



Community Report 2018-2019

TO AND FOR OUR KEBAOWEK MEMBERS



Contribution Agreement QC0700047

TABLE OF CONTENTS

MESSAGE FROM THE HEALTH DIRECTOR _____	3
UPDATE ON PRIORITIES _____	5
PRIORITIES FOR 2019-2020 _____	11
IN CONCLUSION _____	15
KEBAOWEK HEALTH AND WELLNESS COMMUNITY PROGRAMS _____	16
COMMUNITY HEALTH NURSE _____	21
HOME AND COMMUNITY CARE _____	26
CHILDREN'S ORAL HEALTH _____	28
MATERNAL CHILD HEALTH / AHSOR _____	29
COMMUNITY WELLNESS PROGRAMS MANAGER UPDATE _____	33
SPORTS AND MENTORSHIP PROGRAM _____	37
DIABETES AND CHRONIC DISEASE _____	40
WELLNESS AND ADDICTIONS _____	45
COMMUNITY BASED WATER MONITORING PROGRAM _____	49
FIRST LINE SERVICES / MENTAL WELLNESS UPDATE _____	50
MEDICAL TRANSPORTATION UPDATE _____	62
JORDAN'S PRINCIPLE UPDATE _____	68
APPENDICES _____	69
APPENDIX A _____	70
APPENDIX B _____	72
APPENDIX C _____	82
APPENDIX D _____	83
APPENDIX E _____	89

MESSAGE FROM THE HEALTH DIRECTOR

HEALTH DIRECTOR: DAVID MCLAREN

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 Eagle Village Health Centre is not a self-sufficient institution and it doesn't claim to know all the answers: thus listening to others' opinion and using eventual criticisms for the betterment of our services will contribute to a healthy attitude.

Caring

We, the Health and Wellness Workers of Eagle Village, think that we cannot be concerned with the physical and mental health of our community, if we don't care about the people and the condition they live in.

HEALTH CENTER OVERVIEW

The fiscal year 2018-2019 can be characterized by the subtle and snail pace of Indigenous Services Canada's transformation. Grounded by the eventual devolution, ISC is still feeling the effects of the huge organizational shake up but has pretty well stayed the usual course as an INAC and FNIHB department. Both levels of ISC still function as usual with the exception of collaborating when it doesn't make them stray too far from their habitual governance.

In the Quebec Region, we are however lucky to have the opportunity to help these two entities collaborate even more via our regional governance project. As a community Health Manager and ex-politician, I could see where these two entities could really mesh together and be beneficial to our communities if they worked for a common goal or should we say, have the same vision and mission ingrained into their everyday life instead of hanging on to their old mandates.

So from a community perspective, we too venture out towards collaborating areas of non-comfort knowing that there are huge benefits of joining forces for the good of our members. It requires hard work and stepping out of the "same old" things we are used to doing. It requires a belief in how the "Social Determinants of Health" contributes to improving and sustaining the overall wellbeing of our community.

With the core of our business revolving around prevention and promotion, amalgamating our strategies from both our Health and Social Services streams as one should seem to be a no-brainer. But the truth of the matter is that there continues to be some deliverables from our funding agents that keep things in the silo mode to say the least. Nevertheless, there is a sense of accommodation when both the representatives from ISC (Indigenous Services Canada) meet with the Quebec Network of Health Directors. FNIHB understands our holistic approach and broader strategies to improve the health of our population and I'm getting the feeling that INAC is starting to catch on and show some flexibility to work with broader goals and objective.

This is what our Health & Wellness Center has strived to do for the past several years, and by coordinating our activities a bit closer, by trying to not overlap our prevention workshops and by simply ensuring that all our clients have access to information and services from either our departments in a timely and culturally sensitive manner, we can have more success in achieving positive outcomes that stem from the social determinants of health of First Nations People.

*"Coming together is a beginning,
staying together is progress and working together is success."*

– Henry Ford

UPDATE ON PRIORITIES

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.

- Nominated to the board of the CISSSAT
- Full implementation and coordination of the Jordan's Principle Program
- Testimonial at the Public inquiry commission on the Relations between Indigenous Peoples and Certain Public Services in Quebec
- Support local municipalities for proximity services and North Bay corridor of services.

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.

- Renewed Quebec En-Forme Project and increase physical activity with a focus on our more vulnerable clients
- Vascular telemedicine program implementation and strategic planning for expansion
- Establishment of mental wellness team in collaboration with local CLSC
- Successful screening campaigns and information sessions

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.

- Completed Plans and Specs that corresponds to our community and workforce needs for now and the future.
- Letters and representations done to key people at the regional and national level
- Community readiness for innovated means of funding the project

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, something we cannot do in our present over-crowded place. 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 and always putting quality improvement and patient safety at the forefront.

- Plan completed with the inclusion of the First line services
- Need to look at only a 5 year plan on account of our limitations with our current infrastructure
- Explored where CCP could contribute

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.

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.

- McGill University Hospital vascular program partnership
- Carefour Jeunesse Emploi
- FNQLHSSC / Early Childhood Learning
- CISSSAT (immunization/flu vaccine)
- GMF Groupe medecin de Famille T-K Pavillion of CISSSAT
- Wolf lake First Nation
- Hema Quebec

RELATIONS WITH QUEBEC

First of all, having shouldered both a liberal and newly elected CAQ government during the 2018-2019 fiscal year, we can say that we have not seen a significant change in which their services in all sectors are given. However, the exiting Qc Liberal government having recognized that there is a notable problem on how First Nations receive services from their many public service entities, ordered an inquiry (Public inquiry commission on the Relations between Indigenous Peoples and Certain Public Services in Quebec) with the hopes of identifying the problems and to look into the recommendations that Judge Viens and his team will make public in the Fall of 2019.

It is safe to say that the “reconciliation” efforts put forth is primarily stemming from both the public security via the Surete Du Quebec and the entire Health and Social Services system where many of our indigenous peoples face systemic discrimination and mistreatment. Most of us working within the community setting are fully aware of the issues in question and could predict many of the recommendations. However we will have to wait and see on how Premier Legault and his CAQ government reacts.

Collaboration with the local CLSC or Temiscaming–Kipawa Pavillion of the CISSSAT is good and stable. We continue to benefit from a visiting doctor once a month and when needed, a nurse practitioner will provide support for various prevention programs. Accessing proximity services remains a challenge for our community. It is getting difficult to decipher if it’s the North Bay Regional Hospital that don’t want to treat Quebec residents or is it on account of the Quebec RAMQ system that we often have to travel twice and even three times the distance to receive the same level of care. This continues to be an ongoing file with no immediate long-term solutions.

Our area is still without a full compendium of primary physicians therefore leaving many individuals without a family doctor although the overall numbers for the CISSSAT is above the 85% provincial target. The non-rupture of service is currently maintained by traveling doctors or as they say in French, des médecins dépanneur. These physicians are good but they are just filling in the gaps and offer no continuum of service in the same manner as your own personal family doctor.

My appointment to sit on the board of directors of the Centre Intégré des Services de Santé et des Services Sociaux de L’Abitibi-Témiscamingue has been renewed by the Health Minister Ms. Danielle McCann for the next 2 years. Despite the heavy workload and extra board tasks, I do take this appointment very seriously for there are positive impacts in many local initiatives. Although I must advocate for the entire region, rest assured that just by my presence, my colleagues are more sensitive to many of our First Nation’s needs and or challenges. It is not perfect by any means, but the CISSSA-T is moving forward in a positive way. See *Appendix A*

We have been made aware that repatriating all the services we once had with the corridor of services in North Bay will be a challenge. Although the goal of providing proximity services enhanced the efforts to reintegrate the Ontario corridor, the Ford government may have something to do with it. Territorial jurisdiction, availability of beds and perhaps even funding may be in the way of allowing our members and neighbors to seek medical attention closer to home.

INDIGENOUS SERVICES CANADA / FIRST NATION AND INUIT HEALTH BRANCH (FNIHB)

Transformation continues to occur at the I.S.C. level and as I always believed, the people at the Regional office are doing a great job in collaborating with us in our day-to-day affairs and within our regional governance project. There was a bit of shuffling amongst FNIHB personnel but it has now become the norm. This movement is mostly internally and has minimal impact for they all seem to buy into the modus operandi of devolution or evolution as I would like to call it.

My only cause for concern falls within the inability of our Regional Office to fund or manage infrastructure projects. All of our communities are grateful for some of the upstream investments in many of our programs but at the very same time, we struggle to take full advantage of them due to the lack of infrastructure. I highly doubt that centralizing the infrastructure program allows for equal distribution of funds within our Regions and who knows more of what the needs are than the people we deal with the most, our regional folks!

Robert Ledoux, Hebert Zurita Danis Smith Architects in Consortium, have completed our plans and specs for our new Health & Wellness Center. Our leadership has made it clear that we are willing to work with ISC to find a way to make this important project a reality. I am fully aware and appreciative of all the efforts made by our infrastructure people from Montreal, but at the end of the day, we need to find a way to monetize this project. I was informed back in the day that we would not have any funding under the Harper regime, but as you can see, the Trudeau liberal government has not delivered as promised up until now!

FIRST NATION OF QUEBEC & LABRADOR HEALTH & SOCIAL SERVICES COMMISSION (FNQLHSSC)

As a community partner with the FNQLHSSC, it remains 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 organizations, 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) is 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.”

FNQLHSSC Vision

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

FNQLHSSC Mission

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

FNQLHSSC COMMITMENT TO COMMUNITIES

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 different 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.



FIRST NATIONS OF QUEBEC
AND LABRADOR **HEALTH**
AND **SOCIAL SERVICES**
COMMISSION

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.”

– Governance Project Vision by FNQLHSSC

“Through our self-determination, a global and concerted approach, individual and collective commitment, we will be healthy people connected to Mother Earth and our physical, mental, emotional and spiritual well-being will be in balance.”

– Governance Project Vision by Chief's in Assembly

In order to summarize what has been done up until now, a governance project deck will be included in the appendices. See Appendix B.

PRIORITIES FOR 2019-2020

Prevention and promotion activities covering cardio-vascular disease and diabetes remain at the top of our list. Increasing efforts to promote screenings will continue to be at the forefront and we will continue to follow provincial and sometimes federal guidelines within our strategies. However, our organization has another arrow in our quiver, and it took several months and meetings to iron out the bugs and jurisdictional issues that we often find ourselves battling. What I'm referring to is a telemedicine vascular program that we set up with the small team of Dr. Maurice Schweitzer of the Montreal Jewish General Hospital.

Preventing heart disease in a more strategic and pin-pointed manner is at the heart (no pun intended) of the matter. Many of our clients representing risk factors are now able to consult with a specialist before a major event occurs. With the support of a registered dietician within the program, the "T.V. doctor" as he is so often referred to as, seems to provoke some type of reaction from most of his new clients and for the most part, it has been very positive. This is ground breaking telemedicine at its best and we will report more on the successes in the next fiscal year.

It is also safe to say that had we not acquired the Tele-Health equipment beforehand via the E-Health Infrastructure Program, we would not be in such an enviable position to provide such an important prevention program to our population. Tele-Health medicine for many of our border or isolated communities will become more important moving forward our Health centers will need strong support both technically and in infrastructure so we can close the gaps in accessing services in a timely manner.

Cancer will be adjacent to our prevention efforts with chronic disease. What is meant by this is that we must take a deeper look as to how we can educate ourselves on the risk factors, study more in depth the prevalence in our area and come up with a plan corresponding to our community's needs. To accomplish this, we will need the collaboration of the Public Health department of the local CISSSAT for which talks have already begun. It seems that too many people in our area are dying from cancer.

Access to healthcare services continues to be a priority. We need to continue to serve as a strong advocate for our people in matters of accessing insured and non-insured health services. Battles between both Federal and Provincial entities continue to take up a huge unnecessary portion of our time and space and therefore remains an important priority for our Health & Wellness Center. We can take some degree of solace in the fact that a high level court judgement forced the federal government to address healthcare access for the under 18 via the Jordan's Principle Program. This program has done some amazing things for our community and its membership. It has given hope to many of our young people and their parents who have systematically seen their children fall behind in their learning and simply pushed forward through the years resulting in a non-academic certification which seem to not cause any concern from our local off-reserve educational institutions.

Included with our access to healthcare is our quest for a new Community Health & Wellness Center. We have reached our capacity a long time ago and we find ourselves restricted in our service delivery. Although client safety is not compromised, quality improvement cannot progress in a manner we would hope for given the inadequate physical space we have to operate under.

Mental Health and Addictions has surfaced both in a singular form and also often as a co-morbidity when dealing with substance abuse. With the most predominant type of medication (anti-depressants) utilized from the NIHB program, we must find ways to increase support to minimize the intensity of crisis and look for upstream strategies that will reduce the number of people tied to addicted behaviors and illicit and unhealthy substances. There is no "one cure" to our actions but a constant improvement using our "Social Determinants of Health" will provide us with a positive and more sustainable impact.

Another important priority is Community Wellness and Social Development. This is the term we are using to describe the inner fabric of our society. One of the goals we are using is Eliminating Child placement, for this is a strong qualitative and quantitative measure of our community support networks and early childhood and family development. To accomplish this, our Health & Wellness Center will need to develop internal community partnerships who will understand and support the ideology that their department has a direct link towards the overall well-being of our members. All Kebaowek First Nation departments play a huge role in supporting our overall health of our community. Citing once more the social determinants of health!



IN CONCLUSION

Kebaowek First Nations community members will continue to 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 continue to advocate on your behalf to ensure that you have access to culturally relevant and safe health services as would any other Quebecker.

The Jordan's Principle program will continue to make inroad strides in assisting our young people with the services they are entitle too. I can say with great certainty that our JP program is one of the best service delivery program in the country. We have done so much and we look forward in breaking down more barriers and we will only let our foot of the pedal when we can say with certitude that our health outcomes are as equal to the rest of the Canadian society.

Your Health Center staff remains stable and we can still count on the services of Dr. Arlene Laliberté who is a First Nations clinical psychologist. We also have a First Nations Dental Hygienist on contract to cover our COHI program and we offered a space for an audiologist to see our members in the community to avoid many trips up north. We will continue to explore just how far tele-medicine can take us as it will become more and more a way of providing care. Future opportunities in the year to come may be in the field of Psycho-Educator / Human Relations.

Our Summer Health career students Erica Miness, Farah Hunter and Carolyn Joly have all contributed positively to our summer programming. We always share in their pride for pursuing their education in either the Health or Social Services field and we are grateful that we can offer them summer employment within our organization.

Training for most workers continues to be challenging as it is often at the mercy of the collective, and it is often at the introductory level whereas my stable workforce could benefit from a more advance or in depth level of capacity building. More efforts will be deployed to collaborate with the people from the provincial network in order build ties and maximize our training dollars. We however ensure that all personnel working under a professional order or designation, follows the type of training to keep their license of designation in good standing.

In early childhood development, our Headstart and Maternal Child Health programs are progressing well but will be taken to the next level once we have our new Health Center. For KFN Health & Wellness Center, early learning and the entire school system is a priority as it is one of the most important Social Determinant of Health. A solid educational background is known to give the best chance at good life outcomes and we plan to advocate hard on the matters we can't control at our level and work really hard at improving on what we do to support a solid educational foundation. Our local Migizy Odenaw Childcare facility will be an important partner in achieving this important foundation. **This is so important!**

We have secured a cultural worker during this past fiscal year to provide support to our programming and community as a whole, with the goal of re-introducing the Anishenabe ways of doing. There is an identified thirst for our culture and when it is shared amongst us, we can instantly sense that bonding our ties that used to systematically be part of our fabric before colonization.

In closing, 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 bust our backs 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 out 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 for you and the generations to come.

So enjoy the rest of this report and share the pride we have for our community.

"In every community, there is work to be done.

In every nation, there are wounds to heal.

In every heart, there is the power to do it.

– Marianne Williamson



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
 - Cardio-Vascular Program
- Early Detection and Screening
 - Mammograms
 - PaP Test 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
- Kebaowek Mental Wellness
- First-Line Services (preventing child placement)
 - Family Violence
 - Youth Suicide Prevention
 - ITMAV – Meals on Wheels – Senior Social
 - Avenir D’Enfants
 - Food Security
- Addictions and Wellness Program
 - Tobacco Cessation Program
- Sports and Mentorship Program
- Environmental Health and Community Based Water Monitoring Program
- Medical Transportation Program / NIHB Program
- Jordan’s Principle Program

CLINICAL PROGRAMS MANAGER UPDATE

CLINICAL PROGRAMS MANAGER: JENNIFER PRESSEAULT

The Clinical Programs Manager (CPM) is responsible for the management and coordination of all ISC's Mandatory Programs, Home & Community Care (FNHCC) 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, ST, RD) 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. 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 continues to be instrumental in our Health Center providing quality services and support to our clients.

FIRST NATIONS 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 15-17 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 timesheets and payroll for the home support workers. Currently, there are 17 clients receiving Home Support Services. We are managing a roster of 15 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 with Wellness and First Line Services staff to include program workers from Addictions, Wellness and Mental Health. Based on the evaluation of needs and readiness of the community driving our efforts, our team continues to focus on promotion and education. Our strategy continues to be 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 continue to highlight and participate with the calendar promotion days for those topics.

As a team we identified the at risk groups, linkages with partners in and outside of the community. Condom distribution continues to be at the forefront in visibility and with easy access in multiple locations. The planning phase addressing the future tasks such as; direct approach and contact,

interaction and intervention with at risk target groups have been completed. Training for nurses in STBBI screening was completed this year and screening activities are on the horizon. The next step is to meet with the health professionals from the CISSST-K in mid 2019 to create a link, set up a process and/or protocol as to how best to proceed with clients who present to our health center interested in completing STBBI (including HIV & Hep.C) screening. Once we have a MD or nurse practitioner on board to work with us, the option of STBBI screening at the Kebaowek Health Center will be available.

The Health Center hosted its second Hep.C awareness BBQ which included a presentation on Hep.C and STBBI. Education materials were distributed directly to participants and a resource table with other CDC resource materials was available to take home. We plan to keep the awareness and education BBQ annual. Strategic planning sessions are set amongst our team according to our Hep.C initiative. Planning and development of materials for the older adults and seniors is Phase 3 for the 2019-2020 year.

MEDICAL EQUIPMENT AND SUPPLIES

Medical equipment for short term use can be borrowed from the Health Center thru the Nursing Department following the policy and procedure for –“Lending Medical Equipment” following a sign out procedure. Assistance is available from the clinical staff for those clients that need long term medical equipment and supplies. The clinical staff can assist in obtaining prescriptions, ordering supplies / equipment and with the process of NIHB coverage.

