

September 2008

Eagle Village First Nation Health Centre

Community Activity Report
2007-2008



Contribution Agreement
QC0700047

OUR MISSION

To deliver Health and Wellness Programs and Services to our members with respect and courtesy.

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.

OUR PHILOSOPHY AND VALUES

Based on the following principles and values, we consider that Eagle Village Health Centre will maintain its place and improve its ways in the circle of the health services providers who work together in order to ensure quality health services to the population for the improvement of its quality of life.

Our principles of actions are guided by values that we share among us and should be shared by all Physical and Mental Health Workers who will be involved with us in the future. A list of these principles follows, as worded by the health workers themselves:

- **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 Workers, will do respecting their wish for 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 make up a permanent attitude.
- **Caring**
We, the Health Workers of Eagle Village, think that we cannot be concerned with the physical and mental health of our community and if we don't care about the people and the conditions they live in.

A MESSAGE FROM THE HEALTH DIRECTOR

Grasping at Opportunity

Over the course of fiscal year 2007-2008 our Health Center has taken advantage of every initiative out there that could have a positive influence on the services and health status of its' clients. The Aboriginal Health Transition Fund is a prime example of improvement projects we are currently involved in. Creating greater links and closing the gaps on Health Services delivered by the province ensures our population that we will be receiving the best possible care Quebec has to offer. Although this project has a strict timeframe, I am hoping that we will have done enough ground work to carry us over past our funding schedule.

Mercury testing in our fish source is another prime example of keeping tabs and perhaps bringing clarity to constructive questioning attitudes. The sampling of consumable fish and human hair should provide us with the knowledge and key indicators we need to know in order to keep us in a healthy trend in regards to the consumption of one of our main staples. The results of our study should be made available during the winter of 2009.

Diabetes has been one of the main focuses in the majority of First Nations coast to coast. More processed and less traditional foods along with a decrease in physical activity from our new way of life has the prevalence rate for diabetes at an alarming rise. As part of many strategies to address our local issues, we have teamed up with our neighboring Algonquin communities as part of a Pilot Project involving retinal photography. In association with Health Canada and McGill University, we will be able to monitor our diabetic clients using state-of-the-art equipment along with broad band internet technologies overseen by specialist in the field. The equipment has been purchased and we are now waiting to commence the training sometime this fall.

Challenges

When Health Directors from across our country gather to discuss issues pertaining to the operation of their Health Centers, we seem to all agree on several key items that stem from human resources. Because of the lack of community members studying in the Health field, we are always concerned with employee recruiting and retention. Promoting health related careers, developing entry level strategies to the medical field and establishing salary scale through scientific evaluations are some of the tools utilized today to minimize staff turnover. Health Canada will have a major role to play in helping us along in improving our situation in the communities.

Other challenges we continue to face derive from last minute Targeted Programs that are needed in our communities but do not have the flexibility that allows for better strategic delivery. This "catch 22" syndrome often leaves us with a "perhaps, we could have done more" feeling but nevertheless, we strive at accomplishing the general objectives set out in the said program guidelines while always attempting to address our local specific needs.

The Maternal Child Health Program continues to be of big concern for most of the Quebec Regions First Nations. National role out plans and objectives pertaining to this important program differs

largely from the needs at the community level. Although both Health Canada and the communities of our region have come to a somewhat acceptable compromise, funding has not yet left Ottawa. Non Insured Health Benefits (NIHB) continues to cause us a lot of grief especially when you combine it with a “not so cooperative” pharmacist that runs the program to the letter. What we seem to notice is that many of the medications our doctors are prescribing, have to be justified through the “Exception Centre” process which often leaves the clients going home without their prescribed medications. In spite of the large majority of these exception meds obtaining approval, it is the delays to these medications that are alarming not to mention accessing these prescription medications in other provinces.

It is very difficult to address the following problems with prescription medications on a regional note since it's a National Program, however we do have some success stories that were dealt on a case by case basis. A regional working group meets 3 times a year to try to address some of these issues.

Notable Improvements

Stability through the “liaison role” for our community is improving. The fact that government employees often have greater flexibility in trying out different job competitions within the Federal system, results in several people getting to know you as a community and then moving along just as the relationships reach a mutual understanding at such a level that parties from both sides truly accepts their role in improving the health status of the members of the community.

The links created from a longer lasting “working relationship” helps everyone from both funding provider and recipient perspective. The Regional Health Directors Network, which I'm a member of, made the stability issue known to Health Canada at their September Meeting.

