ontario corridor. That is great news for us who live an hour away from services in a language appropriate surrounding. See *Annex 1*

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

During his fiscal year, the Trudeau government announced the dissolution of the Department of Indigenous and Northern Affairs with the creation of the Department of Crown-Indigenous Relations and Northern Affairs and Indigenous Services Canada. The first one is primarily to deal in a nation-to-nation manner between communities and the government leaning on fiscal, treaty and rights issues. The latter ISC, deals more with programs and services that derived from Indian Affairs and Health Canada as we have become to know them over the years.

At a first glance, the concept makes a lot of sense. Those who are supposedly there to assist us in providing programs and services for our communities, teaming up in a spirit of mutual collaboration to make working with them smoother and effective does sound like it's a step in the right direction. But for the grassroots people and communities, we are concerned as to which head of the dragon will dominate, metaphorically speaking of course. It has been through experience and shared vision of my colleagues both in health and in administration that we are all hoping that the strong relationship we had forged with our Regional office of FNIHB will not be lost or tossed aside by a more paternalistic controlling and rigid (backed by the Indian Act) Indian Affairs.

From years of building trust and trying to find ways of improving on the health outcomes of our people, our partners at FNIHB both nationally and regionally have demonstrated a genuine interest in walking along side us as opposed to holding our hands and trying to lead us where they think we should go. It is not perfect by any means but most of our communities have recognized that positive shift amongst most of the people working on Boulevard Rene-Levesque and at Tunney's Pasture (National office). For these reasons, we hope that the new Indigenous services Canada department will use the more positive playbook that was used by First nations and Inuit Health Branch.

However, as of now, things have not changed yet. People are doing what they were previously doing and it has been business as usual. At least that is what it seems from a community perspective and the early reports from our Regional offices.

The Jordan's Principle program continues to lead in the impact benefits column in comparison to many of our current community base programs. With an even broader scope to address the gaps in mental and physical care and learning challenges, we have embraced and utilized this program to its fullest capacity, helping many of our children get the health they need and deserve. It is our hope that this program will continue to be supported for many years to come for there is a lot of catching up to do and the provincial health system does not have the resources we need, at least not the English speaking ones.

As for our new Health Center request, we have received the funds to get started with our project. Robert Ledoux, Hebert Zurita Danis Smith Architects in Consortium has been retained to do the Architecture, Engineering, Plans & Specifications and Construction supervision. As of now, we continue to aspire that we remain in queue for funding from the National office. If things go as planned, we should break ground in the spring of 2019. Please see the concept drawings in annex. "

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

As a community partner with the FNQLHSSC, I thought that it would be important to share the vision, mission and goals of our Regional First Nation organization so it will be clear as per their mandate and why we are all in this together. Like the other regional orgs, the Commission as we have come to call them, continue to grow and adjust their deliverables according to the constant needs of the communities keeping in line with the support of the Quebec's Chiefs table.

"The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) are a non-profit organization that is responsible for supporting the efforts of the First Nations of Quebec in order to, among other things, plan and deliver culturally-appropriate and preventive health and social services programs."

Their Vision

First Nations individuals, families and communities are healthy, have equitable access to quality care and services, and are self-determining and culturally empowered.

Their Mission

To accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.

Their Goals of the FNQLHSSC's goals are as follows:

- 1.** To ensure that the First Nations of Quebec and Labrador freely exercise their inherent right to control health and social services program delivery to the citizens of their respective nations.
- 2.** To provide technical support for research, as well as the development and promotion of community health and social services systems and models, upon request from First Nations communities.
- 3.** To ensure that First Nations government delivery systems respect the fundamental needs of First Nations citizens.
- 4.** To promote the free exchange of information and ideas concerning all aspects of health and social services development initiatives of communities.
- 5.** To ensure that all First Nations are supported in their community development in order to exercise their jurisdiction over health and social services.

6. To study, promote, protect and develop in every possible way the material, cultural and social interests of the members, nations and respective communities; and to that end organize meetings, conferences and opportunities to exchange points of view and establish a secretariat to serve as a liaison between members.

7. To be a technical advisor and consultant for First Nations communities and the Assembly of the First Nations of Quebec and Labrador in the area of health and social services (AFNQL).

So you can see why this organization that stems from our Chief's table is well received and supported by our communities. Their board of directors are made up of stakeholders from diverse communities/nations across the province and for which I have had the honours of being appointed by my peers to partake on for several years.

The following exert is pulled from the governance project page of the Commission. We have been on this journey for the past 4 to 5 years and continue to move forward towards better First Nations control over our health and social services. It's important to keep everyone in the loop of this process. Sometime this fall, I will invite members of the FNQLHSSC to the community so they can present to you, the members, what we have been talking about for the past several years.

“First Nations in Quebec have noted for several years that the current system in health and social services does not adequately meet their realities and their needs. Begun in 2013, the process of governance of First Nations health and social services in Quebec stems from this observation made by First Nations about the need to renew the current governance structure. Thus, the process of governance in health and social services aims to develop and support the autonomy of First Nations communities and organizations in a perspective of self-determination and improvement of their well-being. At the end of this process, the First Nations will have collectively developed a new model of effective governance, by and for First Nations, and will have worked to achieve its implementation.”

Change is sometimes scary and it is often too easy to accept the status quo, basically what we have become accustomed too. But taking better control over our own governance in Health & Social Services is what most Nations are thriving towards. B.C First Nations are doing a decent job pioneering this endeavour and other Regions like ours, will benefit from their successes and challenges. We should all be proud of where we are going and respect those from our regional FNHIB office who understand why we are doing this natural devolution and who continue to support us along this ground breaking journey. Kitchi-meegwetch / Merci to them!

PRIORITIES FOR 2018 - 2019

P1) Priorities for fiscal 2018 - 2019 continue to revolve around our never ending advocacy for accessing health services at the very least, equivalent to those of the rest of the population. We will have to participate when called upon to facilitate doctor recruitment for our area and we will continue to advocate with our municipal neighbors for keeping the corridor of medical services open towards English speaking North Bay, thus bringing to the forefront the proximity priority of the CISSSAT.

P2) Cardio-vascular disease, diabetes and Mental Health & Addictions will continue to be a priority for our prevention and promotion activities. With a focus on a “healthy lifestyles, we hope to reduce the incidence and morbidity rate of these issues that are shared by most First Nation communities. We will attempt to acquire the resources required to help us deal with the concomitance of mental health & Addictions. Removing stigmas of mental health problems along with the methadone use for recovering from opioid addictions coincide with many national and provincial strategies we must support at the local level.

P3) Continue along the process with our New Health center project for which we know needs to be done to perfection or at least as close as possible to. We don't have the luxury of doing this every 20 years so we need to get this right for our current and future needs. Our community is growing, our demographics are always changing and resources are not always available from the province because of language barriers. It's not easy to convince our funding partners to look further into the future and invest a bit more upfront so that the next generation does not suffer from our lack of vision or planning.

P4) No change for our 5 Year Health Plan renewal. This should be completed in the fall and it continues to be, in my opinion, 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. Once in our new building, we will be aiming 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 build upon the relationships with the community. The process is one that will challenge the health department in a constructive manner to think about what business it does and how it does that business.

P5) Establishing stronger links with external partners remain as an important objective that will be ongoing for many years. Developing partnerships that increase direct access to specialized services with the province especially when these services need to be done on reserve is unending. Jurisdictional battles will continue to occur from time to time, but we are making some progress.

Developing partnerships with other neighboring First Nation communities in order to share professional resources (often in mental health) will always be looked at as a strategy so our people can receive services in a timely manner. Seeking and exploring research project opportunities with University hospitals is paramount so we, our members, may benefit from state of the art treatment and be part of successes that shape the world of medicine.

IN CONCLUSION

Kebaowek First Nations community members will always be at the forefront of our efforts and vision in providing the best possible services in some primary care, prevention, promotion and wellness programs delivery. We will always advocate on your behalf to ensure that you have access to health services as would any other Quebecker and thrive to go beyond that so we can close the gaps caused by years of being left behind. We will, via working groups, committee gatherings and local representation, advocate to access the prescription medications and equipment our doctors provide us for safe and effective treatment.

The Jordan's Principle program, continues provide us with the tools to make sure that no child goes without the care and services he or she is entitled too. The collaboration and support from our folks at FNHIB and the Commission has excellent and in a timely manner. Until the point where we can say with certitude that our health outcomes are as equal to the rest of the Canadian society, this program needs to continue and be supported by the necessary funding required to make such statement.

Your Health center staff remains stable with the addition of Dr. Arlene Laliberté who is a First Nations clinical psychologist brought on board by our Mental Wellness Team project and support also by our Jordan's Principle program. Dr. Laliberté is responding to a need we had identified a ways back but were unable to acquire someone of her skill set.

Erica Miness, a community members studying to become a registered nurse did another fantastic job during their Health Career Summer Student Employment as well as Ms. Caroline Joly who is currently studying in the field of Social Work. I wish them both successes in their respective studies coming up this fall. It is also my understanding that there are more of our members studying in the Health field, that's just amazing.

Training continues for most workers to be challenging as it is often 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. Management training was offered to both program managers over the past few years in attempts to ensure some type of succession planning and support for the direction of our operations. More training in Change Management will continued to be solicited for the mere benefits it provides when we try to adjust to the growing needs of our population. Tools like video conferencing, webinars etc...will be utilized to their full potential.

In early childhood development, our Headstart and Maternal Child Health programs progress well but will be taken to the next level once we have our new Health Center which has a fully functional Head start room and a multi-purpose room to house the majority of our early learning programs. For KFN, early learning and the entire school system is a priority. Deep reflections and public consultation will take place to ensure that our children have the best chance possible at good life outcomes, based on a solid educational foundation. ***This is key.***

You will be able to notice from the activity reports generated by the First line Services Department that your community services are all working hard to provide you with opportunities to participate in developmental, cultural and psycho-social support activities. As a general rule for all interveners in the field of support, "We cannot work harder than the client

to improve on their situation.” We will do whatever it takes to ensure we can accompany them along their journey for better health outcomes and support them in as many ways required.

And finally, it is important for us to remind you that we are here to help you and all our clients to improve on your well-being and to look forward to healthier outcomes. 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. Nobody is perfect in this world and we are the first to admit it. We may make mistakes along the way but rest assured, we will appreciate your constructive comments to help make things better.

So enjoy the rest of this report and be proud of what many of you, your daughter, niece, son, friend, neighbor or spouse, are contributing to.