Support from the MT coordinator covering the NIHB files, is often solicited where follow-up with coverage and pharmacy processing is necessary more times than not. Challenges remain in obtaining NIHB coverage in a timing matter, delays due to the “Exception process” and with the local pharmacy itself. The Health Center did acquire new medical equipment for our lending equipment room. New wheelchairs, bath benches and bath bars were restocked this year for those in need while awaiting coverage for their own or for those who need to borrow them for short term use. Within our HCC program, as per our policy, we continue to use a flow sheet for monitoring of equipment within the clients home. This document is filed in the chart and updated as needed and / or at a minimum annually.

BIOHAZARD MEDICATION DISPOSAL PROGRAM

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 FNIHB arrange schedule. Expired, discontinued or unused medications can be deposited at the Health Center or at the local pharmacy. A process is in place at the Health Center where clients can hand-in their medication to be destroyed to the nursing staff. Medications are locked up in the biohazard freezer until disposal as per our policy. The wellness department does the promotion of this service and will report on the number of participants.

Physician assignment or re-assignment is at a standstill. The local CISSST-K acquired 1 additional physician for a short period of time, making 3 doctors available to the area population. This new doctor relocated to another hospital within the year where the situation now remains the same. The CISSST-K has 2 full time doctors, a third doctor visits the area approximately 1 time per month to assist in the caseloads. A challenge remains for those who do not have a family physician. We will continue our efforts towards engaging other physicians (once available) and the new Nurse Practitioner to join our monthly doctor visits at the Kebaowek Health Centre when possible.

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.

DIABETES AND CHRONIC DISEASE

Lastly, Addressing 2 big priorities in the health plan, a clinical outline for both the Diabetes Program and the Cardiovascular Program has been created. In January of 2019 after many months of coordination, the Kebaowek Health and Wellness Center was able to rollout the First Nations Vascular Health Program through telemedicine with Dr. Morris Schweitzer from the Jewish General Hospital in Montreal.

Kebaowek First Nation Health Centre was approached by Dr. Morris Schweitzer Ph.D., M.D., F.R.C.P. (C) to participate in a First Nation initiative in a Vascular Health Program via telemedicine. Dr. Schweitzer is the Director in Lipid Research and Management Clinic, the Director of the First Nations Vascular Health Program and Associate Professor of the Faculty of Medicine McGill University in Montreal, Quebec.

This initiative is a pilot project where the plan is to expand these specialty services to other First Nation communities in our region. We are working with his team to have our Kebaowek members evaluated by Dr. Schweitzer according to the guidelines he has set out. All of our members that meet the guideline criteria have been set up for a consultation with Dr. Schweitzer via telemedicine at the Kebaowek Health Centre clinic.

We are very excited and pleased to be using our telemedicine technologies that we worked so hard to get for the vision we had in mind for our community. The First Nations Vascular program is interested in evaluating and treating high risk patients. So, for any community member who themselves or has an immediate family member (your mother, father, brother or sister) a history of heart attack, stroke, diabetes, high cholesterol or central obesity then your cardiovascular health can be evaluated by this program. So far this year (btw January and March) we have had

32 people evaluated and we expect to continue at that rate for the remainder of the year in hope that all community members interested that meet the at-risk criteria are screened, evaluated and treated accordingly. Included in the First Nations Vascular Program is access to a registered dietician for nutrition consultations and sessions. The nutritionist clinics are currently set up via telemedicine two (2) times per week on Monday and Wednesday afternoons. Meaghan Singer RD is available to see 3 clients per afternoon. Reporting from the beginning of this program (January to March 2019) she has seen 17 new people so far with an expectation to continue at that rate not to mention follow-up sessions thereafter.

Best said by Dr. Schweitzer himself in his letter addressed to the Health Center:

To Whom It May Concern,

The First Nations Peoples currently have a rate of cardiovascular disease which is three-fold greater than non-native individuals and which to date, has not been adequately addressed. The objective of our program is to treat high risk First Nations individuals with appropriate medications, lower cholesterol levels to current guideline targets and thus reduce the risk of cardiovascular disease. The patients will be seen through the use of a telemedicine network and will receive appropriate medical as well as dietary therapy.

The purpose of this intervention will be to reduce the patients' risk for cardiovascular disease. Once their medical and dietary objectives have been met, they can then be returned to their family physician for further follow up. We are interested in treating high risk patients as follows;

1. Myocardial infarctions
2. Angioplasty
3. Coronary bypass surgery
4. Angina
5. Peripheral vascular disease
6. Stroke
7. Familial hypercholesterolemia, LDL cholesterol greater than 4.9 mm/L.
8. Central obesity which is associated with a significantly increased risk for cardiovascular disease.

Bringing state of the art medical therapy to the First Nations Community will significantly reduce cardiovascular disease and greatly improve the quality of life. We look forward to collaborating and working with you.

Best regards,

Morris Schweitzer Ph.D., M.D., F.R.C.P. (C)
Director, Lipid Research and Management Clinic
Director, First Nations Vascular Health Program
Associate Professor, Faculty of Medicine
McGill University, Montreal, Quebec, Canada

COMPLETED STAFF TRAINING

Training for CPR, First Aid, and AED was last completed in October 2016, the next training is scheduled for mid 2019. It is mandatory that all health center staff participate in this training. The training session in 2019 will include a session for our Home Support Workers on staff. 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. Battery replacement for all 3 AED were done in 2018.

Naloxone training was organized by the Wellness Department, through the addictions program in January 2018. Nurses, health center staff and police participated in the training. The health center clinic has naloxone kits but also obtained 6 Naloxone kits to be in public areas within the community. The naloxone kits were strategically located in the known AED/emergency boxes within the community, that being at the health center, the community hall and with the police department. The community was informed of such locations and Information and education was shared with the community via the monthly newsletter.

In compliance with the OIIQ and OIIAQ nursing requirement for annual training, the nurses set out a training plan for the year. The training sessions that we invested in are based on the nursing demands in the community, the need for upgrading in specific areas and work related domains and interest. Following a plan each year supports improved competencies in their fields of work. Setting a structured approach to certification and training for all staff will translate into functional improvements and improved quality of care which is essential with the accreditation process in the foreseeable future. Applying a strong effort in higher level competencies with our staff by setting a more structured approach, we as managers can see the transition of our Health Center into a more efficient, effective and a high performing organization. A list of training by all health center staff is provided.

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 instill 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. We will be effectively making changes in regards to programs and services to ensure we meet the targets set out in our 5 year health plan.

COMMUNITY HEALTH NURSE (CHN PROGRAM)

COMMUNITY HEALTH NURSE: HELENE SAVARD

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.
- Immunization: Primary immunization series to infants and school children.
Community Influenza, pneumonia and other Vaccine Clinics
- Aboriginal Diabetes Initiative (ADI) Program
- Cervical / Breast Cancer Screening
- Canadian Prenatal Nutrition Program (CPNP) – pre/postnatal clinical follow-up.
- Hepatitis C initiative / STBBI initiative

COMMUNITY HEALTH

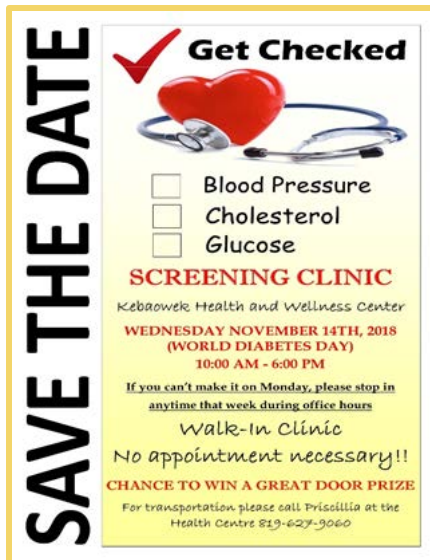
The clinic remains the CHN's main daily function. Clinic activity for nurse consultation and/or treatment of various health related problems. Example issues are from minor cuts and injuries to daily dressing changes and treatment order by physicians, as well as vaccines and other injections.

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

One (1) primary care physician from GMF of the CISSAT-K visited our clinic roughly every month. We have had 1 MD visiting to our community seeing a total of 29 clients within the 2018-2019 year. There has been a decrease in the number of month visits to the Kebaowek Health Center by the visiting doctor due to the doctor shortage and coverage issues at our local CISSAT-K. The CHN remains available at those times to assist the physician as needed and complete the follow up with the clients as the doctor deems necessary in his/her plan of care.



COMMUNITY SCREENING



In 2018 - 2019, four (4) Community Screenings took place reaching out and answering to our priorities, goals and objectives of our 5 year health plan. Quarterly, (4 times per year) community based screening clinics are 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, 20% of participants required a follow-up. Only 6% of total participants required a referral to the hospital.

- **Spring 2018** - Community Health Fair had a screening available; 85 people participated
23 required follow-up:
 - 8 were completed at our Health Center
 - 6 were referred to the Hospital
- **Summer 2018** - Community Health Screening at the Health Centre; 29 people participated
3 required follow-up:
 - 2 were completed at the Health Center
 - 1 was referred to the Hospital
- **Fall 2018** - Community Health Screening at the Health Centre; 39 people participated
4 required follow-up:
 - 1 was completed at the Health Center
 - 1 was referred to the Hospital
- **Winter 2019** - Community Health Screening at the Health Centre; 36 people participated
9 required follow-up:
 - 5 were completed at the Health Center
 - 4 were referred to the Hospital

IMMUNIZATION - INFLUENZA AND PNEUMOVAX VACCINE PROGRAM

Kebaowek continues to receive good cooperation CISSST-K to carry out this important prevention activity. The influenza vaccine campaign initiative follows the provincial recommendation according to the PIQ (Protocol Immunization du Quebec) each year. Infant and child vaccines are offered at the Kebaowek Health Center as well as being offered at the local CISSST-K. Parents have the choice to decide where they'd prefer to attend a vaccine clinic. Co-ordination between the Community Health Nurse and hospital clinic nurse and access to the Registre de Vaccination du Quebec using the dispositif SecurSante ensures proper coverage.

62% of our overall population for the past 5 years have received the Influenza Vaccine. The direction of criteria by the PIQ varies from year to year for influenza vaccine and also for the Pneumovax Vaccine. In 2017, new directives were added so we had a rise in the number of Pneumovax due to changes from the PIQ to have a second dose of Pneumovax for community members over the age of 65.

FLU SHOT	PNEUMOVAX VACCINE
2014: 138 clients	2014: 22 clients
2015: 116 clients	2015: 10 clients
2016: 124 clients	2016: 9 clients
2017: 121 clients	2017: 36 clients
2018: 91 clients	2018: 2 clients

ABORIGINAL DIABETES INITIATIVE (ADI) PROGRAM

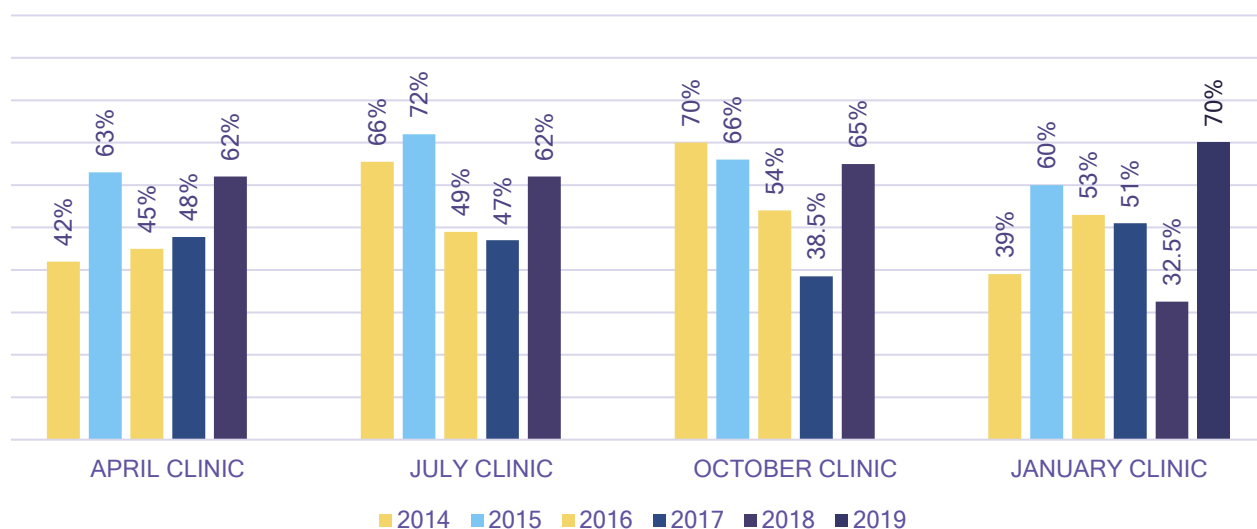
The Kebaowek Health Center continues efforts to address diabetes education, better diabetes management and follow-up because of its serious complications. A Community Health Team consisting of 3 nurses, the Wellness Program Manager and the Diabetes Worker is addressing the needs of the community related to diabetes. This group, along with support staff, continued this year to conduct the Quarterly Diabetes Clinics. This involved organizing and implementing Clinics for Labs; HgbA1c, Urinalysis quarterly and in addition annually; Lipid Profile and Microalbumin. These clinics are followed by a "Diabetic Breakfast". Approximately 39-43 participants have participated with these quarterly sessions in 2018-2019 for a total 158.

- April 2018: 39 participants
- July 2018: 43 participants
- October 2018: 43 participants
- January 2019: 33 participants

We have data to support success in the area of diabetes control as seen by optimal HbA1C target ranges for the majority of our diabetes clients over the last 5 years.

COMPARISON OF PARTICIPANTS:

CLIENTS WITH OPTIMAL RESULTS



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 13 diabetic clients that accessed foot care service in the 2018 - 2019 year. With a growing number of foot care sessions, we have designated Monday and Thursday afternoons to complete foot care to 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.

CERVICAL CANCER SCREENING

Special clinic for cervical cancer screening (Pap test) with Dr. Zivkovic, Dr. Raad and Josee who is a Nurse Practitioner (1/2 day each). A total of 37 women attended.

BREAST CANCER SCREENING

In conjunction with the provincial program CLARA bus in May 2018. 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.

CANADIAN PRENATAL NUTRITION PROGRAM (CPNP)



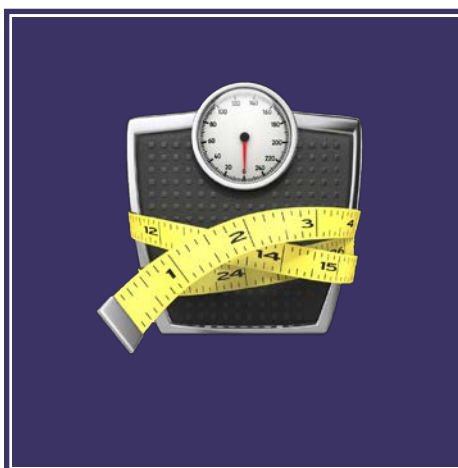
CPNP support includes nutrition counseling, prenatal vitamins, eggs - oranges - milk (OLO) program, support in prenatal health and lifestyle, breastfeeding education and support, food preparation, education and support on infant care and child development, and referrals to other agencies and services as needed.

CPNP helps support the needs of pregnant women that may be facing challenges that put their health and the health of their infants at risk. These challenges could include poverty, teen pregnancy, social and geographic isolation, substance use or family violence. CPNP also increases the availability of culturally sensitive prenatal support for Aboriginal women and their families.

The Kebaowek Health Center had 2 participants in the 2018 - 2019 year.

WEIGHT LOSS AND WALKING CHALLENGES

In conjunction with Sports, Leisure and Mentorship program's Physical Activity component, Nursing is involved for the clinical component of the Weight loss challenges and the Walking challenges. Initial evaluations and regular interval checks are completed with nurses in the clinic as per each program setup. Clinic evaluations and rechecks such as blood pressure, weight, blood sugar, cholesterol and measurements are all done in the clinic.



HOME AND COMMUNITY CARE PROGRAM

HOME AND COMMUNITY CARE: BONNIE DOWN

The Home and Community Care Program provides nursing, personal care and home support services and 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 2018 - 2019 year, the Kebaowek Home and Community Care Program continued to 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 had a roster of 22 people throughout the year, with 17 of them receiving regular nursing visits. Other clients were in the program for short durations. The Homecare nursing services range from daily, weekly visits to monthly monitoring of chronic conditions. 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. 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 Kebaowek home and Community Care program also provided Personal Care services. We have 1 PSW who assists clients in need with bathing /showering, dressing and all other aspects of personal care.

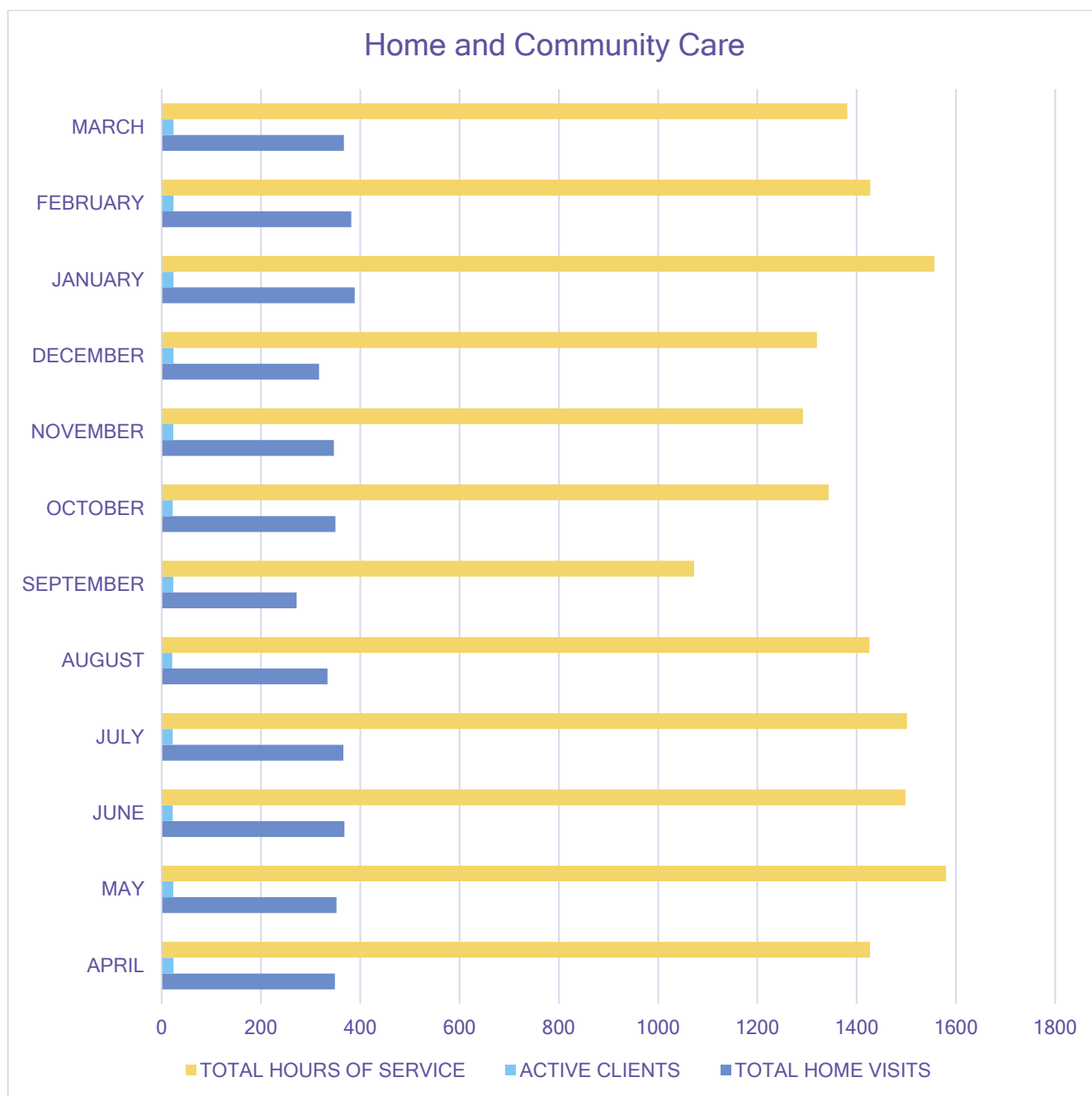
The Homecare team coordinates with the First-Line Services (FLS) Team for cases in addressing respite, advanced directives, future planning and long term placement process. They also collaborate and provide support for clients and families managing challenging situations.