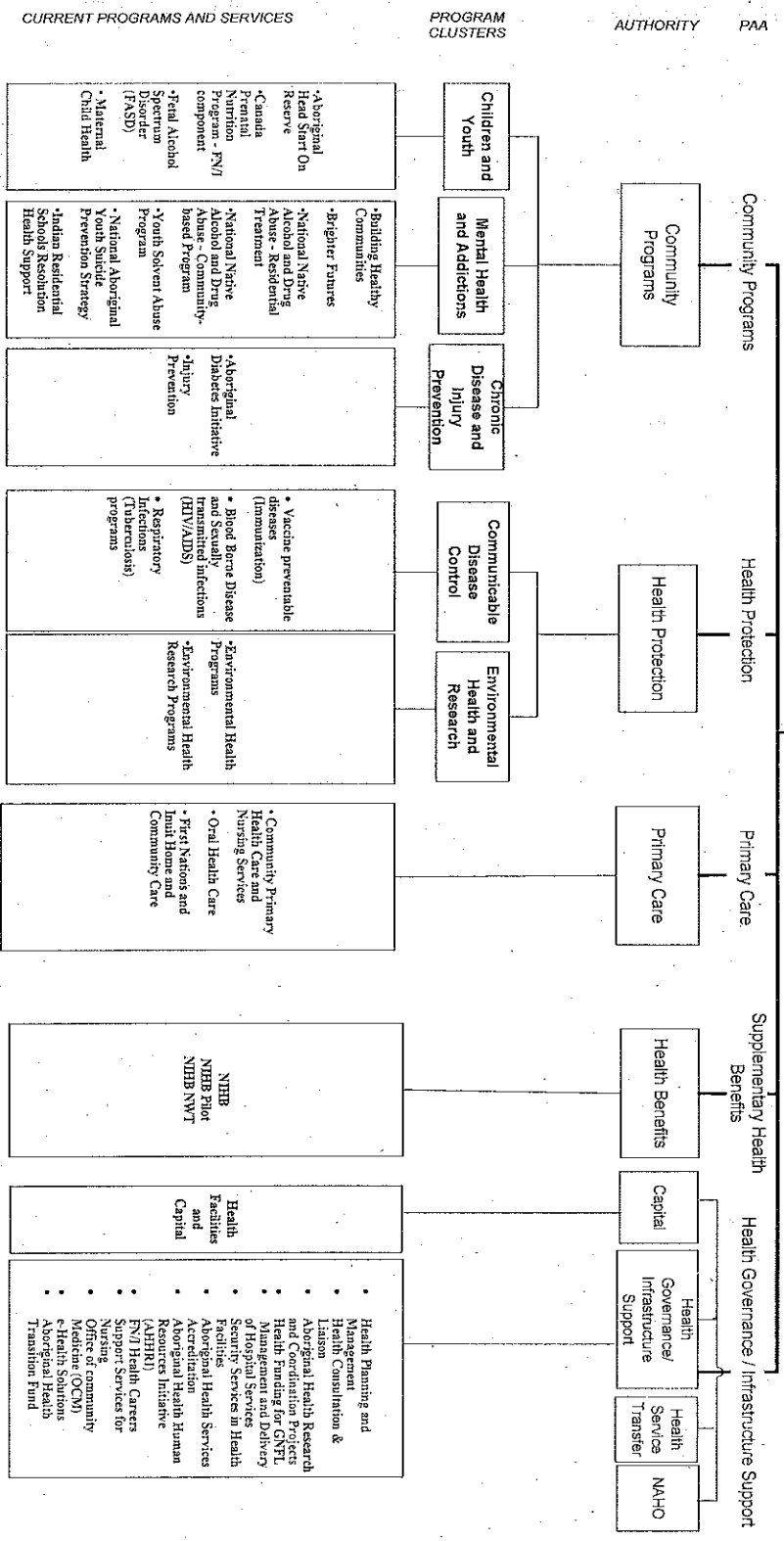
Program Clusters and Authorities

I thought that it would be important to briefly describe the program clusters which provide us with a working framework as to the extent of flexibility amongst programs and authorities. Over the course of our 5 year agreement, we will have the opportunity to adjust our work plan and activities to tailor our community needs.

Basically, program adjustments involving the transfer of dollars can be carried out within the contents of each cluster and authority. A higher birth rate or teen pregnancies is a good example as to potential fluctuating characteristics that can have an influence on a shifting of priorities. Suicide and drug abuse are other social indicators that will provoke a reaction from the community and Health Centre team and consequently cause prevention effort spending to be re-directed. Community Programs, Health Protection, Primary Care, NIHB, Health Governance and Infrastructure Support are the Authorities at this time that govern our Health Plan.

However on the other hand, certain challenges arose from the new funding agreements and their program authority structure. It is not so much the groupings per say, but the transition from set program reporting are taking us out of our comfort zone once again. Our next community report may be reported as per the following cluster specific programs such as; Children and Youth, Mental Health and Addictions, Chronic Disease and Injury Prevention, Communicable Disease Control, Environmental Health and Research, Primary Care, Health Benefits and so on, rather than under a Program Worker.

