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**ANNUAL
 REPORT**



2013
 2014

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CREE BOARD OF HEALTH AND
 SOCIAL SERVICES OF JAMES BAY



Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

2013

2014

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**ANNUAL
REPORT**

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Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay

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David Blueboy, Waskaganish



Η ΚΙΝΗΤΗΡΑ ΔΙΑΣΤΑΣΗ

INTRODUCTION
ABOUT US

ABOUT THE CBHSSJB

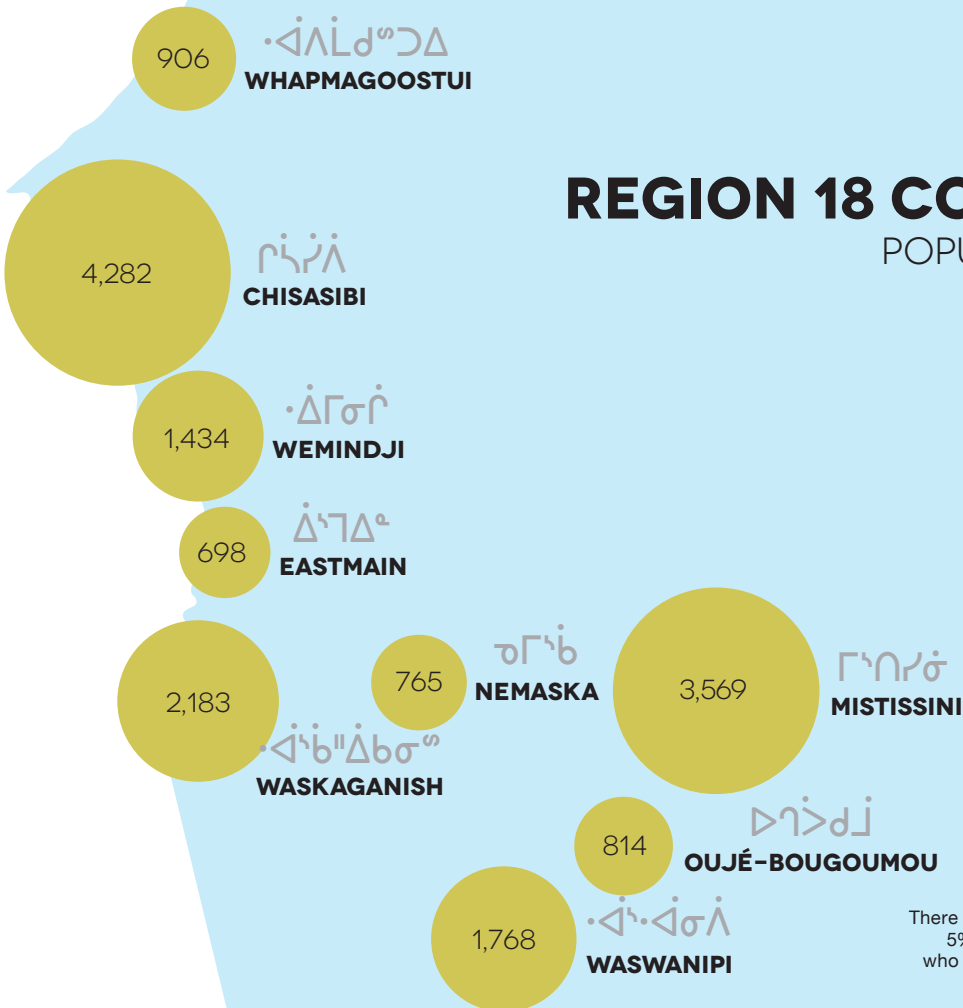


Founded in 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) is responsible for the administration of health and social services for all persons residing either permanently or temporarily in Region 18, the administrative region of the Ministry of Health and Social Services of Quebec corresponding to the Cree territory of James Bay. Our mandate is defined in Chapter S-5 - An Act respecting health services and social services for Cree Native persons.

In each of the nine communities of Eeyou Istchee, the CBHSSJB operates a Community Miyupimaatisiun Centre (CMC), which is similar to a CSSS elsewhere in Quebec. CMCs offer services in general medicine, home care, dentistry, social services and allied health.

In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three homes for youth at risk, a Regional Public Health Department and program planning unit, Cree Patient Services liaison offices in Chibougamau, Val d'Or and Montreal, and a recruitment office in Montreal. The Head Office is in Chisasibi.

The CBHSSJB is governed by a Board of Directors whose Chairperson is Bella M. Petawabano. Advisory Committees and Councils report directly to the Office of the Chair, as do the Commissioner of Complaints and Quality of Services and the Medical Examiner. The Executive Director is Mrs. Mabel Herodier.



REGION 18 COMMUNITIES POPULATION JULY 2013

There is an additional approximately 5% of non-permanent residents who also receive services from the CBHSSJB.

ESTABLISHMENTS

REGIONAL SERVICES

Regional Administration

PO Box 250
Chisasibi, QC J0M 1E0
Phone 819-855-2744
Fax 819-855-2098
Complaints 1-866-923-2624

Chisasibi Hospital

Chisasibi, QC J0M 1E0
Phone 819-855-2844

Recruitment Centre

277 Duke Street
Montreal, QC H3C 2M2
Phone 1-877-562-2733
Email jobs.reg18@ssss.gouv.qc.ca

Public Health Department

203 Mistissini Boulevard
Mistissini, QC G0W 1C0
Phone 418-923-3355
Montreal 514-861-2352

Cree Patient Services Liaison Offices

CPS Chisasibi Hospital
Phone 819-855-9019

c/o Centre de santé de Chibougamau
51, 3^e Rue

Chibougamau, QC G8P 1N1
Phone 418-748-4450

1610 Ste-Catherine West
Suite 404

Montreal, QC H3H 2S2
Phone 514-989-1393

c/o Hôpital de Val-d'Or
725, 6^e Rue

Val-d'Or, QC J9P 3Y1
Phone 819-825-5818

Youth Healing Services

Reception Centre

139 Mistissini Boulevard
Mistissini, QC G0W 1C0
Phone 418-923-3600

Upaahchikush Group Home

Mistissini, QC G0W 1C0
Phone 418-923-2260

Weesapou Group Home

Chisasibi, QC J0M 1E0
Phone 819-855-2681

Youth Protection Hotline

1-800-409-6884

COMMUNITY MIYUPIMAATISIUN CENTRES (CMCs)

Chisasibi CMC

Box 250
Chisasibi, QC J0M 1E0
Phone 819-855-9025

Eastmain CMC

Eastmain, QC J0M 1W0
Phone 819-977-0241

Mistissini CMC

Mistissini, QC G0W 1C0
Phone 418-923-3376

Nemaska CMC

Nemaska, QC J0Y 3B0
Phone 819-673-2511

Oujé-Bougoumou CMC

PO Box 1170
Oujé-Bougoumou, QC G0W 3C0
Phone 418-745-3901

Waskaganish CMC

PO Box 390
Waskaganish, QC J0M 1R0
Phone 819-895-8833

Waswanipi CMC

Waswanipi, QC J0Y 3C0
Phone 819-753-2511

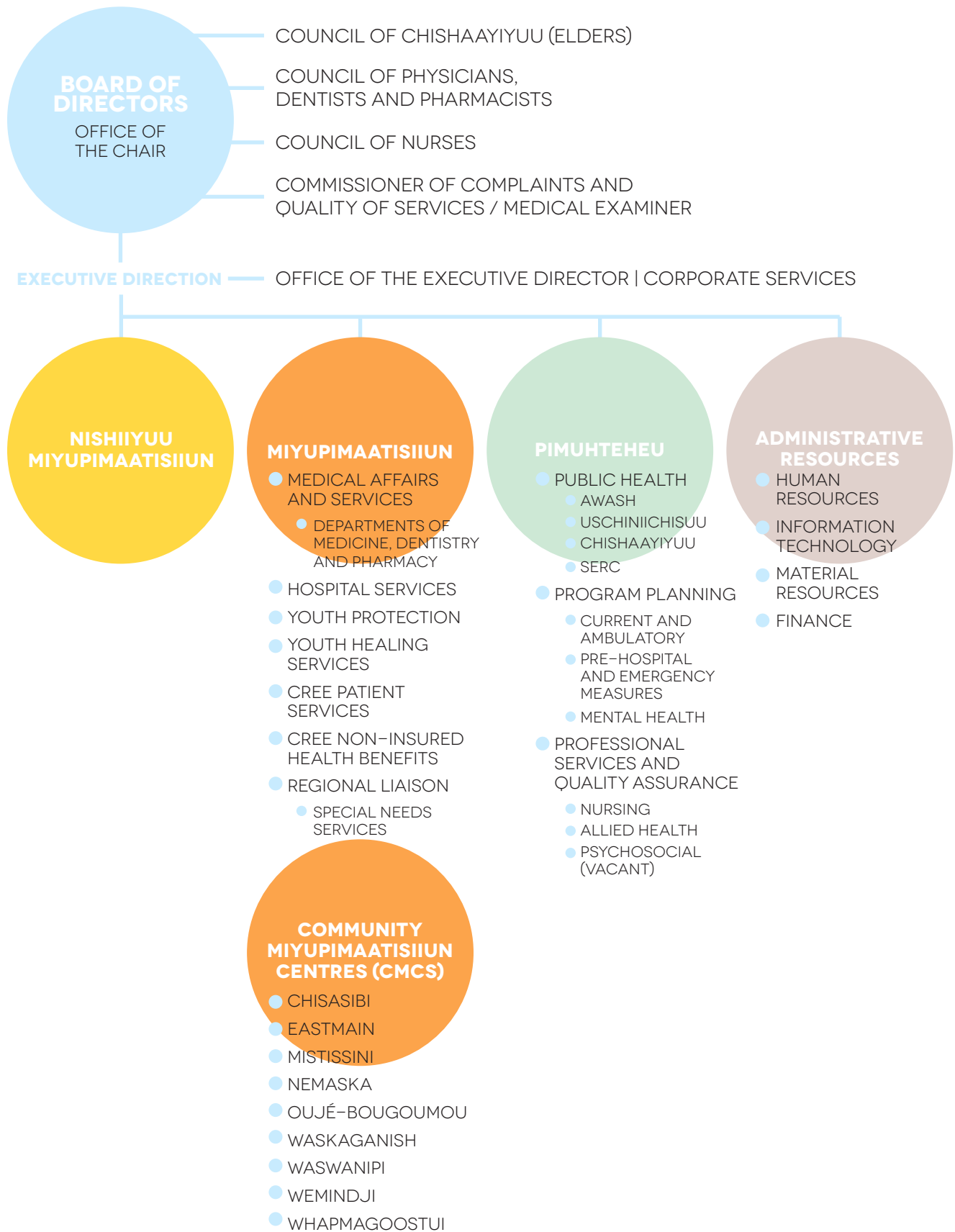
Wemindji CMC

Wemindji, QC J0M 1L0
Phone 819-978-0225

Whapmagoostui CMC

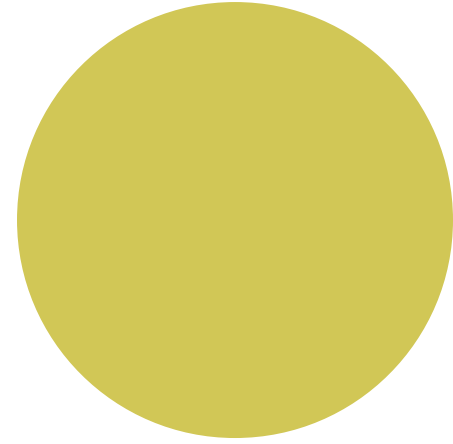
Whapmagoostui, QC J0Y 1G0
Phone 819-929-3373

CBHSSJB ORGANIGRAM





MESSAGE FROM THE CHAIR



This has been a very productive year for the Board of Directors and the Office of the Chair. Together, we have laid down a pathway to reach the key goal of my mandate as Chair – to propose specific revisions to bring up-to-date the Quebec law that governs our organization, Chapter S-5.

Under the 1978 James Bay and Northern Quebec Agreement, the Crees of Eeyou Istchee have the right to exercise a degree of control over our health and social services – to care for our people in a way that is compatible with our values and our culture. Our rights and responsibilities in this respect are outlined in the Quebec law Chapter S-5, an Act respecting health and social services for Cree Native persons.

As a Board, we must be proactive in making sure that Chapter S-5 keeps pace with changes in both the Cree world and with the evolution of the main Quebec health and social services law, Act 4.2. Coming to the table with the solution in hand is a hallmark of the Cree negotiating style. It is an approach that has served us well since the days of Billy Diamond. This is how we plan to tackle the necessary revisions to Chapter S-5 with our partners, the Cree Nation Government and the Government of Quebec. Before we reach this goal, I have put in place three stepping stones that will help us get there.

The first stepping stone is training. To prepare our Board members to undertake this complex work, we have put in place a program of Governance Training. In 2013-2014 there were over 7 full days of training, covering topics including governance, policy development, and ethics.

The second step is to revise and update the CBHSSJB's own rules and regulations. In September 2013, the Board approved revisions to the Consolidated General By-Law 8, which defines the structure and functioning of the Board of Directors, its councils and committees. The revisions, overseen by the Moses-Petawabano Advisory Committee, bring the by-law up-to-date so that it reflects organizational changes that have taken place over the past few years. The next round of revisions will take place after C-S.5 is updated.

The third stepping stone, which we laid in March 2014, was the adoption by the Board of a new Governance Model based on the one developed by the Association québécoise des établissements de santé et de services sociaux (AQESSS), adapted to the treaty and legal framework of the CBHSSJB. The Governance Model will be a tool to define governance instruments and orientation tools for the Board and its members, including the Executive Director; and other instruments for the management, administration and operation of the CBHSSJB and its facilities.

As a Board, we have worked extremely hard this year, but our energy is renewed every day by the knowledge that our work will benefit the CBHSSJB and the people of Eeyou Istchee for years to come.

I take this opportunity to welcome to our team new community representatives, Stella Moar Wapachee of Nemaska and Ida Gilpin of Wemindji. I extend my heartfelt thanks to Angus Georgekish of Wemindji and to Thomas Jolly for his years of service to the Board of Directors as Vice-Chair, Chair of the Audit Committee and Community Representative for the Cree Nation of Nemaska.