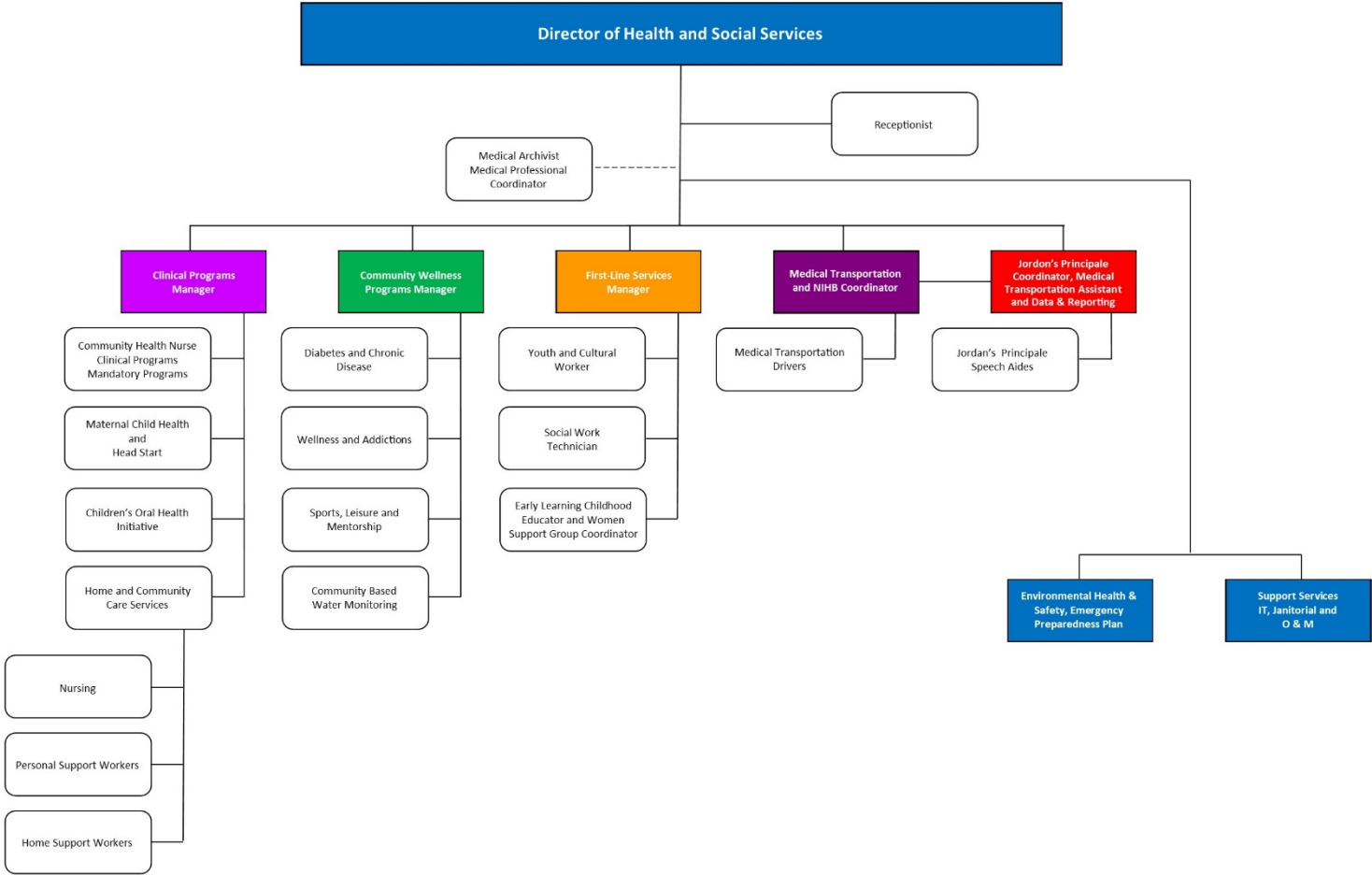
KEBAOWEK HEALTH AND WELLNESS CENTER

COMMUNITY PROGRAMS

- Diabetes, Chronic Disease and Nutrition Programs
 - Diabetic Retinopathy Screening
 - Foot Care Services
- Community Health, Communicable Disease and Mandatory Programs
 - Community Health Nurse
 - Immunization
 - HIV/STBBI /Hepatitis C
- Early Detection and Screening
 - Mammograms
 - Cervical Cancer Screening
 - Blood Glucose
 - Blood Pressure
 - Cholesterol
- Home and Community Care Program
 - Nursing Services
 - PSW Services
 - HSW Program
- COHI Program
- Maternal Child Health / Head Start Program / Canadian Prenatal Nutrition 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
- Jordan's Principle

KEBAOWEK HEALTH AND WELLNESS CENTER

ORGANIZATIONAL CHART



COMMUNITY NURSING PROGRAMS

OVERVIEW AND UPDATE FOR 2017 - 2018

CLINICAL PROGRAMS MANAGER UPDATE

The Clinical Programs Manager (CPM) is responsible for the management and coordination of Mandatory Programs, Home & Community Care Program (HCC) and other programs such as CPNP, MCH & Head Start, COHI and the clinical aspect to ADI and Screening programs. The main focus is to ensure Nurses, Program Workers, Administrative Staff and other visiting professionals (i.e. Doctors, Dental Hygienist) are meeting the goals and objectives set out in their respective domains according to our Health Plan. Summer Nursing and Medical Student coordination and supervision falls as a CPM responsibility. Administrative tasks within the clinical programs and the Health Centre itself are also an undertaking and when needed the CPM is a replacement for nursing staff and additional coverage for caseloads, sessions and events. Generally speaking for all clinical programs, creating a cohesive team approach with First Line Services and the Wellness Program team has been instrumental in our Health Center providing quality services and support for our clients.

Home and Community Care Program

Specifically for the Home and Community Care Program (HCC), the Clinical Programs Manager serves as the Case Manager in client cases and is the Supervisor and Coordinator for the Home Support – Assisted Living Program and its 17 workers. The Kebaowek Health and Wellness Center became involved with a portion of the Home Support Program in 2016. In January of 2018 we acquired the Assisted Living Program (HSW Program) completely where now our Clinical Department is responsible for evaluating, organizing and coordinating and scheduling of Home Support Worker 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 in house. Most currently, there are 23 clients receiving Home Support Services. We are managing a roster of 17 HSW workers.

Communicable Disease Control (Hepatitis C Initiative)

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. With the evaluation of the community needs and readiness driving our efforts, our team continues to focus on promotion and education. To begin, our strategy is 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 marked calendar promotion days for those topics.

As a team we established the at risk groups, linkages with partners within and outside the community. Condom distribution is 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 completed phase 1 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. We had a Hepatitis C awareness BBQ where a multitude of education material was distributed. We plan to keep the awareness and education BBQ annually. The next date set for August 2018. Strategic planning sessions amongst our team accordingly to our Hepatitis C initiative with phase 2 educational kits planning and development of materials for the older adults and seniors for next year was done and ready for preparation in the next 2018 - 2019 year. Discussions with Coordinators in FNIHB about STBBI training in the upcoming year so that further planning of screening clinics and activities at the Kebaowek Health Center can be realized.

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.

Training for CPR, First Aid, and AED was organized and completed in October 2016. This training will need to be reorganized again in the spring of 2018 as all staff will require retraining no later than 2019. All Health Center staff is expected to participate in the training and new upcoming sessions will include our Home Support Workers. Training is also always extended to Band Administration 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. 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 structured approach, we as managers

can see the transition where our Health Center can be considered a more efficient, effective high performing organization.

Much demand has been brought forth in physician assignment or re-assignment. With recent hire of 3 new physician at the CISSSTK, 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 assist in this task and advocate when needed for our community members. We continue to strive towards engaging other physicians and the new Nurse Practitioner to join our monthly doctor visits here at the Kebaowek Health Centre. Now that we have 3 new physicians at our local hospital, it is our plan and hope to make this a realization in the late 2018 – 2019 year once they have settled in and once the organization of their case loads and schedules have been established.

Medical Students 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 Quebec Universities to have 2 medical students every summer complete a Preclinical Internship - Indigenous Culture 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 cultural experience for our students. We have also embarked on having a nursing students during the summer months. They worked on and collaborated in many administrative clinical tasks. This proved to be very rewarding for the Health Center, its staff, community members and for our students. We look forward to having a nursing students again in the future.

The Kebaowek Clinical Programs work in cooperation with the Community Wellness Team and First Line Services to plan, organize and administer Health Services and Programs in accordance with our objectives to instil healthy lifestyles for the people of Kebaowek. The Community Wellness Programs Manager, First Line Services 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 for seamless delivery. We will be effectively making changes in regards to programs and services to ensure we meet the targets.

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.
- Cervical / Breast Cancer Screening
- Aboriginal Diabetes Initiative (ADI) Program
- Immunization: Primary immunization series to infants and school children.
Community Influenza, pneumonia and Tetanus Vaccine Clinics
- Canadian Prenatal Nutrition Program (CPNP) – pre/postnatal clinical follow-up.
- 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 Four (4) primary care physicians from GMF of the CISSSAT-K visited our clinic roughly every month. We have had 11 MD visits to our community with them seeing a total of 86 clients within the 2017 - 2018 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.

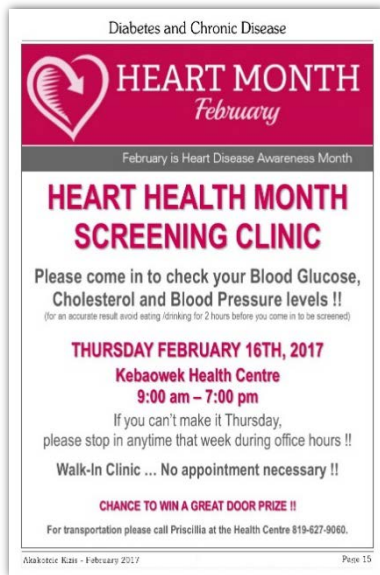
Community Screening Clinics

In 2017 - 2018, 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 2017 - 2018:



- **Spring 2017 (Community Health Fair – Community Hall)**
74 people and 1 youth participated. 18 were asked to do follow ups or referrals, only 11 came in to Health Center.
- **Summer 2017 (Community Screening – Health Center)**
27 people participated. There were 4 follow ups or referrals and they all came in to the Health Center
- **Fall 2017 (Community Screening – Health Center)**
42 people participated. 2 were asked to do follow up, 1 came to the Health Center
- **Winter 2018 (Community Screening – Health Center)**
37 people participated. 11 were asked to follow up, 8 came to the Health Center

Cervical Cancer Screening

A special screening clinic is held yearly for Cervical Cancer (Pap test). A Doctor or Nurse Practitioner comes to our Community to hold the screening from the CISSSAT-K. The total number of women that participated in the 2017 - 2018 year is 18. The decrease in the number from last year is due to the fact that the screening only takes place every few years for women.

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 2017 - 2018 year, 6 women reported back completing their mammogram. The decrease in the number of participants is due to the fact that the screening only takes place every few years for women.

Aboriginal Diabetes Initiative Program

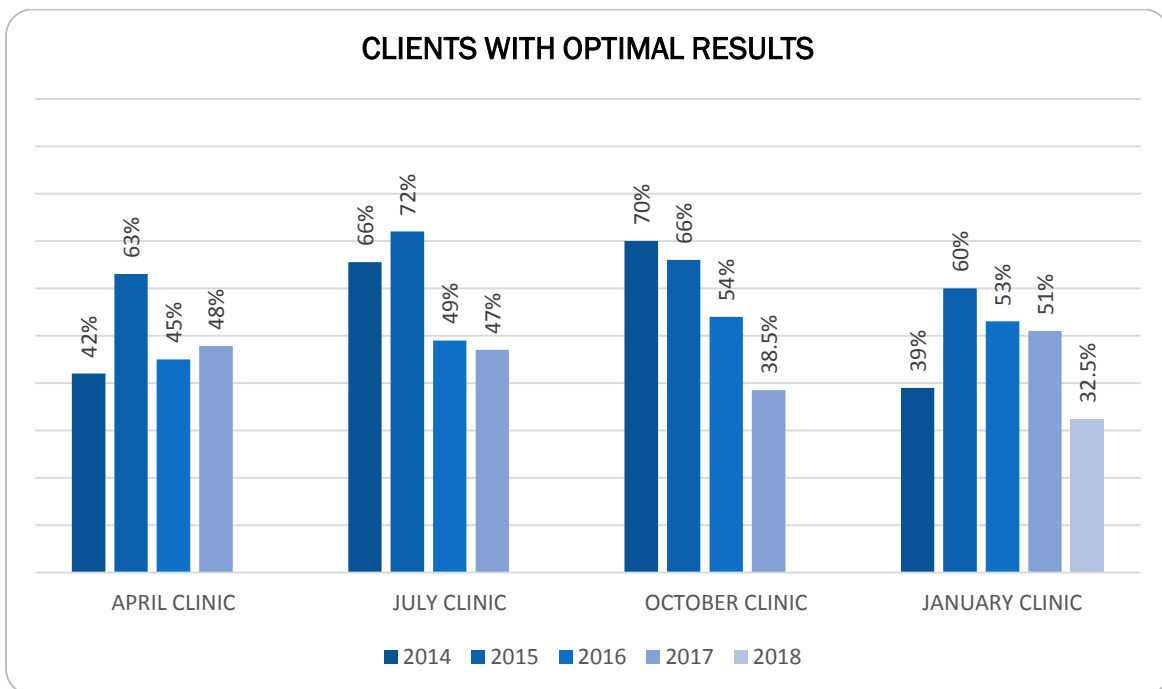
The Kebaowek Health Center continues efforts to address diabetes education, better diabetes management and follow-up because of the diseases serious complications. A Community Health Team consisting of 3 nurses, the Wellness Program Manager and the Diabetes Worker is addressing the needs of the community 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 Micro albumin. These clinics are followed by a “Diabetic Breakfast”. Approximately 40 - 45 participants have participated with these quarterly sessions in 2017 - 2018 for a total 174. This is an increase from last year as in previous years reported.