HC-First Nations and Inuit Health Program Authority Structure for Contribution Agreements¹
 Updated September, 2007



FUNDING MODELS

SET, TRANSITIONAL, FLEXIBLE, FLEXIBLE TRANSFER AGREEMENTS

EAGLE VILLAGE FIRST NATION HEALTH CENTRE COMMUNITY PROGRAMS

Addictions Program

Diabetes, Nutrition and Community Health

Communicable Disease, Immunization and other Nursing Programs

Home and Community Care Program

Mental Wellness / Community Links Program

Sports and Leisure Program

Environmental Health and Community Based Water Monitoring Program

ADDICTIONS PROGRAM

The program worker has organized many activities throughout the years as well as held information sessions on various topics with relation to tobacco misuse, alcohol and drugs.

I would just like to emphasize that when an event or information session is organized by the NNADAP program it is especially hard to get people to participate because alcohol and drugs are a very touchy topic. But although participation is lacking at times, I as the NNADAP worker try to make the best of it and the ones that are there will benefit from the message and hopefully pass it on to their family and friends.

Program Activities for 2007-2008

Monthly Youth Dances

Every month there is a dance for the youths in the community. This has been going well and the children really enjoy it. Trust bonds are created and isolated individuals are addressed. For these dances there is a small entry fee and whatever is made at the door goes towards prize draws for them throughout the evening. This is a good self esteem and confidence builder. This also mobilizes the community for volunteers. The canteen is also available for them with only healthy snacks. On average there is about 25-30 youths that attend these monthly dances.

Adult/Youth Cribbage Tournament

This tournament is organized annually with the Mental Wellness worker. It promotes teamwork and interaction between the youths and the adults in a drug/alcohol free environment. We had a total of 10 teams join, it went well.

Monthly Newsletter Submissions

Each month an article is submitted in our community newsletter about smoking, drugs or alcohol along with reminders for dances, info sessions, thank you's etc.

National Aboriginal Awareness Week Activities

- Family Game Night at the Community Hall. A night of all sorts of family board games as well as a coloring table for the children. We also had the canteen open for steamed hotdogs, nachos and hamburger soup.
- Traditional Sweat and Potluck Supper at an Elder's camp.

- “My Family...” drawing contest and a community potluck supper at our Community Hall. It went well there was about 25-30 people who came.
- Native crafts with the children, they made some key chains and had a pizza supper.

NNADAP Quarterly Meetings

This meeting is for all Algonquin NNADAP workers to get together and discuss their activities and share resources with each other. Every NNADAP worker takes turns hosting this meeting in their community.

Staff Meetings

Attend regular staff meetings and give updates to Health Director and colleagues on past and upcoming activities within our programs. Provide valuable feedback for other initiatives that are taken place.

Smoke-Free Home Survey

In the month of February I worked on a community survey for NIICHR0. This survey was conducted by telephone to all households in the community. The results were then submitted in our monthly newsletter. This allowed us the opportunity to assess our community on a few fronts pertaining to the use of traditional tobacco.

Workshops

I helped with drug and alcohol workshops given at G. Therberge School by two ladies from the Western Quebec School Board. One was for the elementary students and the other was for the high school students. This went very well.

Had ‘Braking Point Sessions’ which was a program created by MADD Canada for youth ages 14-18. ‘Braking Point’ dramatizes real situations of alcohol and marijuana use and the risks and consequences with heavy use. ‘Braking Point’ is based on MADD Canada’s philosophy that we all have choices to make in our lives and to make good choices; we need to know the facts. There were about 12 youths that completed all four sessions. It went great!

Training

Received training about ‘Safety’ in the workplace with the rest of my colleagues here at the Health Centre. This was provided by Health Canada.

Coloring Contest

For Valentine’s I had a coloring contest for all age groups in our monthly newsletter in which they were awarded a small prize.

Winter Meltdown Family Weekend

Worked along with the Mental Wellness Worker, Recreation Department and Sports and Leisure Coordinator to host a fun filled weekend for children and their families. Some of these activities included: a family movie night, pancake breakfast, races (3-legged, potato bag, egg-n-spoon, snow shoe, etc. The weekend activities ended with a family bingo in which there were beautiful family prizes to be won by all who participated. This weekend was a huge success and was appreciated by all who were there.

Community Fair

This is a yearly event in which every department has I guess what you would call like an 'Open House'. We are there to provide all kinds of information to the people of the community of what our program is all about as well answer any questions they may have. This is also a time for us to promote our services by displaying brochures, pamphlets, etc. Around 200 community members attended.

Flu Pandemic

Took part in a Flu Pandemic Practice in which I played the role of obtaining and updating client information such as telephone numbers.