We introduced a new element in our homecare program this year with adding regular visits from a FLS staff to give added support to clients. Also new this year is the physical activity component, with a primary care doctor's approval 6 of our homecare clients receive 2 visits per week from our Sport and Mentorship program coordinator completing "eldercize" in the client's home. This "eldercize" time gives opportunity to those people who are unable to attend regular classes in the community to stay active. The types of "exercises" are to improve range of motion, balance and strength. Benefits are seen in transferring from wheel chair to bed, distance in walking, improve gait and overall safety in the home.

The Homecare Nurse provides coverage to the walk-in clinic when needed and participates in other activities such as the quarterly diabetic clinic, yearly vaccination campaign, community screenings clinics and cardiovascular clinic. 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.

Home Support Services continue to be managed by Kebaowek First Nation Home Care staff. We have 15 home support workers on staff who provided services to 18 - 22 people throughout the year. We are pleased to have the opportunity to do our part in maintaining our members in their homes for as long as possible.



CHILDREN'S ORAL HEALTH INITIATIVE (COHI)

CHILDREN'S ORAL HEALTH: NAOMI HURTUBISE

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 each year. 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 altogether. 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 35. Under the COHI program, 1 prenatal session was completed and 2 children's education group sessions were done as well.



MCH AND HEAD START PROGRAM

MCH / AHSOR: LYNN GRANDLOUIS

MATERNAL CHILD HEALTH (MCH-HEADSTART)

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. Postnatal follow up at home and at the clinic
2. Pre-natal sessions at the clinic
3. Child developmental screening – ASQ Screening and language screening from- Anderson Speech Consultants from ages 2 months to 6 years old.
4. Health promotion and child development packages / kits for 0-6 years old. There are 4 different parent / child kits according to their age. 12 kits were distributed.
5. Provide parent and child activities monthly for all children who are the age of 0-6 years.

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 to be used successfully at the Health Centre. The goal of this initiative is to increase future successes for the children entering school by identifying early on any shortcomings in milestones. For the 2018-2019 year our MCH program worker was primarily at the Health Centre for ASQ screening, she screened 17 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 areas, their primary care doctor is notified and a request for a referral is made for further evaluation. Any concerning communication results from the ASQ screening tool are also brought to the attention of the Speech Pathologist at the Anderson Consultants company which we have on board with the support of Jordan's Principle. With parental permission and involvement an action / intervention plan is put in place for their child in order to set up the assistance and support that is needed.

Monthly Parent – Child Activities are organized in collaboration with the Family Violence Prevention Program from the FLS department. The cliental has increased from 7 to 8 families to 11 to 12 participants per month. In the spring of 2018 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 5 children and their families.

ABORIGINAL HEAD START ON RESERVE (AHSOR)

The AHSOR 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 AHSOR are being met by the description below.



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 Center. These activities were done through play and one on one practice. As an example, the children practice 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 17 eligible participants and all them took part in the activities that were provided for them. Behavioural skills were achieved by the turn taking games and how to follow rules when playing a game with more than 2 children. All 17 children eligible participated in these activities. The children's motor skills are being addressed by a 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 22 participants eligible and 22 have participated in the all 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 20 families that are entitled to participate with the family breakfast, and throughout the year we have had all 19 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.



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 22 eligible participants and 22 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 all 22 eligible children participating in the activities. The AHSOR 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.

AHSOR CONTINUED – SPEECH THERAPY

Within our Head Start program we provide speech therapy service through Zoom. Zoom is a program that the Anderson Speech Consultants use to see each child that requires an evaluations or weekly therapy sessions. MCH program worker uses the ASQ (ages and stages questionnaire) screening tool and with her results if a child is below in communication or problem solving she refers the child to the Anderson Speech Consultants and they begin their evaluations. When necessary, Speech Therapy begins shortly after via video conferencing - telemedicine. In the year 2018 - 2019 we completed assessments on 5 new children and in total 33 children have received speech therapy sessions either at the daycare and the schools that the child attends including the afterschool program. Within the same year, 5 other children have completed and met all their goals for speech therapy .They have been discharged from ST services and are successfully continuing their journey in learning. This service could not have happen without the Jordan's Principle program because we do not have an English speaking speech pathologist and speech therapists in our area to provide any speech services to any of our children who need it. Telemedicine technology has allowed for our children to have access to the services they need that is not available in the community and that they cannot access in our region. Improved accessibility to comprehensive health services is one of our main priorities in our 5 year health plan. Establishing connection and external resources has been fundamental in reaching success in this priority and goal.

AHSOR CONTINUED - KASP (KEBAOWEK AFTER SCHOOL PROGRAM)



EDUCATION – KASP

The children who attend our community after school program are ages 5 to 11 years old. There are being tutored by special needs educators that are employed by the education department. The curriculum being taught is in accordance to the school that each child attends as well as the grade each child is in. All children are receiving additional help with the struggles they have as well as extra exposure to the materials/ lessons that they are learning in class. In this program, there are 25 eligible kids that can attend and 100% of them, all 23 attended in the 2018-2019 year.

SOCIAL AND FAMILY SERVICES

This program functions out of the first line services building, so that we have staff on hand when or if any of our families require assistance. Before leaving we always encourage the parents to participate in the family activities that are provided by other community programs.

CULTURE AND LANGUAGE

For many weeks during our program we provide the students with native crafts to practice. We also show and share our sacred medicine with the children, as another means to introduce the children to our culture.

HEALTH AND NUTRITION

The KASP program always provides a healthy snack when the children arrive. The children will have 10 - 15 minutes to eat there healthy snack. There are days where the program provides physical activities for the children to keep them active. We also advertise and encourage the children and their families to participate in other nutritional programs offered by the community. This program provides our children with an adequate environment for the children to develop self-confidence and create a greater desire for learning. It also builds relationships with between the children and the prevention program workers and tutors, so the children have a safe environment and the children receive the best care. This will aid the children in becoming successful people which gives the children a great start to their lives/education.

COMMUNITY WELLNESS PROGRAMS

COMMUNITY WELLNESS PROGRAMS MANAGER:

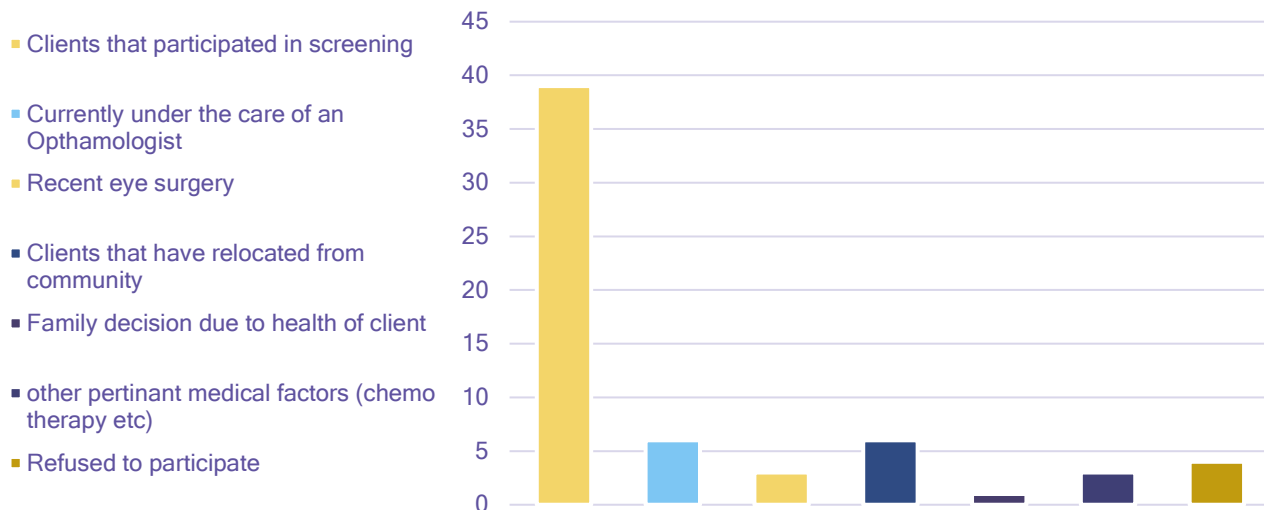
TINA CHEVRIER

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 and Timiskaming First Nation. 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. As well, I completed a full training in Kawawachikamach First Nation and was the Technician Trainer for the Annual Diabetic Retinopathy Regional Training in Montreal. We consider our retinopathy program to be a success, we have been annually screening clients for 9 years and we continue to monitor the eye health of all of our clients living with diabetes in the community who choose to participate in the program.

2018 DIABETIC RETINOPATHY SCREENING



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 2018 - 2019 year. 445 copies were printed each month of which 146 were distributed door-to-door in the community and the remaining 299 were mailed to our off-reserve members. Each newsletter was between 24 to 32 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 as well as share important links from partners such as the FNQLHSSC and Canada.ca.



Upcoming Activities Health Center/Frist Line Activities

COME OUT AND JOIN US AT THE SENIOR SOCIAL

Every Thursday
Basement of First-Line Services
1:00pm - 3:00pm
Snacks, Coffee/Tea

For more information or if you require transportation please contact First Line Services 619-627-9877

LUNCH FIT

****Starting Jan 8th until June 27th****
Tuesdays, Wednesdays & Thursdays
From 12:05-12:40

In the basement of First Line Services
Men & Women 18+
Circuit Training, Pilates, Weights

Come enjoy a great workout!

WOMEN'S PAINT NIGHT!

February 12th & 26th

8:00pm - 9:00pm
In the First Line Services basement
Coffee/Tea/Water & Snacks provided

For more information contact First Line Services 619-627-9877

YOUTH NIGHT

EVERY WEDNESDAY
FROM 4:30-6:30

At First Line Services
Supper will be provided
Call First Line Services for more information 619-627-9877

FLU SHOT WALK-IN CLINICS
KEBAOWEK HEALTH AND WELLNESS CENTER

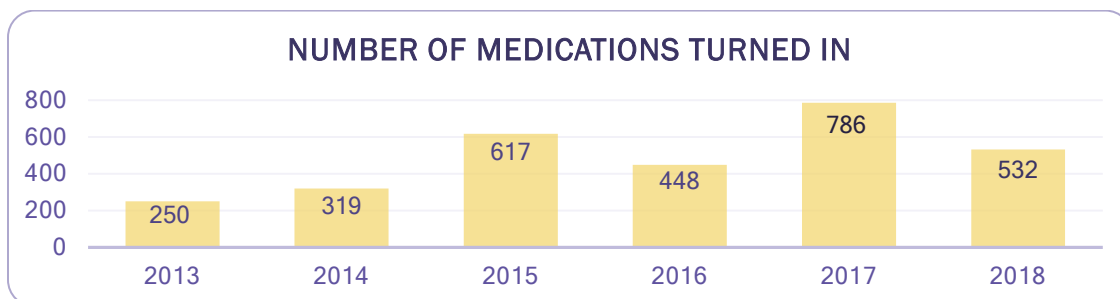
No appointment necessary !!
Should you require transportation please call Priscilla at the Health Centre (819-627-9660) to make arrangements.
Children 17 and under must be accompanied by a parent.

NOVEMBER 2018					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
			10 AM - 12 PM AND 1 PM - 4 PM	10 AM - 12 PM	
					2
10 AM - 12 PM AND 1 PM - 4 PM	5	1 PM - 4 PM	6	10 AM - 12 PM AND 1 PM - 4 PM	7
					8
					9
					10
HEALTH CENTER IS CLOSED	11	12	10 AM - 12 PM AND 1 PM - 6 PM	14	15
					16

FOR THOSE WHO ARE NOT AVAILABLE TO ATTEND A FLU SHOT CLINIC DURING THE SPECIFIED DAYS ... PLEASE NOTE THERE WILL BE AN EVENING FLU SHOT CLINIC ON WEDNESDAY NOVEMBER 14TH.
WE WILL BE OPEN AFTER HOURS UNTIL 6 PM.
THERE IS A SCREENING CLINIC THIS DAY AS WELL FOR BLOOD GLUCOSE, BLOOD PRESSURE AND CHOLESTEROL.

MEDICINE CABINET CLEAN UP

In collaboration with the Clinical Programs Manager, we continue organize 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 6th year to run this campaign and we have collected 2900+ 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.



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 2018 focused on highlighting our Health Center and First-Line Services Programs as well as providing the opportunity for community members to speak with representatives from other key departments such as Public Works, CCP and Police. 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.



The end of this reporting year finds us once again evaluating and planning for our next Health Plan. Four successful initiatives that were not a part of our previous Health Plan can now be incorporated, this includes our Hepatitis C Program, Tobacco Cessation Program, Kebaowek After-School Program and our First Nations Vascular Program.

As the Community Wellness Programs Manager, I continue to make 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 adequate facilities and space to meet the needs of our programming. I am tasked to work closely with the First Line Services Manager and the Clinical Programs Manager to address the gaps in our services, ensure cohesion of programming and a wide variety of activities that meet or surpass our established priorities and objectives. For the 2019 calendar year to help organize our three departments within the Health Center, I have created a Work Plan Calendar, included in appendices.

THE WORK PLAN CALENDAR INCLUDES:

A Health Theme for the Month

The various Departments are to plan and organize activities keeping the theme in mind.

Holidays and Trainings

With a very low turnover in staff we find ourselves with many employees having multiple weeks of holidays and requiring employees to book their holidays in advance allows for Managers to ensure there is adequate coverage for programming. Trainings are included however they are added as they are scheduled based on availability. Like absences for holidays, being aware of staff being out of the office for trainings allows Managers to ensure adequate coverage.

Activities and Workshops

The Kebaowek Health and Wellness Center offers a vast variety of programming and with the inclusion of the First-Line Services Department it has doubled.

Activity Leads

Identifying Activity Leads allows for Managers and Program Workers to know who the key person responsible for an activity is. Our goal is to not cancel any activities and workshops, if for whatever reason and Activity Lead is not available they must ensure coverage. Activity Leads are responsible for the overall planning and they are the “go to” person for questions and clarification. When needed, Activity Leads can call on other Program Workers for collaboration, assistance and support.

Key Dates

This includes days identified by Managers for larger scale events such as the Spring Health Fair. Also identified are office closures, important dates for reports, Newsletter deadlines etc.

A Work Plan Calendar helps us answer the following:

- Do we have a variety of activities and workshops?
- Are we hitting all of our various target groups such as youth, women, senior’s, vulnerable members etc?
- Do they address what has been identified in our Health Plan?
- Are the activities and Workshops scheduled on the appropriate days, weeks?
Is there too many or too little activities in a month?

The 2019 Work Plan Calendar is available to all Kebaowek Health and Wellness Center Employees by hard copy and it can be found on our shared server for consultation or on the wall within the Health Center. This has proven to be a valuable tool thus far and at the end of the calendar year as Managers we can evaluate and ask ourselves which activities were completed and if not why? If completed were they successful and/or do they need to be modified? Were the themes relevant and/or do they need to be changed? In line with the development of the Work Plan Calendar we have created an Activity/Workshop Checklist, it is our hope to implement the use of this tool with our Program Workers.

Going forward, the Community Wellness Team will continue to work in close collaboration with our Clinical Team and First Line Services Team. I cannot stress the importance of this collaborative effort. It allows for structured organized programming that meets the needs of the community in keeping in line with the goals and objectives identified in our Health Plan. From a Manager’s perspective there will be continued work in the development of a formal program for Diabetes and Chronic Disease to identify a few. Like other department managers, I will continue to support the Director in our continual improvement and culturally safe policy development.

SPORTS AND MENTORSHIP PROGRAM

SPORTS AND MENTORSHIP: MITCHELL MCMARTIN

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 a significant impact on physical health as well as the overall mental health and well-being of a person and vice versa. When you are feeling positive and mentally well, you feel energized to participate in various healthy activities. This program works with all other Health Center Programs and Services to incorporate and promote physical activity and mental wellness as well as coordinate the following specific activities:

FNEC Games:

Another edition of the FNEC Games took place at the Laval University (PEPS). This year we brought 3 participants to the Games. Our kids participated in the track and field but not in the group sport. We do not have the amount of children needed to field a team. We had 3 girls participate and they did a great job in the long distance, 100 meter race, high jump and shot put. We look forward to going to this event in the future as there are so many First Nations communities that take part in this event.

Hunter's Point Trip:

The Hunter's Point trip was successful as the children had been given a full week of physical activity and other culturally appropriate tasks and they took part in all of the activities provided. The kids would swim 3 times a day along with cops and robbers, capture the flag, and dodge ball to name a few games. On one of the days, Land Management had two of their workers come up do a workshop with the kids at Ostaboningue and they also did a scavenger hunt with the kids. During the H.P. trip, Santa Clause came to make a visit with the kids from Kebaowek. Santa stopped in quickly to drop off some gifts for the kids and took off to build more toys for Christmas. We went on a group canoeing trip to the old Church and walked around looking at some of the old buildings. The kids are already looking forward to next year's H.P. trip.