Bella M. Petawabano



MESSAGE FROM THE EXECUTIVE DIRECTOR

2013-2014 has been a year of visible progress for CBHSSJB services and infrastructure. Some of our most remarkable success stories are also examples of teamwork — employees in different communities and in different departments working together with a shared purpose. The examples below remind us to bring to our job the teamwork skills we practice daily in our families and our communities.

A state of emergency was declared in Eastmain in June 2013 due to a very large forest fire, which came within four kilometers of the village. 275 vulnerable persons were evacuated to Val d'Or. They were identified based on health status by the CBHSSJB. I'm proud of the way our organization handled the evacuation and maintained services to those remaining in the community during this time. The effort involved local CMC staff as well as the Pimuchteheu Group, Cree Patient Services, Communications and managers across the region, who put their holiday plans on hold and worked tirelessly until the emergency was over.

This year saw the deployment of the first true telemedicine service in our territory: retinopathy screening, which allows a local CHR/nurse team to take a picture of the patient's eye and send it for analysis to an eye specialist in Montreal. Psychiatry, speech therapy, non-stress-tests for pregnant women and echocardiographs to assess heart conditions are being piloted, and programs in tele-nephrology and tele-dermatology are also being planned. Telemedicine is a fusion of clinical practice with technology, linking our communities with tertiary care centres in Montreal and elsewhere. As such, it involves a collective effort by clinical staff, CMC and hospital management, the Information Technology Resources Department, and of course the instrumental partnership of RUIS McGill and the MUHC network in Montreal.

Another example of teamwork is a regional consultation process called Iyuu Itahwin Health Programming (IAMP). In this project, the Nishiiyuu Miyupimaatsiun Group is working with the Public Health Department to involve community members in consultations to develop community profiles. This will be one of the means to assist each community to determine its own local health priorities. This initiative balances the evidence-based, scientifically-informed approach of Public Health with the principles of Nishiiyuu, a department with a mandate to help channel Cree traditional practices and Cree values into our approach to planning, prevention and service delivery.

I'm very proud of the progress we have achieved in capital projects, which are truly a collective achievement. We began the year with the official opening of the CMC in Mistissini. The \$29 million, almost 5,000 m² building has a fully equipped laboratory, radiology facilities, a pharmacy and a hemodialysis unit. In partnership with the Cree Nation of Chisasibi, a site was identified for the future Hospital and Miyupimatisiun complex in Chisasibi. The site is large enough to accommodate the new state-of-the-art Hospital in a campus-style setting that will include a new Regional Administration Centre facility and employee housing. With these capital projects the improvements are being made visible to the communities.

I would like to thank Clarence Snowboy, who left his position as Assistant Executive Director of Administrative Resources to pursue new challenges, and Martin Meilleur, who served as Director of Financial Services for many years and resigned in 2014. They will be missed.

Mabel Herodier

POPULATION HEALTH OVERVIEW

In 2004, the Cree Board of Health's Strategic Regional Plan stated that its principal, long-term objective was to demonstrate indicators for health and social wellness for the Eeyou population at least equal to those observed or sought for the general population of Quebec. It then said that its specific shorter-term objectives should be reviewed in 2014 to assess the impact of the plan after its first decade. In this context, a comparative review of the changes in health profile of Eeyouch over time will be presented later in 2014, comparing earlier patterns to what is known about the current health status, some of which is reported below.

The Cree Board of Health provides services to all people in the nine communities within Health Region 18. Based on the 2011 Census figures (unadjusted for undercount), the total resident population of the Cree region was 16,345. This population comprised 15,540 First-Nation residents (or 95.0% of the total resident population), and 825 non-First-Nation residents (85 Inuit, 35 Metis or Multiple aboriginal origins and 650 non-aboriginals, the latter being mostly transient professional workers).

Since the signing of the James Bay and Northern Québec Agreement (1975), the Eeyou population of Region 18 has more than tripled, going from 5,000 in 1976 to 16,419 in 2013. In the past 26 years it has doubled from 8,263 in 1987 to 16,419 in 2013. Almost 58% of Eeyou live in the five coastal communities and just over 42% in the four inland ones. Between 2008 and 2013, the Cree population has grown 12.6% compared to about 1.0% for all Quebec for the same period. The annual growth in the region has remained steady at 2.4% in the past 15 years. Assuming an average annual growth of 2.0% from 2014, the Cree population could reach close to 27,000 individuals within the next 25 years (2039). It should be noted that a steady drop in the births numbers during the past 6 years (19.1% from 2007 to 2013) could compromise this.

This rapid growth is reflected in an elevated youth dependency ratio of 53% (youth population 0-19 compared to the working-age population 20-64), compared to 23% for all Quebec. Conversely, the elder dependency ratio (seniors population 65+

compared to the working-age population 20-64) is much lower than in Quebec (9% vs. 25%).

The main demographic characteristics of the Cree population are the following:

- A very young population: 31% of the people are under 15 years of age (34% in 2001) compared to 16% for all Quebec. 57% of the Crees are under 30 years old (63% in 2001) compared to 34% for Quebecers as a whole.
- Relatively few older people: 6% aged 65 years old and over, compared to 17% for the province.
- 98% of aboriginal residents in Region 18 speak Cree while 89% speak Cree at home.
- English is spoken by 89% of the aboriginal population (1996: 77%) and French by 24% (1996: 29%) while 11% speak neither (1996: 20%).

A baby boy born in Eeyou Istchee between 2005 and 2009 is expected to live 74.5 years (71.8 in 1985), significantly lower when compared to 78.4 for boys in the rest of Quebec; for a girl baby, life expectancy is 81.1 years (76.3 in 1985), compared to 83.1 years for girls in the rest of Quebec.

Since the signing of the James Bay and Northern Quebec Agreement in 1975, the Eeyou population of Region 18 has more than tripled, going from 5,000 in 1976 to 16,419 in 2013.



From 1987-1991 to 2007-2011, the total fertility rate per woman in the region has remained relatively steady and almost double that of Quebec. In 2013, there were 335 births, a sharp and steady decline from the 431 births reported for 2007. Data for 2006-2007 to 2010-2011 for caesarean sections suggest for the first time that rates in the region are slightly above the general Quebec rate (27.1% vs 23.1%). Eeyou Istchee compares well to Quebec on almost all the indicators related to fetal growth retardation and prematurity. Unlike Quebec, the region has few low-birth-weight infants and many high-birth-weight ones (around 10% of births).

Almost one in five babies (17.5%) is born to a mother under the age of twenty. Between 2007 and 2011, there were an average of 70 births each year to teenage mothers; of these, 45%, or an average of 31 births, were to mothers aged 17 or younger. In the 2003 health survey, one in four younger mothers reported drinking during her pregnancy, and this age group also has high rates of sexually transmitted infections. While one young child in five was being raised in a lone-parent family in 2006, these children were also most likely to be living in three-generation households.

The 2011 census data shows that households are constituted of multiple families at a much higher rate than in Quebec (17.8% vs 0.8%), that the number of persons per room is also much higher (0.7 vs 0.4). Consequently, the proportion of households with more than one person per room is also much higher (18.5 vs 1.3).

In surveys, Eeyouch report strong social supports and identify with their communities, but they also express great concern about social issues. In a 2006-2007 survey, 44% of men and 50% of women reported having been physically abused in their lifetime, and 23% of men and 35% of women reported having been sexually abused. As well, just over 3% of all self-described gamblers meet the criteria to be classified as “problem” gamblers, while close to 30% can be classified as moderate to high risk gamblers.

Youth and young adults up to age 29 continue to show very high rates of sexually transmitted infections (STIs). These rates tend to range between seven to eleven times higher than the rates in Quebec.

Rates of hospitalisations are higher in Eeyou Istchee for almost all health conditions. Excluding hospitalisations for normal pregnancy and childbirth, as well as those pertaining to factors to do with people in the system (e.g. waiting for long-term care beds, etc.), there were on average 2,150 hospitalisations each year over the five-year period from 2006-2007 to 2011-2012. Hospitalisations for injuries have been increasing, especially for “intentional” injuries. Hospitalisations for suicide attempts and suicide ideation are ten times the rate for the rest of Quebec, but the rate of completed suicide is at or even slightly below the Quebec average.

Between 2007 and 2011, Eeyouch died from cancer (21.2% of all deaths), circulatory diseases (17.9%), and external causes which were mainly due to injuries (16.1%). Infant mortality rates in Eeyou Istchee have fallen from an annual rate of 5.3 per 1,000 live births in 1985 to 2.9 per 1,000 in the 2005-2009 period, but this rate is still 2.5 times that of the rest of Quebec. Some of these deaths are from an incurable genetic condition.

Since 1983, the number of new cases of diabetes in Eeyouch has doubled every decade from 2.4% of the population in 1983 to 2096 individuals by 2011. Diabetes now affects more than one adult in five.





In 1983, 2.4% of Eeyouch aged 20 or more had diabetes, but by 2011 this rate had increased to 22.1%, or 2096 individuals. In 2009, this rate was already 3.3 times higher than the rate in Quebec. Since 1983, the number of new cases has doubled every decade. In 2009-2011, 337 Eeyouch were newly diagnosed with diabetes, which now affects more than one adult in five. Eeyouch are also being diagnosed at younger ages, which puts them at greater risk of eventually developing complications from diabetes. In 2011, almost one in four individuals aged 20 or more (24.1%) living with diabetes was under forty years of age. At the end of 2011, more than a quarter of all patients (26.3%) had been diagnosed with diabetes within the past four years, and 56.1% had been diagnosed in the past nine years.

Heart disease is also increasing among Eeyouch, both those with and those without diabetes. This increase is not surprising since the lifestyle risks for diabetes are the same as those for heart disease and cancer: poor diet, lack of a physically active lifestyle, smoking, and obesity. The statistics for diabetes show the importance of mobilizing the communities to halt or slow the diabetes epidemic, which would also have an impact on the heart disease epidemic and would help to slow the rise of colorectal cancer in men. However, the poor diet and sedentary lifestyles of youth is a cause for alarm. Overall, it is not clear how the health care system will be able to manage the growing numbers of people with serious chronic diseases, and these trends in chronic diseases are unlikely to change unless the underlying social issues are first addressed.

Prepared by the Public Health Department



2



OFFICE OF THE
CHAIR AND
EXECUTIVE GROUP

**BOARD OF
DIRECTORS**
OFFICE OF
THE CHAIR

COUNCIL OF CHISHAAYIYUU (ELDERS)

COUNCIL OF PHYSICIANS,
DENTISTS AND PHARMACISTS

COUNCIL OF NURSES

COMMISSIONER OF COMPLAINTS
AND QUALITY OF SERVICES /
MEDICAL EXAMINER

**EXECUTIVE
DIRECTION**

OFFICE OF THE EXECUTIVE DIRECTOR
CORPORATE SERVICES



BOARD OF DIRECTORS

REGULAR MEETINGS: 4 | CONFERENCE CALLS: 5 | SPECIAL MEETINGS: 6 | TRAININGS: 3

MEMBERS

Chair and Cree Regional Authority Representative

Bella M. Petawabano

Executive Director of the CBHSSJB

Mabel Herodier

Community Representatives

Eva Louttit, Eastmain

L. George Pachanos, Chisasibi

Stella Moar Wapachee, Nemaska

Noah Coonishish, Mistissini

Lisa Shecapio, Oujé-Bougoumou

Shirley Hester Diamond, Waskaganish

Jonathan Sutherland, Waswanipi (Vice-Chairman)

Patricia George, Whapmagoostui (re-elected Dec 2013)

Ida Tomatuk, Wemindji (Elected in Dec 2013)

Gloria Polson, Observer for Washaw-Sibi

Clinical Staff Representative

Dr. Darlene Kitty

Non-Clinical Staff Representative

Reggie Tomatuk

Administrative Committee

Bella M. Petawabano

Mabel Herodier

Dr. Darlene Kitty

Reggie Tomatuk

Jonathan Sutherland - Appointed in Dec 2013

L. George Pachanos - Appointed in Dec 2013

MEETINGS: 6

Audit Committee

L. George Pachanos - Appointed in Feb 2014

Patricia George

Jonathan Sutherland

MEETINGS: 4



Left to right: Stella Moar Wapachee, Dr. Darlene Kitty, Reggie Tomatuk, Mabel Herodier, Bella M. Petawabano, Jonathan Sutherland, Lisa Shecapio, Gloria Polson, Noah Coonishish. Missing: Eva Louttit, L. George Pachanos, Shirley Hester Diamond, Ida Tomatuk, Patricia George.