Client Referrals

I referred 3 clients to treatment during this period.

Hitting the Target

As part of our health plan I will be acting a resource person at our local school with the elementary as well as the high school, starting in the next school year. We are looking at having me there on a weekly basis to provide information to the youth by way of information sessions and fun activities. Along with one on one with them to answer any questions they may have about drugs and/or alcohol. This will be an excellent way to put to use our NNADAP program as we don't have our own school within the community. We will be directly targeting the 'youth' which is one of our main priority groups.

The NNADAP program has organized many activities throughout the year as well as held information sessions on various topics with relation to alcohol and drugs. I would just like to emphasize that when an event or information session is organized by the NNADAP program it is especially hard to have participation because of the topic being alcohol and/or drugs. Although sometimes participation is lacking, I as a NNADAP worker try to make the best of it and the ones that are there will benefit from the message and hopefully pass it one to their friends and family.



Half Pints Bullying Workshop



Winter Meltdown Family Activity



Dating and Violence Awareness Workshop



FASD Awareness Walk



Health Centre Booth at Community Fair



Ice Fishing with Youth during March Break

DIABETES, NUTRITION AND COMMUNITY HEALTH

Diabetes

- Contribute articles for the monthly Community Newsletter about Diabetes, the complications of this disease and tips for preventing the onset of these complications.
- Assist with the Diabetes, Cholesterol and Blood Pressure Screening Clinic. This is a prevention activity that is used to help identify potential health issues for community members including our youth. A minimum of 2 are conducted each year.
- Assist the Community Nurse with the Quarterly Diabetes Breakfast Clinics. These clinics are organized for our community members living with Diabetes, they are asked to fast and come in to have their blood work done to provide us with an indicator of their daily blood sugar levels.
- Distributing current diabetes information to community members and keeping a stock of pamphlets and resource materials available for use.

Nutrition Program

- Contribute articles for the monthly Community Newsletter about healthy eating habits, label reading, and healthy recipes.
- Ensure that all activities organized by the Health Center Team have healthy snacks and refreshments. This includes all workshops, clinics and youth activities.
- Distributing current nutrition information to community members and keeping a stock of pamphlets and resource materials available for use.

Hunter's Point Youth Camping Trip

- Plan and organize the annual youth camping trip in Hunter's Point during the month of July. This is a two-week event that is divided for two age groups. The first week is for youth age 6 to 11 years and the second week is for youth age 12 to 17 years.
- Prepare all advertising, invitations for the trip.
- Prepare a healthy menu and shop for all supplies needed.
- Plan and implement activities, games and crafts for the youth including purchasing the necessary supplies.
- Arrange volunteers, transportation, cooks, and all other miscellaneous tasks for the trip.

Water Quality

- Replace the EHO when necessary (holidays etc). Monitor water quality, take samples, prepare samples and report sampling results.
- Monitor water quality/take samples for the community of Eagle Village First Nation on a rotating schedule for weekends and holidays. Monitor the water quality daily when replacing the EHO.
- Monitor water quality/take samples in the communities of Long Point First Nation and Timiskaming First Nation when replacing the EHO.
- Order chlorine when needed.

Youth Activities

- Assist other Health Center employees with activities geared towards creating a healthy physical lifestyle and an understanding of the basic rules within schools, society and home.
- March Break Activities
- NNADAP Youth Dances
- Workshops and information sessions
- Youth Halloween and Christmas Parties

Community Activities

- Assist other Health Center employees with activities geared towards creating a healthy lifestyle and strong community links.
- Holiday Celebration
- Elder's activities and events
- Workshops and information sessions

Community Spring Clean Up

- Plan and organize the community spring clean up.
- Advertise the event through the newsletter, poster and flyers.
- Purchase all supplies needed
- Arrange for trucks and volunteers for the day.
- Organize a barbecue for the participants.

Terry Fox Run

- Provide the local Elementary and Secondary school with healthy snacks for their annual Terry Fox Run.
- Purchase all snacks and refreshments and transport them to the school.
- Organize the staff to assist with event and help distribute the refreshments to the participants.

Community Newsletter

- Prepare articles, recipes and community calendar for the monthly community newsletter.
- Edit and publish community monthly newsletter for all on and off reserve members.
- Maintain and print all addresses for newsletter mail-outs and order the required stamps.

Administrative Support

- Replace the Clerk/Receptionist when necessary (holidays etc).
- Prepare Medical Transportation Excel worksheets
- Assist Clerk/Receptionist with office related & administrative duties
- Attend trainings, meetings and conferences as required.

COMMUNICABLE DISEASE, IMMUNIZATION AND OTHER NURSING PROGRAMS

The EVFN Community Health Nursing (CHN) Program works in cooperation with the Community Based Health Care Team to deliver services and programs to the Eagle Village First Nation members in the areas of Communicable Disease Infectious Control, Prenatal and Maternal Child Health, Diabetes and General Community Health.