- April 2017: 46 participants
- July 2017: 36 participants
- October 2017: 52 participants
- January 2018: 40 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 clients who have optimal results after testing at our clinic:



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 2017 - 2018 year. This number consists of 13 Diabetic Clients, 7 homecare clients and 11 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.

Influenza (Flu Shot) and Pneumovax Vaccine Program

This year's flu shot campaign yielded a decrease of 8% 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.

For the Pneumovax Vaccine we seen a 1.6% rise in 2017 due to a recommendation from the PIQ that persons who have received the Pneumovax Vaccine before the age of 65 will be revaccinated at the age of 65, or at least 5 years after the previous dose, regardless of the number of doses previously received.

FLU SHOT

2014: 138 clients
 2015: 116 clients
 2016: 124 clients
 2017: 121 clients

PNEUMOVAX VACCINE

2014: 22 clients
 2015: 10 clients
 2016: 9 clients
 2017: 36 clients

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 education on child development as well as early interventions to parents and children for a healthy and happy environment for growth and development. We continued to provide the 7 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. Pre-natal sessions at the clinic
5. Child developmental screening – ASQ (Ages and Stages Questionnaire) Screening and language screening form- Anderson Speech Consultants from ages 2 months up to the age of 6 years old.
6. 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.
7. Provide parent and child activities monthly for all children who are the age of 0 - 6 years.

A total of 18 kits were distributed in 2017 - 2018 year. Every year up to the age of 6, these children will continue to receive the age related package. These developmental calendar kit include development grid with age appropriate activities and 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.

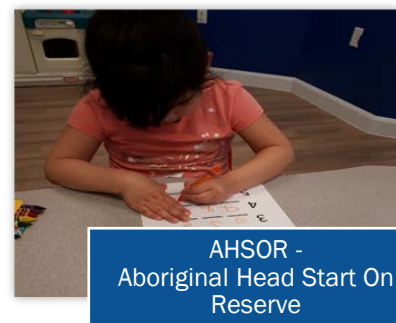
ASQ Developmental Screening and the Language screening form continues successfully at the Health Centre. This age-based developmental assessment screening tool was implemented in 2010 and the Language Screening Tool was implemented in 2017. The goal of this initiative is to increase future successes for the children entering school by identifying early on, any shortcomings. For the 2017 - 2018 year our MCH program worker was primarily at the Health Centre for ASQ screening, she screened 21 children. 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.

Monthly Parent – Child Activities are collaborated with the family violence prevention program and the cliental has increased from 4 to 5 families to 7 to 8 participate per month.

In the spring of 2017 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 (AHSOR)

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. The objectives of the ASHOR are being met by the description below.



Canadian Prenatal Nutrition Program (CPNP)

With the CPNP program I had three mothers participate in pre-natal sessions. The sessions included expectations of being pregnant, what to expect when in labor and delivery etc. All sessions took place at the Kebaowek Health and Wellness Centre. I have followed up with mothers after birth of their infants with developmental materials for their infant. I had 2 post natal home visits in the community as well as having parents coming for a post natal visit at the Kebaowek Health and Centre. The Community Health Nurse also had follow-up visits with the mothers and babies including weight checks of newborns. We also continue to offer the Nutrition supplement program (Eggs, OJ and Milk) program where 5 mothers participated

during this fiscal year. Breastfeeding support is also available to those mothers who choose to breastfeed.

Education

The Kindergarten entry level abilities are being met by the numerous of activities that have been done at the day care and through one on one at the Kebaowek Health and Wellness centre. These activities were done through play and one on one practice for example the children practiced writing their names and the other letters of the alphabet. Using age appropriate workbooks that were created for the needs and development of the children in the program. There were 16 eligible participants and all them took part in the activities that were provided for them. The behavioral skills that were achieved by the turn taking games and how to follow rules when playing a game with more than 2 children. There were 16 children eligible for this objective as well and all 16 participated too. The children Motor skills are being achieved but the number of development activities provided for the children such as manipulative toys and games, with the added coloring, cutting with scissors and gluing. In addition we have weekly activities with our Sports and Mentorship coordinator to aid in the development in gross motor skills. We have had 26 participants eligible and 22 have participated in the activities. Our success rate is high in this area and we will continue to work as a collaborative team to ensure that the children in the community have a program to aid in their development and strive to their potential.

Social and Family Support

Monthly Family Breakfasts have been provided to encourage Parental involvement, through our head start program and held at the daycare for the parents to spend extra quality time with their children. There are 21 families that are entitled to participate with the family breakfast, and throughout the year we have had all 20 family participate in at least one of the breakfast. It is encourage that all families who are involved with the Head Start program to participate in other community activities that are hosted by other Health Centre Programs. Head Start program offers additional support to families, with parenting strategies, behavioral issues in children and etc. Head Start program worker creates and implements intervention plans with the child their family and any other professional that would need to be involved. This is to provide every child an excellent start to their lives. Our success rate is high in this area and we will continue to work as a collaborative team to ensure that the children in the community have a program to aid in their development and strive to their potential.

Culture and Language

Every week we smudge with all the children who participate in the Head Start Program. We have made several different Algonquin crafts with the children and they have been thought about the seven grandfather teachings. In the program the children are exposed to basic Algonquin language, such as numbers and animals. There are 26 eligible participants and 23 of them have participated within this aspect of the program. Culture and Language is the key to who we are as Algonquin People there for our success rate is high in this area, the participants are eager to learn more about their culture.

Health and Nutrition

The Head Start Program provide the children with knowledge of nutrition and Health by doing different activities such as baking and cooking with the children and have them bring it home to show their parents. The program worker encourages to all parents of the program to attend any cooking/health workshop provided by the health center to expand their knowledge in nutrition. Head Start program collaborates with the sports and mentorship program to incorporate physical activities. Once a week the sports and mentorship program worker will provide a physical activity to the children who participate in the Head Start Program. We have had 26 participants eligible and 22 have participated in the activities. Our success rate is high in this area and we will continue to work as a collaborative team to ensure that the children in the community have a program to aid in their development and strive to their potential.

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 dental hygienist completes a yearly oral health screening, which will determine the amount of fluoride varnishes recommended for each child. A child can receive up to 4 fluoride varnishes per year. If a child is considered high risk of caries the COHI protocol recommends they have four 5% NaF varnish treatments per school year. If the child is not considered high risk, two 5% NaF varnish treatments are advised, unless a parent has refused fluoride treatment. The dental hygienist will see children at the daycare, school and the health center to monitor any necessary treatment as well as to provide continuous support and awareness regarding oral health. This year the number of children who are currently enrolled in the COHI program amounts to 37. The number of fluoride varnishes completed throughout the year amounts to 90.

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

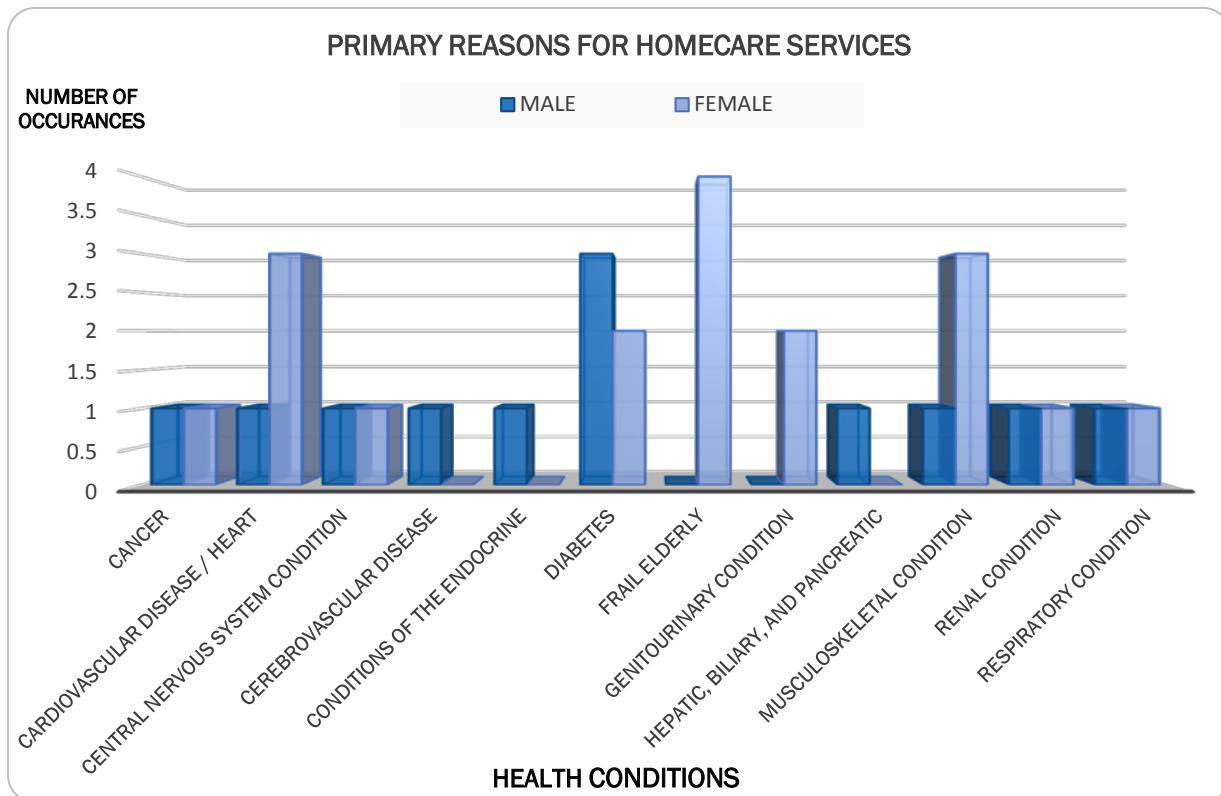
The Home and Community Care Program assists and provides nursing services and nursing care to those individuals who have difficulty or are unable to leave their home. Home care services are available from 8:00 am to 4:30 pm, Monday to Thursday, Friday 8:00 am – 12:00 pm. The Homecare Nurse or Case Manager makes the necessary arrangements and follow up with the local hospital if a client requires services on week-ends. In the 2017 - 2018 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, physiotherapy, occupational and respiratory therapists. There is also support provided in the areas of Audiology and Denturology not to mention with medical equipment and supplies.

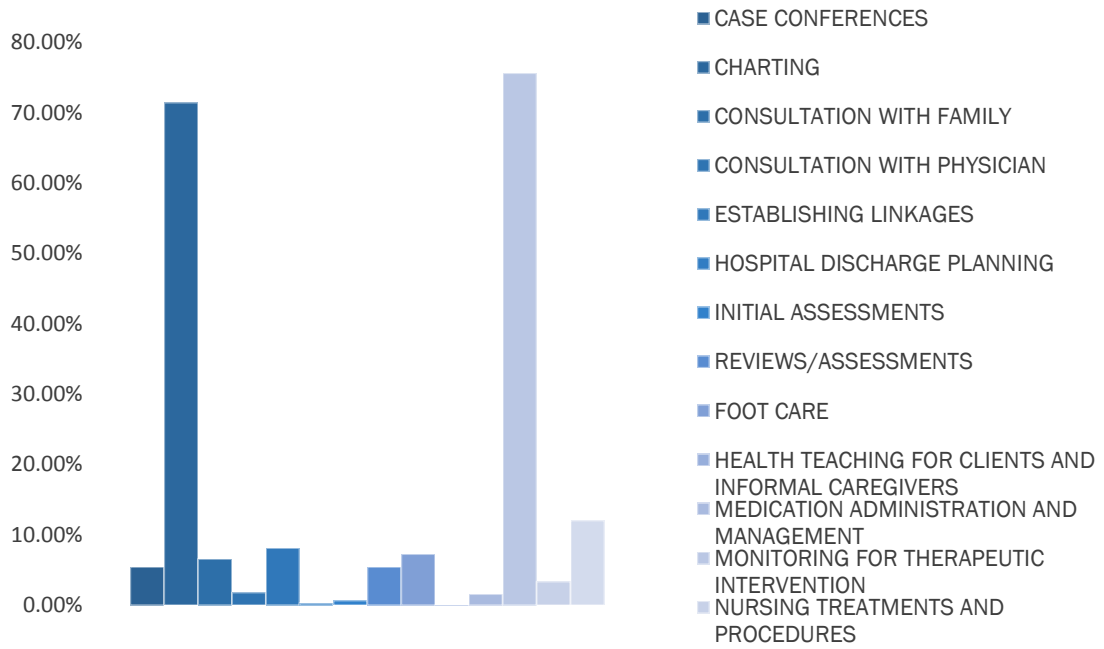
The Homecare team coordinates with the FLS (First-Line Services) Team for cases with identified needs in the area regarding respite, advanced directives, future planning and long term placement process. They also collaborate and provide support for clients and families managing challenging situations.