Biggest Loser Challenge:

In this year's Biggest Loser challenge we had 19 participants take part for a 10 week challenge. We had 3 people finish the year with over a 4% body weight percentage lost. These individuals did a great job and I hope they continue to keep the weight off by choosing a healthy foods and increasing their physical activity.

Choose to Maintain Challenge:

The Choose to Maintain Challenge is the second part of the Biggest Loser program. These individuals need to lose at minimum 4% of their body weight percentage to take part and we will only accept individuals that can lose the additional weight. We had 2 people continue on for the Choose to Maintain challenge this year even though we had 3 participants that surpassed the 4% body weight percentage. Both participants weren't able to complete the challenge and they were eliminated by August. The purpose of the Choose to Maintain challenge is to have individuals make bigger lifestyle changes over a longer period of time in hopes that this becomes their norm.

A.B.A. We Are One Day:

The Anti-Bullying Association group promoted an anti-bullying message to all the kids in the school and has invited other schools to take part. This group gets workers from all around the community and this year Scott Graham from the WE Day headquarters came down to speak to the kids about bullying I have helped this group with the set up and ensuring that the food and other supervision needed was given to help the A.B.A. group was able to pull off a school activity that.



Diabetic Workout Classes:

Diabetic workout classes are set for every Monday, Wednesday and Friday at 10 am. The classes are geared for a mild workout that focuses on mobility and strength training. The group loves the social interaction and the group unity that we have created after being a group that has worked out together for many years. We do group activities throughout the year and every Christmas we always gather to share a meal. We work on light to moderation exercises so the participants are capable of completing everyday tasks at home.



March Break Activities:

This year, we had to make some changes due to the amount of children we have in the Ontario and Quebec school systems and who are off during two different weeks. So, we created two days of skiing for the Ontario and Quebec March break. Different activities were offered to the community by the program workers from the Health Center.

Senior Social:

Our Senior Social activity has been set for Thursdays at 1pm until 3pm. We have on average 8 seniors taking part every week. We offer this activity to the seniors as a way to get out of the house and socialize and play some cribbage. The participants love the weekly senior social and look forward to this gathering.

**Kebaowek Childcare Center Activity:**

Every Thursday morning, I create an activity for the middle and oldest age groups at the daycare. Most activities are geared towards large motor skills so the children can develop in this area. There are a few activities that are meant for fun as I've made a couple of fires in the bush with the children. In the summer there are no activities that go on at the daycare due to holidays and other work obligations.

Water Monitoring:

I have been sharing water monitoring water duties with Kacie McLaren and McKaylii Jawbone. We have been testing the water quality in Long Point and Kebaowek First Nation to ensure the water is safe and passes the drinking water requirements. This testing is done weekly in both communities and there is additional testing that is completed throughout the year such as beach sampling and quarterly sampling. I complete a monthly tecta cleaning along with a colorimeter and turbidity check to ensure the results we are getting are correct.

Kebaowek After-School Program (KASP):

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.

In-Home Workouts:

We started a new program that consists of going to a person's home that has limited physical capabilities to do workouts. The workouts given are geared to increase body strength and mobility. We have started off with one person and will be looking forward to increasing this type of activity to other members in the community that need it in the future.

Newsletter Articles:

Monthly articles are submitted that help inform community members about upcoming activities, report on what has taken place and provide and preventing information to community members.

DIABETES AND CHRONIC DISEASE PROGRAM

DIABETES AND CHRONIC DISEASE: VIRGINIA MCMARTIN

Opportunities lie in our ability to identify them, and anything is possible when you have a positive working environment, thus the Kebaowek Health and Wellness team is always striving to continue moving forward to a healthier community, and the Diabetes and Chronic Disease Department is no exception. However it is our outlook and determination that separates us, we celebrate our successes and embrace our challenges to help us make the changes needed to address individual and group needs for positive growth.

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

Diabetic Clinic and Breakfast:

This is organized quarterly and we have continued to offer the clinic 2 days, to ensure less waiting time, thus creating more time for one-on-ones. We also encourage other departments to come share their knowledge and/or information that is pertinent to promoting healthy eating and physical fitness, and it has definitely made an impact, and created links with other departments for the clients. 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.

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. This year we invited Ms. Josee Carriere (Nurse Practitioner from Temiscaming Hospital, as a guest speaker for "Early Detection of Prostate Cancer" we also had Mr. Perry Burbridge (Husband of a Community Member who spoke about his personal battle with prostate cancer and the positive outcome because of early detection.



Woody's Walk:

Once again this annual event is a continued success; our members know the importance of awareness not only for Breast Cancer 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 continue to invite guest speakers in a professional field and/or guest speakers who speak from the heart who want to share, either a message or facts that they acquired through personal experience of cancer.

Diabetic Retinopathy:

Through intense promotion and contacting each client individually to ensure they book appointments, we have improved on the number of people screened. 91% of our diabetic clients have been or is being followed by a specialist. This continues to be a clear success.

First Nations Vascular Program:

My responsibilities for this important new initiative was to assist our Nursing Department with contacting all eligible clients to have them participate in the program. The first contact call was to inform them of the program where I explained the program from there I was able to proceed with booking clients for the initial step which was to come in for bloodwork. When our clients met with Meghan Singer the Registered Dietician, and I provided them with a portion plate and the new Canadian food guide materials, as well as a food journal.

Pharmacist One on One Session:

During the Diabetic clinic (Healthy Breakfast) I have the opportunity to get some insight on the needs of our clients through open discussion, and it was during this time it became very apparent that many of them did not understand what their medication actually does and how it works. Therefore I arranged for Ms. Genevieve Godreau (Pharmacist & Manager of both Shoppers Drug Mart in North Bay Ontario) to have a One on One consultation with the clients, and subsequently they felt more informed and are now aware of the importance of taking the meds as prescribed, what they are for, and how it works why take them in the morning, afternoon or evening, why with food, etc. Ms. Godreau speaks fluent English, and was more than eager to come and inform clients on the importance of understanding medication.

Newsletter Article:

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

Monthly Display Table:

Ongoing from the previous year we continued the 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 continued providing Hepatitis C prevention and awareness in an age/gender specific group. We covered a variety of areas that was not limited to safe sex but for traveling and aging. Increasing knowledge is the key to prevention. Our previous kits were targeted for our youth ages 6 to 18 with health kits designed specifically for targeted 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. This year the kits were handed out to children and youth who reached a new age group, as the information is specifically targeting age and gender. This year as well we expanded the program to target our young adult population, 19 - 25 years. Their kits were

age and gender specific information on Hepatitis C as well as topics including dating, smoking, alcohol, drugs, STTBIs, Tattoos and Family Planning etc.

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.

Workshops:

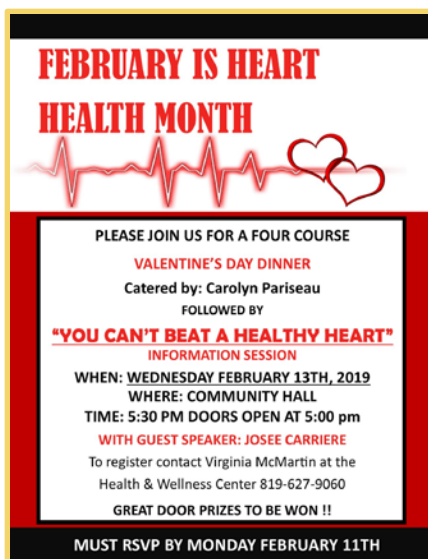
We hosted a variety of workshop, where we again invited Ms. Lorie McLean who has truly created a trusting link with our Diabetic clients of Kebaowek First Nation. Her continued support and teachings are a great tool in helping them in managing their diabetes. We also take the opportunity to introduce items such as foot examination mirrors to check their feet, tooth brushes for proper teeth and gum care etc. Any questions or concerns they had in regards to a topic, we will answer to help them manage their diabetes and prevent any future onset of complications. We encouraged those living with diabetes and their families to attend.

Diabetes Youth Summer Camp:

This annual event, is very popular amongst the youth, they look forward to it each year, where they learn about healthy lifestyle habits through play and hands on techniques that reinforces their learning capabilities. We “market” this summer camp as the Annual Youth Hunter’s Point Camping Trip however our underlying goal is to have youth be physically active, eating nutritious meals while enjoying aspects of our culture without the influences of today such as electronics, junk food, social media etc. Our youth need to be reintroduced to harvesting from our lands and waters, swimming and canoeing, activities that have become lost to many today.

Exercise Classes:

This ongoing activity is not only beneficial for our elders, but it is also beneficial to their wellbeing, they truly enjoy socializing with friends thus deterring isolation. 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.



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 introduced the “Hello New Me” which is a personal log/journal book, where members can begin with weighing and measuring themselves, followed by filling in their food intake for Breakfast Lunch and Dinner. This tool encourages them to see the amount and type of foods they consume, thus in turn they seem to make better choices.

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.

Kebaowek Afternoon School Program:

This activity was made possible through the Education Department however the Kebaowek Health Center does play an important role. Each department including Diabetes/Chronic Disease program takes part weekly, to introduce activities that are geared towards Healthy Choices for elementary age groups. Again creating and teaching healthy habits at a young age will have a positive impact on our future generation.

Community Kitchen:

This activity is twice monthly where members can come out to prepare a healthy meal while socializing, again this is made possible by First Line Services nevertheless we take every opportunity to encourage families on Healthy eating habits, and sharing recipes that is pertinent to understanding healthier choices when preparing meals.

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: We plan to expand our kits to a new age group This year Hepatitis C prevention kits will be developed and distributed to our seniors ages 55 and up, again ensuring all information is geared towards that specific age group divided by gender.

*"There is no power for change greater
than a community discovering what it cares about."*

– Margaret J. Wheatley

WELLNESS AND ADDICTIONS PROGRAM

WELLNESS AND ADDICTIONS: VICKY CONSTANT

The Kebaowek Wellness and Addictions Program works with a 'Harm Reduction Approach' when working with clients. Our program promotes healthy living through various family oriented activities and information sessions for our band members living both inside and outside of Kebaowek. The Kebaowek Wellness and Addictions Program is here to assist, support and/or refer any of our members who may be struggling with or who may be affected by addictions.

PREVENTION AND PROMOTION ACTIVITIES:

Newsletter Articles:

Monthly articles are submitted in our Community Newsletter with information about various topics related to wellness and/or addiction topics, as well as program updates on past and up-coming activities.

Wooden Spoon Workshop:

This activity was organized to bring about cultural awareness, encourage active creativity, mental challenge, social connection, mindfulness, help with development of hand-eye coordination, fine motor dexterity and focusing attention and thoughts on task. Participants made hand-made full size usable/decorative paddles which they crafted, shaped on their own and were able to bring home a finished product.

Youth & Family Rally:

This activity is organized to promote physical activity and outdoor fun. It also promotes good mental health and positive social interactions amongst all community and band members.

Daycare Visits:

Monthly visits are organized with the daycare Director to read stories to the children that promote positive messages and healthy choices. Each book is selected based on a healthy lifestyle theme. Regular visits at the daycare also create positive links with the Kebaowek Health Center Staff.

Client Support:

Support clients pre-treatment and post-treatment if they so choose to go that route. Regardless of their decision to attend a treatment center or not we are always available to support and work with the client as long they are showing that they are motivated and committed to working on changing lives for a more positive outcome.

Smoking Cessation Program:

Our smoking cessation program is on-going throughout the year. This program was designed to help people who want to quit and/or reduce their smoking. When a person calls or comes in wanting to join, they are assessed to see what their level of motivation is and then they also meet with our community nurse. Each individual is encouraged to try the patch along with a secondary method using NRTs such as: lozenges, gum, oral spray to help with managing their cravings by occupying and refocusing their time. Once that is established they are also given a courtesy start-up kit from the Health Center which includes tools such as: a Mandela coloring book, word search puzzle, stress ball, journal and a book by Allen Carr “Easy Way to Stop Smoking” to help them along the way with trying to quit smoking. Each participant of the program is also delivered a weekly fruit or vegetable tray to encourage and promote healthy snacking as it has been proven that when people quit smoking it is normal to gain some weight.

Mental Health Awareness Week:

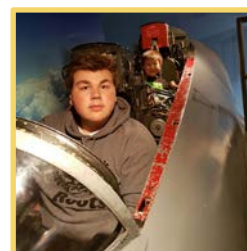
This activity is organized to recognize and create awareness for Temiscaming and area residents of the importance of mental health. I joined a few workers from the Temiscaming hospital to hand out cookies at the 4-way stop in Temiscaming, which had a positive message on it about mental health.

Natalie Clark (Walgwan Center) Visit:

Natalie was invited to visit Kebaowek to speak and give a presentation to our First Line Services about the Walgwan Center and the services they have to offer. She also visited G.Theberge to give a drug awareness presentation to the high school students and then had table of information and was available for any questions that anyone may have had at our Annual Health Fair for Kebaowek and community members.

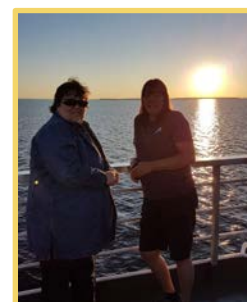
Canadian Forces Aerospace Defence Tour:

This activity was organized for anyone who was interested in learning about the history of the base in North Bay. This type of activity promotes opportunity for positive community relationships amongst members and a great learning experience.



Chief Commanda 2 Cruise (Callander Bay):

This dry family activity promotes social bonding and overall positive mental health as it is a peaceful and stress-free environment for all to enjoy.



Back to School Celebration/Magic Show:

This activity was organized to acknowledge our children and to promote good social bonding in a fun and interactive environment.

Fetal Alcohol Spectrum Awareness Day (FASD):

This particular activity is organized with Lynn Grandlouis; our Maternal Child Health worker. For this we handed out an information pamphlet about the importance of not drinking while pregnant along with a hot/cold traveler cup.



Terry Fox Walk at G. Theberge School:

Accompanied First Line Services and at G. Theberge school to distribute healthy snacks and water to the students and teachers after the Terry Fox Walk. Building trust with this important generation.

Drug Awareness Workshop:

These types of workshops are organized to bring about awareness to the community and for the guest speaker to be available for any questions or concerns that anyone may have. I collaborated with Jessie Bond from Wolf Lake First Nation and our guest was Nurse Jean Clermont. There was also another which was organized by the Kebaowek Police Department where the RCMP came to do a presentation about the Legalization of Cannabis. The Wellness & Addictions program provided snacks for this presentation. Pierre Morais, from Vancouver (Scared Straight Tour) was also invited back to Kebaowek for the second time to give another presentation about drugs, addictions and the latest drug trends.

Haunted Hike in North Bay:

This activity is organized to bring our members together to enjoy the seasonal festivities and promotes physical activity, outdoor fun and positive social interactions. Another great dry family event.

Leisure Farms Halloween Fun Trip:

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 overall good mental health and socializing.

Halloween Party for Children:

This activity is organized along with our Community Recreation Department. These activities are meant to bring together our youth and parents for a fun evening. This is great in promoting family bonding and healthy relationships in a fun, positive and safe environment.

National Addictions Awareness Week (NAAW):

This week is organized for the community to come together through organized activities and events that bring about awareness of addictions and to promote healthy lifestyles including traditional practices. This year we opened the week with our Kebaowek Women's Drum Group followed by readings about addiction afterwards (everyone was given something to read out loud in the circle). I visited the daycare to read a book about a parent that drinks too much, I visited

the Senior Social Group and presented them with a film called: “Sacred Tobacco, Sacred Children” and ended the week with a dinner and movie night in North Bay.

Dinner & Movie Night in North Bay:

This type of activity is organized to encourage family and friends getting together for positive, social bonding type interaction. It also depends good healthy relationships which in turn strengthens the community and promotes overall health and well-being.

4th Annual Youth Christmas Dinner:

This event is organized to acknowledge our youth, strengthen their bonds 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. Each year we try different forms of entertainment following their dinner, last year we had a Hypnotist and this year we had a game night, consisting of many different challenge games.



Trainings/Workshops Attended:

- Counselling Training with Psychologist Arlene Laliberté
- Communication Workshop with Sylvie Thiffault
- “Culture As Intervention” Training by Thunderbird Foundation
- Motivational Interviewing Training with Caroline Theriault from Health Canada
- Webinar – Methamphetamine: What’s Old is New Again
- Emotional Intelligence Training given by Julie Larochelle from the Carrefour in Ville Marie

Meetings:

- Regular AMHNTK Network meetings (Temiscaming Hospital & Place au Soleil)
- Presentation of the (CJET) Carrefour Jeunesse-Emploi du Témiscamingue services in Ville Marie at the Train Station given by the Director Hélène and Community Youth Worker; Julie Larochelle
- TDM (Team Decision Making) meeting with Social Services and Youth Protection concerning a client and their family

COMMUNITY BASED WATER MONITORING PROGRAM

For the fiscal year of 2018 - 2019 the Community Based Water Monitoring (CBWM) Program for the communities of Kebaowek First Nation and Long Point First Nation had 3 trained individuals who were responsible for completing assigned tasks under the supervision of the Community Wellness Programs Manager. Joining Mitchell McMartin in the program as a Community Based Water Monitor was Kacie McLaren and McKaylii Jawbone who work with our Land Management and Resources Department. They successfully completed the OCARE Training provided in September 2018.