Starting in October 2007, there have been changes in the EVFN Health Center nurse positions and staffing. Since January 2008 at which time a new homecare nurse joined our Health Care Team, I started in the CHN role with focus on the above designated programs.

2007–2008 Community Health Nursing Services included:

- Immunizing primary series to infants and preschool children in August 2007.
- Immunizing for Hepatitis B according to standard schedule.
- Community flu clinics, with a participation of 171 community members of all ages vaccinated against the influenza.
- Providing health education and information / prevention methods through the newsletter articles, displays, brochures at events.
- Prenatal and child maternal care - 3 female clients and the 3 infants post natal care.
- Cardiac and Diabetes Screening Clinics; specific screening of random blood sugars, cholesterol, blood pressure and weight.
- Open Clinic for walk-in during regular business hours for nurse consultations and nursing care.

Pandemic Planning

The Community Health Nurse will continue to work on, follow and maintain a plan of action for future needs of the community as per the evolving EVFN Pandemic Plan. The past 2007 Influenza Campaign season was used as a mock as one step of preparation for the possible future pandemics. Much information was retrieved for the utilization and evaluation of our current status of preparedness. Community flu clinic 2007 included participation of 171 community members of all ages vaccinated against the influenza. Breakdown is as follows; Total Adults 137, (54 males, 83 females), Total children (<18years) 34 (22 males, 12 females).

We are able to now put into perspective where our service strengths are and where focus areas of more preparedness remain. Coordination with local resources continues to be a priority and more steps similar to those seen in the past will continue as we continue to fine tune our pandemic plan. Raising awareness in the community and the workplace about the risks of influenza pandemic, education sessions and meetings to promote emergency preparedness continues to be a priority and a necessity.

Community Health / ADI

The Eagle Village Health Centre made major efforts to address diabetes education and awareness because of the disease's serious complications. In collaboration with CHR and with the Community Health Team, the CHN conducted quarterly diabetes - cholesterol screenings throughout the year. This involved organizing and implementing Fasting HgbA1c and Lipid Profile Clinics followed by Diabetic Breakfasts. Approx average of 13 participants have participated with these quarterly, yearly total attended is 52 for the sessions in 2007-2008. (Specifically, 27 males, 25 females). I will continue to strive towards continued success and increased participation with the goal of decreasing predictable and preventable complications.

Daily health center clinic activity with nurse availability for consultation and or treatment of various health related problems continues. Average # of persons over the last 3 months of the year to the health center clinic is 134 people / month. Examples of various issues from minor cuts and injuries to daily dressing changes and management of care. Preventative care including monitoring of hypertension and other disease processes, vein puncture clinics 2 times per week or as needed, as well as foot care services to diabetics continues to be the focus in activity.

By the guidelines of the Nursing Policy and the Nursing Standards of Practice, distribution of 'over the counter' medications from the Health Center pharmacy remains and will continue with individual assessment and teaching to maintain safe use and effective management for the well being of the community members

Biannually, a spring and fall community based screening event takes place. Cardiac and Diabetes Screening Clinics; specific screening of random blood sugars, cholesterol, blood pressure and weight. The focus and goal with these screening events is to screen as many people as possible at an event in hope that any unknown persons with presenting health identifiers, i.e. altered normal reading will be found, educated and advised to medical follow up to rule out or determine a disease process which was unknown to the client. 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.

Total attended in spring 2007 was 84, 75 Adults (29 males, 46 females) 9 Children (<18years) (7 males, 2 females)

Total attended in fall 2007 42 Adults (18 Males, 24 females) 0 children.

Prenatal / Maternal Child Health

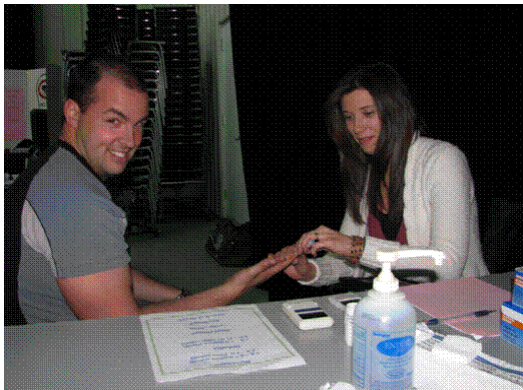
The Community Health Nursing Program is promoting the importance of an early start to a healthy life. A dedicated focus in the Maternal Child Program (MCH) is planning an effective approach to maternal child / family health delivery intended to provide earlier interventions to parents and children. In order to best direct our efforts, a needs assessment of the community has been initiated.