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 also 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

COMMUNITY WELLNESS PROGRAMS

OVERVIEW AND UPDATE FOR 2017 - 2018

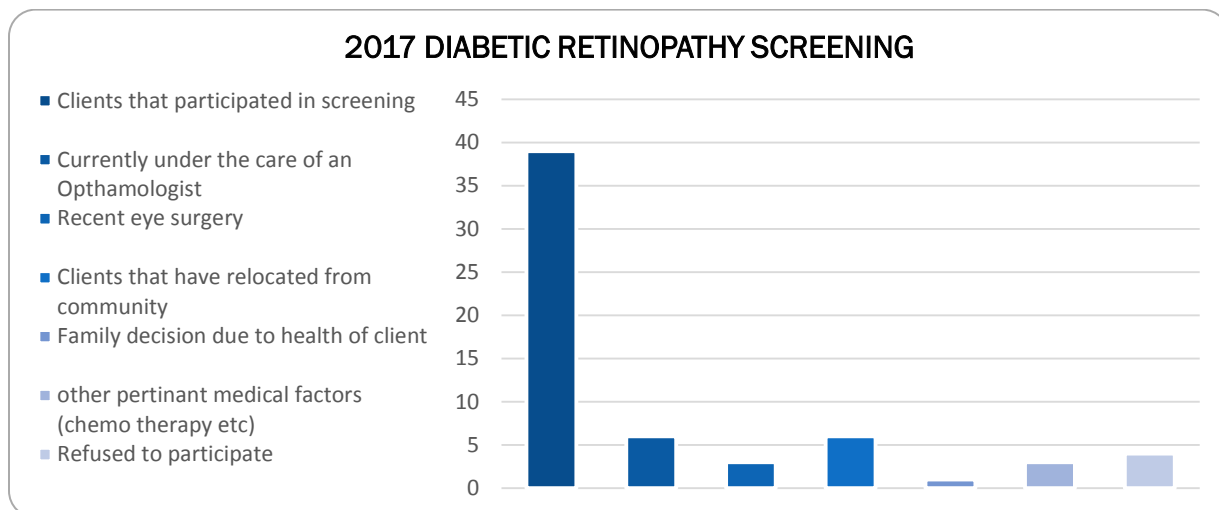
PRIORITIES FOR 2018 - 2019

COMMUNITY WELLNESS PROGRAMS MANAGER

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. Our new camera allows us to take a much better quality image of the eye without the client needing to have their eye dilated. 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. During the last fiscal year, a refresher training was given to the technicians in Timiskaming First Nation and Long Point First nation to familiarize them with the new camera. A full training for two new technicians was given in Kitigan Zibi. We consider our retinopathy program to be a success, we have been annually screening clients for 8 years we continue to monitor the eye health of all of our clients living with diabetes in the community.



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 2017 - 2018 year. 485 copies were printed each month of which 145 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.

Be On The Watch For Ticks and Lyme Disease

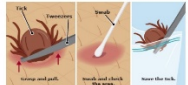
Identifying ticks

- Different types of ticks live in Canada. Some can transmit diseases. Only a few are only a nuisance. Identify the tick you are concerned about to determine the disease it can transmit.
- How long you leave the tick attached to you.
- Where you were when you were bitten by the tick.

Removing ticks

Remove ticks within 36-48 hours after the tick bite. Usually, you can remove a tick that has latched onto you by following these steps:

1. Using clean tweezers, grasp the head as close to the skin as possible and pull straight out. Try not to twist or crush the tick.
2. If the mouthparts break off and remain in the skin, remove them with nail polish or if you are unable to remove them easily, leave them alone and let the skin heal. Consult your healthcare provider.
3. Wipe the bite area and your hands with soap and water or disinfectant with alcohol hand sanitizer.
4. Try to save the tick so you can a local doctor and record the date of the bite. Bring it to your medical appointment as it may help the doctor in their assessment of your illness.
5. Ticks can be disposed of in a household garbage since they are dead, and they can be killed by covering them in rubbing alcohol or by freezing for several days. Avoid squashing ticks with exposed fingers.
6. Don't try to remove the tick by using nail polish, petroleum jelly or nail to burn the tick.



Visit your health care provider as soon as possible if:

- you are not comfortable with removing a tick
- you cannot remove the tick because it has started to creep into your skin
- if you develop symptoms of Lyme disease after being bitten, contact your health care provider immediately. Tell them:

What are the symptoms of Lyme disease?

Symptoms of Lyme disease can be different from person to person.

Early signs and symptoms of Lyme disease usually start 3 to 30 days after you have been bitten by an infected blacklegged tick. Most people experience "bull's-eye" rashes soon after being bitten, while a small number may have more various symptoms, sometimes weeks after the bite.

Early signs and symptoms of Lyme disease may include:

- Rash, sometimes shaped like a bull's-eye
- Fever
- Chills
- Headache
- Fatigue
- Muscle and joint aches
- Swollen lymph nodes

If left untreated, more severe symptoms may occur and can lead to long-term health issues. Severe symptoms may include:

- Severe headaches
- Additional rashes in various
- Facial paralysis (a drooping eye)
- Intermittent pain, joint, tendon and bone aches
- Heart disorders (short palpitations, abnormal heartbeat), known as Lyme disease
- Neurologic disorders (dizziness, mental confusion or trouble in thinking clearly and memory loss, inflammation of the brain) and spinal cord, nerve pain, numbness or tingling in the hands or feet, and
- Adults with severe joint pain and swelling, particularly the knees and feet commonly in other joints such as the ankle, elbow and wrists.

In rare cases, Lyme disease can lead to death usually because of complications involving infection of the heart.

Consult your health care provider right away if you develop symptoms of Lyme disease after being bitten by a tick or if you believe a known at-risk area for Lyme disease. The earlier a diagnosis is made, the greater the chance of a successful treatment.

Makoskinis Rivin - July 2017 Page 17

November Flu Shot Calendar ... Mark Your Calendars

Flu Shot Walk-In Clinics Kebaowek Health and Wellness Center

No appointment necessary!!

Should you require transportation please call Facilita at the Health Centre (819-827-8060) to make arrangements. Children 17 and under must be accompanied by a parent.

| WEDNESDAY NOVEMBER 1ST | THURSDAY NOVEMBER 2ND | FRIDAY NOVEMBER 3RD |
|---|---|---|
| 10:00 AM - 12:00 PM AND 1:00 PM - 4:00 PM | 10:00 AM - 12:00 PM AND 1:00 PM - 4:00 PM | 10:00 AM - 12:00 PM |
| MONDAY NOVEMBER 6TH | TUESDAY NOVEMBER 7TH | WEDNESDAY NOVEMBER 8TH |
| 10:00 AM - 12:00 PM AND 1:00 PM - 4:00 PM | 10:00 AM - 12:00 PM AND 1:30 PM - 4:00 PM | 10:00 AM - 12:00 PM AND 1:00 PM - 4:00 PM |

FOR THOSE WHO ARE NOT AVAILABLE TO ATTEND A FLU SHOT CLINIC DURING THE DAY

PLEASE NOTE
THERE WILL BE AN EVENING FLU SHOT CLINIC ON TUESDAY NOVEMBER 14TH.
WE WILL BE OPEN AFTER HOURS FROM 4:30 PM TO 7:00 PM

Who is most at risk?

Some people are more likely to suffer influenza-related complications or to be hospitalized because of these complications. Some people are especially capable of spreading the flu to those at high risk.

Those most at risk of complications related to the flu include:

- people with health conditions such as cancer, diabetes, heart disease or lung disease, obesity
- people 65 years and older, and live in nursing homes or long-term care facilities
- children between 6 months old and 2 years old
- pregnant women and
- Aboriginal people

Those capable of spreading influenza to individuals at high risk of complications related to the flu include:

- those who are in close contact with vulnerable people (such as family and household members)
- those caring for or supporting a resident living with the flu season
- health care workers
- childcare workers
- those who provide essential community services, such as firefighters and police officers

Page 18 Kebaowek Rivin - November 2017


Program Update

We are very fortunate to have a great communication link with St. Therese's school, because it enables us to relay valuable information to the youth that is focused towards healthy choices/living. We also share information, activities, and work in collaboration that is always in the best interest of the children.

Such as our new "Breakfast Club" that began this month, where myself and Mitchell served a healthy breakfast of pancakes and fresh fruit, with the help of Shelly Grand Louis.

Attached are photos of our first visit/breakfast, and we were able to promote our topic which was the importance of having breakfast.

Everyone seemed a bit surprised to have a breakfast prepared for them upon arriving at school, but they did enjoy it and so did we, that we are looking forward to our next one scheduled for Thursday March 22nd, 2018.



Nutrition Month

Snacks are foods or drinks that are consumed between meals. When you're on-the-go during a busy day, think of snacks as mini-meals that offer some nutritional value and an energy boost. Examples are an apple with peanut butter or cheese with crackers. These are different than treats, such as cookies, smoothies and chips, which are not as nourishing as snacks. Choosing healthy snacks can be a great way to get all the nutrients your body needs each day.

Here are five helpful snacking tips:

1. Plan ahead. Keep a variety of healthy, nutritious snacks on hand for those you get hungry. Like cut up veggies, nuts and cubed cheese. Being prepared helps you avoid less-healthy treats.
2. Use the power of portion sizes. Instead of snacking from a large bag or box, take a portion and put it in a plate or bowl.
3. Listen to your hunger cues. Ask yourself: am I truly hungry, or am I eating because I am bored, tired or stressed?
4. Skip distracted snacking! Avoid multitasking while looking at a screen, driving or working. You may eat more than you need if you're distracted from your feeling of fullness.
5. Snack on vegetables! About half of all Canadians don't eat enough vegetables or fruit. Snacking on these between meals is a great way to add an extra serving or two to your day.

HEALTHY SNACK IDEAS ... We asked dietitians about their favorite snacks. They recommend looking for snacks with some protein and fibre. Here are 11 great ideas!

1. Carrots and popcorn with hummus
2. Almond butter or banana slices
3. Green peas yogurt with berries
4. Whole grain toast with peanut butter
5. Cheddar cheese and apple slices
6. Small handful of trail mix made with nuts, seeds and raisins
7. Microwave oatmeal and peanut butter
8. Whole grain cereal with milk
9. Stewed vegetables with yogurt dip
10. Tuna on crackers
11. Whole grain toast with avocado and sesame seeds

Page 27 Nikh Kaur - March 2018

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 2017 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. 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, highlight upcoming summer activities and provide valuable prevention information Representatives from the were available CISSS A-T to address complaints from members in regards to services received in our area hospitals. We also acknowledged Power Lifter and Band Member Mr. Robert Truchon who competes world-wide.



The Kebaowek Health and Wellness Center is pleased to announce our **SPRING HEALTH FAIR** Thursday May 18th, 2017 Kebaowek Community Hall 1:00 pm - 7:00 pm

Bring a friend, family member, and neighbour... with you! We have health & fitness, a special demonstration, and a special activity!