EXECUTIVE AND SENIOR MANAGEMENT



OFFICE OF THE CHAIR

Bella M. Petawabano, Chair of the Board of Directors

Louise Valiquette, Commissioner of Complaints (interim)

Senior Management

EXECUTIVE DIRECTORATE

Mabel Herodier, Executive Director*

Laura Moses, Director of Corporate Services*

Paula Rickard, Assistant to ED (interim)
(Vacant), Advisor to Executive Director for Special Projects

NISHIYUU MIYUPIMAATISIUN GROUP

Sam W. Gull, Assistant Executive Director (AED)*

MIYUPIMAATISIUN GROUP

Lisa Petagumskum, Assistant Executive Director (AED)*

Dr. Laurent Marcoux, Director of Medical Affairs and Services

Daniel St-Amour, Director of Hospital Services

Robert Auclair, Director of Youth Protection (DYP)

Mary Bearskin, Assistant Director of Youth Protection

(Vacant), Assistant Director of Youth Protection - Youth Criminal Justice Act and Foster Homes

Gordon Hudson, Director of Youth Healing Services

Caroline Rosa, Director of Cree Patient Services

Gloria Ann Cozier, Assistant to AED, Services

Janie Moar, Assistant to AED, Operations

(Vacant, not implemented), Assistant to AED - Cree NIHB

DIRECTORS - COMMUNITY

MIYUPIMAATISIUN CENTRES (CMCs)

Josephine Sheshamush, Chisasibi

Rita Gilpin, Eastmain

Annie Trapper (on leave), Yionna Wesley (replacement), Mistissini

Beatrice Trapper, Nemaska

Susan Mark, Oujé-Bougoumou

Alan Moar, Waswanipi

Bert Blackned, Waskaganish

Greta Visitor, Wemindji

John George, Whapmagoostui

PIMUHEHEU GROUP

Laura Bearskin, Assistant Executive Director (AED)*

Louise Carrier, Director of Professional Services and Quality Assurance (DPSQA) Nursing

Adelina Feo, DPSQA Allied Health

(Vacant), DPSQA Psychosocial

Anne Foro, Director of Planning and Programming

Public Health department

Dr. Robert Carlin, Director of Public Health (interim)

Taria Coon, Assistant Director of Public Health - Awash Miyupimaatisiun (interim) and Uschiniichisuu Miyupimaatisiun

Paul Linton, Assistant Director of Public Health - Chishaayiyuu Miyupimaatisiun

Jill Torrie, Assistant Director of Public Health - Surveillance, Evaluation, Research and Communications (SERC)

ADMINISTRATIVE RESOURCES GROUP

(Vacant), Assistant Executive Director (AED)*

Martin Meilleur, (resigned January 2014), Director of Finance*

Denis Tremblay, Assistant Director of Finance

Thérèse Lortie, Director of Human Resources (interim)

Thomas Ro, Director of Information Technology Resources

Luc Laforest, Director of Material Resources

*Member of the Executive Team

COMPLAINTS AND QUALITY OF SERVICES

REPORT OF THE COMMISSIONER OF COMPLAINTS AND QUALITY OF SERVICES

Accompanied by the Chair, Bella Petawababano, I visited seven Cree communities of Eeyou Istchee and Val d'Or as part of an ongoing Community Tour to explain the complaints process, the Code of Ethics, and the Commissioner's role to community members and Cree Health Board employees. Attendance at the meetings was excellent and we received many suggestions on how to improve the quality of services. We would like to thank everyone who participated in our meetings.

Over thirty formal complaints were received in 2013-2014, a significant increase from eleven last year. During the Community Tour I received and documented information concerning 60 situations. Some of them resulted in formal complaints, but most of them led to recommendations from the Commissioner to the Board of Directors. Six additional complaints received in 2013-2014 concerned the actions of physicians, dentists or pharmacists, and were therefore referred to the Medical Examiner. Five complaints were referred to other departments within the CBHSSJB. Looking at the nature of the complaints, the majority concerned access to services and continuity of care. Many concerned financial and organisational matters connected with the transfer of patients to other regions to obtain services.

I am proud to announce that the Vigilance Committee is now established and is working with me in order to make recommendations to the Board of Directors and to follow up on these recommendations when adopted by the Board of Directors. The Vigilance Committee is currently following up on a problem in Youth Healing Services.

As Commissioner I participate in meetings of the Table ministérielle des commissaires régionaux du Québec de la Direction de la Performance et de la qualité. Objectives for the coming year are to conclude the Community Tour with visits to the two remaining communities of Whapmagoostui and Eastmain. I will also work to monitor implementation of the recommendations that arose from the Community Tour, in collaboration with the Vigilance Committee and the Board of Directors. I will look for ways to speed up the turnaround time needed to resolve and close complaints files.

Finally, I would like to remind people to remember to leave your contact information on the voice-mail when contacting my office using the toll-free number, so that I can call you back.

Louise Valiquette

Commissioner of Complaints and Quality Services

Louise Valiquette is a lawyer with the Montreal firm Sogolex and an accredited mediator specializing in workplace mediation. She is a member of the Quebec Bar and President of the Seniors' Rights section of the Quebec division of the Canadian Bar Association.



REPORT OF THE MEDICAL EXAMINER

During this period I reviewed and analyzed seven complaints, and gave further assistance to medical managers on other problematic issues. The complaints concerned four physicians (two of whom had received two complaints) and one pharmacist. I did not reject any complaint. None of the complaints required a referral to disciplinary committee. Direct recommendations were made to two physicians to alter their practice, and essentially all the cases were resolved with constructive suggestions and to the satisfaction of the complainants. I shared the results of my analyzes with Dr. Laurent Marcoux, Director of Professional Services - Medical, who holds the professional files of the members of the Council of Physicians, Dentists and Pharmacists.

There is still a need for a better recognition of the complaint process. I will once again explain my role to the CPDP membership at their annual meeting in the fall, and I will continue to work with the Commissioner to address complaints that have a medical component. I look forward to continuing collaboration with the CHBSSJB in the coming year.

Dr. François Charette, Medical Examiner
Dr. François Charette addresses complaints relating to the actions of a doctor, dentist or pharmacist.

COMPLAINTS

Phone toll free:

1-866-923-2624 (voicemail)

Email:

r18.complaints@ssss.gouv.qc.ca

Download CBHSSJB Code of Ethics:

creehealth.org/about-us/users-rights



Bella M. Petawabano, Abel Bosum (Cree-Quebec Negotiator), Louise Valiquette

CORPORATE SERVICES

The Director of Corporate Services, Laura Moses, continues to act as Corporate Secretary to the Board and is responsible for the proper functioning of the Board of Directors' operations and meetings. The Department acts as a bridge between the Office of the Chairperson and the Office of the Executive Director. Corporate Services also oversees corporate communication and translation services for the organization.

Under the chairmanship of Bella M. Petawabano, Board committees such the Moses Petawabano Advisory Committee (MPAC) and the Vigilance Committee are becoming more and more active, therefore adding more responsibilities to the department in terms of logistics and support. The mandate of the MPAC is advise the Board of Directors on the governance and legislative framework of the CBHSSJB, including the Act respecting health services and social services for Cree Native persons, R.S.Q., c. S-5, and related laws, regulations and by-laws. The Vigilance Committee is responsible for the quality of services, enforcement of users' rights and diligent handling of complaints. In addition, the Audit Committee is becoming more active.

The General By-law No.8 has undergone revision to bring it into alignment with the Act respecting health services and social services for Cree Native persons, R.S.Q. cS-5, and it was approved in September 2013 by the Board of Directors. This is a much needed tool for Corporate Services. Conflict of Interest Policies and a Code of

Ethics were adopted in March 2014. Instances of potential conflict must be reported to the Director of Corporate Services. As the policies come into effect, a "train the trainers" approach will be used to ensure that all officers and managers understand and comply with the policies.

The department adopted a web-based system to facilitate management of documentation related to Board meetings, such as agendas, resolutions and supporting documentation. When fully implemented, this tool it will lead to paperless Board meetings.

The Coordinator of Communications, Katherine Morrow, continues to update the website and develop the social media presence of the CBHSSJB. This year, much work was done to add the HR Module feature on the website. This will allow the people to go on the website and view job postings, apply online and subscribe to an email service to receive new job postings as they appear. CBHSSJB Communications played an important role in keeping staff and population informed of the latest developments during the very active forest fire season of 2013. In 2014 the role of Information Officer will be filled, a position that will be directed towards improving internal communications. Demand for English-French and French-English translation services continues to increase. The department has a contract with an outside language services firm to ensure continuity of services when the in-house translator Martine Saddik is fully occupied or unavailable.

Opposite page:
In addition to the corporate website www.creehealth.org, the CBHSSJB is active on social media platforms, including Facebook, Twitter, LinkedIn and Flickr.

English Français

July is **Physical Activity Month in Eyou Istchee**

Let's get Cree Active!
Physical activity plays an important role in the health, well-being and quality of life of Eyoustchee.

Photo: Youth Fusion Wawwanipi

- HOME
- ABOUT US
- NEWS
- HEALTH TOPICS
- COMMUNITIES
- SERVICES
- LIBRARY
- CAREERS
- EMPLOYEE ZONE

Cree Health

In partnership with the Government of Québec, the Cree Health Board provides health and social services

News Alerts

JUN 05 2014
Consultation on Quebec is in Mid starting at 9am
http://www.basq...
Matsien

MAY 22 2014
Due to staff shor Chibougamau is emergencies and
Matsien

MAY 16 2014
Power & phone May 14, Clinic C
Matsien

MAY 06 2014
Route du Nord n
Matsien

Useful Links

- Cree Radio
- User's Rights
- Portail santé

website

CreeHealth
Government Organization

Like Follow Message

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797 likes

Kat Morrow and Sally Morrow like this.

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Write something on this Page...

ABOUT

- The official Facebook page of the Cree Health and Social Services of James Bay (CBHSSJB). La page officielle du CCSS (Région 18).
- http://creehealth.org/

APPS

Cree Health Radio

Creehealth
@creehealth

Cree Board of Health and Social Services of James Bay (CBHSSJB) delivers health and social services in the Cree territory of north-eastern Quebec.

Chisasibi
creehealth.org
Joined April 2009

Facebook

18 Photos and videos

Twitter

Confirm your email address to access all of Twitter's features. A confirmation message was sent to allisoncottedesign

Resend confirmation Update email address Learn more

TWEETS 716 PHOTOS/VIDEOS 18 FOLLOWING 167 FOLLOWS 1,038 FAVORITES 213

Tweets Tweets and replies

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Cree Board of Health and Social Services of James Bay

Home

July is Physical Activity Month

flickr

1,740 photos March 2006

Recent Updates

Cree Board of Health

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Like (1) · Comment

758 'LIKES' ▲ 185%

984 FOLLOWERS ▲ 139%

WEBSITE VIEWS ▲ 79%



COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

It has been an enthusiastic and productive year for the Executive Committee and Members of the Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18. We continue to address and advocate for needed health services and resources for the Cree Territory, with our aim to improve health of our patients, their families and the communities of Eeyou Istchee.

The priorities of the CPDP are to ensure the quality of medical, dental and pharmaceutical services and the competence of its members and to give recommendations on the technical and scientific aspects of the organization. Therefore, the CPDP collaborates with the Board of Directors and General Management of the Cree Board of Health and Social Services of James Bay.

Some of the ongoing initiatives that the Department of Medicine is involved in planning and implementing include Mental Health services and staffing, Tele-Ophthalmology and the compilation of Collective Prescriptions. Further details on these initiatives can be found in the Department of Medicine Report (page 39). The family physicians in Region 18 continue to collaborate with the Ministry of Health and Social Services and with the Integrated University Health Network (Réseau Universitaire Intégré de Santé, RUIS) regarding specialist care and Telehealth, which will have a positive effect on the delays and costs associated with travel, appointments, medivacs and hospitalizations in the south.

The Department of Pharmacy has now made some progress in addressing the streamlining of faxed prescriptions, the shortage of pharmacists and security of medications, with the support of the Order of Pharmacists of Quebec. The Department of Dentistry continues to provide the same quality services and is also implementing certain public health initiatives. The CPDP will continue to encourage the quality and capacity of all of these services.

The CPDP and its mandatory committees remain diligent in various projects and on the quality of medical, dental and pharmaceutical acts. For example, the Pharmacology Committee has developed more medication-related and clinical protocols, which are now available in all villages. The Materials Committee has now developed a list of standardized medical equipment to be instituted in Chisasibi and in the villages, including emergency and resuscitation equipment.

The primary objective in all of these efforts is to provide and improve the medical, dental and pharmaceutical care offered to patients in Cree Territory, working in partnership with the departments in question, Dr. Marcoux and the Board of Directors of the CBHSSJB. We look forward to collaborating on new initiatives such as planning for the new Chisasibi Hospital and clinical services in the Territory.

Darlene Kitty, MD, CCFP

ACTIVE MEMBERS OF THE CPDP



November 2013 Annual General Meeting of the CPDP, Val d'Or, Quebec

CPDP EXECUTIVE COMMITTEE

(18 meetings in 2013-2014)

MEMBERS

Dr. Darlene Kitty, General Practitioner (President)

Dr. Michael Lefson, General Practitioner, (Vice-President)

Dr. Catherine Sweeney, Dentist (Secretary)

Dr. Toby Fainsilber, General Practitioner, (Treasurer)

Dr. Carole Laforest, Chief of Medicine Department

Dr. Lucie Papineau, Chief of Dentistry Department

Mr. Pierre Caouette, Interim Chief of Pharmacy Department (since September, 2013)

Mr. Marc-André Coursol-Tellier, Pharmacist

Dr. Laurent Marcoux, Director of Medical Services and Affairs (DMSA), Director of Professional Services and Quality Assurance – Medical, and Interim Head of Pharmacy (until September, 2013)

Ms. Lisa Petagumskum, Assistant Executive Director, Miyupimaatsiun Group (appointed by Executive Director)

OTHER MANDATORY COMMITTEES OF THE CPDP

- ▲ **Titles & Credentials** (6 meetings)
- ▲ **Evaluation of the Acts** (3 meetings)
- ▲ **Evaluation of the Dental Acts** (0 meetings)
- ▲ **Evaluation of the Pharmaceutical Acts** (inactive)
- ▲ **Pharmacology** (10 meetings)
- ▲ **Disciplinary Committee** (inactive)



Mary Head, 95 years old

3



NISHIYUU
MIYUPIMAATISIUN
GROUP

NISHIIYUU MIYUPIMAATISIUN

NISHIIYUU TEAM

SAM W. GULL
ASSISTANT EXECUTIVE DIRECTOR

ABRAHAM BEARSKIN
NISHIIYUU COORDINATOR

JOANNE MATAHAM
ADMINISTRATIVE TECHNICIAN

CLARA COOPER
PLANNING, PROGRAM AND RESEARCH OFFICER

CHARLIE LOUTTIT
PLANNING, PROGRAM AND RESEARCH OFFICER

KAREN NAPASH
PLANNING, PROGRAM AND RESEARCH OFFICER (PART-TIME)

LAWRENCE SPENCER
PLANNING, PROGRAM AND RESEARCH OFFICER (PART-TIME)

NANCY VOYAGEUR
PLANNING, PROGRAM AND RESEARCH OFFICER (STARTED MAY 2014)

(TO BE HIRED 2014/2015)
PLANNING, PROGRAM AND RESEARCH OFFICER



Sam W. Gull
Assistant Executive Director

The Nishiiyuu Miyupimaatsiun Group works to find ways of integrating Cree healing traditions into the clinical and social services provided by the CBHSSJB.