By continuing the combination with the CPNP Food Voucher (a resource with the Canadian Prenatal Nutritional Program CPNP objectives), the Community Health Nurse focused on nutritional counselling and health education pertaining to maternal food - nutrient supplementation. The CHN also collaborated in or provided case management services to families with infants and children

addressing the needs of the preconception age group through health awareness / education programs.

Community Health Nursing Services within the MCH and CPNP included:

- Individual Prenatal / Postnatal Counselling
- Providing supplies and information packages
- CPNP Food Vouchers (redeemable for the 4 Food Groups of Canada's Food Guide) Weekly distributions of the CPNP vouchers were provided to three pre / postnatal clients.
- Information sharing between with the local CSSS; setup & coordination of prenatal and post natal follow up and care.



Diabetes, Cholesterol and Blood Pressure Screening Clinic



Diabetes Clinic and Breakfast

HOME AND COMMUNITY CARE PROGRAM

The Home and Community Care Program assists and provides nursing services and nursing care to those individuals who have difficulty or are unable to leave their home in attempt to better manage their health and related health problems. The Home and Community Care program regularly services 15 members in addition to a fluctuation of approx 2 - 4 acute care clients that access our services as needed. The nursing services range from daily visits to monthly monitoring of chronic conditions.

Diseases such as Coronary Artery Disease, Hypertension, Respiratory conditions, Rheumatoid Arthritis and as well as Diabetes and related complications continue to be the focus of our interventions. The Homecare Nurse cares for clients with recent admission and discharges from the hospital, post injury clients and to those who require monitoring of chronic disease processes mainly in the elderly population. Other examples of the types of nursing services provided (when we have all the adequate materials on hand) are wound management and dressing changes, medication preparation and injections. We do have clients that require regular laboratory tests which we are able to do from a home environment where we transport the samples to the local laboratory.

In order to meet all the needs of our clients, with a team approach, links to other disciplines by the home care nurse have been a necessity. Disciplines such as Occupational Therapy, Physical Therapy and Social Work resources have been established and are outsourced at the present time. We continue to maintain an open relationship with the local CSSS and with the physicians who fortunately visit our community on a regular basis to better assist our population with health management.

As we aim to meet our objectives guided by our mission, the Home and Community Care Program has contributed and been a benefit in areas of education for prevention, access to support, direction for care and treatment to our community members. With not too many options as far as institutional care is concerned, we are pleased to have the opportunity to do our part in maintaining our members in their homes for as long as the capacity of our Home and Community Care Program, the home support of INAC and the support of family members can permit it.

MENTAL WELLNESS AND COMMUNITY LINKS PROGRAM

Youth Center Activities

A weekly event where one person from various departments would interact with youths, by way of workshops, information sessions or just playing games. These events are focus towards encouraging socializing amongst peers but also with adults.

Brighter Futures - Nobody's Perfect Workshop

Along with Patty Hunter (from Migizy Odenaw Childcare Center) we offered this 6 week workshop to new parents in the community. We invite special guest speakers such as our;

- Local police officers to speak about the proper use of car seats.
- The community nurse to advise them on immunizations, breast feeding etc....
- An elder to speak about traditional bonding and the cultural aspects of raising a child.

Youth Activities

- Swimming at the center (Approximately 10-12 youths attended)
- Bowling in North Bay (Approximately 40 youths)
- Outdoor games (Approximately 8-12 youth depending on activity ex; flag football, soccer, baseball etc.)
- Movie at center (Approximately 15 youth)
- Coping with rules workshop (Approximately 10 youth geared towards teens)
- In conjunction with Temiscaming Youth Centre, organized youth street Hockey tournament for Temiscaming carnival.
- Assisted recreation in Youth Halloween Party

These activities were geared towards creating a HEALTHY PHYSICAL LIFESTYLE which is presently lacking in our youth today, due to television, video games etc. We also create an understanding of basic rules within schools, society and home, which in hopes will deter bullying and peer pressure.

Adult Youth Crib Tournament

Along with NNADAP, once again to interact with the youth in a recreational way. (Approximately 12 teams of 2) This is to encourage adult youth interaction and communication, which can sometimes be difficult.

Aboriginal Day Celebration

- Drumming (Approximately 30-35 people attended to watch and participate)
- Traditional/Fancy Dancing (Same as above)
- Community Feast (Approximately 50 people)

This is a great opportunity to celebrate our heritage and culture with all members of the community, and share a common interest while encouraging group socializing in a positive setting.

Women's Traditional Sweat

Along with NNADAP, this workshop was geared towards Family Violence, helping women deal and express their thoughts on violence. There are many ways to help, but the traditional way was the most positive, they were relaxed, and the feeling of safety was overwhelming (comments from the women).