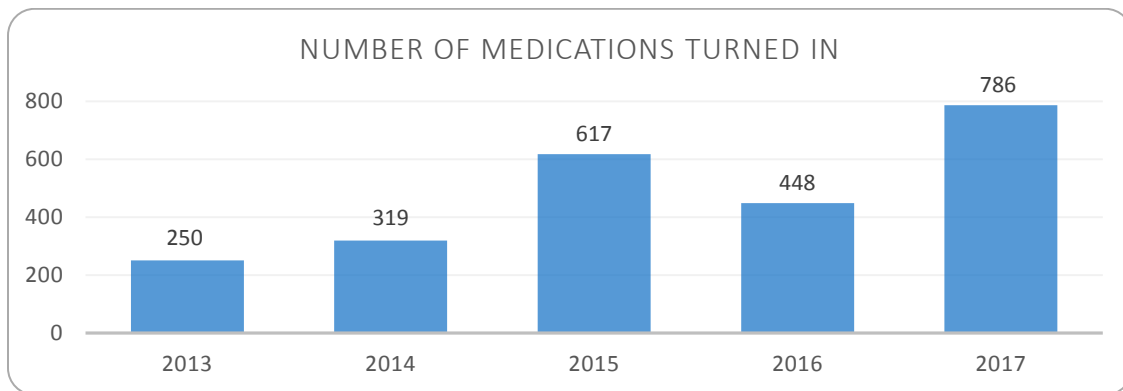
Special Guest and Demonstration
Free Supper for Participants
Participation Prizes

Everyone Welcome

Bring a canned good for the Food Bank and receive an extra dollar off! Details will be given at the event.

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 5th year to run this campaign and we have collected 2000+ 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.



The Next Fiscal Year

The end of this reporting year has us preparing for our new Health Plan. Important things we 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. We were successful with incorporating a new approach to health prevention and promotion. We targeted 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. These kits addressed a wide variety of topics including smoking, alcohol and drugs, bullying and sexual health. The kits will be handed out as each children reaches a new age group, as the information is specifically targeting age and gender. We will continue with this approach targeting our young adults, 19 - 25 next year.

As the Community Wellness Programs Manager I have made 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. This will help be addressed with the construction of a new Health and Wellness Center in the foreseeable future. I will continue to work closely with the First Line Services Manager and the Clinical Programs Manager to address the gaps in our services, cohesion of programming and a wide variety of activities to ensure all of our objectives are met. Continued efforts will also be taken to develop policies and procedures.

COMMUNITY BASED WATER MONITORING PROGRAM

For the fiscal year of 2017 - 2018, Mitchell McMartin was responsible for the Community Based Water Monitoring Program for the communities of Kebaowek First Nation and Long Point First Nation under the direction of the Community Wellness Programs Manager.

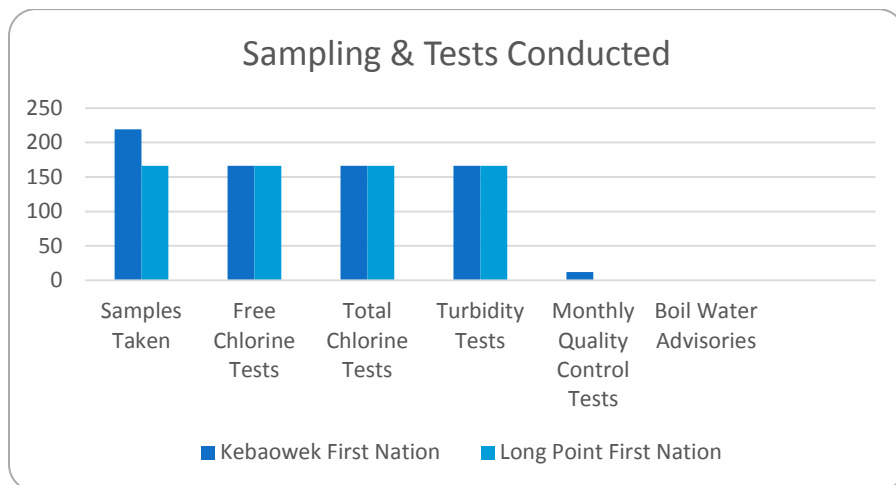
Responsibilities of the Community Based Water Monitor include:



- 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-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:



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 Breakfasts: 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. We also encourage other departments to come share their knowledge and/or information that is pertinent to promoting healthy eating and physical fitness, and this year we took the opportunity to promote the “Eldersize Class” once again, and it has definitely made an impact, the group has doubled in attendance. 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. We also use the time to promote any future workshops and/or upcoming information sessions.

Woody’s Walk: This year will be our 10th Annual Event, and will be held in October and 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. We will invite a guest speaker come into speak about prevention strategies for early detection, guest speakers who speak from the heart have a messages that the members really relate to.

Diabetic Retinopathy: Through promotion and calling each individually to ensure they book appointments we have improved the numbers of people screened. Once again 94% is our average rate that our diabetic clients have been or is being followed by a specialist.

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

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. We have also went to the school and made breakfast for the youth, and provided them with information on the importance of having a nutritious breakfast and healthy eating.

Monthly Breakfasts at G.Theberge School: This began with the intention of promoting the importance of eating a healthy breakfast “Food for Thought”, where once a month we make a hot/cold breakfast for the students/members of Kebaowek. We also take this opportunity to share information by way of group discussions about healthy eating and providing students with an opportunity to try new foods.



Kebaowek
Breakfast Program

Newsletter Articles: 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.

Monthly Display Table: This year we have introduced a display table at the entrance of the Health Centre that is focused on monthly health topic themes. This gives the members the opportunity to explore the information that is displayed.

Hepatitis C Awareness Strategy: This year we will be focusing on including the older age groups (adults/elders) in providing prevention and awareness information to each member in specific age and genders groups, this is to provide all members with information about Hepatitis C in a variety of areas not only for safe sex but for traveling and aging. Increasing knowledge is the key to prevention.

Spring 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. This year we presented a Lentil and pepper dip along with the recipe, for people to sample, in hopes to show that healthy snacks can be delicious, although very hesitant at the beginning to try something new, this approach turned out to be very effective.

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.



Diabetic Workshop

Workshops: We hosted a variety of workshop, where we again invited Ms. Lorie McLean who has truly created a link with our Diabetic clients of Kebaowek First Nation, in regards to supporting and informing them on 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.



Summer Camp

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, this year we made some adjustments to the log book and added a space for them to add their **GRF level (Glomerular Filtration Rate)** the measurement of how well your kidneys are cleaning your blood, which is very important to early detection and prevention of complications, we also 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 14 - 15 Elders that attend regularly 3 times a week, this may seem low, however for Kebaowek First Nation this is a very high number for the amount of Elders we have residing within the community. 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.
- Community Cooking/Healthy Snacks workshops, where the introduction of new and/or healthy choices of foods will be presented and prepared by everyone who attends.
- Men’s Health Workshop: Host workshops that include the wives, mothers, partners etc. who will also encourage the men to participate in specific 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.
- Health Promotion Display Table: Each month prepare the display table with pertinent information that is related to the health promotion theme or topic.
- Hepatitis C Prevention Strategy: Provide members with relevant information for their age and gender that promotes awareness of Hepatitis C and prevention strategies.

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:

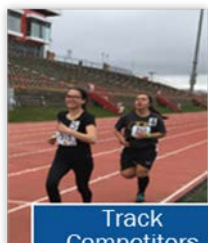
Hunter's Point Trip: The Annual "Youth Diabetes Summer Camp" once again it was nothing short of a success. Both age groups participated in a variety of physical activities, while eating healthy meals and snacks. And this year we were joined by Erica and Karleigh Miness who are both enrolled in University to become Nurses, it was truly a pleasure to have them attend, they are outgoing, encouraging and supportive, and participated in every activity that was organized, they also had prepared several presentations concerning topics of healthy living and the importance of staying healthy. Although the activities varies for the ages groups, our biggest focus is on physical activity and healthy eating, for the older group there was an annual canoe trip, where they prepare to leave just after breakfast for a day long trip of portaging and canoeing, followed by a shore lunch. It seems that many youth tend to get distracted by technology and lose interest in physical activity however they really look forward to this trip, and that in itself says a lot for reaching our goals for promoting being physically active.



Youth in Hunter's Point



Longjumper at FNEC Games



Track Competitors

FNEC Games: The FNEC games were held in Quebec City at Laval University. The track and field event took place at the PEPS and there were 3 competitors that competed at the games. It was a great turnout for the FNEC Games as there were over 500 competitors from all over the First Nation communities. Our 3 female competitors came back with a few medals from the track and field events.

GTS Activity Days: This year the G. Theberge School came to Kebaowek before the Christmas holidays. The Kebaowek Health Centre along with several employees created a day filled with physical activity, a cultural activity and crafts for the elementary kids of G. Theberge School. The kids that came and took part loved the day and so did the teachers.



GTS Activity Day

Biggest Loser Challenge: We had 17 participants that participated in the Biggest Loser Challenge. We had 4 people who completed the whole challenge and finished with a minimum

of 4.46% lost and the highest with 8.46%. The participants were trying to lose as weight within a 10 week period. The 3 finalists would receive a prize for losing the most weight %.

Pink T-Shirt Day at GTS: This year, the event was slightly different as a group at G. Theberge School made a bigger event called We Are One Day to create awareness for bullying. I was asked to make a speech about bullying from a parent's perspective. The event took around 4.5 hours and had many different people speaking of bullying. The event was open to everyone in the community and the school sent all their elementary students. It was a well-organized day and I hope it makes the kids more aware of bullying.

Choose to Maintain Challenge: We had 4 people that were able to take part in the Choose to Maintain challenge however only 3 accepted to take part. This part of the challenge is dependent on keeping off the weight loss from the Biggest Loser challenge and losing an additional 1% of body weight until a maximum of 10% is lost. Once the person loses their 10% of body weight they keep that maintain that weight until December. This year, no one was able to win the challenge.

Diabetic Workout Classes: We've seen another improvement in participation in the Diabetic work out classes. Last year, we averaged approximately 9 people per session and this year we've averaged 11 people per class. The classes are given 3 times per week on Monday, Wednesday and Friday at 10AM. The program is free to anyone who would like to participate and allows the participants a chance to interact and work out at a slight to moderate pace.

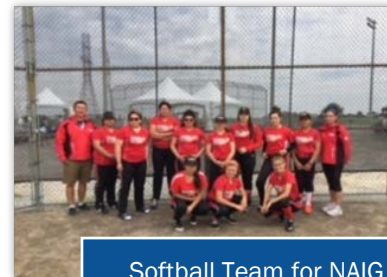
March Break Activities: This year the March Break activities started with a cribbage tournament and 5 teams entered the tournament. The second activity was skiing at Antoine Mountain in Mattawa and there were 42 people that participated The third activity was bowling and a movie and we had 63 participants which is the highest amount that ever came out to an activity. The last activity was curling, skating and swimming at Le Centre in Temiscaming and most participants came out for the swimming.

Spring Walking Program: The walking program is meant to get a person out walking and we hope that people encourage other family members or friends to come out and take part in the activity with them. The challenge is for 10 weeks and the participants were asked to walk 100 kilometers (16 and over) and 60 kilometres (15 and under). The people that walked 100 kilometers were put into a separate draw to ensure the grand prize went to one of these people.

Senior Social: The senior social took place every second week however in January it changed to every Thursday at 1 pm. The change to every week helped with the participation as people said they missed because they thought it was next week so the change increased participation. The senior social allows community members to come out and play some cards and interact with others and avoid being isolated throughout the winter months.

Terry Fox Run: The Terry Fox Run changed their format in G. Theberge School as the English and French combined and completed the Terry Fox Run together. This is great to see as the school is no longer segregating the other and actually working together after many years of no partnership. We usually provided healthy snacks for 100 kids so the number of snacks we gave out this year increased due to the two schools working together.

North American Indigenous Games: The North American Indigenous Games took place in Ontario this year at several colleges and universities (Durham College, York University, University of Toronto, McMaster University). There were several sporting events taking place at each college/university and there were teams from all over Canada and United States of America that participated in the NAIG. I was chosen to coach the Girls softball 16U and our team went 0-3 in the tournament. The NAIG was a joy to be a part of and the opening and closing ceremonies were quite the spectacle.



Youth Activity: Every month there was an activity planned specifically for the 12 to 17 age group. The biggest activity planned was a trip to Ottawa to visit the Canadian War museum and the Canadian Museum of History and there were around 14 participants. There was a meeting with the youth to ask them what activity they would like to have in the future. They gave out a few ideas and will start on the cooking classes and a bigger activity which we will try and do in the summer.

Daycare Activity: The Daycare activity frequency changed from every second week to once a week every Thursday morning. I would go to daycare and provide some form of physical activity to two age groups at Daycare (18 month to 5 years old) and each group has on average 6 kids per group.