Strategic Plan

Over the past year the Nishiiyuu Miyupimaatisiin department has worked hard to develop a strategic plan based on Cree traditional cultural teachings and wisdom. Since the signing of the James Bay and Northern Quebec Agreement in 1975, the integration of traditional and western medicine has been envisaged as key for developing health and social service delivery systems in Eeyou Istchee. The strategic plan is based on a holistic philosophy of healthcare, and has been developed in consultation with elders who have insisted that the Cree return to traditional healing practices and medicine so that they may recover from historic trauma and enhance the wellness of their communities. The ultimate goal of the strategic plan is to pave the way for members of the Cree Nation to live healthy and active lives through Waapimaausun (birthing knowledge) and Nitahuu Aschii Ihtuun (land-based healing). Cree traditional medicine and practices can contribute to the return of health and wellness for Cree individuals, families and communities.

Since settling into present communities in the mid-70s, the Cree have experienced dramatic lifestyle changes, from one characterized by an active life outdoors to one that is much more sedentary. Moreover, in the last 35 years the Cree Nation has been affected by many social, cultural and political changes, including large-scale development projects like the hydroelectric dams. Infrastructure has enabled easier road access, resulting in more influence from the South. As a result, market foods are taking up a larger proportion of the Cree diet. Traditional foods such as game, fish, berries, and teas, which protect us from health risks such as heart disease, cancer, and tooth decay, are not being eaten as widely. These changes in lifestyle and eating habits have had negative health impacts: the Cree have become less active and more obese. There has been an increase in lifestyle-related diseases such as heart disease, diabetes, and depression. Prior to the effects of colonization and industrial development, the Cree traditional way of life and Miyupimaatisiin was largely free from such diseases and pathologies. Historically, the Cree enjoyed physical, emotional, mental and spiritual health and wellness, as the traditional Cree way of life, values, and teachings contributed to the wellness of the Cree nation,

communities, families and individuals. Following the Council of Chishaayiyuu's advice that nature and culture heals, Nishiiyuu programming will facilitate a return to traditional practices and to the teaching and wisdom of our elders, which will in turn enhance the health and wellness of the Cree nation.

Over the first five years of its strategic plan, Nishiiyuu will support community-based pilots that are designed, developed, and implemented by Cree communities. These pilots will be led and delivered by Cree elders, communities, Cree entities and partners like the Miyupimaatisiin Committees. As these pilots are launched, the Nishiiyuu Miyupimaatisiin Group will develop program manuals, evaluations, and training programs to assist with the subsequent roll-out of programming. The Nishiiyuu research and documentation project will result in over 200 interviews involving elders from each community.

Over the first five years, Nishiiyuu will support pilots designed, developed and implemented by Cree communities and led and delivered by Cree elders, communities, Cree entities and partners.





STRATEGIC PLAN VISION STATEMENT

The Nishiiyuu Miyupimaatsiium department is committed to improving the way of life, health and wellness of Cree individuals, families, and communities through the application of traditional knowledge to achieve Miyupimaatsiium for the Eeyou Nation.

Nishiiyuu Strategic Goals

1. To support the implementation of Cree community-based Nishiiyuu Programs, including Waapimaausun (birthing knowledge), Nitahuu Aschii Ihtuun (land-based healing) and rites of passage programs.
2. To develop and implement Nishiiyuu Waapimaausun (birthing knowledge) Programs.
3. To develop and implement Nishiiyuu Nitahuu Aschii Ihtuun (land-based healing) and Aftercare Programs.
4. To implement the Nishiiyuu Traditional Knowledge and Medicine Research and Documentation Program.
5. To work collaboratively with the Council of Chishaayiyuu on Nishiiyuu programs.
6. To provide efficient and innovative programs, financial administration, and management.

Short-term Objectives 1-5 years

1. Research and develop program manuals for Nitahuu Aschii Ihtuun (land-based healing) Pilots.
2. Research and develop program manuals for Waapimaausun (birthing knowledge) Pilots, including affiliated rites of passage programs.
3. Support and research for all community-based and -delivered pilots.
4. Train PPROs, partners and entities on Nishiiyuu research, program manuals and pilots.

COMMUNITY-BASED NISHIIYUU ACTIVITIES: WHAPMAGOOSTUI

Over the past year the Whapmagoostui group has been developing a Five-Year Strategic Plan, which has involved undertaking a community consultation process, developing a local Nishiiyuu Working Group and a program framework, and developing a program manual for the Nitahuu Aschii Ihtuun (land-based healing) Program. The Whapmagoostui group completed a one-hour documentary film “The Journey of Nishiiyuu” about the dramatic 1,600 km youth-led journey from Whapmagoostui to Parliament Hill in the winter of 2013. The film will be released in the summer of 2014.

COMMUNITY-BASED NISHIIYUU ACTIVITIES: CHISASIBI

The Chisasibi group has been developing its strategic plan through comprehensive community consultations, including symposiums, two round tables on Eeyou healing, and other ongoing consultation processes. Chisasibi plans to validate the draft five-year Community Wellness Plan (Strategic Plan) with the local Miyupimaatsiium Committee, Chief & Council, General Assembly and Chisasibi community members. Their vision is to “Enhance wellbeing for healthy individuals, healthy families, a healthy community and a healthy nation”; their values include respect, equality, responsibility, openness and transparency.

The strategic plan involves a holistic approach to health and wellness, one which addresses the physical, mental, spiritual, emotional, economic, environmental and cultural well-being of individuals, families and communities. The plan is guided by Eeyou knowledge derived from the Eeyou language, culture and spirituality.

Their mission is to mobilize community participation in programming and increase the effectiveness of service delivery in a way that directly responds to the local needs and long-term vision of the residents of Chisasibi. The Chisasibi group is working to promote closer collaboration with relevant agencies and entities in the community.



Presentation of Miyyuut, traditional items for baby care, to young mothers in Waswanipi. Left to right: Nishiyuu Program Officer Clara Cooper, Waswanipi Elder Anna Grant, Melissa Gull, CBHSSJB Community Organizer Edith Gull.

WAAPIMAAUSUUN (BIRTHING KNOWLEDGE) PILOT

The Waapimaausuun Team has developed four comprehensive projects. The first project is focused on the documentation of Cree birthing knowledge. The goal was to conduct a hundred interviews with elders and knowledge holders (ten in each community, including Washaw Sibi) over one year. The team collected, documented, and stored the names and contact information of sixty elders, and conducted a total of over 100 interviews, which have been compiled in hard drives and CDs. The next phase of this project will involve the production of videos and the transcription and documentation of all the interviews.

The second project is the production of a Waapimaausuun Program Manual. The team has already completed a first draft of the manual, which has undergone various review stages. For instance, local teams have been given the manual and have provided comments. Once all the birthing knowledge interviews are transcribed, more information will be added to the manual and the document will be further refined.

The third project is the Waswanipi Waapimaausuun Pilot program. A local Nishiyuu Working Group was established in September 2013 with approximately 30 participants, met four times, and decided upon roles and responsibilities for the project. The Waswanipi Waapimaausuun project will involve providing new mothers with a Waswanipi Miyyuut (see photo), which is a gift bag that will be given to all newborns and

The goal of the Nishiyuu land-based healing program is to provide a balance between the pressures of contemporary life and the benefits of being active outdoors and retaining important cultural values and traditions.



parents, and which will include Nishiyuu miyyuut, Waaspisuyaana set, hat, blanket, Shiishiikun, pouch for umbilical cord and awash ahiipiis. These items are all hand-made with loving care by the Local Nishiyuu Team. Each Entity Partner involved in this pilot is responsible for making one item in preparation for the gift bag. We aim to have 25 Miyyuut bags; currently there are fifteen bags ready to go.

The fourth project the team has been working on is a literature review on Birthing Knowledge. Preliminary work for the literature review is underway. Information has been collected such as interviews with Mistissini elders made in the 1970's. The Awash Regional Public Health team provided other research material from past projects, reports, articles, interviews, and stories from cultural gatherings in Chisasibi and Oujé-Bougoumou. The next phase will involve writing up the Literature Review report and implementing the first pilots in Waswanipi, Mistissini and Chisasibi.

NITAHUU ASCHII IHTUUN (LAND-BASED HEALING) PROGRAM

The Nishiiyuu Miyupimaatisiin Group has done a considerable amount of work towards developing the Nitahuu Aschii Ihtuun (land-based healing) Program Manual, which will guide the development and implementation of local land-based healing journeys. The manual outlines the processes of preparation, intake, delivery and aftercare for land-based healing programming. Once the manual is complete, Nishiiyuu will partner with communities to deliver pilot activities, such as winter walks, summer walks, and canoe journeys, on a seasonal basis.

Nitahuu Aschii Ihtuun is a resource for the empowerment of our people. Nitahuu Aschii Ihtuun provides a healthy way to live that may be incorporated into a contemporary lifestyle. The goal of the Nishiiyuu land-based healing program is to provide a balance for the Cree between the pressures of contemporary life and the benefits of being active outdoors and retaining important cultural values and traditions.

The Nishiiyuu Group has engaged in several learning activities to gather information for the manual. An Elders' conference was held in Waskaganish in September 2013, which was an enlightening learning experience. Elders shared their teachings about Nitahuu Aschii Ihtuun, traditional knowledge and practices. In the summer of 2013, Nishiiyuu staff took part in the Miskuunkuptch Seebee (Castor River) Canoe

Experience from Six Nations found that mothers are more likely to live a healthier lifestyle if they receive traditional knowledge from trusted elders and midwives.



Journey. This experience was an opportunity to learn more about the vast knowledge and practices of Nitahuu Aschii Ihtuun, which have been incorporated into the Nishiiyuu program manual. The manual is currently in the early stages of the writing process.

DOCUMENTING THE BIRTHING KNOWLEDGE OF CREE ELDERS

Cree Waapimaausun (birthing knowledge) is critical to the health and wellbeing of Cree mothers, babies, and families, and is rooted in Cree elders' stories, lived experiences, and knowledge. Over one hundred Cree elders have been interviewed and videotaped to document their Waapimaausun and other traditional knowledge. This research will be used for the Waapimaausun program so that future generations of Cree may benefit. The ancient knowledge and wisdom contained in these interviews is from the last generation of elders to have lived and depended upon the land.

Research indicates that First Nations individuals trust the advice of elders over other information sources. Experience from Six Nations found that mothers are more likely to live a healthier lifestyle if they receive traditional knowledge from trusted elders and midwives. Nishiiyuu will pilot initiatives where elders provide birthing advice to pregnant mothers, fathers, and families. This initiative will utilize research from the Cree Waapimaausun (birthing knowledge) research and documentation program.

In 2014/15, elders in four more Cree communities will be interviewed so that Waapimaausun from all ten Cree communities (including Washaw Sibi) will be preserved for future generations. In 2014-15 Cree elders in collaboration with CHRs and other Cree entities will pass on Nishiiyuu birthing knowledge to pregnant mothers and their families in order to nourish the health and wellness of mothers, infants and families.

Beginning In 2014/15, Nitahuu Aschii Ihtuun (land-based healing) knowledge will be documented. Over one hundred elders from all ten Cree communities (including Washaw Sibi) will be interviewed about Cree land-based healing knowledge and practices.

PROGRAM MANUALS

This year the Nishiiyuu department began researching and writing Nishiiyuu Program Manuals for both the Waapimaausun (birthing knowledge) and Nitahuu Aschii Ihtuun (land-based healing) programs. Over the year many hours were spent holding discussions with elders, writing templates for birthing and land-based healing protocols and instructions, and organizing working sessions with the Council of Chishaayuu to develop these manuals. In addition, Nishiiyuu consultants Dr. George Blacksmith, Matthew Mukash and Simon Brascoupe provided input during the process. Janie Pachano undertook birthing knowledge research and provided input into the program manual. Drafts of both these manuals were developed in the past year, and final versions should be completed by 2014/15. These program manuals will guide the development of unique Cree community program manuals based on each community's own research, practices and experience.

MANAGEMENT AND STAFF

This was another exciting year for Nishiiyuu Miyupimaatisiun as we had several working sessions with the internal Nishiiyuu Miyupimaatisiun Team.

During the Regional Elders Gathering in Waskaganish, September 8th-11th 2013, the team presented work which had been completed on the birthing and land-based healing manuals as well as the birthing knowledge documentation project. The Nishiiyuu Team met twice with the Council of Chishaayuu to discuss the contents of the birthing and land-based-healing manuals. In addition, the Council was updated on the progress of the Strategic Plan and pilot projects.

From February 10th-13th 2014, the Nishiiyuu Miyupimaatisiun management team held its first community consultation meeting with the community of Whapmagoostui, and met with the Local Elders Council and community entities to present the Nishiiyuu Strategic Plan. The video "The Journey of Nishiiyuu" received its first showing, and one day was set aside to present and discuss the Whapmagoostui Health Plan. The third day was reserved as a work session with community members to brainstorm possible land-based pilots for Whapmagoostui.





Photo courtesy Salt and Whiskeychan families, Waskaganish.

4

ἘΛΛΗΝΙΚΟ ΔΕ

MIYUPIMAATISIUN
GROUP

MIYUPIMAATISIIUN

MEDICAL AFFAIRS AND SERVICES

- DEPARTMENT OF MEDICINE, DENTISTRY AND PHARMACY

HOSPITAL SERVICES

YOUTH PROTECTION

YOUTH HEALING SERVICES

CREE PATIENT SERVICES

CREE NON-INSURED HEALTH BENEFITS SERVICES

CMCs

- CHISASIBI
- EASTMAIN
- MISTISSINI
- NEMASKA
- OUJÉ-BOUGOUMOU
- WASKAGANISH
- WASWANIPI
- WEMINDJI
- WHAPMAGOOSTUI



Lisa Petagumskum
Assistant Executive Director

Miyupimaatisiun means "being alive well"—health in the broadest sense of the word. This is the largest Group in the CBHSSJB, encompassing regional health and social services, Chisasibi Regional Hospital, and the network of Community Miyupimaatisiun Centres (CMCs) in the nine communities of Eeyou Istchee.

Medical Affairs and Services

Department of Medicine



In April 2013, Dr. Marcoux was named President of the Quebec Medical Association.