Half Pints Bullying Workshop

This group called Half Pints from Toronto came to talk with the youth about bullying, (highly recommended from Timiskaming First Nation) by way of a basketball game, one on one, and a clinic. They used their "little person" size as primary example as why & how they had to develop skills to cope with bullying. Once again another great success. (Approximately 110-125 people)

Fall feast to Honor the Grandparents

This is a day we chose to honor All the Grand-parents of Eagle Village, by way of community pot-luck, it was a great success. (Approximately 110-120 people) This was an event to help alleviate the isolation amongst our elders, by giving them an opportunity to socialize with family and friends.

Terry Fox Run

Along with the Local High School (all students attended). This has been an annual event for many years, and since 2004 we as staff at the Eagle Village Health Center in conjunction with the G. Theberge school, has help make a difference in the cause, while again promoting physical fitness and socializing.

SPORTS AND LEISURE PROGRAM

As of August 2007, Mr. Mitchell McMartin has permanently joined our Health Centre Team as the new Sports and Leisure Coordinator. His mandate although very large, will consist mainly on improving the opportunities to engage in physical activities with a primary focus on the youth. The activities carried out up until March 31st, 2008 were:

Hunter's Point Camping Trip

- Attended first week for the youth between the ages of 6 to 11 years of age.
- Provide 25 youth with physical activities throughout the week. Build team spirit and provide opportunities to stay fit.

Youth Weekly Sport Activities

- Provide the youths with two activities on Monday and Wednesday after school. Activities were sliding, skating, hockey, etc. On average there is 10-12 youth who attend these nightly activities. The highest amount that attended was 30 youth and 4 parents.
- With many youth enjoying sliding as an outing, it didn't take long to designate Monday as a day for sliding. Considering that walking up a hill with a sled is a vigorous workout it was seen as a very good activity to have fun while enjoying the benefits of being active with friends and parents. Good old fashion fun & exercise.
- There was a high participation of parents who came out with their children as there were 4 to 5 parents who would attend and participate in this activity with their children.

Pedagogical Days

- When the youth have a P.E.D. Day from school activities are set up on that day to keep them occupied. Examples of activities are arts and crafts, ice hockey or pool at the Centre in Temiscaming.

After School Activity Program at G. Theberge School

- Attend and participate with youth in after school activity every Thursday. The predominant sport played was floor hockey.
- There is an average of 14 youth participating.
- Our local junior "A" hockey team had one of its players come regularly to participate in the floor hockey activity as a mentor and role model.

Choose to Lose Challenge

- A challenge to all adults to see who can lose the most weight within a 12 week period.

- Participants would enter as a group of three. The team aspect was a test on all members because a team is only as strong if all three group members were working hard together and thus making it more fun as you always had friends pushing you harder to do better.
- Participants would weigh in every second week and a prize was given to one of the top 3 groups who lost the most weight.
- There was a total of 327.5 pounds lost for our combined group of 46 participants which is an average of 7.11 pounds per person.
- Most of our participants were very conscious of their food intake. The participants were very involved and asked many questions regarding proper dieting and nutrition.
- The health center brought in a nutritionist to our community to speak about calories, dieting and nutrition. There were 28 people who attended this session.

Timiskaming First Nation vs. Eagle Village First Nation: Challenge to Walk to Florida

- Planned and organized to compete against Timiskaming First Nation community in a walking challenge.
- There were a total of 40 participants who joined our challenge to complete 3 million steps.
- This was used as a challenge and time for adults to get out when they would like to enjoy the outdoors and benefit from a healthier active lifestyle rather than sitting in front of a television.

Terry Fox Run at G. Theberge School

- Provided activity assistance and support for the youth with drinks and snacks during the annual Terry Fox Run. All part of encouraging a healthy & active lifestyle along with support the fight against cancer.

March Break Activities

- Planned and organized a trip to North Bay to the theatres. A total of 63 parents and children attended this day. Good turn out and mobilization activity.
- Planned and organized activities such as an ice-fishing trip, a rally walk, tug-of-war, and curling. Traditional fishing through the ice was a huge success. The weather was nice and 30 youth ranging from 5 to 16 were able to enjoy freshly caught traditional shoreline lunch.

Lion's Club Telethon – Christmas Carolling

- Planned and organized a group of youth to practice and Christmas carol within our community and at our local community bingo. This brings the kids together & teaches them the value of caring for other less fortunate.
- The goal was to raise as much money towards the Lion's Club organization. We raised just under \$800. Thanks to all community members who respond well to this yearly activity...

Looking into the future, I will be attempting to coordinate a trip to Canada's Wonderland, a student exchange program with the YMCA, and to deliver a weekly work out group for the adults/elders of our community.