Water Testing:

I started doing water testing for Kebaowek First Nation and Long Point First Nation. The water testing ensures that the water supplied in both communities are surpassing provincial guidelines. The water is checked weekly in both communities and the results are submitted to the Department of Indigenous Services Canada.

Kebaowek After School Program (KASP): is a program meant for those in the prekindergarten, kindergarten and elementary students. The program has hired tutors to help with different types of work (English, French, Math) while providing an activity from different program workers from First Line, and the Health Departments. My program would provide physical activity games for the 20 minute to two groups. In a two week time frame, I would animate an activity while helping a co-worker with theirs.

WELLNESS & ADDICTIONS PROGRAM

The Kebaowek Wellness and Addictions Program works with a ‘Harm Reduction Approach’ when working with clients. Our program promotes healthy living through various activities and workshops for our Band Members living both inside and outside of Kebaowek. The Kebaowek Wellness and Addictions Program is here to assist, refer and support any of our members who are struggling with or who are affected by addictions.

Prevention and Promotion Activities:

Native Arts Craft Afternoon: This activity was organized to bring about cultural awareness and to encourage a social gathering place for community members. Participants made necklaces and a leather knife case.

Dinner & Movie Night in North Bay: This type of activity is organized to encourage family and friends getting together for positive and healthy social interacting. It also supports the building of good relationships which in turn strengthens the community and promotes overall health and well-being.

Spring Health Fair/Wellness & Addictions: This event is organized annually. We set up our display table with information and resources for the Kebaowek Band Members and community residents and we are available to answer any questions they may have pertaining to our department. This year we gave out coffee mugs with chaga and other goodies in it, to everyone that visited our table.

Family Bowling Night in North Bay: This type of activity is organized to encourage family and friends to get together for positive and healthy social interacting. It also supports the building of good relationships which in turn strengthens the community and promotes overall health and well-being.



FASD Awareness
Cookies



FASD Community
Awareness

Fetal Alcohol Spectrum Disorder Awareness Day (FASD): This type of awareness activity was organized with Lynn Grandlouis; our Maternal Child Health worker. For this we handed out cookies for ‘FASD’ awareness, along with a website that people can access for more information about FASD if they choose to, and a notebook and pen with a message about FASD.

Terry Fox Run at G. Theberge School – Accompanied Kayla Lariviere; Youth Cultural Worker and Mitchell McMartin; Sports & Mentorship at G. Theberge school to distribute healthy snacks and water to the students and teachers after the Terry Fox walk.

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.



Halloween Party

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 relationships. Encourages social relations in a fun and positive environment

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: gave out promotional NAAAW flashlights to community members, went a read a story to the children at the daycare, spoke to the Mini Pals mother's about the safe storage of their medications and ended the week with a dinner and a movie in North Bay.



Ottawa Youth Trip

Youth Trip: A youth trip was organized by Kayla Lariviere, Youth Cultural Worker to visit the both the Canadian War Museum and the Canadian Museum of History in Ottawa. I, along with Mitchell McMartin; Sports & Mentorship went along to help chaperone. This was a great learning experience for our youth and provided us with an excellent opportunity to bond with our youth who may potentially identify us as key resource people should they need assistance in their future.

Valentine's Day Brunch & Bake Sale: For this activity all community and Band Members were invited for a brunch and bake sale at our Community Hall. This type of activity helps to increase feelings of connectedness and promotes positive and health social interactions amongst each other. (51 participants)

North Bay Nordic Ski Club Trip: Each year we visit the North Bay Nordic Ski Club to go either cross-country skiing or snowshoeing. This type of activity provides a great workout, betters social interaction, helps reduce stress, anxiety and depression. Overall it has a great positive impact on a person's mental health.

3rd 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 to send a positive message to our youth, as they are our future. This year we also invited Hypnotist Robert Maxwell to come and do a show for our youth and their families.



Youth Formal Christmas Dinner & Dance



Presentation at
GTS School



Community
Presentation

Scared Straight Tour with Pierre Morais: Pierre Morais was an invited guest speaker who came from Vancouver to do a presentation for the community called: “The Dangers of Addiction”. This presentation highlighted the dangers of how addiction can ruin a person’s life. He spoke about the Vancouver’s downtown Eastside, the worst drug-infested ghetto in all of North America. He also visited G. Theberge School to do a presentation with the youths as well.

Smoking Cessation: We have an on-going Smoking Cessation program to help people who want to decrease (harm reduction) their smoking and/or quit (abstinence). With the program they are encouraged to use the patch along with other NRT (nicotine replacement therapies) such as: gum or lozenges. When they begin the program they start off by meeting with our Community Health Nurse (Helen Savard) to do a small check-up of their health condition. After that, they meet with the Pharmacist in Temiscaming who will then assess them to see at what step (dosage) of patch they will start with.



Smoking Cessation
Starter Kit Items

Along with beginning the program we provide them with a starter kit. Which consists of various smoking cessation tools (word search book, coloring book and markers, a personal journal, stress ball and a book by Allen Carr “Easy Way to Stop Smoking”) to help them manage their cravings by occupying and refocusing their time. Each participant of the program is also delivered weekly a fruit or vegetable trays to encourage and promote healthy snacking as it has been proven that when people quit smoking it is normal to gain weight. By doing this we provide them with a healthier option for when they feel the need to keep their hands busy by snacking.

Monthly Book Reading at the Daycare: Each month I go read a themed book to the children in each room at the daycare accompanied by Lynn Grandlouis our Maternal Child Health (MCH) worker. Each book is selected based on a healthy lifestyle theme.

Monthly Newsletter Articles: Monthly articles are submitted in our Community Newsletter with information about various topics about drugs and/or alcohol and related topics. As well as program updates on past and up-coming Wellness & Addictions activities.

Client Care:

- Completed 3 referrals. (2 for treatment, 1 for family counselling)
- 6 consults with clients needing assistance, other than treatment.
- 7 clients for help with Smoking Cessation

Trainings/Workshops:

- Emergency Preparedness Training
- ASIST Training
- The Process of Change & Assessing where clients are in the Process of Change with Pierre Morais

Meetings:

- Staff Meeting
- NNADAP Quarterly Meetings
- Economic Development Tourism Meeting at the Band Office

Looking back on the years activities that I have organized, I have noticed that anything incorporating family and community interactions amongst members have been successful in terms of participation. I think that for this reporting period that things have gone well with both the prevention side of things as well as assisting clientele with their issues.

Up-coming for next year:

- Smoking Cessations Program
- On-going work with clients: consults/referral/support
- NAAW activities
- Collaboration with my colleagues for various activities (KASP, Kebaowek after School Program, Daycare visits etc.)
- Prevention activities: bowling nights, movie nights, info sessions, etc.
- Annual activities: Youth Christmas Dinner, North Bay Nordic Ski Club Trip, etc.

MEDICAL TRANSPORTATION / NIHB

This program is managed using the Non-Insured Health Benefits Policy Framework from the Department of Indigenous Services Canada. 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.

Our Vehicle Fleet

There are 4 vehicles that are used for our medical transportation, below are pictures and passenger capability, including a Medical Transportation Driver.



Dodge Caravan
(Driver + 6 Passengers)



Subaru Legacy
(Driver + 4 Passengers)



Mercedes Sprinter (Adapted)
(Driver + 2 Wheelchairs + 4 Passengers)



Mercedes Sprinter
(Driver + 11 Passengers)

We will be working to secure our fourth vehicle replacement which is our Dodge Caravan. It is needed as a regular vehicle due to the needs of our transportation trips. Several times we are in need of a fourth vehicle. It has also proven to be a great asset for when our other vehicles are in the shop for maintenance. The number of trips, according to the Department of Indigenous Services 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. It is our hope that in the New Year we can replace our old vehicle.

Hours of Operation

Our hours of operation are the same as regular Health Center hours (Monday - Thursday 8:00AM to 12:00PM / 12:45PM to 4:30PM and Friday 8:00AM to 12:00PM), in addition to have more coverage we provide the following hours as well:

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------|------------------|---------|-----------|----------|-------------|-------------------|
| 8:30am to 12:30pm | 4:30pm to 8:30pm | | | | 12pm to 5pm | 8:30am to 12:30pm |

The schedule for holidays and hours and contact information is posted in the Monthly Newsletter for clients to have the information.

Statistics

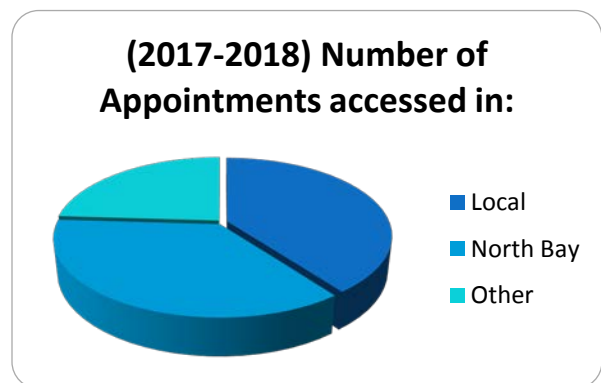
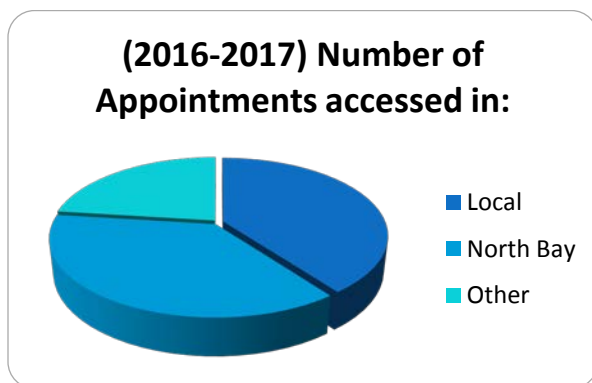
Last year, 284 Kebaowek First Nation members from our Quebec region accessed the Medical Transportation Program.

Here is a list of the top 10 medical reasons with the highest number of clients:

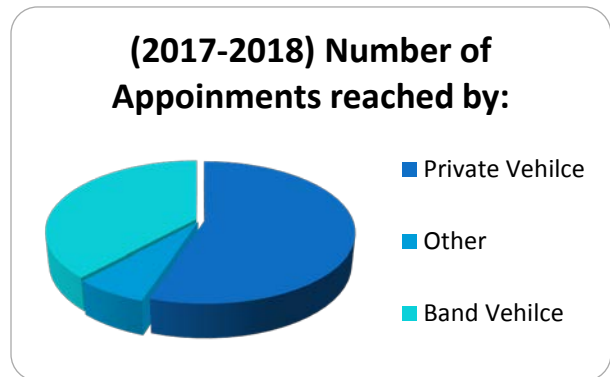
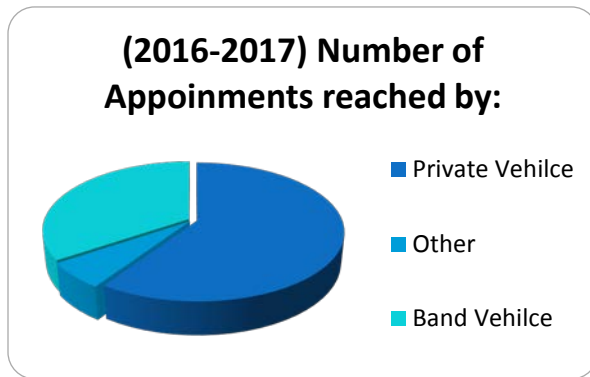
- | | |
|-----------------------|----------------------|
| 1. Dentist | 6. Family Physician |
| 2. Hospital Emergency | 7. General Surgeon |
| 3. Optometry | 8. Ophthalmology |
| 4. Radiology | 9. Orthopedics |
| 5. Laboratory | 10. Gastroenterology |

There were approximately 2700 trips recorded. The majority of our specialized English health services are still obtained locally and in the North Bay, Ontario area. Again this year as compared to previous years the pie charts are very similar. We do see a slight increase in services obtained in the Quebec province such as Ville-Marie, Amos, Rouyn-Noranda and Val-d’Or due to inter-provincial barriers.

The charts below show the number of appointments accessed in different locations from the previous year compared to 2017 - 2018 year.