Physicians working for the CBHSSJB are organized into a Regional Department of Medicine, whose mandate is to organize and coordinate medical services, including chronic care and mental health services. The focus is on quality and safety of patient care. The Head of the Department, Dr. Carole Laforest, maintains active links with Dr. Laurent Marcoux, the Director of Professional Services - Medical, the Council of Physicians, Dentists and Pharmacists (CPDP), and the Executive and Board of the CBHSSJB. Principal achievements in 2013-2014 are summarized below.

Team-building: Physicians have monthly teleconferences and meet face-to-face once a year. These meetings enable the team to stay informed and to discuss and decide together on issues affecting patient care.

Recruitment: The Department has been successful in recruiting several new permanent doctors. Although there is still a shortfall, several new doctors were hired this year and there is better coverage in the nine communities than last year, despite the shortage of lodging. A Recruitment Committee is optimizing strategies and tools to attract permanent doctors to the Cree Territory, and is using the CBHSSJB website to support these efforts.

Medical Manpower: The Department is pursuing ongoing negotiations with the MSSS and the Fédération des médecins omnipraticiens du Québec (FMOQ) to increase the number of doctors allocated to the region, with the next meeting scheduled for June 2014.

Therapeutic Guide and Collective Prescriptions: Several physicians are working to update and revise the Therapeutic Guide and develop Collective Prescriptions through an ongoing partnership with the other regions of Northern Quebec. This will enable a standardized approach to care through updated clinical protocols and medication prescriptions for all patients in northern Quebec.

Mental Health: The needs of our patients, families and communities in Region 18 are complex and resources are currently limited. However, through program planning and the hiring and training of staff, the Mental Health Department will soon offer improved services. To ensure progress in this field, the CPDP and the Board of Directors have maintained this as a priority mandate to be monitored by the recently created Mental Health Committee of the CPDP. Clients and their families are already benefiting from increased access to and treatment by Psychiatrists, Psychologists and Therapists.

Telehealth: This important initiative continues to progress as the fiberoptic network is being upgraded and some services are now being offered, such as Teleophthalmology. Trained staff provide this service, so clients may now have their vision monitored in the Cree communities rather than travelling to Montreal. Other services that could soon be offered include Tele-Psychiatry, Tele-Cardiology and Tele-Dermatology, which are in early stages of development.

The Department is also working towards standardizing medical equipment stocked and used in every community; the regulations of the Regional Department of Medicine are being formally compiled; midwifery, chronic diseases and integrated services are being reviewed and planning for future needs is being done; various medical training continues to be offered; and a virtual library is being developed for clinical staff in all villages.

While much work continues for the Department of Medicine, we strive to improve care and to strengthen our connections with partnered institutions in communities such as Val D'Or, Chibougamau and Montreal. Securing current services and bringing new specialty services to the Cree population will contribute to improved health, complementing the care given by our physicians.

Department of Dentistry

The mandate of the Department of Dentistry is to provide quality general and specialized dental services throughout the territory.

HIGHLIGHTS

- **Training:** training for dental secretaries was offered in Mistissini and Chisasibi this year. Many guidelines and protocols were created and implemented to support their training.
- **CNIHB:** a Dental Hygienist was assigned to oversee all dental claims.
- **Human Resources:** an Administrative Officer was assigned to the regional Dental Department.
- **Care4 Software:** this software was implemented for intra-regional dentistry.
- **MSSS:** negotiations progressed with the Ministry regarding the number of dentist positions allocated for the Cree region. One long term replacement dentist in Mistissini is expected to fill an additional permanent position for the dental department in 2015.
- **Equipment:** the Department oversaw the renovation of two treatment rooms in Whapmagoostui and the purchase of equipment for these rooms. The three-year equipment-purchasing plan was completed.

DENTAL SERVICES IN THE COMMUNITIES

In 2013-2014, the Dental Department staff treated 14,489 patients, of whom 2,537 were children nine and under. A total of 260 children were seen in Montreal for procedures requiring general anesthesia. The waiting time for treatment in most clinics is satisfactory, except for Chisasibi and Mistissini, where the waiting time is over six months and emergency appointments are still very common. The Department has taken measures to organize the scheduling better and to reassign staff to meet the needs for those communities.

SPECIALIZED SERVICES

Specialized dental services are provided in the communities by visiting specialists who tour the Cree communities on a regular basis. Prosthodontic (prosthetic dentistry) services were added to the list of specialized services available on the territory. This is much more cost-effective than sending the patient to Montreal or elsewhere. For these visiting specialists, the average travel cost per patient is \$116.00, making it essential that the specialists' time be used effectively when they are in the community.

DENTAL CONSULTATIONS

	2013-2014	%CHANGE
CHISASIBI	4,135	▼11.0%
EASTMAIN	760	▼20.1%
MISTISSINI	2,815	▼0.9%
NEMASKA	511	▲7.6%
OUJÉ-BOUGOUMOU	1,172	▲22.3%
WASKAGANISH	1,988	▼3.3%
WASWANIPI	2,137	▲76.3%
WEMINDJI	1,294	▼24.0%
WHAPMAGOOSTUI	1,274	▲7.5%
TOTAL	16,086	▲0.4%

BETTER SERVICE FOR CREE BENEFICIARIES OUTSIDE THE TERRITORY

In collaboration with the Department of Dentistry, CNIHB is implementing a Regional Dental Services Call Centre to process NIHB claims for Cree beneficiaries who are living outside the communities for school, medical or other reasons. The Call Centre will be able to answer questions relating to pre-approval of dental procedures and NIHB dental coverage, so clients and service providers will no longer need to contact the dental clinic in the client's home community. This service is much appreciated by both CBHSSJB dentists and suppliers. Development of the service centre will continue in 2014-2015.



Seated: Evelyne Lefebvre. Second row left to right: Dr Diane Leroux, Hattie Mianscum, Debbie Deforge. Back row left to right: Dr Lucie Papineau, Varley Mianscum.

CHALLENGES

Despite the hard work of the dental department, many challenges remain. Most notably, training needs are important and resources available are limited. Other issues include difficulties with the regular arrival of clinical supplies, problems with maximizing scheduling and attendance at appointments, and chronic difficulties related to staff turnover (predictable replacement coordination, sufficient training before hiring) and the lack of recall list staff availability.

PLANS FOR 2014-2015

- Support further development of the Regional Dental Services Call Centre by CNIHB.
- Renovate the Chisasibi dental clinic.
- Revise the Dentistry Policies and Procedures Manual.
- Approve and begin implementation of the five-year Action Plan.
- Plan for dental services in new CMCs.

Department of Pharmacy

Under the leadership of pharmacist Pierre Caouette, the Pharmacy Department is continuing to strengthen and make significant progress in many areas, and this year published new guidelines to regulate its functioning.

HUMAN RESOURCES

Every effort is being made to fill the vacant full-time pharmacist positions. At the same time, the Department is working to upgrade the skills of the technical support teams. This includes upgrading the Pharmacy Technical Assistant positions to Senior Pharmacy Technical Assistant positions, in order to have staff who are able to keep pace with the introduction of new technologies and the ongoing modernization of the Department. It is important to recognize the skills acquired on the job by the Technical Assistants and to give them opportunities to upgrade their knowledge so they can meet the requirements of the Senior positions.

SOFTWARE

In collaboration with the Information Technology Resources Department, the Department of Pharmacy is putting in place software connecting the smaller communities with the two hubs of Chisasibi and Mistissini. This is the first step in the implementation of tele-pharmacy services in our region.

CHISASIBI HOSPITAL PHARMACY

It is important to monitor the current and potential links between pharmacy information systems and the various services within the Hospital, including admissions, laboratory, and financial information systems, as well as with automated dispensing systems (Pyxis, Accu-dose) and prescription forwarding. The Chisasibi Hospital presents specific challenges to the implementation of pharmacy software, including

- Managing multiple access points.
- Managing patient files in coordination with the therapeutic advisor.
- Printing prescriptions and dispensing guides for nurses.
- Maintaining patient profiles.
- Monitoring potential drug interactions.
- Maintaining a registry of narcotics and other controlled medications.
- Computerizing bulk orders and automatically updating regional purchase orders.
- Monitoring expiry dates.
- Coordinating inventory management across departments.
- Keeping crash carts stocked with essential medicines.

It is important to recognize skills acquired on the job and to give opportunities to upgrade knowledge.



Hospital Services

The Chisasibi Hospital management team is led by Daniel St-Amour. His team consists of Maryse Gionet, the Clinical Services Unit Coordinator, Annie Dumontier, the Nursing Unit Coordinator, and Gary Chewanish, the Hospital Administrative Units Coordinator. All departments are now fully staffed.

The Chisasibi Regional Hospital Centre is committed to helping improve resources and serves the population in Eeyou Istchee by promoting its regional role. In the spirit of the Strategic Regional Plan, much effort was spent in improving the coverage, access and continuity of services for the Cree population. This year, the Hospital archivist visited most communities to begin integrating all CBHSSJB users within a regional index; this index will ensure that each Cree Health Board patient in Eeyou Istchee has a unique file with a unique identification number.

PREDIALYSIS FOR CHRONIC KIDNEY DISEASE

The high prevalence of kidney disease on the territory makes it essential that a regional predialysis service be implemented to prevent kidney failure and improve access to renal care.

CHISASIBI HOSPITAL STATISTICS

	2013-2014	%CHANGE
ADMISSIONS	564	▼8.3%
HOSPITALIZ. DAYS	2,918	▼14.7%
TRANSFERS	204	▲10.9%
DEATHS	7	▼63.2%
AVG STAY (ACUTE CARE)	5	▼16.4%
BED OCCUP. RATE	68%	▲7.9%
CLINIC CONSULT.	19,109	▲8.0%
SPEC. CONSULT.	1,343	▲24.6%
OBSERVATION HRS	2,522	▼28.6%
RADIOL. TECH. UNITS	97,552	▼5.7%
LAB TESTS*	212,751	▲4.2%
DIALYSIS TREATMENTS	2,442	▼15.6%
PRE-DIALYSIS	163	▲111.7%

*Chisasibi Hospital performs laboratory tests for other Cree communities as well as Chisasibi.

Predialysis is a clinical situation in which the patient has significant impairment of kidney function that will ultimately lead to either death or inclusion in kidney replacement therapy (dialysis and/or transplantation). Preservation of renal function is, therefore, an important goal of the predialysis chronic kidney diseases (CKD) action plan, even in patients with severe renal dysfunction. As a result of this service, the predialysis patient population in the northern James Bay coastal area has more than doubled since September 2012, from 77 to 163. While these patients will require hemodialysis some day, this service will at least delay the onset of dialysis treatment and, therefore, will help keep patients in their communities longer.

DIALYSIS

The number of dialysis treatments dropped from 2,894 in 2012-13 to 2,442 in 2013-14. This drop is due to a deceased patient, a transplant and a patient who decided to go back to school. Lack of lodging for dialysis patients in the community has caused a delay in attempts to fill these vacancies. The rates should show a return to normal in the coming year.

NEW LABORATORY SERVICES

To improve service to the population, the laboratory department now offers new services including colorectal cancer screening, carboxyhemoglobin measurements (to detect carbon monoxide

poisoning), human papillomavirus detection, ketone bodies analysis (complementary test for diabetes diagnosis), and a test for *Trichomonas vaginalis* (sexually transmitted parasite). We are in early planning for tele-ultrasonography for high-risk pregnancy follow-up. Once fully implemented, this service will enable most pregnancies to be followed in Chisasibi instead of Val-d'Or. Finally, Dr. Cedric Yansouni, consultant in microbiology, was nominated from the RUIS McGill to support the laboratory in complying with MSSS regulations. His first visit was March 2014.

RAMQ CARD PROMOTION

With the collaboration of the Cree Nation of Chisasibi, Chisasibi Radio, CNIHB and hospital staff, information booths were set up to increase awareness about the use of the health care insurance card (the RAMQ card); 64% of our patients now have an updated RAMQ card, an increase of 22% from last year.

REPLACING OBSOLETE EQUIPMENT

Finally, to ensure that the population receives the best possible care in accordance with best practices, much effort has gone into developing a three-year plan to replace obsolete medical equipment with top-of-the-line diagnostic equipment. A biomedical technician was hired to maintain and provide technical support for these increasingly complex machines.

Diabetic retinopathy imager training at Chisasibi hospital, with CHR Christopher George, Cherubine Martin, Nurse Consultant Francine Noel, CHR Lisa Bobbish and Annie Dussault from RUIS McGill





Youth Protection

WE ARE ALL RESPONSIBLE

IF YOU KNOW A CHILD OR YOUTH WHO HAS BEEN,
OR WHO IS AT RISK OF BEING:
ABANDONED • NEGLECTED
PHYSICALLY OR SEXUALLY ABUSED
MENTALLY ABUSED
HIS/HER BEHAVIOUR POSES A RISK
TO SELF OR OTHERS

1-800-409-6884

confidential 24/7

Call this number to report the situation to the Director of Youth Protection, CBHSSJB



2014

www.creehealth.org/services/youth-protection

Ad appearing in The Nation magazine, 2013-2014

Youth Protection

Cree Youth Protection respects the rights of all children to grow in a safe and peaceful environment in harmony with their culture, language, customs and traditions, while recognizing child protection laws. We provide services in order to ensure the well-being, security and healthy development of all Awashich in Eeyou/Eenou Istchee and their families. It is an honour to be given the opportunity to protect the children of Eeyou Istchee.

HIGHLIGHTS

In December 2012 a centralized Intake Services Department was put in place. Increased awareness of the system has led to an increase in the number of reports of youth at risk received and retained for follow-up intervention/orientation by the Director of Youth Protection this year.

Of the 1,162 cases retained this past year, more than half were related to negligence due to parental lifestyles, including regular and continuous alcohol and drug abuse by the child's parents.

As identified in the Strategic Regional Plan, the Youth Protection Action Plan aims to improve services within the areas of training, file management and intervention, youth protection organizational restructuring, regular supervision, follow-up/orientation monitoring, tracking, and, finally, centralizing the RTS (Retention Treatment Signalement) intake process with a regional toll-free number (1-800-409-6884) so that any person may report a child in a compromising situation. Rigorous processes have been put in place to implement all the steps needed to continue improving services.