ENVIRONMENTAL HEALTH AND COMMUNITY BASED WATER MONITORING PROGRAM

For the fiscal year of 2007/2008 I was responsible for the Communities of Eagle Village First Nation, Long Point First Nation and Temiskaming First Nation. My responsibilities included but were not limited to the following:

- Pump house Operator for Eagle Village
- Weekly Water Quality Monitoring using the Colilert System
- Quality Control/Quality Assurance
- Chemical Sampling
- Reporting through the www.eau-water.ca web site

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

- 624 Colilert tests
- 1356 Free Chlorine tests
- 732 Total Chlorine tests
- 3 Physical/Chemical samplings
- 12 Quality Control/Quality Assurance tests
- 52 Turbidity tests (water clarity)

The Pinagomin Nibi Acitc Kigos project funding was finally approved and sampling started on September 4th, 2007. Sampling continued until November 30th, 2007 for a total of 13 weeks. The objective of this project is to determine the level of Hg contamination of the fish consumed by the members of Eagle Village, Long Point, and Temiskaming First Nations. With this data we will be able to produce a consumption guide to help our community members make healthy and informed eating choices.

In the spring of 2007 I was also asked to sample the raw water at the Eagle Village Water Treatment Plant. This study was to provide information for the design of a future Water Treatment Plant for Eagle Village. Raw water was sampled and sent to an external laboratory for analysis. All the data was sent to the Algonquin Anishinabeg Nation Tribal Council.

EMPLOYEE TRAINING

Similar to the previous years, various degrees of training have taken place according to our plan. However like many other communities, we have taken advantage of other types of initiatives provided by the Federal, Provincial and Regional Agencies that are more often than none, free of charge. Other than Health Canada and the FNQLHSSC, most other English training sources are rare or somewhat difficult to find without having to pay for high transportation cost. I will attempt to find that unique balance between it all within our 5 year agreement.

Here is some of the training that took place throughout the fiscal year 2007-2008 campaign;

For the Nursing Staff:

- P.I.Q. Immunization training
- Wound Management
- Multi Clientele
- S.T.I.D. Training
- CPR and AED Training
- Employee Safety
- Computer / Excel

Other Program Employees:

- CPR and A.E.D. Training
- Customer Satisfaction
- Employee Safety
- Foetal Alcohol Effects
- Computer / Excel



Management Training:

- Manager's Role and Responsibilities
- Customer Satisfaction
- Human Resources Workshop

PRIORITIES FOR 2008 - 2009

The priorities set out for the fiscal year include addressing the points brought out by our first evaluation that even though it puts us on the right track towards obtaining our objectives, it described our struggles to record health specific data related to all prevention and promotion activities. Our introductions dealings with the RMAF since early summer of 2008 should provide us with the necessary framework to gather such precise information regardless of it's' depth in relevancy or community accountability. Somewhere down the line, this reporting system should provide us with complementary information needed to ensure accountability, transparency and efficiency.

Revisiting our human resource policies is another important aspect we need to address. Some minor adjustments may need to take place in order to be uniform in its application. Establishing a salary scale for the Health Department workers will be complimentary to the human resource refurbishing.



Family Bannock Making Contest



Skating at the Recreation Centre



Adult Youth Cribbage Tournament



FASD Workshop

EAGLE VILLAGE FIRST NATION HEALTH CENTRE STAFF

- David McLaren, Health Director
- Jennifer Presseault Community Health Nurse
- Luc Roy, Homecare and Special Projects Nurse
- Cecile McKenzie Clerk / Receptionist
- Tina Chevrier Nutrition/Diabetes and Community Health
- Virginia McMartin Wellness and Community Links
- Vicky Constant Addictions
- Terry Perrier Environmental Health
- Mitchell McMartin Sports and Leisure
- Roger Lariviere Transportation Coordinator
- Judy Young Medical Transportation Driver
- Wayne Robinson Medical Transportation Driver
- Joan Blackmore Certified Homecare Worker
- Claudette Jawbone Janitorial Services
- Melvin McKenzie Maintenance
- Migizy Odenaw Childcare Centre Head Start and Brighter Futures
- Gerald Chaput Pinagomin Nibi Acitc Kigos Project

GLOSSARY OF TERMS

Prevalence Rate

The number of people in a population who have a disease at a given time: the numerator is the number of existing cases of disease at a specified time and the denominator is the total population.

Targeted Programs

Are specific health programs that do not allow for any carry over or transferability to other programs. It starts & ends within the same fiscal year.

Program Cluster

An amalgamation or a regrouping of health programs under a common denominator. An example of a cluster could represent programs dealing with children & youth. (See Page 6)

FNQLHSSC

First Nations of Quebec and Labrador Health and Social Services Commission.

NIHB

Non Insured Health Benefits. Medical services not covered by the Provincial (RAMQ) Health Care System.

RMAF

Reporting Management Accountability Framework. It's a new template quantitative driven reporting system stemming from treasury board directives. Adjustments are still ongoing but program workers have begun to use it.