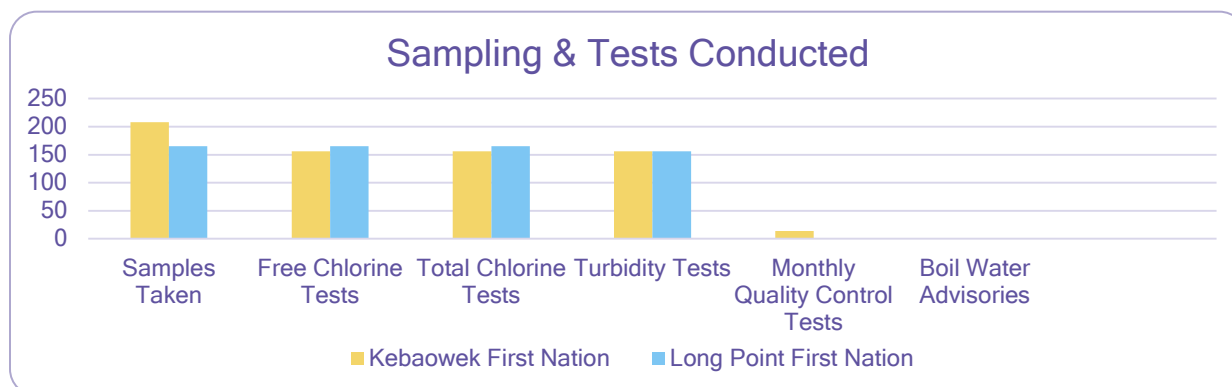


Responsibilities of the Community Based Water Monitor include:

- 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 Other Sampling to be sent to lab
- Annual Sampling is done for: Metals, Calcium, Magnesium, Pesticides, Organic Compounds
- Quarterly Sampling is done for: Disinfection By-products, PH Acidity, Nitrates
- Lead Sampling- Buildings that host and service children
- Beach Sampling – Water Quality of surrounding lake
- 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:



FIRST LINE SERVICES / MENTAL WELLNESS

FIRST LINE SERVICES PROGRAM MANAGER: STACEY MCBRIDE

Kebaowek First Line Services is a voluntary service available for Kebaowek Community members. Through First Line Services, families can access aboriginal services specific to individualized needs. Kebaowek First Line Services works under the mandate to “reduce child placement for First Nation Children” and works on a strength based model. Through offering families opportunity to engage in programming, events and services within the Kebaowek Community assists community members and families with information sessions specific to the realities of First Nations in the area.

Through working within the Kebaowek Health Centre Department, First Line Services is able to offer families a variety of services offered within the community. First Line Services can also assist as a corridor of services, referrals to other programs and departments ensures that access to services is quick and efficient. Listed below are a list of programs currently offered through Kebaowek First Line Services as well as Future goals, through evaluations of programming we can continue to offer culturally relevant programming for the entire community.

FOOD BANK:

The Kebaowek Food Bank provides opportunities for everyone to be able to access nutritious, healthy food in a dignified way within their community, it also provides the opportunity to be heard issues of food security that may impact the client, as well as facilitate a link between clients with other local services. Through a multidimensional approach to programs First Line Services can assist individuals and promote positive 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 collaboration and referrals among 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 such as Community Garden, Meals on Wheels, Community Family Breakfast and Community Kitchen and continue to offer community members with the opportunity to access healthy food locally.

Future Goals for Food Bank:

Continued collaborations with other food banks to ensure that access to services remains a priority and to remain up-to-date with existing food bank programs.

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 to take part in their overall health, to offer suggestions as to what can be grown. They provide opportunity for both recreational gardening and food production. Community gardens are also great for the environment and provides community members with the opportunity to share more information about the growing and harvesting.

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 community belonging.
- Opportunities to learn and share knowledge on gardening, growing selection and harvesting.

Community Garden benefits community:

- Building welcoming, safer community.
- Increase food security
- Connection people to nature and culture
- Educated community on the growth of produce
- Provides inclusive meeting opportunities for all ages to share experiences.

Future Goals for Community Garden:

To work toward the introduction of a greenhouse to obtain access for community members year round.

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 in a culturally adapted space within the community. Participants can expect to work alongside one another while working toward building relationships and sharing information. Community Kitchens can help improve food security for participants by increasing physical and economical access to adequate amounts of healthy food and having access to front line workers to discuss community needs. Community Kitchens are great opportunities for participants to learn about the importance of healthy eating, nutrition, portion sizing and new easy healthy recipes.



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
- Decrease social isolation and increase food security
- Develop food knowledge and cooking skills
- Opportunities to try new foods.
- Build Cooking Confidence
- Learn alternative recipes to favorite meals
- Cook in a social atmosphere and connect with community members
- Access to frontline workers in a safe, cultural atmosphere

Future Goals for the Community Kitchen:

To continue to offer participants healthy meals, new cooking skills and ideas that can be shared among members. Through consultation of a nutritionist, First Line Services will continue to offer alternatives to meals that fit within the Canadian Food guide standards.

SENIOR SOCIAL

Senior Social is a weekly gathering for Algonquin Elders in the Kebaowek Community to come and participate in weekly activities and information sessions designed for seniors to promote healthier lifestyles and to set programming based on cultural interests and needs of members on reserve. As many senior citizens tend to lose their means of socialization post retirement, they may become risk to social isolation or may fall victim to elder abuse. Through questionnaires during small group activities, 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 in a culturally adapted atmosphere. Socialization for seniors has many



health benefits, it promotes a more active lifestyle which can ward off some disease, reconnects seniors with the Kebaowek Community and front line workers as well as provides the opportunity to give updates on information specific to seniors. Through Senior Social, participants have the opportunity to engage in interesting activities, learn about other programs within the community, gain up-to-date information, and meet with health center guest speakers/programs workers, offer opinions and feedback regarding programming and improvement. Have the opportunity to gain one on one counselling and/or support in referrals to other departments.

Future Goals for Senior Social:

Offer more opportunities for seniors to reduce social isolation through offering programming that is culturally relevant and interesting to participants.

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 do not have access to a vehicle, have limited mobility and or may have a fixed budget. This program works to reduce social isolation, reinforces support systems within the community and works toward food security.

Future Goals for Community Shopping Trip:

Local shopping trips for community members on a fixed budget in order to prevent having to shop at corner stores with high costs.

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. Meals on Wheels also encourages participation through new programming, up-to-date information through flyers and increase awareness of services offered. Through this program, Elders have been more open to learning about culturally adapted programs and services that may be relevant to their personal situation.

Future Goals for Meals On Wheels:

Continued collaborations between nutritionist to coordinate meals and portion sizing.

PARENTS OF ACTIVE LITTLE SOULS (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. In partnership with Kebaowek MCH Program, 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 family situation become compromised.

During PALS; workers present First Nation parents with information packages regarding various topics, touch base regarding parenting strategies, child development, local and external support networks, assist with referrals and work toward the overall healthier development of the entire family unit, while understanding the importance of culturally adapted services and realities for Algonquin families. At the end of the large group activity parents are provided with a questionnaire regarding the activity for quality control, ensuring the programming remains relevant to the needs of the participants.

Future Goals for PALS:

To implement different departments in the facilitation of programming to provide different topics from health professionals in different areas of support.

MINI PALS:

In collaboration with Kebaowek Childcare Centre, Mini Pals is a weekly parent-child group held to increase parental support and provide up-to-date information for parents regarding local services, information, and support for young families. 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. Weekly programming allows for children and parents to engage in a stimulating environment to enhance social, emotional and spiritual growth of the family. During Mini-Pals parents and children are provided with opportunities to engage and/or learn more about Algonquin culture through traditional programming.

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 in order to reduce risk of child placement in Kebaowek First Nation.

Future Goals for Mini Pals:

To continue collaborations with families and other departments to offer relevant programming and materials for participants.

COMMUNITY FAMILY BREAKFAST:

Assisting with improving quality of life for Kebaowek First Nation families on reserve, Kebaowek Health Centre has introduced 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. During family breakfast, our theme/information board are on display to relay important information to the community regarding upcoming events, information sessions and important up-to-date information.

With connections being made with a nutritionist via Telehealth, Kebaowek Health Centre have entered conferences to increase knowledge of nutrition, healthier options, portion sizing and great alternatives for snacks. This has had a tremendous impact on programming offered in the community and gave more confidence in the refreshments served during community programming. As a result, parents and children were presented with healthier options for snacks and overtime more children/parents were open to trying different healthy options.

Future Goals for Community Family Breakfast:

Kebaowek First Line Services would like to extend an invitation to Elders in the community to participate. This could increase communication efforts between children/families and elders and can act as a platform for increased cultural knowledge and sharing.

CAMP BEAR HUG:

Offered as a summer camp program for school aged children. Camp bear Hug is designed to offer culturally adapted programming during the summer months for working and community members. With themes to promote child development and learning through play, Participants will be incorporated in a fun filled summer to learn more about culture, participate in local activities, and become more aware of what can be accessed for school aged children. Camp Educators, are responsible for planning and implementing educational activities and work in collaboration within the Kebaowek Health Centre departments. Through a safe, learning environment the children can learn new skills, offer insight to future programming and work on establishing long lasting relationships with peers and community workers.

Future Goals for Camp Bear Hug:

To continue to evaluate Camp Bear Hug Programming to offer a positive experience for children and their parents.

SUPPORT FOR FIRST NATIONS:

With collaboration between the Health Centre Departments, Centre Jeunesse, Kebaowek Childcare Centre, Chief and Council and funding agencies; First Line Services was able to support families through first a preventative approach such as offering services to families that will assist with the reduction of child placement through preventive programming adapted for First Nation families. Secondly, to assist families with retained files by Centre Jeunesse through First Nation Child & Families Services by providing the option of least disruptive measures for the family while working toward improving the quality of life and wellness for Kebaowek children and families.

Through various 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. Offering families the opportunities to meet with professionals or connect families with services that could assist the child. With funding available, such as Jordan's Principal more children in the community have access to more English speaking services that may not have been available otherwise.

Through adapting prevention based programming to meet the needs of Kebaowek First Nation, many families were able to communicate with First Line Services and were more likely to access individualized services that could benefit the entire family.

WOMEN'S GROUPS/ WOMEN'S PAINT NIGHT:

The women's groups are designed to create a healthy and healing atmosphere for women ages 18+. To give them support emotionally, socially, physically with the services offered at First Line Services. 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 and have a safe environment to work through any issues they may be experiencing and to gain insights to local services available.

Future Goals for Women's Groups:

To offer theme based paint night to encourage creativity and promote open discussion / information sharing.

CRISIS INTERVENTION TRAINING:

Offered for Health Centre/ Band office Staff and community, training is offered based on the needs of the community to offer front line workers with tools to assist the Kebaowek Community. As a part of Mental Wellness initiative invitations are extended to other Algonquin communities to increase collaborations and to promote information and knowledge sharing. Training opportunities may also assist with language barriers for the English speaking Algonquin communities through a culturally adapted atmosphere.

PILATES:

The purpose of the Women's group was to form community relationships, reduce stress and to provide positive outlets within the community for participants. Through this low impact exercise, participants can try new strategies for stress reduction and work toward incorporating new activities into their life. This Pilates class is very beneficial for participants as some suffer from stiffness, hip and back pain. The exercises given to them help relieve the pain and build strength.

Future Goals for Pilates:

To continue to promote positive lifestyle activities for community members.

FIRST-LINE SOCIAL:

Every Monday, the community is invited to participate in a smudge and cup of coffee at First Line Services to get the week started. This provides a meeting place to learn more about the traditional medicines and healing properties. First Line Social also provides the opportunity for discussions regarding First Nation culture ideas and suggestions specific to Kebaowek First Nation.

Throughout all First-Line Programming traditional medicines are used and offered for those who would be interested.

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 community 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. Counselling includes education, self-care, solution-focused assistance and referrals to other community resources.

Working alongside external services such as Centre Jeunesse and visiting Psychologist. First Line Services are able to offer families support through voluntary services. Such support include but are not limited to:

- Supervised visits.
- Support for families with Centre Jeunesse for care plans, follow up meetings.
- Assistance for families with meetings with schools and professionals.
- Parenting support
- Referrals to services both on/off reserve.
- Obtaining information regarding government services and support options.
- Working with other departments to assist families with access/information to available services.

One-on-ones for elders/seniors in the community, are offered through existing programming as well as ongoing in home support services with Nursing Department, if requested.

Future Goals for One on One Support:

To continue training for workers that is relevant, culturally appropriate and fit the needs of Kebaowek First Nation.

PSYCHOLOGICAL SUPPORT SERVICES:

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

Future Goals for Psychological Support Services:

To work toward teleconferencing for recipients who would like to access services more frequently.

SUPERVISED VISITS & EXCHANGE:

This service provides Kebaowek families an opportunity to have a culturally 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 safe and trusting environment that is both safe and comfortable for the child.

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 first nation youth out of the house for a couple of hours to come and spend time with their peers in a non-judgmental, 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. This programming also provides the opportunity to offer advice and programming based on the needs of Kebaowek youth.

Future Goals for Youth Evenings:

Through established relationships between the youth worker and kids, First Line Services would like to offer life skills coaching to assist with the preparation of adulthood. This can be offered through collaboration with existing programs as well as training to assist with future job searching and personal development.

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, to have discussions regarding nutrition and to offer information regarding accessing services. It is also a great preparation for life skills. It is important to have these youth cooking classes because it helps them feel accomplished, increases self-esteem and knowledge.

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. Through providing unique experience assist with creating trusting relationships between first nation youth and coordinator. It helps with team building skills, creating positive connections between youth and the Kebaowek community and provides them with the opportunity to experiences outside of the reserve that some may not have been able to participate in otherwise.

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 First Nation women in the community and celebrate their successes as a community.



ELDER ABUSE AWARENESS DAY:

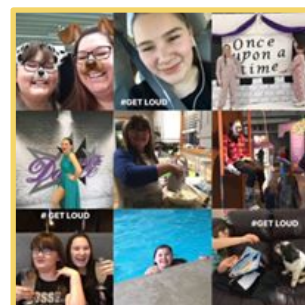
Through collaboration with the local Police Department and other health care professionals, First Line Services organizes an annual campaign to raise awareness on Elder Abuse. Through inviting them to a community BBQ we set the platform to discuss important issues that seniors may face and provide them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



It is a priority to ensure the safety of Elders as they are a very important part of the First Nation community. Through providing relevant information at community gatherings Elders can continue to make informed decisions regarding their best interests and wellbeing.

MENTAL HEALTH WEEK:

Mental Health Awareness Week, is a week dedicated to raising awareness to mental health and working toward elimination of stigmas for First Nations. 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.



NATIONAL CHILDCARE WEEK:

One week a year, Kebaowek Health & Wellness Centre along with Kebaowek Childcare Centre celebrates the children in the community. As the next generation, this week is filled with activities that honor the child, the 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 the Kebaowek First Nation families. Taking the time to recognize families and culturally adapted support services that are available in the community. A week of fun filled family activities are available and the entire community is invited to participate. By offering community based programming, First Line Services promotes mental wellness for its community members by offering different opportunities to encourage participation. Working alongside families, in culturally adapted services, we strive to provide a safe, welcoming environment to assist families. By offering workshops regularly we can create connections, promote positive lifestyles, and disseminate relevant information while working towards prevention of child placement. Through our 'open door' policy families are welcome to come and meet with first line workers to discuss potential issues, receive support or to learn more about services available to them. As a voluntary service, First Line Services works alongside families to encourage positive development of the entire family unit.

2018 Poster for our Early Childhood Week Walk



MEDICAL TRANSPORTATION

MEDICAL TRANSPORTATION COORDINATOR:

PRISCILLIA DUROCHER

MEDICAL TRANSPORTATION DRIVERS:

JUDY YOUNG

ROGER MITCHELL

GEORGE GRANDLOUIS

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 three full time drivers. We also have replacement drivers available when required.

OUR VEHICLE FLEET

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



Mercedes Sprinter (with high roof)

This vehicle is adapted for wheelchair access. It can accommodate up to 2 wheelchairs and can still sit 4 passengers plus the driver.



Subaru Legacy

This vehicle accommodates 4 passengers plus a driver.



Mercedes Sprinter (with low roof)

This vehicle can accommodate 11 passengers plus a driver. This vehicle was replaced in September 2018 with a Ford Transit. The change was made to better reflect our needs.



Ford Transit

This vehicle can accommodate 6 passengers plus a driver.



Dodge Caravan

This vehicle can accommodate 6 passengers plus a driver. This vehicle will no longer be used in 2019.

We will still 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. When available, we can also access Independence 65 for medical transportation needs.

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.

Last year, 271 Kebaowek First Nation members from our Quebec region accessed the Medical Transportation Program.

STATISTICS

Here is a list of the top 20 medical reasons with the highest number of individual clients who accessed the specialty.

# of Individual Clients	Specialty Accessed (TOP 20)
129	Dentist (General) - 10
111	Hospital/Facility - Emergency - 99
97	Optometry - 32
81	Radiology (X-RAY) - 43
69	General Practitioner - 17
64	Laboratory - 101
31	General Surgery - 18
28	Ophthalmology - 31
23	Gastroenterologist - 16
21	Ultrasound - 114
20	Orthopaedics - 35
18	Cardiology - 6
18	Orthotics/ Prosthetics - 107
17	Audiology - 5
17	Otolaryngologist (ENT) - 36
13	CT Scanning - 93
13	Gynaecology / Obstetrics - 28
12	Pneumology - 42
10	Neurologist - 26
10	Physiotherapy (only treatments covered by RAMQ) - 53

There were approximately 2436 trips recorded through our program. The majority of our specialized English health services are still obtained locally and in the North Bay, Ontario area. Our top 5 locations where we access our health care services remains the same.