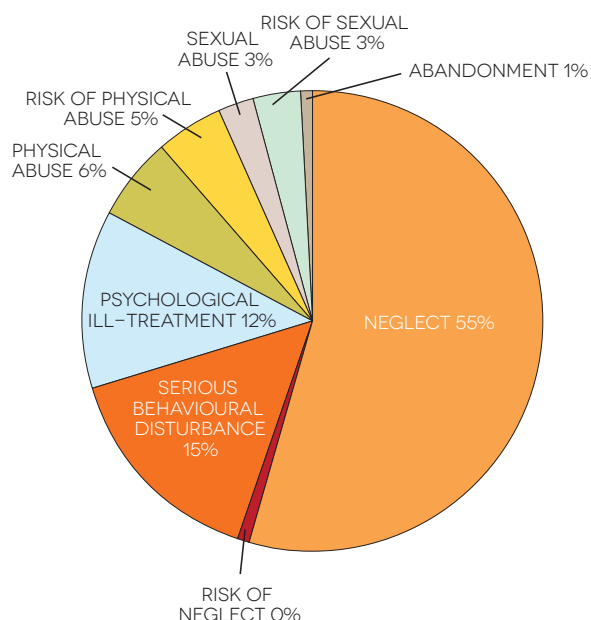
Robert Auclair,
Director of Youth Protection

“SIGNALEMENTS”

REPORTS TO THE DYP

	2013-2014	%CHANGE
REPORTS RECEIVED	1551	▲ 0.7%
RETAINED	1162	▲ 5.3%
% REPORTS RETAINED	74.9%	▲ 4.6%

REASONS FOR “SIGNALEMENTS”



TRAINING AND SUPERVISION OF FRONT-LINE STAFF

A four-year training initiative has been implemented for all Youth Protection workers and front line staff. The workers are in their second year of their training process, which started with CHARLIE training and was followed with Psychosocial Child and Family Intervention (PCFI) training. The participation rate has been high and the assessment by participants has been positive. The training continues to be developed and adapted for the specific needs of children and their families. The goal is to provide training on an annual basis to keep up to date with best practices in child protection work.

Meetings are being held with the Ordre de Travailleurs Sociaux des Thérapeutes Conjugaux et Familiaux du Québec in line with Law 21 (PL 21). The working sessions, when completed, will improve our attraction and retention of workers, and especially Cree workers who have a close understanding of Cree culture, traditions and values. Most of the team leaders have received specialized training and the supervision contracts with all employees will be implemented by the end of the year. Close supervision of workers and the ongoing revision of files will be the priority this year.

The Youth Protection File Management System has been implemented. This allows us to manage files by providing additional support, tracking and monitoring in a legally mandated manner. File management is networked and centralized at the DYP head office level in Chisasibi. All workers will be trained to manage their files from their computers.

ALCOHOL AND DRUG TREATMENT

We have expanded access by Cree youth to the Akwesasne Youth Treatment Center, a residential facility on Mohawk Territory that offers an intensive, First Nation-oriented program to help youth with alcohol and drug abuse issues. In less than two years, over 30 Cree youth have gone through the four-month intensive program, and over 90% of the youth who chose to attend completed the program. Priority is given to Youth Protection clients, but when beds become available, access to the program is offered to other Cree youth who need it.

INCREASING ACCOUNTABILITY

Work is underway to develop an Action Plan for Foster Homes, taking into consideration Bill 49 (2009), a Quebec Government Act respecting foster homes. Additional positions will be created to supplement the 21 positions that have been filled already within the department last year.

All the efforts to strengthen Youth Protection services are defined in the Youth Protection Action Plan; the Director gives regular progress reports to the Board of Directors of the CBHSSJB throughout the year and provides a quarterly update to the Quebec Human Rights Commission.

Youth Healing Services

Youth Healing Services operates the Upaachikush Group Home and Youth Healing Services Reception Center in Mistissini, and the Weesapou Group Home in Chisasibi, for youth who are referred by Youth Protection; it supports youth from all nine Cree communities. These youth are experiencing a wide scope of difficulties, and YHS's mission is to provide an environment of safety, security, and, most importantly, holistic healing - Miyupimaatisiun. Cree culture, traditions and language are at the centre of the compassionate and effective family-oriented programs that YHS offers to the youth in its care.

MODELS AND APPROACHES

For case management and the development of healing path plans, we continue to use the Youth Level of Service/Case Management Inventory (YLS/CMI), a culturally informed, strengths-focused risk/needs assessment tool. YHS has also adopted Circle of Courage and Response Ability Pathways (RAP) for teaching workers the skills to connect with the youth, clarify problems and restore bonds. We recently adopted a "point" system, where the client accumulates or loses points each day; when a client obtains a certain level, they obtain privileges. The clients have responded well to this approach.

An orientation booklet has been developed to help clients understand all aspects of YHS and their responsibilities once admitted to any of the facilities. The booklet includes information about rules and regulations, clothing guidelines, daily routine, programming, Youth Rights and complaints procedures.

BUSH PROGRAM

The Bush Program, an important component of YHS, is a holistic, land-based program that teaches cultural and traditional Cree life skills. It operates two camps, one located inland and the other at LG2 near Chisasibi, where elders of Eeyou Istchee teach traditional skills, share cultural values and knowledge, and ensure the proper teachings are given. The elders guide the Bush Program and YHS will continue to seek their advice.

Bush Program activities in 2013-2014:

- Goose Break, Mistissini Coldwater Lake/LG2
- Summer Canoe Excursion
- Aboriginal Day Celebration: Pow-wow, traditional activities and games throughout the day, feast
- Fall moose hunt and bear hunt
- Manawan boating
- Traditional gathering
- Winter Sam Awashish Journey of Wellness

EDUCATION

The Cree School Board provides a teacher for youth residing at the Reception Centre in Mistissini. Presently the clients have Math, English, Social Studies, Art, Science and Gym. The curriculum followed by the teacher is the Complete Canadian Curriculum, Complete English Smart Program and Complete Math Smart. Both Upaachikush and Weesapou Group Home clients attend the public school.

STAFFING AND TRAINING

A highlight this year is the hiring of a Psychologist for Youth Healing Services. Since the program began, YHS clients have been referred to visiting psychologists. The addition of a dedicated psychologist for the youth brings new energy and an exciting agenda for Youth Healing Services.

YHS has 71 permanent employees. We have adjusted the schedule of staff to meet the needs of clients; one client now has two key workers.

YHS has developed a one-page guide which includes the daily responsibilities of staff working on the floor. A Manual for Emergency Procedures was also developed that includes sections on Therapeutic Crisis Intervention, Preventive and Safety Measures, Procedures for Use of Detention (following the Youth Protection Act Bill 125 Sections 10 and 11.1.1), and Youth At Risk.

YHS employees participate in the National Training Program and the MSSS-recognized CHARLIE training/PCFI training. Other trainings this year were Violence Risk Assessment Level 1 training, Team Building, Restraining Techniques, Escorting Clients at Risk, Report Writing, and Response Ability Pathways (RAP) training.

Cree Patient Services

MISSION

Cree Patient Services (CPS) coordinates transportation, accommodation, and medical appointments for patients who must travel outside the Cree territory for medical and social services not available in the communities. CPS has offices in Chisasibi (managed by the Hospital), Val d'Or, Chibougamau and Montreal, and a staff of 61 full-time and 10 part-time employees.

The CPS philosophy is one of respect and equity. CPS aims to provide an excellent quality care and service to our clients. We promote autonomy for all clients, and we know that an important step towards that goal is to provide information to clients.

ACTIVITIES IN 2013-2014

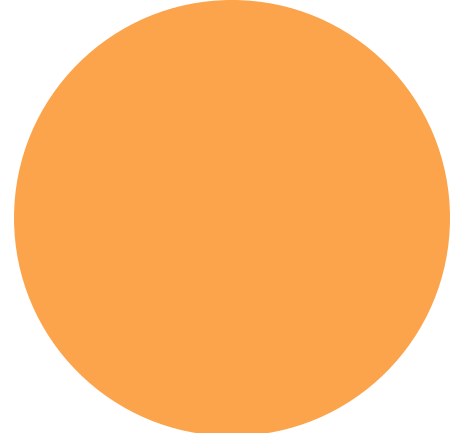
The number of clients requiring services from CPS increased significantly this year, with dramatic increases in Chibougamau and Chisasibi. The total number of patients and family escorts arriving in the four CPS locations was 26,235, an increase of 13% from last year (7% increase in patients and 30% increase in escorts). Of the total, 29,303 were related to medical appointments and 1,664 to hospitalizations. During the year, CPS (excluding Chisasibi) received 186 requests for family escorts that did not meet the criteria of the CNIHB transport policy. Of these, 157 were approved and 29 were refused.

MEDICAL TRANSFERS

2013-2014

(CLIENTS + ESCORTS)

	2013-2014	%CHANGE
CHISASIBI	4,521	▲ 14.9%
EASTMAIN	1,110	▲ 3.4%
MISTISSINI	9,196	▲ 20.4%
NEMASKA	942	▼ 8.2%
OUJÉ-BOUGOUMOU	1,100	▼ 2.6%
WASKAGANISH	2,110	▲ 5.3%
WASWANIPI	3,983	▲ 14.7%
WEMINDJI	1,765	▲ 9.9%
WHAPMAGOOSTUI	1,494	▲ 20.8%
EEYOU ISTCHEE	26,221	▲ 13.4%

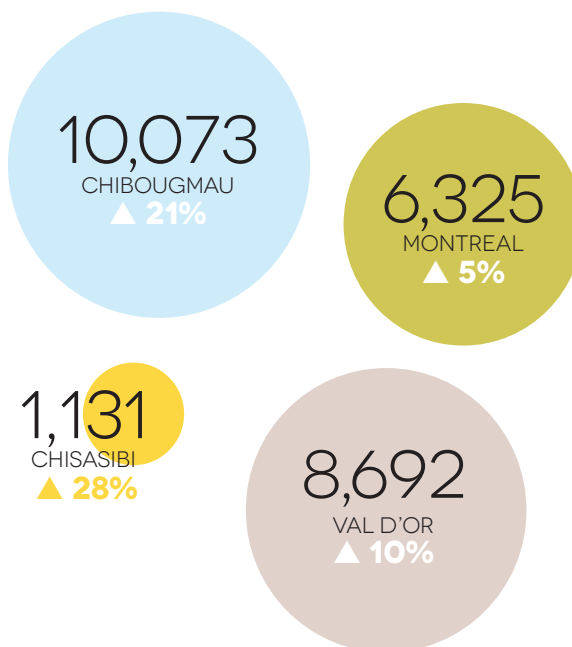


CPS Chibougamau, situated at the Centre de santé de Chibougamau (Chibougamau Hospital), received 10,073 clients, an increase of 21% from last year. The Chibougamau Hospital Director and CPS are working to improve cooperation. Sick leaves and difficulty in recruiting had the team understaffed for most of the year.

CPS Chisasibi, situated at the Hospital in Chisasibi, received 4% of all arrivals, or 1,133 clients, an increase of 29% from last year.

CPS Montreal, situated in downtown Montreal, received 24% of all arrivals of CPS, or 6,227 clients, an increase of 3% from last year. Recruitment of employees is still difficult, and CPS used the services of four agency nurses for a total of 4,173 hours—the equivalent of two full-time positions.

ARRIVALS IN CPS LIAISON OFFICES 2013-2014 (CLIENTS + ESCORTS)



The firm Raymond Chabot Grant Thornton is helping the CBHSSJB develop a strategy to bring the CPS Montreal office together with the clients in the same building.

CPS Val d'Or, situated in the Centre hospitalier de Val d'Or, saw an increase of 10% compared to last year. Val d'Or used the services of one agency nurse for 150 hours. Val d'Or is still looking for an adapted transportation solution for clients with physical limitations.

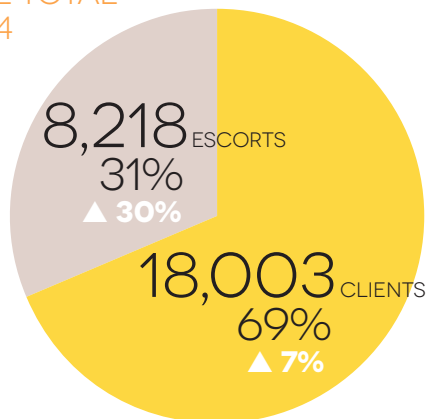
Use of Care4 software is in its third year. An upgrade was performed in April 2014, and CPS hopes that by next year, all CMCs will have view and write access to the Care4 system.

GOALS FOR NEXT YEAR

In cooperation with the CNIHB Committee, the transportation policy is being updated and should be presented to the Board of Directors next year. CPS staff visited Nemaska and Waskaganish CMCs in January 2014 to discuss proposed revisions to the policy.

TRIPS HANDLED BY CPS

REGIONAL TOTAL
2013-2014



In 2000, 1 in 3 clients travelled with an escort. Today, almost 1 in 2 clients is accompanied by an escort.

95% of trips handled by CPS are for scheduled medical appointments.

Cree Non-Insured Health Benefits

CNIHB reviews and processes reimbursement claims for medical costs not covered by normal medicare, but which Cree people are entitled to as a treaty right under the James Bay and Northern Quebec Agreement (JBNQA). These additional health benefits (known as non-insured health benefits) include prescription drugs, medical supplies and equipment, hearing aids, client transportation (including accommodations and meals) for health reasons, vision care services, dental care (including orthodontics), emergency/short-term mental health services, and repatriation of the deceased.

REGIONAL CALL CENTRE FOR DENTAL SERVICES

In collaboration with the Department of Dentistry, CNIHB has begun handling administration related to dental services covered under the Federal NIHB. The new Regional Dental Services Call Centre is a resource for Cree beneficiaries who are living outside the communities for school, medical or other reasons. The Call Centre provides answers to questions relating to pre-approval of dental procedures and NIHB dental coverage, so clients and service providers will no longer need to contact the dental clinic in the client's home community.

CNIHB SOFTWARE

Since its implementation in 2009, CNIHB software has been used on a daily basis by all the communities to issue authorizations for certain goods and services obtained outside the Cree territory, such as eye exams and glasses, medications, medical supplies and equipment. The software will be upgraded in the next fiscal year.