During this past fiscal year, the most utilized means of transportation was done with the clients own vehicle as was done in the previous years. We recorded about approximately a little over 600 reimbursement requests representing about 1500 trips by private vehicle. About 1050 of the total medical trips were done by our band vehicles with most trips being out of town to access specialized services. Below are the pie charts showing the division of mode of transportation utilized by our band members.



As always, 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 First Nation 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.

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.

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.

We have been working with the Department of Indigenous Services Canada and the CSSSPNQL to facilitate access to NIHB Services despite the inter-provincial barriers.

Often times Provincial health programs that are in place are a detriment to first nation's people because they interfere with accessing health services and benefits. 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. We have made little steps towards bettering the process but there still needs to be documents with clear paths drafted. 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 and we appreciate when people let us know when they experience difficulty accessing services. This in turn helps the other community members who need to have access in the future.

JORDAN'S PRINCIPLE PROGRAM

In 2016 we were first introduced to Jordan's Principle. From then on we started the implementation process into our Health Center and in conjunction with our MCH and Head Start programs, we were able to identify the needs of our children in our community who are in school and daycare. At the same time we started introducing the program to all of our members off reserve using the Monthly Newsletter and Facebook page. The program was then fully implemented in the fall of 2017 and we have been advocating for many children to help get the services that they need. Many boundaries have been identified and with the Jordan's Principle program we are able to successfully get services for our children that may not have been addressed.

In September 2017, we made connections with a Speech and Language Pathology Service, who was willing to come to assess our children and in a year we have made much progress, over 40 children have had Speech and Language Pathology Services. Therapy is given by videoconference in our School and also in our Daycare here in the Community. The goals that have been achieved by the children is very promising for their education and future.

We have also had other services for our children that have made huge impacts on their social, educational and cultural well-being. Looking forward into the future of Jordan's Principle, we can hope that this will program will bring about more changes to the services that our children and community can access.

FIRST LINE SERVICES

OVERVIEW AND UPDATE FOR 2017 - 2018 & PRIORITIES FOR 2018 - 2019

FIRST LINE SERVICES MANAGER

Fiscal year 2017 - 2018 has provided many new opportunities and advancements for the First-Line Services. With the incorporation of new projects First-Line Services was pleased to welcome some new comers to the team.

Stacey McBride; Entering into her 5th working year. Stacey continues to work alongside the community as the First-Line Services Programs Supervisor. Stacey oversees First-Line Services day to day operations, works on program development and implementation.

Darlene McLaren; As Child & Family Worker. Darlene is entering her 4th year at First-Line Services. Focusing on child and family strengthening. Darlene facilitates many First-Line Programming and promotes the growth and development of the entire family unit through culturally based and strengthening family bonding experiences.

Kayla Lariviere; Youth & Cultural Worker. Working toward incorporation of both youth and cultural within the Kebaowek Community. Kayla has been working on creating links not only within the community but also outside. Through facilitation of workshops and meetings with youth determines the needs and helps to set the direction moving forward.

Michelle St. Denis; Early Learning Educator & Women's Support Group Worker. Michelle has incorporated many family based programs into the community and has offered support through her women's groups by providing support and a warm and caring environment.

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 families and between families, offer 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.

PRIORITIES FOR 2018 - 2019

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
- Offer quality and comprehensive family based services to the Kebaowek Community.

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
- Establish a safe place for youth to reach out or request help

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.

A PORTRAIT OF 2017-2018 FIRST-LINE SERVICES ACTIVITIES



Reforming of
Kebaowek Youth Group



Kebaowek First Nation's
Women's Drum Group



Mini-Pals
Weekly Activity



Women's Group Activity

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
- Tembec Food Donations throughout the holidays
- Elders Donation to Food Bank
- Donation from other community based activities

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 monthly 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 Social

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. Through surveys and evaluations of activity performance, it was determined that seniors preferred the gatherings in smaller more comfortable settings as opposed to large halls and preferred to meet on a weekly basis in the afternoon. With senior social being scheduled every week, seniors have the opportunity to participate in a social gathering, reducing stress and have conversations with others.



Senior Social Weekly Activity

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.

Community Shopping Trip:

A monthly services offered to Kebaowek First Nation to have the opportunity to maintain autonomy and shop for groceries. This program can assist those who may not have access to a vehicle. This program reduce social isolation, establishes family unity, reinforces support systems and works toward food security.

Meals on Wheels:

A service for seniors and members with limited mobility to have an opportunity to enjoy a nutritious meal. Delivered by friendly health center staff who provides regular social contact and checking on the wellbeing of the recipient. Meals on wheels consists of a soup, entrée and dessert. Delivered on a bi-weekly basis. Clients are called on the beginning of the week to introduce the meal, if they will be interested in receiving the meal, as well as to follow up with the quality of service. Meals are delivered every other Wednesdays beginning at 3pm. Surveys have been conducted to determine a need and have come back with many positive responses in regards to the continuation of the program.

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.

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 Centre 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:

In collaboration of the local MCH programming, PALS: 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 Kebaowek Community through positive and fun interactions with their children. Building trusting relationships among one another and health center 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.



PALS Activity in North Bay

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 0-5 years of age. Due to popular demand, Mini Pals Programming had increased from 1 day a week to a 3 day program to meet the needs of the families and children who attend. To support this positive initiative, Chief and council have approved of a larger space to support the programming demand. The children are stimulating their social, emotional, physical, gross motor skills.

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.

Community Family Breakfast

This activity is to support family relationships, promote healthy eating into their lives and for the children at school. Encourage healthy relationships with other families and as a community. The families enjoy coming together in the morning to enjoy a nice breakfast with their loved ones.

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 Centre and requested specialized services to meet the needs of the family.



Community Invitation Poster

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.

SEASONAL ACTIVITIES

Leisure Farms:

From Picking Berries to selecting pumpkins, families enjoy a day in the fields 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 it's 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.

Camp Bear Hug:

Camp Bear Hug was a summer program geared for children ages 5-12. This project was to provide childcare services for the band members who are working at the band office. It was running like a summer camp where there were many actives planned such as swimming, berry picking, a boat ride and visits from special guests in the community. The purpose of the programming was to educate the children in a fun way. The educators came up with fun experiments for the children.



Camp Bear Hug



Children enjoying fun experiments

MENTAL WELLNESS

Women's Groups / Women's Paint Night:

The women's groups are designed to create a healthy atmosphere for women ages 18+. To give them support emotionally, socially, physically with the services offered at FLS. The women are very helpful to one another and make a great team. They are able to socialize with one another and learn through activities.

Pilates:

The purpose of the Women's group was to form community relationships. The benefits of Pilates is to increase core strength, stability and joint mobility, helps prevent injuries by addressing muscular imbalances, incorrect or inefficient movements and over-training. This Pilates class is very beneficial for the women who are taking it. Some suffer from stiffness, hip and back pain. The exercises given to them help relieve the pain and build strength. They are very consistent and love the class.

First-Line Social:

Every Monday, the community is invited to participate in a smudge and cup of coffee at First Line Services to get their week started. This provides a meeting place to learn more about the traditional medicines, uses, healing properties. Throughout all First-Line Programming traditional medicines are used and presented for those who would like to participate.

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.



Picture Booth for International Women's Day

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.

Mental Wellness Team:

Both locally and within other surrounding first nation communities, Kebaowek First Line Services is working towards the formation of a mental wellness team. To form partnerships locally will assist with the immobilization of the community should crisis or support be needed. Through forming partnerships with other surrounding Algonquin communities allows for the opportunities to share training opportunities, support initiatives and call upon external partners should crisis arise. Through the support of the FNQLHSSC, mental wellness meetings have been established to identify similarities among the surrounding communities.

One On One Support:

Kebaowek First Line Services offers confidential one-on-one supportive counselling for individuals and families. Counselling includes education, self-care, solution-focused assistance and referrals to other community resources.

Mental Health Week:

Mental Health Awareness Week, is a week dedicated to raising awareness to mental health and working toward elimination of stigmas. Kebaowek Health Centre Staff take the week, to construct and implement activities and events for the community to bring awareness and information to the community regarding mental health, services and programs.

Psychological Support Services:

With the incorporation of a psychologist clients are able to meet in confidence with a mental health professional. Counselling provides the opportunity for people to explore past and present issues which may be impacting their life and relationships today. Counselling can enable people to explore their emotions and thoughts in a supportive, safe environment.

CAVAC Support Services:

With the CAVAC support worker coming to the community on a monthly basis allows for access from Community members without having to travel. CAVACs offer front-line services to all victims of crime and their immediate family and to witnesses to a crime. The centres provide assistance regardless of whether the perpetrator of the crime has been identified, apprehended, prosecuted or convicted. CAVACs work closely with the justice community, the health and social services network and community organizations. CAVACs treat victims with respect for their needs and proceed at a pace which is comfortable for the victims. They believe in the ability of victims to manage their lives and to make the decisions that affect them.

Supervised Visits & Exchange:

This service provides families an opportunity to have a safe, neutral and child-focused setting in situations where conflict may arise. It gives the noncustodial parent the opportunity to have a positive interaction with their child/children. This purpose of supervised visitation is to

ensure that parents have an opportunity to maintain contact with their children in a structured environment that is both safe and comfortable for the child.

National Childcare Week:

One week a year, Kebaowek Health & Wellness Centre 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. With the support of Chief and Council and the community. National Childcare week is a celebration of families and to take the time to recognize families and support services that are available. Through partnerships with Kebaowek Child Care Centre, a week of fun filled family activities are available and the entire community is invited to participate.

Community 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.

Youth Evenings:

The purpose of our youth evenings is to get our youth out of the house for a couple of hours to come and spend time with their peers in a non-judgemental, fun, and safe atmosphere. They can share their thoughts, feelings, and ideas about anything here. It is important to have these youth evenings because it helps them feel like they have somewhere to go just to relax and feel free.

Youth Cooking Classes:

The purpose of our youth cooking classes is to teach our youth the basic skills and necessities to be able to cook for themselves and their families. It is also a great preparation for when they move from home to go to college or whatever the case may be. It is important to have these youth cooking classes because it helps them feel accomplished and that they can do something on their own, it helps to build their confidence.

Youth Outings and Activities:

The purpose of our youth outings is to get our youth out of the community for an afternoon of fun and engagement in North Bay. We usually do bowling, the escape rooms and a dinner. It helps their team building skills and helps bring them closer to their peers in a different setting. It is important to have these youth outings because it helps them to all get along with each other and to create new friendships.



Cultural Practices

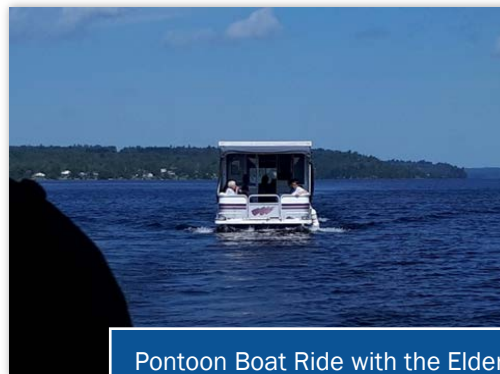


Orange Shirt day in honor of the Residential School Survivors

Photos from our senior programming/activities



Senior Social Activities



Pontoon Boat Ride with the Elders



Grandparents Day Walk



Elder Abuse Awareness Day

Photos/Flyers from our Family programming/activities

COMMUNITY FAMILY BREAKFAST

When: Thurs. Feb. 15, 2018
Where: Community Hall
Time: 7:00- 9:00 am

Bus pick up along the road at the at the Community Hall at 7:50 am.

It is very nice to see the families have a healthy breakfast together to start the day.