# of Individual Clients	City Where Health Care Was Accessed (TOP 5)
207	North Bay
152	Temiscaming
61	Ville-Marie
19	Rouyn Noranda
14	Montreal

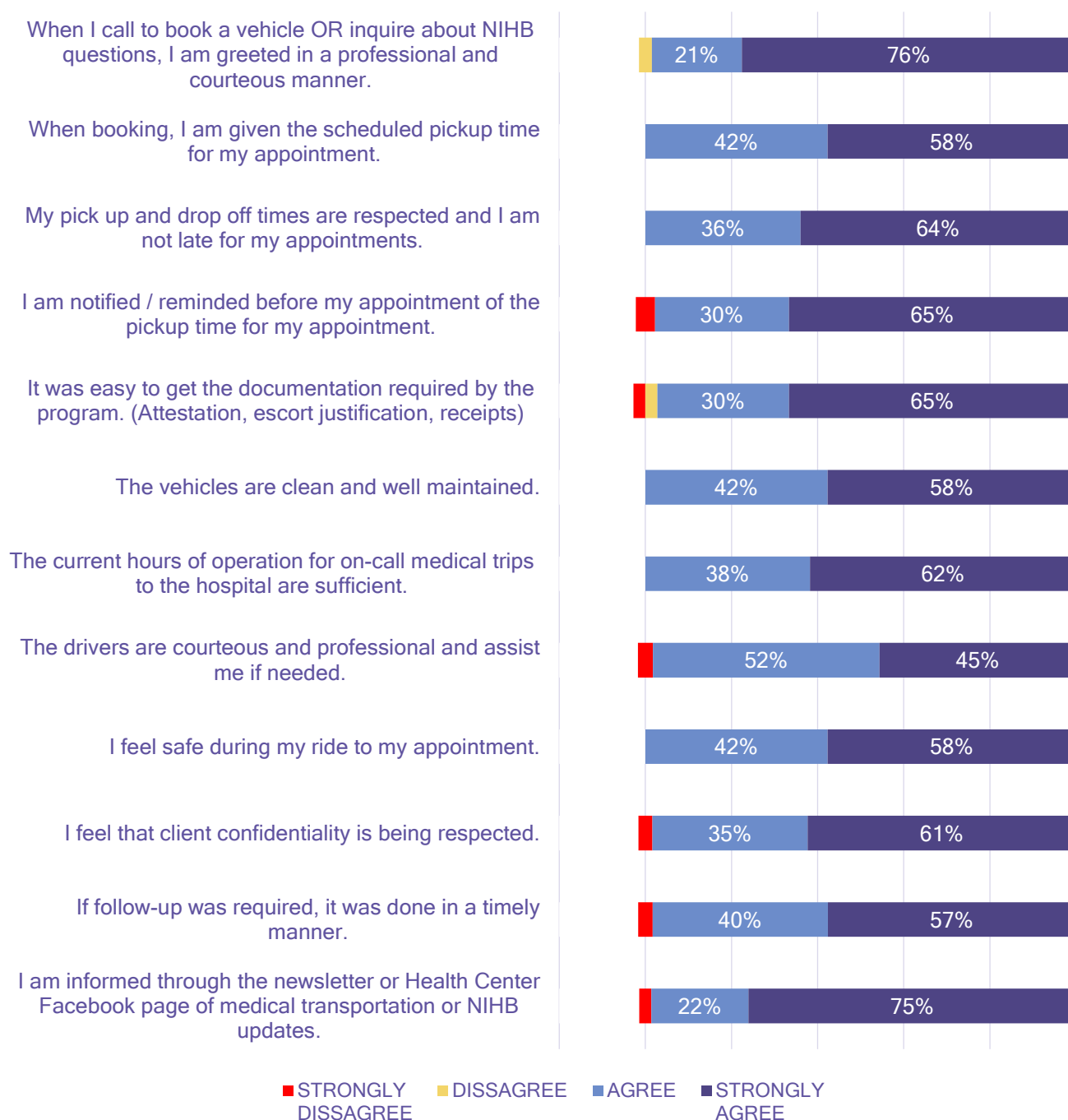
Mode of Transportation

The most utilized means of transportation remains by private vehicle as we encourage our members to take control of their own health. There were 215 individual clients who travelled to their medical appointments by private vehicle which represents 79% of the total clients who accessed the program. There were 131 individual clients who travelled to their medical appointments by band vehicle which represents 48% of the total clients who accessed the program. (Note some individuals utilize both their own vehicle and the band vehicles depending on their current medical situation.) Other modes of transportation include the use of other non-profit organizations or in emergency situations, Ambulance.

Results of the “Medical Transportation Program Annual Survey”

At our annual spring health fair May 2019, we conducted a survey, where participants rated their level of satisfaction with our medical transportation program through 12 statements. Participants were asked to rate their most recent experiences from the previous year, by selecting their level of agreement with a list of statements. From the results on the next page, on average, in total, only 2% gave negative replies and 98% gave favorable replies. There was a comments/suggestion section on the survey, however, only 11% of the respondents completed that portion.

“Medical Transportation Program Annual Survey Results”



Notes

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.

We will be evaluating the possibility of working with block-finding for our medical transportation program. We will be taking a look at our options and weighing the pros and cons of this possibility. We want to ensure the continued transportation of our members to their medical appointments.

MEDICAL TRANSPORTATION ENCOMPASSING (NIHB) 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

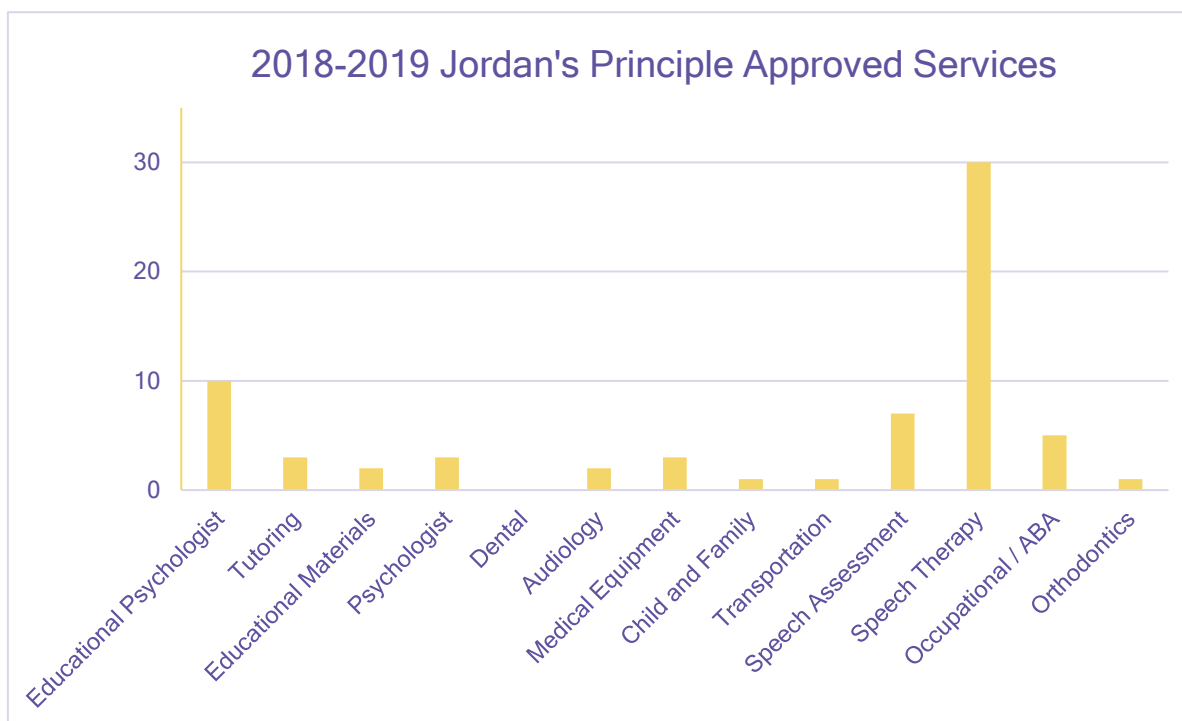
JORDAN'S PRINCIPLE LOCAL COORDINATOR: DONNA PARISEAU

Jordan's Principle is a child first and needs based principle used in Canada to ensure that First Nation Children living in and out of communities have equitable access to all government funded services. It holds that children should not be denied a health benefit while governments fight over who should pay for services needed. See Appendix E

This past year has been a busy but very important time for Jordan's Principle and the children who are receiving services they need. Jordan's Principle has been extended for this fiscal year and we are hopeful for it to continue. It is great news as this program has become very involved in our children's health and wellness.

*From April 2018 to March 2019 – Jordan's Principle Program
Approved 70 children to have services for various Medical reasons.*

Services range from Speech Therapy, Behavioral Therapy, Hearing Assessments, and Educational Psychologist Assessments. Medical Equipment and Development Materials were made available to the children in our community and area. Tutoring and Occupational Therapy has been ongoing for some children and the progress is outstanding. Educational supports and mental health services are also ongoing services.



APPENDICES

- APPENDIX A: CISSSAT - Mission, Vision & Values
- APPENDIX B: Quebec First Nations Governance Project in Health & Social Services (Deck)
- APPENDIX C: Financial Statement 2018-2019
- APPENDIX D: Monthly Work Plan Calendar

APPENDIX A

MISSION, VISION AND VALUES



Integrated Center for Health and Social Services (CISSS) Abitibi-Témiscamingue was established on April 1st 2015 following the merger of nine institutions composing the health and social services and the abolition from the Agency for Health and Social Services, namely the five health and social services centers, the intellectual rehabilitation center - Clair Foyer, the La Maison Rehabilitation Center, the Normand Center and the Youth Center.

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 his mission, his vision is "Joining forces for excellence for the well-being of the people here. 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, which is 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 population of the region 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 for the well-being of people here"

VALUES

Humanism

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

Commitment

Attitude to get involved and to participate to put his thought, his skills and his motivation to the benefit of the influence of a cause, an organization.

Collaboration

Commit to working together for a common purpose and to cooperate 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.



APPENDIX B

GOVERNANCE PROCESS

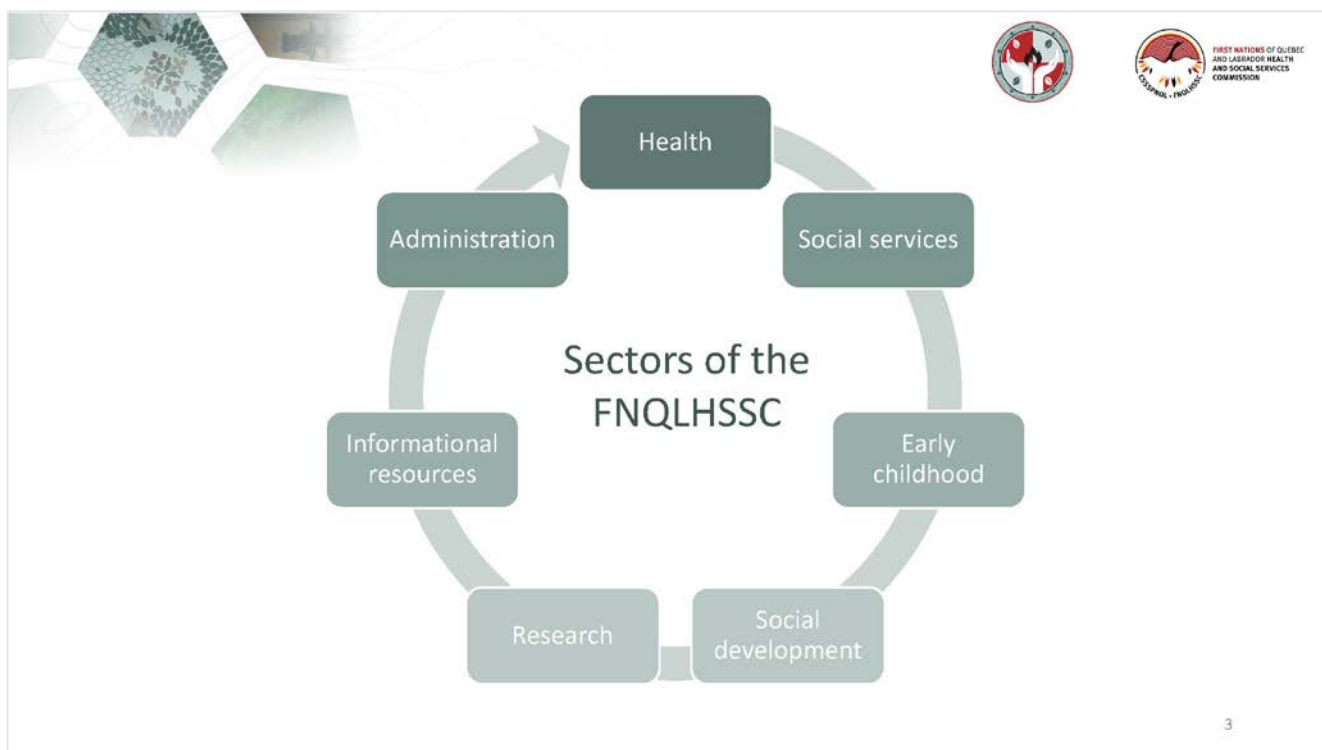
**QUEBEC FIRST NATIONS
HEALTH AND SOCIAL SERVICES
GOVERNANCE PROCESS**

A renewed approach to governance
fostering self-determination

November 6, 2019



**FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION**





Governance process

4



Health and Social Services Governance

The process aims to enable First Nations to achieve **greater autonomy in health and social services**.

- Purpose: Improving First Nations wellness
- Specific objectives:
 - ✓ Improve access to health and social services
 - ✓ Reinforce the decision-making capacity at the regional and local levels
 - ✓ Develop a framework model, a different mode of governance
 - ✓ Resolve jurisdictional conflicts

5



“Through our self-determination, a global and concerted approach, individual and collective commitment, we will be healthy people connected to Mother Earth and our physical, mental, emotional and spiritual well-being will be balanced.”

Chiefs in Assembly, February 2014

Vision of the health and social services governance process



Concept of Effective Governance

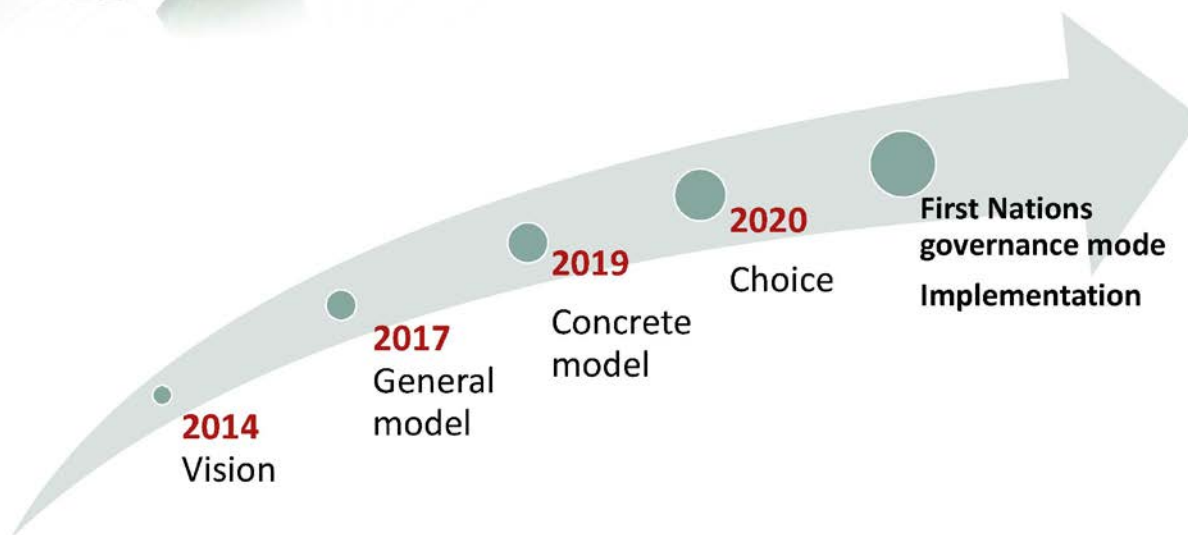




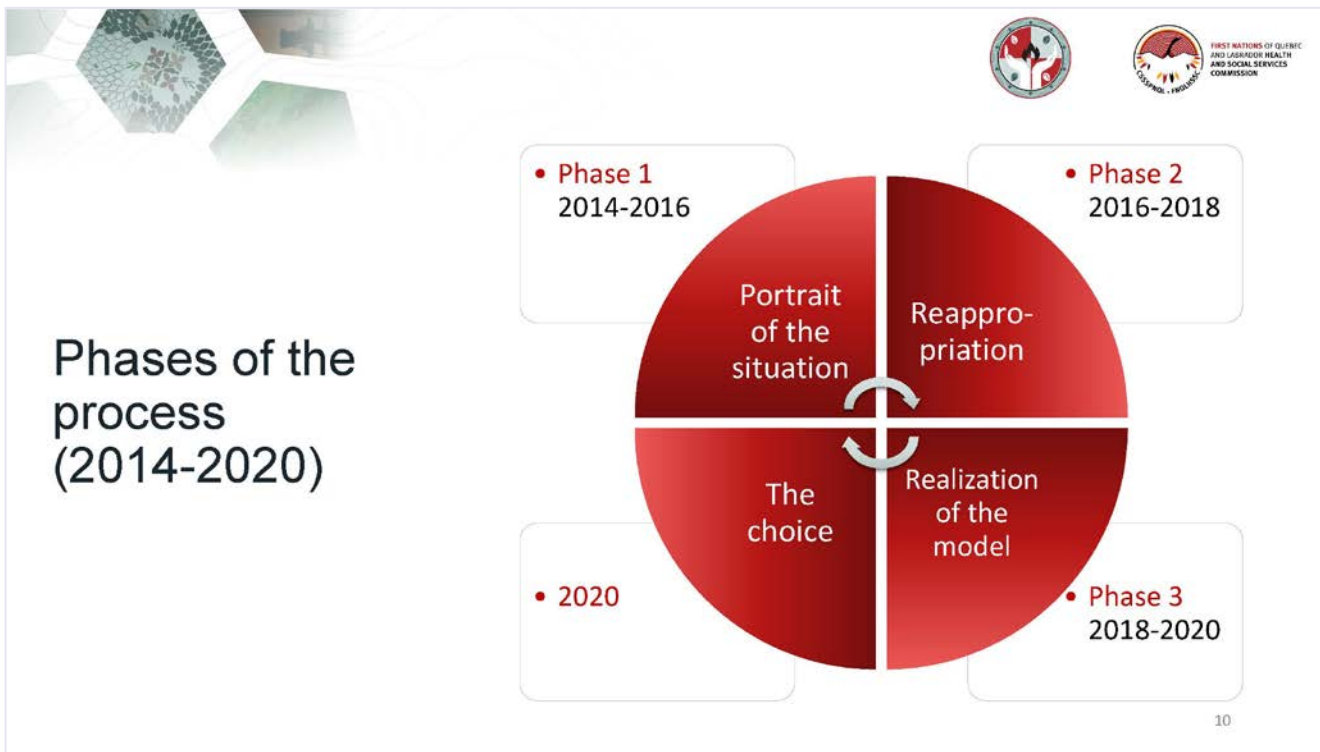
A Collective Process

- Since the beginning of the governance process, the Quebec First Nations health and social services directors have reviewed the current situation as well as the desired changes in health and social services.
- In three regional meetings held in 2016 and 2017, guidelines for the development of the effective health and social services governance model were created collectively:
 - ✓ **Planning guidelines (14)**
 - ✓ **Accompaniment guidelines (17)**
 - ✓ **Decision-making and accountability guidelines (11)**
 - ✓ **Health and social services directors network guidelines (15)**

8



9





FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

Consultation



Involvement

12



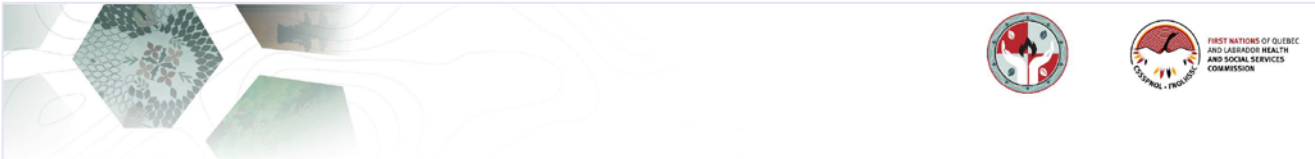
FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