Special Needs Programs

The mission of the Regional Special Needs Services (RSNS) is to support local CMCs and other agencies with the delivery of services and resources required by individuals with special needs. Clients with special needs are those individuals who require assistance to meet their basic needs due to a long-term, chronic condition which affects their capacity to achieve their full potential intellectually, physically, cognitively and/or socio-emotionally. RSNS encourages and helps local CMCs and other agencies in using a family-centered, community-based and multi-disciplinary approach to deliver services to clients with special needs. Where an element of this is not possible, the least disruptive external solutions are identified and coordinated by RSNS.

In 2013-2014 RSNS consisted of a full-time coordinator, a part-time support worker and a part-time clinical advisor. We welcomed two new part-time clinical advisors to our team early in 2014. Working with the local CMCs, we were involved in ninety-five cases involving multi-disciplinary case management, an increase from fifty-five cases in 2012-2013. RSNS supported seventeen individuals who are living outside of their communities due to the complexity of their needs.

Our support worker receives referrals and establishes files for the clients referred. She also provides support to the families by acting as the liaison person and linking the families to the services needed in the community, as well as offering data-based support to the clinical team. Our clinical advisors provide support to the professionals working with the clients with special needs and ensure that the clients, whether they are living in or away from their home communities, receive the necessary services and support required.

We are actively involved in the Cree Regional Advisory Committee for Special Needs, which aims to provide support and direction for agencies and organizations involved in delivering services to the special needs population.

A proud accomplishment for the RSNS and the Cree Regional Advisory Committee for Special Needs came on September 9th, 2013 (FASD International Awareness Day), when the Grand Chief announced the official launching of the

Cree Regional Fetal Alcohol Spectrum Disorder (FASD) Diagnostic and Intervention Clinic: a groundbreaking initiative for the Cree since it will be the first such diagnostic and intervention clinic in Quebec. In preparation for the clinic, thirty-five health care providers received training from one of Canada's most renowned FASD diagnostic clinics. The diagnostic team was identified and is composed of a Team Leader, Pediatricians, Neuropsychologists, Occupational Therapists, Speech Pathologists, and Elders. The team met on a regular basis to develop policies and procedures, and the FASD team leader has been receiving referrals from many of the communities. Diagnostic services are now being coordinated in Whapmagoostui and Waskaganish, with the intention of expanding these services to all of the Cree communities in the near future.

In 2013-14 we continued working on plans to open a Regional Residential/Respite Care facility for Cree children and youth with special needs. This facility will become the central point for a range of direct care and outreach services and for the development and formalization of collaborations between the various service providers. It will begin to address the overwhelming needs of individuals with special needs, their families, and those mandated to support them, with the main focus being on respite care for the families.

Our main goal for the upcoming year will be to ensure that a continuum of clinically and culturally appropriate supports will be available to persons diagnosed with special needs and their families. We will accomplish this by expanding our team in order to provide CMCs and their community partners with the support and tools they require, including in-home and residential respite services, diagnostic services and clinical expertise coordinated through the RSNS.

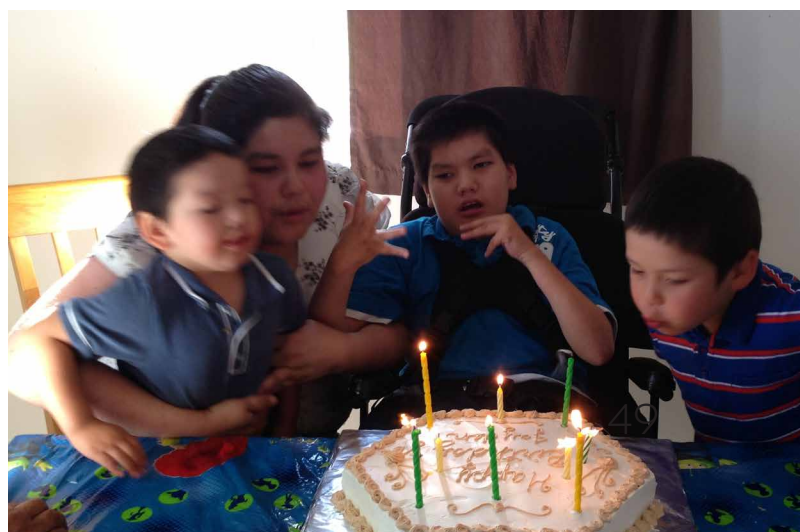
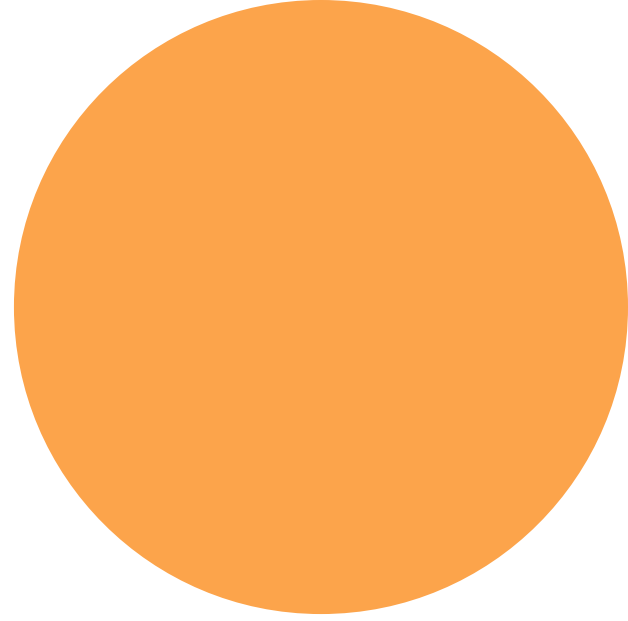


Photo courtesy Bobbish Family, Chisasibi



Charlene Diamond, Waskaganish



ἘΛΛΗΝΙΚΟ
 ΓΕΛΙΟΓΕΩΡΓΕΙΟ

COMMUNITY
 MIYUPIMAATISIUN
 CENTRES



AWASH 0-9 ²	857	▲6.2%
USCHINIICHISUU 10-29	1578	▲3.6%
CHISHAAYYUU 30+	1847	▲1.9%
TOTAL	4,282	▲3.4%

1. There is an additional approximately 5% of non-permanent residents who also receive services from the CBHSSJB.

2 The Awash group is underestimated since some newborns are registered late (sometimes up to 2 years) in the James Bay Agreement beneficiary list.

Chisasibi’s **Awash** unit welcomed 96 babies this year, a slight drop from previous years. However post partum visits have increased; two additional CHRs were trained to help support the nurses and current CHRs, and a community worker was added to complete the team.

The CHRs and community worker attended psychosocial training to strengthen our interventions in dealing with families in crisis. The Awash team also reviewed its mission statement, Code of Ethics, and assessment tools. It launched case reviews with the community worker, nurses, CHRs and other allied professionals and managers, and, in collaboration with the nutritionist, submitted proposals to the CNIP to address food security issues.

Two CHRs were involved in a pilot study with clients with borderline hypertension; so far seven clients have been recruited.

The **Uschiniichisuu** unit continued its efforts to encourage healthy schools, promoting a peanut-free school campaign and operating seminars in nutrition. The growing elementary school population continues to be a challenge; we have hired CHRs to help the nurse, nutritionist and dental hygienist.

The team continues its dialogue with medical services to maintain healthy working relationships with clients and staff, but the scarcity of office space creates problems. Long term goals include filling the nurse and CHR positions, increasing involvement with the youth center, and building a health clinic to facilitate running prevention programs and promoting healthy relationships that integrate Cree values and culture.

One ongoing challenge facing the **Chishaayyuu** unit has been the lack of a coordinator. The Chishaayyuu team serves over 1200 people in Chisasibi, and in the absence of a coordinator other managers have shared responsibilities for the unit, taking on extra roles to ensure service provision. The unit hired two new nurses at beginning of the year to attend to chronic patients, who were forming a long waiting list. The MSDC has begun offering meal services since the hiring of the cook and assistant cook. Two CHRs received training on teleophthamology equipment, enabling them to take pictures of eyes for diabetic patients. Trainings were also carried out for CHRs in the HCCP.

In the coming year **Administration** aims to fill all the vacant positions within the CMC. The unit had an interim Coordinator hired in October; a new MSDC cook was also recently hired, so the kitchen is in full operation. Lack of space is a major concern.



Visit to Chisasibi by Dr. Anna Reid,
President of the Canadian Medical Association

Chisasibi CMC and the Chisasibi Hospital serve many of the same clients, but communications between the two services have faced challenges. This past year saw concerted efforts to enhance relations between the hospital and the CMC. “Most of our home-care clients use the hospital, and it is important that we collaborate with the medical and support teams there,” says Josephine Sheshamush, the Chisasibi CMC director. “So now we are having much more two-way communication.”

In addition, on June 11th Chisasibi played host to Dr. Anna Reid, the President of the Canadian Medical Association. The event included a traditional feast and marked the first ever visit by a CMA President to Eeyou Istchee.

CURRENT SERVICES* #CONSULTATIONS

FAMILY DOCTOR	1,926
PEDIATRICIAN	0
PSYCHIATRIST	0
OPHTHALMOLOGIST	0
OPTOMETRIST	0
ENT	0
OTHER DOCTOR	0
NURSE WALK-IN	0
MEDICAL REFILLS	0
CLINICAL LAB TESTS	0
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	4,135
PSYCHOLOGIST (ALL AGE GROUPS)	369

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	2,681
NURSE (CURATIVE)	1
CHR (INDIVIDUAL)	462
CHR (GROUPS)	1
COMMUNITY WORKER	0
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	846
NURSE (CURATIVE)	144
CHR (INDIVIDUAL)	35
CHR (GROUPS)	0
COMMUNITY WORKER	628
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	134

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	4,694
NURSE (CURATIVE)	29
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	220
CHR (GROUPS)	3
COMMUNITY WORKER	3,358
SOCIAL WORKER	0
NNADAP WORKER	0

HEMOCARE (NO. OF CLIENTS)	0
MSDC (ATTENDANCE)	2,366
MSDC (MEALS SERVED)	2,366

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	2,260
OCCUPATIONAL THERAPIST	780
PSYCHO-EDUCATOR	677
NUTRITIONIST	886
SPEECH THERAPIST	93

* In Chisasibi many services are provided by the Hospital.



EASTMAIN
POPULATION **698**

AWASH 0-9	125	▲1.6%
USCHINIICHISUU 10-29	257	▲2.4%
CHISHAAYIYUU 30+	316	▲3.3%
TOTAL	698	▲2.7%

Current Services was enhanced this year with the move to the new CMC in May 2013. The nursing staff includes two permanent fulltime nurses and two temporary part-time nurses. The clinic hired a new physiotherapist in November 2013. The pasy year has seen an increase of patients over the previous year.

The **Awash/Uschiniichisuu** unit is committed to providing best care practices and promoting healthy lifestyles to our babies, children, youth and families. This year, the Awash unit hired a social worker, a community worker and two CHRs, and launched two successful new programs, the Awash Eczema clinic for children 0-13 years old, and the New Moms (to be) Sewing Group, where a variety of parenting topics are discussed. The Awash clinic had two visits from the pediatrician, along with an 85% attendance rate for services from visiting physicians. This year we welcomed 21 new babies.

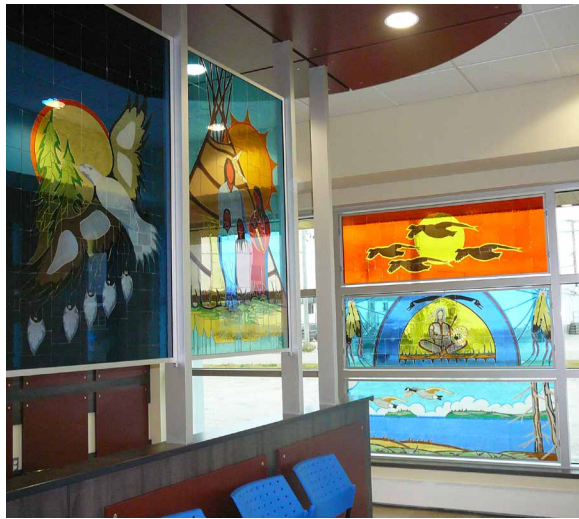
We maintain a focus on drugs and alcohol abuse issues, which continue to be a factor in family issues. Suicide ideations are prevalent among our youth, and are often discovered on social media; obesity among young children has become a priority and the concern of pre-diabetes and gestational diabetes mellitus with pregnant women is ongoing. We are collaborating with the Current team to address these issues.

In the **Chishaayiyuu** unit, the HCCP is providing services to sixteen home care patients; one of these clients has lost autonomy due to chronic disease, and receives full-time support. The program is seeking to hire a home care nurse, as the previous nurse left in November.

Community dental services began running last year, but in January the dentist left for another position; currently Eastmain has a replacement dentist.

The MSDC has eight clients, five fewer than last year, due to the deaths of those participants. The new physiotherapist has made a huge difference, and was able to see all beneficiaries requiring physiotherapeutic services and to give follow-up exercises for rehabilitation monitors in the HCCP and MSDC.

The **Administration** unit has hired most of its staff, with only the administrative officer position to be filled. The unit has implemented security systems including security cameras and electronic door locks requiring access cards. Facilities maintenance has been an important issue, and there have been difficulties in lodging staff and professionals due to a long wait for furniture for the four-plex unit.



Eastmain CMC

In May, Eastmain’s team moved into its new CMC building, but had no time to settle before forest fires forced them into full-time evacuation preparation. Toward the end of June, almost 300 people—one third of the community, including pregnant women, children, elders and those with chronic diseases—were airlifted to Val d’Or. CMC staff worked tirelessly around the clock to support the health care of the evacuees for the ten days, as well as that of the individuals who remained in the community. Since this dramatic interruption, though, Eastmain staff has been able to fully settle into its attractive new CMC.