If you have any questions please contact Michelle at 819-627-9877

SEE YOU THERE!
FIRST LINE SERVICES



Community Family Breakfast Flyer



Mini-Pals Swimming

Photos/Flyers from our Youth & Cultural programming/activities



Tipi Lamp Workshop



Youth Trip to Ottawa

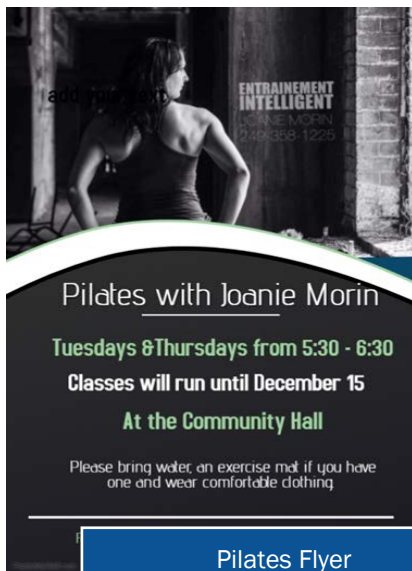


Drumming Workshop at GTS School



Youth Babysitting Course

Photos/Flyers from our Women programming/activities



Pilates Flyer



Women's Paint Night

First Line Services Programming 2017 - 2018

| Month/Activities | Food Bank Singles | Food Bank Family | Community Kitchen | Community Garden Volunteerism | PALS | Mini-Pals | Family Movie Night | Meals on Wheels |
|------------------|-------------------|------------------|-------------------|-------------------------------|------|-----------|--------------------|-----------------|
| April | 7 | 8 | 12 | - | 24 | 22 | 18 | - |
| May | 6 | 7 | 10 | 4 | 28 | 26 | 17 | 48 |
| June | 5 | 5 | - | 4 | 32 | - | 15 | 99 |
| July | 8 | 9 | - | 4 | - | - | - | 102 |
| August | 5 | 10 | - | - | 52 | - | - | 79 |
| September | 7 | 6 | 10 | - | - | - | 16 | 89 |
| October | 10 | 6 | 12 | - | 28 | - | 14 | 101 |
| November | 9 | 7 | 12 | - | 26 | - | 14 | 167 |
| December | 8 | 10 | 14 | - | 14 | - | 16 | 101 |
| January | 8 | 11 | 9 | - | 24 | - | 12 | 99 |
| February | 6 | 9 | 9 | - | 26 | - | 22 | 106 |
| March | 5 | 10 | 8 | - | 24 | - | 14 | 110 |

| Month/Activities | Supervised Visits | One-on-Ones | Senior Socials | Elder Abuse Awareness Day | Community Shopping | Leisure Farms | International Women's Day | Grandparent's Day |
|------------------|-------------------|-------------|----------------|---------------------------|--------------------|---------------|---------------------------|-------------------|
| April | 4 | 4 | 8 | - | 8 | - | - | - |
| May | 4 | 6 | 10 | - | 8 | - | - | - |
| June | - | 5 | - | 26 | 5 | - | - | - |
| July | - | 2 | - | - | 8 | 54 | - | - |
| August | - | 3 | 14 | - | 8 | - | - | - |
| September | - | 4 | 5 | - | 8 | - | - | 32 |
| October | - | 4 | 12 | - | 5 | 28 | - | - |
| November | - | 7 | 9 | - | 5 | - | - | - |
| December | 2 | 7 | 6 | - | 5 | - | - | - |
| January | 3 | 5 | 12 | - | 8 | - | - | - |
| February | 2 | 4 | 22 | - | 5 | - | - | - |
| March | 2 | 5 | 24 | - | 5 | - | 96 | - |

| Month/Activities | Pilates | Mini- Pals 3 groups | Community Family B | Community Family Swim | Women's Groups | Camp Bear Hug | Women's Day |
|------------------|---------|------------------------|-----------------------|--------------------------|-------------------|------------------|----------------|
| April | - | 22 | - | - | - | - | - |
| May | 16 | 26 | - | - | - | - | - |
| June | 14 | - | - | - | 14 | 27 | - |
| July | 17 | - | - | - | 12 | 166 | - |
| August | 13 | - | - | - | 16 | 106 | - |
| September | 14 | 56 | - | 10 | 10 | - | - |
| October | 15 | 67 | - | 8 | 12 | - | - |
| November | 12 | 73 | 27 | 10 | 11 | - | - |
| December | 11 | 75 | 37 | 9 | 12 | - | - |
| January | 15 | 76 | 33 | 10 | 12 | - | - |
| February | 15 | 75 | 34 | 9 | 11 | - | - |
| March | 12 | 70 | 47 | 10 | 13 | - | 96 |

| Month/ Activities | Youth Group | Guardian Angels | Cultural Activity | Visits for Psychologist |
|-------------------|-------------|-----------------|-------------------|-------------------------|
| April | - | - | - | - |
| May | - | - | - | - |
| June | - | - | - | - |
| July | 8 | 4 | 0 | - |
| August | 15 | 4 | 2 | - |
| September | 6 | - | 4 | - |
| October | 6 | - | 5 | - |
| November | 17 | - | 5 | 10 |
| December | 12 | - | 5 | 5 |
| January | 10 | - | 4 | 8 |
| February | 8 | - | 5 | 17 |
| March | 10 | - | 4 | 25 |

Centre Jeunesse Report for Kebaowek First Nation



Waiting list for Kipawa (Kebaowek F N) 2017-2018 - Period 13

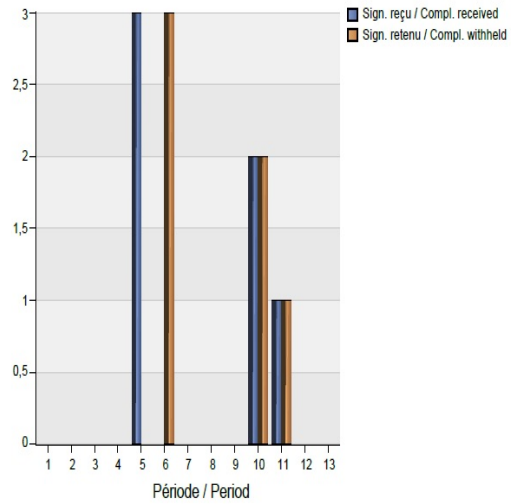
| Semaine / Week: 2018-03-04 2018-03-10 | | | Semaine / Week: 2018-03-11 2018-03-17 | | | Semaine / Week: 2018-03-18 2018-03-24 | | | Semaine / Week: 2018-03-25 2018-03-31 | | |
|--|------------------------------|--------------------------------|--|------------------------------|--------------------------------|--|------------------------------|--------------------------------|--|------------------------------|--------------------------------|
| 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 | Installation / Facility | Sign. reçu / Compl. received | Sign. retenu / Compl. withheld |
| Kipawa | | | Kipawa | | | Kipawa | | | Kipawa | | |

Cumulatif de la période / Cumulative period

| Installation / Facility | Sign. reçu / Compl. received | Sign. retenu / Compl. withheld | %Rétention / %Withheld |
|-------------------------|------------------------------|--------------------------------|------------------------|
| Kipawa | | | |

Cumulatif de l'année / Cumulative years

| Installation / Facility | Sign. reçu / Compl. received | Sign. retenu / Compl. withheld | %Rétention / %Withheld |
|-------------------------|------------------------------|--------------------------------|------------------------|
| Kipawa | 6 | 6 | 100,0% |



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EMPLOYEE TRAINING

REPORTING ON 2017 - 2018 TRAINING SESSIONS

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; archiving of patient files, assisting nurses with administrative tasks, 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.



Kayla Lariviere My name is Kayla Lariviere. I am 28 years old and I am a mother to wonderful, identical twin boys and a beautiful little girl. I am of Algonquin heritage, and I am the Youth Cultural Worker for First-Line Services (Kebaowek Health & Wellness Centre) in my home community of Kebaowek First Nation. I attended Canadore College in North Bay, ON; I graduated from Community & Justice Services, and also from Indigenous Wellness & Addictions Prevention. Learning more about my native culture, and working with youth and the community has always been a true passion of mine, so I'm very happy that I get to pursue my passion and apply my skills with the position that I hold here. I strongly believe that our youth are our leaders of tomorrow, and I plan to have a lasting effect on our youth that will help encourage them to follow their dreams, today and always. Meegwetch!

Other Staff

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

STATEMENT OF REVENUES AND EXPENSES

Kebaowek First Nation Annex

Year ended March 31, 2018

Statement of Revenues and Expenses - Health summary - Annex 28

| | 2018 | 2017 |
|--|------------------|------------------|
| | \$ | \$ |
| REVENUES | | |
| ISC - Fixed Contribution | 196 387 | 18 710 |
| ISC - Set Contribution | 35 000 | - |
| ISC - Health Branch | 1 863 647 | 1 482 869 |
| First Nations of Quebec and Labrador Health and Social Services (FNQLHSS) | 178 035 | 49 626 |
| Centre jeunesse de l'Abitibi-Témiscamingue | - | 152 502 |
| Government of Quebec | 51 484 | 59 909 |
| Refundable surplus to ISC | - | (13 226) |
| Refundable surplus to ISC - Health Branch | - | (5 962) |
| Other revenues | 100 325 | 63 450 |
| Transfer to Net Investment in Capital Assets | (365 212) | (35 969) |
| Deferred revenue from the previous year | 41 450 | 100 259 |
| Deferred revenue to the following year | (191 460) | (41 450) |
| Transfer between projects | (36 755) | (3 088) |
| | 1 872 901 | 1 827 630 |
| EXPENSES | | |
| Salaries and fringe benefits | 1 005 776 | 911 360 |
| Allocations | 46 983 | 995 |
| Administration fees | 218 987 | 167 231 |
| Contracts | 341 942 | 72 165 |
| Amortization of capital assets | 41 559 | 45 239 |
| Management expenses | 24 500 | 5 000 |
| Energy | 16 049 | 13 940 |
| Membership fees | 1 499 | 3 734 |
| Gas | 17 596 | 16 495 |
| Insurances | 8 149 | 6 085 |
| Interests and bank charges | 158 | 158 |
| Licences and permits | 3 810 | 4 500 |
| Maintenance expenses | 25 161 | 28 726 |
| Material and supplies | 43 385 | 48 136 |
| Other | 7 500 | 8 750 |
| Pension plan | 97 888 | 91 556 |
| Purchase of equipment | 4 017 | 36 469 |
| Professional fees | 37 664 | 20 859 |
| Registration fees | (1 980) | 4 180 |
| Rental | 27 336 | 22 257 |
| Telephone | 8 083 | 6 368 |
| Training expenses (reimbursements) | 16 310 | 6 897 |
| Transfer to Migizy Odenaw Childcare Center | 130 545 | 24 626 |
| Transportation expenses | 110 113 | 123 582 |
| Travel | 44 682 | 49 071 |
| Workshops expenses | 163 356 | 70 155 |
| Transfer to Net Investment in Capital Assets | (365 212) | (35 969) |
| | 2 075 856 | 1 752 565 |
| SURPLUS (DEFICIT) FOR THE YEAR | (202 955) | 75 065 |

ANNEX



MISSION, VISION AND VALUES

Le Centre intégré de santé et de services sociaux (CISSS) de l'Abitibi-Témiscamingue was created on April 1, 2015 following the amalgamation of the nine institutions that made up the health and social services network and the abolition of the Health and Social Services Agency, the five health centers and social services, le centre de réadaptation en déficience intellectuelle – Clair Foyer, le Centre de réadaptation La Maison, le Centre Normand and le Centre Jeunesse.

The CISSS is responsible for ensuring the maintenance, the improvement of the health status and the well-being of the population of the region. In order to carry out this mission, the vision is "Joining forces towards excellence and the well-being of the people. This vision is supported by four values that were adopted in March 2017: collaboration, humanism, commitment and transparency.

The CISSS distinguishes itself by the extent of its territory, 58,000 km², by providing first-line and local health care and services in its 67 facilities scattered throughout the Abitibi-Témiscamingue region.

The CISSS of Abitibi-Témiscamingue relies on the expertise of its 6,000 employees and more than 300 physicians dedicated and committed to providing quality and safe services to its population.

MISSION

Maintain, improve and restore the health and well-being of the region's population by making available a set of integrated and quality health and social services, contributing to the social and economic development of Abitibi-Témiscamingue.

VISION

<< Joining forces for excellence and for the well-being of the people >>

VALUES

Humanism

Refers to any movement of thought that places the human being at the center of everything with the goal of respect, growth and well-being

Commitment

Attitude to get involved and participate to put your thoughts, skills and motivation to the benefit of the influence of a cause, an organization

Collaboration

Commit to working together for a common purpose and cooperating with colleagues, partners, users, families and loved ones

Transparency

Clear and honest communication of information reflecting reality and fostering a climate of trust and integrity.

II

Concept Image of New Kebaowek Health and Wellness Center