The culture...



as foundation

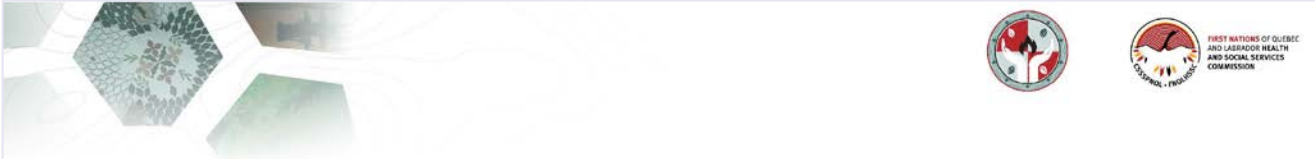
13



Phase III - Realization of the health and social services governance model

- Validation of the governance model – **April 2019**
- Community visits – **Fall 2019 and Winter 2020**
- Meetings with target groups – **Fall 2019 and Winter 2020**
- Discussions with the federal government – **Fall 2019**
- Presentation of the concrete model – **January 2020**
- Choice by the Chiefs in Assembly – **March 2020**

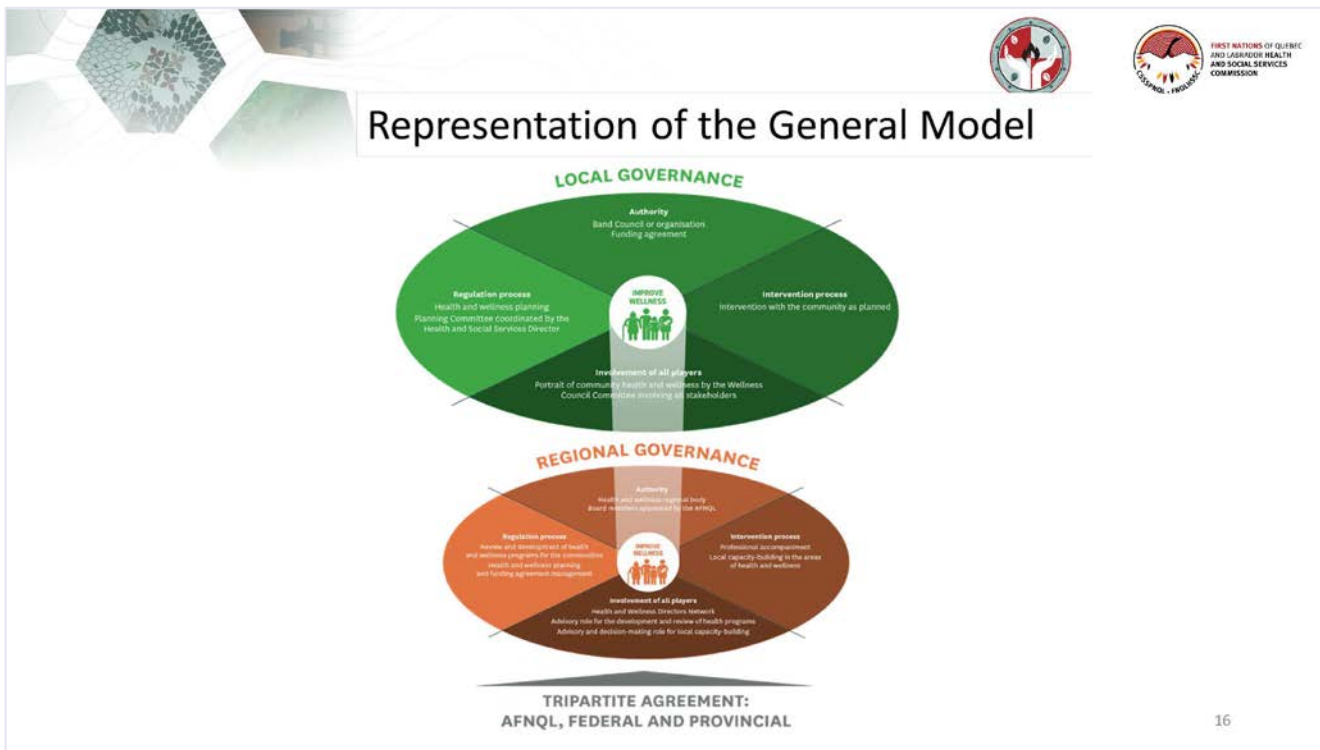
14



LOCAL AND REGIONAL GOVERNANCE

What does the model concretely involve to date?

15



16



17



Integrated Health and Wellness Planning Steps

1. Assessment of the health and wellness of the community
2. Identification and prioritization of what should be improved regarding health and wellness
3. Evaluation of the current services in the community in terms of strengths and gaps
4. Identification of the best strategies and interventions considered to improve the situation
5. Identification of the resources and costs for the community/organisation take-over of services

To structure the planning process, the health and wellness regional body will have to, among other things, develop the tools for each step.

18



Conclusion

- Increase local decision-making and empowerment.
- Work upstream.
- Identify the local and collective health and social services priorities.
- Offer services that meet the communities' needs.
- Develop strategies based on the determinants of health.
- Establish relationships with the federal and provincial governments on new foundations: government-to-government.
- Encourage mutual support.

19



Wela'lin
Meegwetch Tiawenhk
Nià:wen Tshinashkumitin
Mikwetc Wli Wni Woliwon
Chiniskomiitin

APPENDIX C

STATEMENT OF REVENUES AND EXPENSES

**Kebaowek First Nation
Annex**

Year ended March 31, 2019

Statement of Revenues and Expenses - Health summary - Annex 30

	2019	2018
	\$	\$
REVENUES		
ISC - Unexpended Funding	(302,272)	-
ISC - Fixed Contribution	375,207	196,387
ISC - Set Contribution	-	35,000
ISC - Block Contribution	239,146	-
ISC - Health Branch	2,136,425	1,863,647
First Nations of Quebec and Labrador Health and Social Services (FNQLHSS)	60,189	178,035
Government of Quebec	70,702	51,484
Recoverable deficit (refundable surplus) to ISC	11,648	-
Refundable surplus to ISC - Health Branch	(30,435)	-
Other revenues	60,955	100,325
Transfer to Net Investment in Capital Assets	(89,126)	(365,212)
Deferred revenue from the previous year	191,460	41,450
Deferred revenue to following year	(600,544)	(191,460)
Transfer between projects	(10,726)	(36,755)
	2,112,629	1,872,901
EXPENSES		
Salaries and fringe benefits	1,036,298	1,005,776
Allocations	178,380	46,983
Administration fees	212,966	218,987
Contracts	38,908	341,942
Amortization of capital assets	44,405	41,559
Management expenses	-	24,500
Energy	17,438	16,049
Membership fees	1,806	1,499
Gas	16,740	17,596
Insurances	7,634	8,149
Interests and bank charges	150	158
Licences and permits	4,353	3,810
Maintenance expenses	19,441	25,161
Material and supplies	58,864	43,385
Other	10,231	7,500
Pension plan	112,743	97,888
Purchase of equipment	89,126	4,017
Professional fees	59,965	37,664
Registration fees	-	(1,980)
Rental	88,304	27,336
Telephone	7,204	8,083
Training expenses (reimbursements)	2,080	16,310
Transfer to Migizy Odenaw Childcare Center	28,978	130,545
Transportation expenses	103,791	110,113
Travel	38,000	44,682
Workshops expenses	143,952	163,356
Transfer to Net Investment in Capital Assets	(89,126)	(365,212)
	2,232,631	2,075,856
SURPLUS (DEFICIT) FOR THE YEAR	(120,002)	(202,955)

APPENDIX D

MONTHLY WORK PLAN CALENDAR

THEME FOR THE MONTH: TOBACCO HEALTH MONTH

JANUARY 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	MEETINGS/TRAININGS Jenn P Jan 21 st - 24 th Tina Jan 21 st - 24 th	1 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	2 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	3 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	4 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	5 COMMUNITY SHOPPING TRIP
	7 KASP	8 LUNCH FIT KASP CBWM (KFN & LPFN) - MITCH	9 WORK OUT GROUP LUNCH FIT KASP MEALS ON WHEELS	10 MITCH - DAYCARE SESSION LUNCH FIT KASP WOMEN'S PAINT NIGHT	11 WORK OUT GROUP	12
13	14 BIGGEST LOSER STARTS WORK OUT GROUP KASP COMMUNITY KITCHEN	15 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLII	16 MINI PALS WORK OUT GROUP VICKY - DAYCARE SESSION LUNCH FIT, KASP YOUTH GROUP	17 MINI PALS MITCH - DAYCARE SESSION LUNCH FIT SENIOR SOCIAL KASP	18 WORK OUT GROUP	19 PALS ACTIVITY
20	21 WORK OUT GROUP KASP	22 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	23 MINI PALS, FAMILY SWIM WORK OUT GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	24 WORKSHOP WITH PHARMACIST MINI PALS, LUNCH FIT MITCH - DAYCARE SESSION SENIOR SOCIAL, KASP WOMEN'S PAINT NIGHT	25 WORK OUT GROUP	26
27 HOLIDAYS THIS WEEK PRISCILLIA	28 WORK OUT GROUP KASP FAMILY MOVIE NIGHT NEWSLETTER DEADLINE	29 DIABETIC CLINIC/BREAKFAST MINI PALS IN-HOUSE WORKOUTS KASP, LUNCH FIT CBWM (KFN & LPFN) - MITCH	30 MINI PALS WORK OUT GROUP LUNCH FIT, KASP YOUTH GROUP A&W WORKSHOP (PART 1)	31 COMMUNITY BREAKFAST DIABETIC CLINIC/BREAKFAST MINI PALS, LUNCH FIT SENIOR SOCIAL, KASP A&W WORKSHOP (PART 2)	← BIGGEST LOSER WEIGH-IN ← MITCH - DAYCARE SESSION	
		ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit - First Line Community Breakfast - Darlene Biggest Loser - Mitch	ACTIVITY LEADS Women's Paint Night - Kayla Community Kitchen - Darlene Shopping Trip - Darlene A&W Workshop - Vicky	ACTIVITY LEADS Pharmacist Workshop - Virginia Diabetic Clinics - Virginia

THEME FOR THE MONTH: HEART HEALTH MONTH

FEBRUARY 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	MEETINGS/TRAININGS Bonnie Feb 4 th - 8 th Kayla Feb 4 th - 7 th Virginia Feb 19 th - 20 th Helene Feb 19 th - 20 th				1 WORK OUT GROUP BIGGEST LOSER WEIGH-IN	2 COMMUNITY SHOPPING TRIP
3	4 WORK OUT GROUP KASP	5 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLII	6 MINI PALS WORK OUT GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	7 MINI PALS, LUNCH FIT MITCH - DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	8 WORK OUT GROUP FAMILY BOWLING NIGHT	9 NORDIC SKI CLUB ACTIVITY
10 QUARTERLY SCREENING CLINIC WEEK →	11 WORK OUT GROUP KASP COMMUNITY KITCHEN	12 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	13 MINI PALS, WORK OUT GROUP VICKY - DAYCARE SESSION LUNCH FIT, KASP YOUTH GROUP HEART HEALTH WORKSHOP	14 COMMUNITY BREAKFAST BIGGEST LOSER WEIGH-IN MITCH - DAYCARE SESSION MINI PALS, LUNCH FIT SENIOR SOCIAL, KASP	15 WORK OUT GROUP BIGGEST LOSER WEIGH-IN	16 PALS ACTIVITY
17 HOLIDAYS THIS WEEK DONNA, BONNIE STACEY DARLENE	18 WORK OUT GROUP KASP FAMILY MOVIE NIGHT	19 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	20 MINI PALS WORK OUT GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	21 MINI PALS, LUNCH FIT MITCH - DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	22 WORK OUT GROUP	23
24 HOLIDAYS THIS WEEK JENN P TINA	25 PHELPS SCHOOL KEBAOKEK ACTIVITY DAY KASP	26 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLII	27 ABA DAY (CENTER) MINI PALS WORK OUT GROUP LUNCH FIT, KASP YOUTH GROUP	28 BIGGEST LOSER WEIGH-IN MITCH - DAYCARE SESSION MINI PALS, LUNCH FIT SENIOR SOCIAL NEWSLETTER DEADLINE		
	ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit - First Line Community Breakfast - Kayla Biggest Loser - Mitch	ACTIVITY LEADS Women's Paint Night - Kayla Community Kitchen - Darlene Shopping Trip - Darlene A&W Workshop - Vicky	ACTIVITY LEADS Bowling Night - Vicky Nordic Ski Club Trip - Vicky Heart Health Workshop - Virginia Quarterly Screening - Virginia	ACTIVITY LEADS ABA Day - Kayla

THEME FOR THE MONTH: **NUTRITION MONTH****MARCH 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	MEETINGS/TRAININGS Mitch March 18 th - 20 th Kayla March 18 th - 20 th				1 BIGGEST LOSER WEIGH-IN WORK OUT GROUP	2 COMMUNITY SHOPPING TRIP
3 HOLIDAYS THIS WEEK JENNI P PRISCILLIA STACEY	4 WORK OUT GROUP	5 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS CBWM (KFN & LFFN) - KACIE	6 WORK OUT GROUP MINI PALS, LUNCH FIT MEALS ON WHEELS YOUTH GROUP WOMEN'S PAINT NIGHT	7 MARCH BREAK SKI TRIP (QC) MITCH – DAYCARE SESSION MINI PALS, LUNCH FIT SENIOR SOCIAL INTERNATIONAL WOMEN'S DAY	8 YOUTH & TEEN ANXIETY WORKSHOP	9
10 HOLIDAYS THIS WEEK LYNN VICKY	11 MARCH BREAK YOUTH OUTDOOR CULTURAL OUTING	12 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS CBWM (KFN & LFFN) - MITCH	13 MINI PALS WORK OUT GROUP LUNCH FIT YOUTH GROUP	14 MARCH BREAK SKI TRIP (ON) MINI PALS MITCH – DAYCARE SESSION LUNCH FIT SENIOR SOCIAL	15 WORK OUT GROUP BIGGEST LOSER ENDS	16 PALS ACTIVITY
17	18 SELF DEFENCE TRAINING CHOOSE TO MAINTAIN STARTS KASP	19 SELF DEFENCE TRAINING MINI PALS, LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LFFN) - MCKAYLII	20 SELF DEFENCE TRAINING MINI PALS LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	21 MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	22 WORK OUT GROUP NEWSLETTER DEADLINE	23 NORTH BAY MOVIE OUTING
24	25 WORK OUT GROUP VICKY – DAYCARE SESSION KASP FAMILY MOVIE NIGHT	26 DIABETES WORKSHOP (DAY1) MINI PALS, LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LFFN) - KACIE	27 DIABETES WORKSHOP (DAY2) MINI PALS LUNCH FIT KASP YOUTH GROUP	28 COMMUNITY BREAKFAST MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	29 WORK OUT GROUP	30
31	ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals – First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night – First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit – First Line Community Breakfast – Darlene Biggest Loser - Mitch	ACTIVITY LEADS Women's Paint Night - Kayla Community Kitchen – Darlene North Bay Outing - Vicky Shopping Trip – Darlene	ACTIVITY LEADS Youth & Teen Workshop – Lynn March Break Ski Trip – Mitch Youth Cultural Outing – Mitch Diabetes Workshop – Virginia	ACTIVITY LEADS Women's Day – Darlene/Virginia

THEME FOR THE MONTH: **ORAL HEALTH MONTH****APRIL 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	1 WALKING CHALLENGE BEGINS WORK OUT GROUP KASP	2 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LFFN) - MITCH	3 MINI PALS, WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	4 MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	5 WORK OUT GROUP	6 COMMUNITY SHOPPING TRIP
7 DIABETIC RETINOPATHY SCREENING →	8 WORK OUT GROUP KASP FAMILY MOVIE NIGHT	9 MINI PALS VICKY – DAYCARE SESSION LUNCH FIT IN-HOUSE WORKOUTS, KASP CBWM (KFN & LFFN) - MCKAYLII	10 MINI PALS WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	11 MINI PALS MITCH – DAYCARE SESSION LUNCH FIT SENIOR SOCIAL KASP	12 WORK OUT GROUP PADDLE MAKING WORKSHOP	13 PALS ACTIVITY PADDLE MAKING WORKSHOP
14 DIABETIC RETINOPATHY SCREENING →	15 WORK OUT GROUP KASP COMMUNITY KITCHEN	16 DIABETIC CLINIC/BREAKFAST MINI PALS, LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LFFN) - KACIE	17 MINI PALS, WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	18 DIABETIC CLINIC/BREAKFAST MINI PALS MITCH – DAYCARE SESSION HEALTH CENTER CLOSED FOR GOOD FRIDAY (PM)	19 HEALTH CENTER CLOSED FOR GOOD FRIDAY	20
21 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → DIABETIC RETINOPATHY SCREENING →	22 HEALTH CENTER CLOSED FOR EASTER MONDAY	23 KEEPING SAFE WORKSHOP FOR CHILDREN MINI PALS, LUNCH FIT IN-HOUSE WORKOUTS CBWM (KFN & LFFN) - MITCH	24 MINI PALS WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	25 MINI PALS MITCH – DAYCARE SESSION LUNCH FIT SENIOR SOCIAL KASP	26 WORK OUT GROUP NEWSLETTER DEADLINE	27
28	29 WORK OUT GROUP KASP	30 MINI PALS LUNCH FIT IN-HOUSE WORKOUTS KASP CBWM (KFN & LFFN) - MCKAYLII				
		ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social – Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals – First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night – First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit – First Line Community Breakfast – Kayla Choose to Maintain - Mitch	ACTIVITY LEADS Community Shopping Women's Paint Night - Kayla Community Kitchen – Darlene Paddle Making Workshop - Vicky	ACTIVITY LEADS Keeping Safe Workshop – Lynn Afternoon Walking Group – Mitch Diabetic Clinics – Virginia Diabetic Retinopathy – Virginia

THEME FOR THE MONTH: **MENTAL HEALTH MONTH****MAY 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting, CRBT Report			1 MINI PALS, WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP MEALS ON WHEELS YOUTH GROUP	2 MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	3 WORK OUT GROUP	4 COMMUNITY SHOPPING TRIP
5 MENTAL HEALTH WEEK WEEK →	6 WORK OUT GROUP KASP FAMILY MOVIE NIGHT	7 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT KASP CBWM (KFN & LPFN) - KACIE	8 MINI PALS WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	9 MINI PALS MITCH – DAYCARE SESSION LUNCH FIT SENIOR SOCIAL KASP	10 JORDAN'S PRINCIPAL BREAKFAST STAFF WELLNESS DAY WORK OUT GROUP	11 PALS ACTIVITY
12 QUARTERLY SCREENING CLINIC WEEK →	13 WORK OUT GROUP KASP COMMUNITY KITCHEN	14 MINI PALS, LUNCH FIT IN-HOUSE WORKOUTS KASP WOMEN'S PAINT NIGHT CBWM (KFN & LPFN) - MITCH	15 MINI PALS WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	16 SPRING HEALTH FAIR LUNCH FIT	17 WORK OUT GROUP	18
19 FAMILY FOOT RALLY HOLIDAYS THIS WEEK DONNA	20 HEALTH CENTER CLOSED FOR VICTORIA DAY	21 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT KASP CBWM (KFN & LPFN) - MCKAYLII	22 MINI PALS WORK OUT GROUP AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	23 MINI PALS MITCH – DAYCARE SESSION VICKY – DAYCARE SESSION LUNCH FIT SENIOR SOCIAL, KASP	24 WORK OUT GROUP	25
26 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → HOLIDAYS THIS WEEK MITCHELL	27 WORK OUT GROUP KASP CRBT DEADLINE	28 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT KASP CBWM (KFN & LPFN) - KACIE	29 MINI PALS, WORK OUT GROUP LUNCH FIT, KASP AFTERNOON WALKING GROUP MEALS ON WHEELS YOUTH GROUP	30 MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	31 WORK OUT GROUP	
ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit - First Line Community Breakfast - Kayla Choose to Maintain - Mitch	BABY WELCOME CEREMONY ↑	ACTIVITY LEADS Women's Paint Night - Kayla Community Kitchen - Darlene Community Shopping - Darlene Afternoon Walking Group - Mitch	ACTIVITY LEADS Jordan's P Breakfast - Donna Spring Health Fair - Tina Baby Welcome Ceremony - Lynn Family Foot Rally - Vicky	ACTIVITY LEADS Quarterly Screening - Virginia Staff Wellness Day - First Line

THEME FOR THE MONTH: **ELDERS AND CULTURE MONTH****JUNE 2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting Community Report						1 COMMUNITY SHOPPING TRIP
2 HOLIDAYS THIS WEEK MITCHELL	3 WORK OUT GROUP KASP MENS HEALTH WORKSHOP	4 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT KASP CBWM (KFN & LPFN) - TINA	5 MINI PALS, WORK OUT GROUP VICKY – DAYCARE SESSION AFTERNOON WALKING GROUP LUNCH FIT, KASP YOUTH GROUP	6 MINI PALS LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	7 HEALTH CENTER CLOSED FOR KEBAOWEK ELECTIONS	8 PALS ACTIVITY
9 ADDICTIONS & WELLNESS ACTIVITY HOLIDAYS THIS WEEK JENN K	10 WORK OUT GROUP KASP COMMUNITY KITCHEN COMMUNITY REPORT DEADLINE	11 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT KASP CBWM (KFN & LPFN) - MCKAYLII	12 MINI PALS, WORK OUT GROUP LUNCH FIT, KASP AFTERNOON WALKING GROUP MEALS ON WHEELS YOUTH GROUP	13 ELDER ABUSE AWARENESS MINI PALS, LUNCH FIT MITCH – DAYCARE SESSION SENIOR SOCIAL, KASP ✪ WOMEN'S PAINT NIGHT	14 WORK OUT GROUP WALKING CHALLENGE ENDS BRUNCH & PRIZES	15 ADDICTIONS & WELLNESS FAMILY ACTIVITY
16 HOLIDAYS THIS WEEK JENN K	17 WORK OUT GROUP FAMILY MOVIE NIGHT	18 COMMUNITY BREAKFAST MINI PALS IN-HOUSE WORKOUTS LUNCH FIT CBWM (KFN & LPFN) - KACIE	19 MINI PALS WORK OUT GROUP ✪ LUNCH FIT YOUTH GROUP NEWSLETTER DEADLINE	20 MINI PALS MITCH – DAYCARE SESSION HEALTH CENTER CLOSED FOR ABORIGINAL DAY (PM)	21 HEALTH CENTER CLOSED FOR ABORIGINAL DAY	22
23 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → HOLIDAYS THIS WEEK HELENE	24 HEALTH CENTER CLOSED FOR ST. JEAN BAPTISTE	25 MINI PALS IN-HOUSE WORKOUTS LUNCH FIT CBWM (KFN & LPFN) - MITCH	26 MINI PALS LUNCH FIT MEALS ON WHEELS YOUTH GROUP ✪	27 MINI PALS LUNCH FIT ✪ MITCH – DAYCARE SESSION SENIOR SOCIAL WOMEN'S PAINT NIGHT	28	29
30	THIS MONTH ✪ Camp Bear Hug Prep ✪ Guardian Angels Prep	ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Lunch Fit - First Line Community Breakfast - Kayla Choose to Maintain - Mitch	ACTIVITY LEADS Women's Paint Night - Kayla Community Kitchen - Darlene Community Shopping - Darlene Afternoon Walking Group - Mitch	ACTIVITY LEADS Men's Health Workshop - Virginia A & W Activities - Vicky Elder Abuse Activity - Darlene Walking Challenge Brunch - Mitch

THEME FOR THE MONTH: SAFETY AND INJURY PREVENTION MONTH

JULY 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
HOLIDAYS THIS WEEK MITCHELL BONNIE, VIRGINIA TINA, VICKY	HEALTH CENTER CLOSED FOR CANADA DAY	MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MCKAYLII	YOUTH GROUP			COMMUNITY SHOPPING TRIP
HOLIDAYS THIS WEEK BONNIE VIRGINIA TINA	VICKY - DAYCARE SESSION	MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - KACIE	MEALS ON WHEELS YOUTH GROUP	SENIOR SOCIAL WOMEN'S PAINT NIGHT		ADDITIONS & WELLNESS ACTIVITY - CRUISE NBAY
HOLIDAYS THIS WEEK PRISCILLIA JENN P	COMMUNITY KITCHEN	DIABETIC CLINIC/BREAKFAST MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MITCH	YOUTH GROUP	DIABETIC CLINIC/BREAKFAST		
WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → HOLIDAYS THIS WEEK JENN P, VICKY	YOUTH HUNTER'S POINT ← CAMPING TRIP → (21 st - 26 th)	MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MCKAYLII	SELF-CARE DAY MEALS ON WHEELS YOUTH GROUP	SENIOR SOCIAL WOMEN'S PAINT NIGHT	NEWSLETTER DEADLINE	
HOLIDAYS THIS WEEK BONNIE KAYLA DARLENE		MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - KACIE	YOUTH GROUP			
	TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	THIS MONTH ★ Camp Bear Hug ★ Medical Students ★ Guardian Angels	ACTIVITY LEADS Youth Group - Kayla Senior Social - Darlene/Mitch Meals on Wheels - Darlene Mini Pals - First Line	ACTIVITY LEADS In-House Workouts - Mitch Choose to Maintain - Mitch Women's Paint Night - Kayla Community Kitchen - Darlene	ACTIVITY LEADS Community Shopping - Darlene Diabetic Clinics - Virginia Cruise in North Bay - Vicky Self-Care Day - Kayla	ACTIVITY LEADS Hunter's Point Trip - Mitch Camp Bear Hug - First Line Medical Student's - Jenn P

THEME FOR THE MONTH: YOUTH MONTH

AUGUST 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting			HOLIDAYS BONNIE KAYLA DARLENE	VICKY - DAYCARE SESSION		COMMUNITY SHOPPING ADDITIONS & WELLNESS ACTIVITY - HIKE
HOLIDAYS THIS WEEK DONNA, JENN P VIRGINIA, DARLENE TINA	HEALTH CENTER CLOSED FOR CIVIC HOLIDAY	MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MITCH	MEALS ON WHEELS YOUTH GROUP	SANTA'S VILLAGE TRIP SENIOR SOCIAL WOMEN'S PAINT NIGHT		
HOLIDAYS THIS WEEK PRISCILLIA, JENN P STACEY VICKY	INTERNATIONAL YOUTH DAY ACTIVITY	CULTURAL CANOE TRIP (DAY 1) MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MCKAYLII	CULTURAL CANOE TRIP (DAY 2) YOUTH GROUP	CULTURAL CANOE TRIP (DAY 3)		
HOLIDAYS THIS WEEK HÉLÈNE, JENN K MITCHELL STACEY, VICKY		MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - KACIE	MEALS ON WHEELS YOUTH GROUP	YOUTH TORONTO TRIP (DAY 1) SENIOR SOCIAL WOMEN'S PAINT NIGHT	YOUTH TORONTO TRIP (DAY 2) NEWSLETTER DEADLINE	
WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → HOLIDAYS THIS WEEK HÉLÈNE, MITCHELL		MINI PALS IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - TINA	YOUTH GROUP			COMMUNITY SHOPPING
			ACTIVITY LEADS Youth Group - Kayla Senior Social - Darlene/Mitch Meals on Wheels - Darlene Mini Pals - First Line	ACTIVITY LEADS In-House Workouts - Mitch Choose to Maintain - Mitch Women's Paint Night - Kayla Community Shopping - Darlene	ACTIVITY LEADS A&W Hike - Vicky Youth Day Activity - Kayla Cultural Canoe Trip - Mitch Youth Toronto Trip - Kayla	ACTIVITY LEADS Santa's Village Trip - First Line Camp Bear Hug - First Line

THEME FOR THE MONTH: **PHYSICAL ACTIVITY & SUICIDE PREVENTION****SEPTEMBER****2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 QUARTERLY SCREENING CLINIC WEEK →	2 HEALTH CENTER CLOSED FOR LABOUR DAY	3 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLI	4 MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	5 COMMUNITY BREAKFAST MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL, KASP WOMEN'S PAINT NIGHT	6	7
8 GRANDPARENT'S BREAKFAST	9 FASD ACTIVITY WORK OUT GROUP KASP FAMILY MOVIE NIGHT	10 WOODY'S WALK IN-HOUSE WORKOUTS MINI PALS KASP CBWM (KFN & LPFN) - KACIE	11 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	12 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	13 WORK OUT GROUP	14 PALS ACTIVITY
15	16 WORK OUT GROUP VICKY – DAYCARE SESSION KASP COMMUNITY KITCHEN	17 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	18 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	19 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	20 WORK OUT GROUP NEWSLETTER DEADLINE	21
22 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → HOLIDAYS THIS WEEK VIRGINIA, TINA	23 WORK OUT GROUP KASP	24 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLI	25 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	26 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	27 WORK OUT GROUP	28
29	30 ORANGE SHIRT DAY ACTIVITY WORK OUT GROUP KASP					
	TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting	ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social – Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals – First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night – First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Community Breakfast – Darlene Choose to Maintain – Mitch Women's Paint Night - Kayla	ACTIVITY LEADS Community Kitchen – Darlene Community Shopping – Darlene Quarterly Screening – Virginia Woody's Walk - Virginia	ACTIVITY LEADS Grandparents Breakfast - Lynn FASD Activity – Vicky Orange Shirt Day - Kayla

THEME FOR THE MONTH: **Cancer Awareness Month****OCTOBER****2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting		1 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	2 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	3 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	4 WORK OUT GROUP HAUNTED HIKE IN NBAY	5 COMMUNITY SHOPPING
6	7 WORK OUT GROUP KASP	8 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	9 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	10 COMMUNITY BREAKFAST MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	11 WORK OUT GROUP	12
13 HOLIDAYS THIS WEEK DONNA	14 HEALTH CENTER CLOSED FOR THANKSGIVING	15 MINI PALS IN-HOUSE WORKOUTS VICKY – DAYCARE SESSION KASP CBWM (KFN & LPFN) - MCKAYLI	16 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	17 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	18 WORK OUT GROUP	19
20 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN → LEISURE FARM TRIP	21 WORK OUT GROUP KASP FAMILY MOVIE NIGHT	22 DIABETIC CLINIC/BREAKFAST MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	23 WORK OUT GROUP MINI PALS KASP YOUTH GROUP HEALTH INFO SESSION	24 DIABETIC CLINIC/BREAKFAST MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL, KASP COMMUNITY KITCHEN	25 WORK OUT GROUP NEWSLETTER DEADLINE	26
27 PALS ACTIVITY	28 WORK OUT GROUP KASP	29 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	30 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	31 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL		
		ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social – Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals – First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night – First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Community Breakfast – Kayla Choose to Maintain – Mitch Women's Paint Night - Kayla	ACTIVITY LEADS Community Kitchen – Darlene Community Shopping – Darlene Diabetic Clinics – Virginia Health Info Session - Virginia	ACTIVITY LEADS Haunted Hike – Vicky

THEME FOR THE MONTH: **DIABETES, INFLUENZA & FN CHILD AND FAMILY MONTH****NOVEMBER****2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article I-CLSC Reporting					1 WORK OUT GROUP	2 COMMUNITY SHOPPING
3	4 WORK OUT GROUP KASP LUNG CANCER WORKSHOP	5 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLII	6 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	7 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	8 WORK OUT GROUP	9
10 QUARTERLY SCREENING CLINIC WEEK →	11 HEALTH CENTER CLOSED FOR REMEMBRANCE DAY	12 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	13 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	14 DIABETES DAY ACTIVITY MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	15 WORK OUT GROUP	16
17 NATIONAL CHILDCARE WEEK → HOLIDAYS THIS WEEK LYNN	18 WORK OUT GROUP KASP FAMILY MOVIE NIGHT	19 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	20 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	21 COMMUNITY BREAKFAST MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	22 WORK OUT GROUP NEWSLETTER DEADLINE	23
24 WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN →	25 WORK OUT GROUP KASP COMMUNITY KITCHEN	26 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MCKAYLII	27 WORK OUT GROUP MINI PALS MEALS ON WHEELS KASP YOUTH GROUP	28 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP WOMEN'S PAINT NIGHT	29 WORK OUT GROUP	30 PALS ACTIVITY
	THIS MONTH ★ Flu Shot Clinics ★ Addictions Awareness Week ★ National Childcare Week	ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Community Breakfast - Darlene Choose to Maintain - Mitch Women's Paint Night - Kayla	ACTIVITY LEADS Community Kitchen - Darlene Community Shopping - Darlene Quarterly Screening - Virginia Diabetes Day Activity - Virginia	ACTIVITY LEADS Lung Cancer Workshop National Addictions Week - Vicky Childcare Week - First Line

THEME FOR THE MONTH: **HIV/AIDS/HEPC MONTH****DECEMBER****2019**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO DO THIS MONTH Time Off Request Forms Activity Sheets, Timesheets Newsletter Article, 2020 Work Plan 2020 Holidays, I-CLSC Reporting	2 HIV/AIDS ACTIVITY WORK OUT GROUP VICKY – DAYCARE SESSION KASP FAMILY MOVIE NIGHT	3 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - KACIE	4 WORK OUT GROUP MINI PALS KASP YOUTH GROUP	5 MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL KASP	6 WORK OUT GROUP	7 COMMUNITY SHOPPING
8 FINAL WEIGH-IN WEEK FOR CHOOSE TO MAINTAIN →	9 WORK OUT GROUP KASP COMMUNITY KITCHEN	10 MINI PALS IN-HOUSE WORKOUTS KASP CBWM (KFN & LPFN) - MITCH	11 (DIABETES) CHRISTMAS LUNCH WORK OUT GROUP, MINI PALS MAMMOGRAM DRAW MEALS ON WHEELS KASP, YOUTH GROUP	12 COMMUNITY BREAKFAST MINI PALS MITCH – DAYCARE SESSION SENIOR SOCIAL, KASP WOMEN'S PAINT NIGHT	13 WORK OUT GROUP YOUTH CHRISTMAS DINNER MEDICINE CABINET CLEAN ENDS	14
15 HOLIDAYS THIS WEEK DONNA, VIRGINIA JENN K	16 CHRISTMAS HAMPER DELIVERY 2020 WORK PLAN DEADLINE 2020 HOLIDAY REQUESTS	17 IN-HOUSE WORKOUTS CBWM (KFN & LPFN) - MCKAYLII	18 YOUTH GROUP	19	20	21
22	23 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS CBWM (KFN & LPFN) – TBA	24 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	25 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	26 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	27 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS	28
29	30 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS CBWM (KFN & LPFN) – TBA	31 HEALTH CENTER CLOSED FOR CHRISTMAS HOLIDAYS				
		ACTIVITY LEADS Youth Group - Kayla Workout Group - Mitch Senior Social - Darlene/Mitch Meals on Wheels - Darlene	ACTIVITY LEADS Mini Pals - First Line KASP - Lynn In-House Workouts - Mitch Family Movie Night - First Line	ACTIVITY LEADS PALS Activity - Darlene/Lynn Community Breakfast - Kayla Choose to Maintain - Mitch Women's Paint Night - Kayla	ACTIVITY LEADS Community Kitchen - Darlene Community Shopping - Darlene Diabetes Lunch - Virginia Mammogram Draw - Virginia	ACTIVITY LEADS HIV/AIDS Activity - Virginia Youth Christmas Dinner - Vicky Medicine Cabinet Draw - Tina

APPENDIX E

JORDAN'S PRINCIPLE - JORDAN RIVER ANDERSON

HONOURING JORDAN RIVER ANDERSON



Every child deserves access to services like health care and supports at school. However, First Nations children have not always had the same access to services as other Canadian children.

This is because different levels of government fund different services for First Nations children, especially those living on-reserve.

This has led to disputes between governments about who should pay for which services.

Jordan River Anderson from Norway House Cree Nation in Manitoba got caught in one of these payment disputes. As a result, he didn't get the recommended home-based care he needed.

LEGACY OF JORDAN RIVER ANDERSON

Jordan was born in 1999 with multiple disabilities and stayed in the hospital from birth.

When he was 2 years old, doctors said he could move to a special home for his medical needs. However, the federal and provincial governments could not agree on who should pay for his home-based care.

Jordan stayed in the hospital until he passed away at the age of 5.

In 2007, the House of Commons passed Jordan's Principle in memory of Jordan. It was a commitment that First Nations children would get the products, services and supports they need, when they need them. Payments would be worked out later.

Today, Jordan's Principle is a legal obligation, which means it has no end date. While programs and initiatives to support it may only exist for short periods of time, Jordan's Principle will always be there. Jordan's Principle will support First Nations children for generations to come.

This is the legacy of Jordan River Anderson.

<https://www.youtube.com/watch?v=aGAvqRigxko>

<https://www.youtube.com/watch?v=93GuoMz5DQQ>

<https://www.youtube.com/watch?v=ranLnYyd0sw>