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	806
PEDIATRICIAN	77
PSYCHIATRIST	0
OPHTHALMOLOGIST	70
OPTOMETRIST	76
ENT	0
OTHER DOCTOR	0
NURSE WALK-IN	8,628
MEDICAL REFILLS	2,525
CLINICAL LAB TESTS	967
VACCINATION	0
DENTIST (ALL AGE GROUPS)	760
PSYCHOLOGIST (ALL AGE GROUPS)	264

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	1,133
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	79
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	0
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	N/A
NNADAP WORKER	N/A

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN’S HEALTH)	0
NURSE (CURATIVE)	0
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	855
CHR (GROUPS)	0
COMMUNITY WORKER	173
SOCIAL WORKER	0
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	3,022
MSDC (ATTENDANCE)	423
MSDC (MEALS SERVED)	428

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	290
OCCUPATIONAL THERAPIST	127
PSYCHO-EDUCATOR	0
NUTRITIONIST	0
SPEECH THERAPIST	0



MISTISSINI

POPULATION **3,569**

AWASH 0-9	768	▼3.6%
USCHINIICHISUU 10-29	1,228	▲3.6%
CHISHAAYIYUU 30+	1,573	▲2.8%
TOTAL	3,569	▲1.6%

The past year has seen Mistissini's **Current Services** team expand with several new hires: a technical coordinator for radiology; two radiology technicians; a laboratory technical coordinator; two laboratory technicians; and two hemodialysis nurses. With staff in place, the next goal is to open the new Radiology, Laboratory, and Hemodialysis Departments to the public.

This year, the **Awash** unit welcomed 45 babies to Mistissini, including a set of triplets. One major challenge has been to increase the quality of services for families with children with special needs and to provide follow-up for children with chronic diseases. To this end, nurses and CHRs underwent a major caseload re-organization, and a pediatric team has been established in cooperation with the visiting pediatrician. We have also seen an improvement in communications with the Chibougamau hospital, and CHARLIE and PCFI training for frontline workers is ongoing.

The Aasuumiih Project, developed with the support of Â Mashkûpimâtsît Awash in 2010, has been approved for funding for fiscal years 2013-2015, and will mobilize partners around Mistissini to help tackle poverty and build strong families.

The **Uschiniichisuu** unit provides integrated health and social services and works in the school and the community to promote health and well being and to raise awareness about diabetes, STBIs, and other health issues. This past year CHRs have been included in psychosocial training and have been provided with clinical tools to maintain best practices. Community workers, the NNADAP Worker, and the coordinator are in the final stages of completing psychosocial training. An occupational therapist, a nutritionist and a social worker were recruited. Psychosocial services were provided to students at Voyageur Memorial High School four times a week.

Moving to the new CMC has permitted the **Chishaayiyuu** unit to reinforce teambuilding, facilitating the implementation of integrated services. The MSDC has seen increased participation of special needs clientele, with a focus on daily activities and community integration.

The smooth relocation of the CMC team was the Administration unit's highlight of 2013-2014; previously the CMC team has been peppered across seven mobile offices in Mistissini. The unit has installed security systems, including cameras and picture ID security access cards. The coming year will see the implementation of a network to increase communication between administrative officers and technicians supporting the different units.



Inauguration of Mistissini CMC, April 2013

Friday, April 5th, 2013, was a big day in Mistissini: the date marked not only the Cree Health Board's 35th anniversary celebrations but also the grand opening of the new CMC. The new centre became fully operational, offering services and programming, on July 2nd, and its inhabitants have since settled in. "Before, our units were scattered all over the community," says interim director Yionna Wesley. "Now that we are all based here, we are learning to be more efficient and to integrate our efforts to offer the best health care to Mistissini."

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	3,876
PEDIATRICIAN	254
PSYCHIATRIST	0
OPHTHALMOLOGIST	40
OPTOMETRIST	0
ENT	0
OTHER DOCTOR	761
NURSE WALK-IN	19,268
MEDICAL REFILLS	0
CLINICAL LAB TESTS	3,377
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	2,815
PSYCHOLOGIST (ALL AGE GROUPS)	343

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	1,522
NURSE (CURATIVE)	373
CHR (INDIVIDUAL)	505
CHR (GROUPS)	0
COMMUNITY WORKER	128
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	561
NURSE (CURATIVE)	519
CHR (INDIVIDUAL)	1,510
CHR (GROUPS)	210
COMMUNITY WORKER	1,745
SOCIAL WORKER	323
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	355

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	1,416
NURSE (CURATIVE)	216
FOOTCARE NURSE	1,060
CHR (INDIVIDUAL)	1,346
CHR (GROUPS)	0
COMMUNITY WORKER	329
SOCIAL WORKER	293
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	872
MSDC (ATTENDANCE)	1,213
MSDC (MEALS SERVED)	1,213

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	831
OCCUPATIONAL THERAPIST	313
PSYCHO-EDUCATOR	646
NUTRITIONIST	797
SPEECH THERAPIST	0



NEMASKA

POPULATION **765**

AWASH 0-9	160	▲16%
USCHINIICHISUU 10-29	254	▼1.6%
CHISHAAYYUU 30+	351	▲7.7%
TOTAL	765	▲6.0%

This year members of the **Current Services** team, along with those from other units, completed Charlie training and began PCFI training; the coordinator also attended a management training program. Current Services relies on recall and agency nurses to meet demands, so support is required from regional HR to recruit and retain the recall list. The Nemaska CMC also provides medical service to the nearby Hydro camp, and saw a slight increase in demand for services this past year. The visiting dentist treats patients for emergencies but has little time left over for preventive care; a dental hygienist visited three times last year, but hiring a permanent hygienist will reduce some dental care challenges.

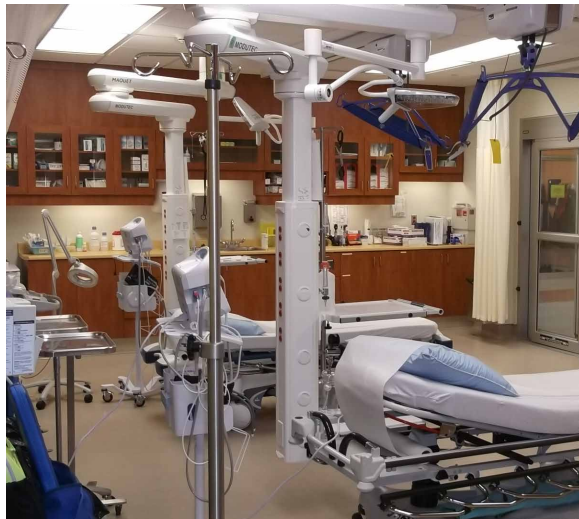
The **Awash/Uschinichisuu** unit welcomed 19 new babies to Nemaska this year; home visits by the Awash nurse and CHR through the prenatal and postnatal programs continue, and Well Baby Clinic remains a success. Team members worked with the Nemaska Wellness Team to arrange for residential school survivors to attend a Truth and Reconciliation conference in Montreal in April 2013. In July 2013 CHRs took part in the Old Nemaska Gathering to raise diabetes awareness, and the Uschinichisuu CHR organized a step-count walk for the same reason. In January 2014, the CHRs, in collaboration with the NNADAP worker, promoted non-smoking through a series of presentations. The unit has seen staff turnover in the past few months, and currently needs a new Awash CHR and community worker.

This year the **Chishayiyuu** unit will prepare team action plans, continue to recruit and train staff, encourage collaborations and multidisciplinary approaches, increase MSDC participation, and continue to build partnerships with other entities, all with the objective of developing integrated services for the population.

The nursing team is fully stretched with scheduling demands, and needs to be expanded to meet all the unit's needs. In addition, a second community worker would allow for more focus on follow-up and support. The unit must also recruit a nutritionist for the coming year; the previous nutritionist worked closely with the CHR and dental hygienist at the daycare and school, and in diabetes prevention and prenatal programs.

The HCCP program presently has 13 regular and 3 temporary clients, and recently recruited a physiotherapist and an occupational therapist (shared with another community). The participation of families in care-giving has increased somewhat this year. At the MSDC, setting up a teepee for preparing food and providing meals will be a priority, as the kitchen remains closed until a new propane system and ventilation are installed.

The **Administration** unit had a busy year with the move into the new CMC in August. Transits were opened, making it easier to hire replacements, and a new three-plex unit makes it possible to hire permanent professional staff; however, more lodging is still needed. The archivist visited to discuss file management, and has been asked to return in order to offer a refresher training session.



New Nemaska clinic

Nemaska's new CMC held its grand opening on October 16th 2013. "The turnout was really amazing," says CMC director Beatrice Trapper. "Now that we are settling in, the new CMC is making a huge difference in terms of working collaborations. Before people were working in silos, but now it is much easier for us to work as an integrated team."

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	1,165
PEDIATRICIAN	57
PSYCHIATRIST	0
OPHTHALMOLOGIST	0
OPTOMETRIST	127
ENT	169
OTHER DOCTOR	37
NURSE WALK-IN	8,047
MEDICAL REFILLS	2,287
CLINICAL LAB TESTS	973
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	511
PSYCHOLOGIST (ALL AGE GROUPS)	239

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	874
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	148
CHR (GROUPS)	0
COMMUNITY WORKER	87
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	0
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	129
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	177

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	662
NURSE (CURATIVE)	60
FOOTCARE NURSE	196
CHR (INDIVIDUAL)	1,661
CHR (GROUPS)	11
COMMUNITY WORKER	1,106
SOCIAL WORKER	0
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	149
MSDC (ATTENDANCE)	1,363
MSDC (MEALS SERVED)	N/A

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	241
OCCUPATIONAL THERAPIST	0
PSYCHO-EDUCATOR	0
NUTRITIONIST	226
SPEECH THERAPIST	0



OUJÉ-BOUGOUMOU

POPULATION **814**

AWASH 0-9	202	▲4.1%
USCHINIICHISUU 10-29	285	▲2.2%
CHISHAAYIYUU 30+	327	▲2.2%
TOTAL	814	▲2.6%



In Oujé-Bougoumou the **Current Services** and the **Chishaayiyuu** unit aim to fill all remaining positions for professional staff this year, including a speech therapist, respiratory therapist, HR officer, pharmacist technician, and mental health worker. This past year a permanent physician was hired; consequently, the medical team has been able to improve both health care for clients and overall health monitoring.

Oujé-Bougoumou has 147 clients with Type 2 diabetes and 15 in pre-dialysis; in addition, 45 are either living with impaired glucose tolerance, gestational diabetes mellitus or impaired fasting glucose, for a total of 207 diabetics in our community. Within five years there will be clients on dialysis, so the long-term action plan includes hiring a community health nurse.

Awash & Uschiniichisuu welcomed 19 babies this past year. In addition, the unit moved into its new trailer in January, and is maintaining a strong team. Despite lacking a coordinator and other important members, the team continued weekly meetings and developed a multi-disciplinary approach drawing upon the Quebec En-Forme program on healthy eating and active living. The unit aims to hire a social worker, a community worker and a CHR; the CHB regional team has offered much support this past year.

Activities included monthly “baby stimulation” events, where different topics were discussed with parents; the weekly Octopus Club at the school, focusing on social skills for kids aged 6-9; Mama-Baba Wichitutuau, a group on discipline for parents with children aged 0-5; a Parents Support Group, with guests talking about parenting teenagers; the Women’s Support Group; and Breastfeeding Week events. The team is developing a new parent support group called Nobody’s Perfect.

The **Administration** unit was pleased to note the official opening of the new Awash trailer in January. Following recommendations from the medical archivist, the unit hired a worker to organize files and trained the administrative officer to maintain them. The Current and Chishaayiyuu nursing team relied heavily upon agency nurses as replacements, costing approximately \$180,000, so HR is working with that unit’s coordinator to have nurses from the recall list replace regular staff.



Oujé-Bougoumou CMC

The past year has seen the Oujé-Bougoumou CMC connect with team members and the community in a series of anniversaries and celebrations. There were 2013 festivities surrounding the CHB's 35th anniversary. Then in February 2014 the CMC honoured the contributions of retiring Awash nurse Suzanne Rouselle, who served the CHB for 28 years, and housekeeper Jane Shecapio, who worked with the CMC since it opened in April 1994. And in June 2014, the Oujé-Bougoumou CMC celebrates its first 20 years of service. "We have a great team here," says CMC director Susan Mark. "It's not every day we get to say 'thank you' to them."

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	1,291
PEDIATRICIAN	42
PSYCHIATRIST	0
OPHTHALMOLOGIST	40
OPTOMETRIST	0
ENT	0
OTHER DOCTOR	25
NURSE WALK-IN	3,486
MEDICAL REFILLS	2,215
CLINICAL LAB TESTS	694
VACCINATION	354
DENTIST (ALL AGE GROUPS)	1,172
PSYCHOLOGIST (ALL AGE GROUPS)	218

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	498
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	97
CHR (GROUPS)	97
COMMUNITY WORKER	42
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	0
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	0

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	319
NURSE (CURATIVE)	N/A
FOOTCARE NURSE	2
CHR (INDIVIDUAL)	242
CHR (GROUPS)	0
COMMUNITY WORKER	156
SOCIAL WORKER	0
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	126
MSDC (ATTENDANCE)	667
MSDC (MEALS SERVED)	996

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	194
OCCUPATIONAL THERAPIST	0
PSYCHO-EDUCATOR	256
NUTRITIONIST	236
SPEECH THERAPIST	0



WASKAGANISH

POPULATION **2,183**

AWASH 0-9	447	▼2.2%
USCHINIICHISUU 10-29	824	▲2.2%
CHISHAAYYUU 30+	912	▲1.8%
TOTAL	2,183	▲1.1%

Waskaganish's **Current Services** nursing team remains strong and stable, despite regular maternity and sick leaves. The physician services schedule is full for the coming year, and physicians continue their excellent service to the population. Preparing client charts for transfer to an electronic system is going slowly as some clients are reluctant to complete necessary forms.

The **Awash** unit welcomed 57 babies this year; the team also welcomed new staff experienced in team management, clinical social work and nursing. Initiatives included home visits for mothers and infants returning to the community, group activities with the nutritionist, and clinical case discussions with the psycho-educator. A success story from our community organizer's team is a one-day parenting workshop "Apishtiawaash College," in collaboration with Waskaganish Head Start.

The **Ushchiniichisuu** unit consists of the NNADAP Prevention worker and a newly hired school nurse; we hope to hire three additional CHR's as well. This year, the team will develop links with the schools and will help the school nurse address the needs of high school students, focusing on health awareness and wellbeing.

The **Chishaayiyuu** unit is concerned with the community's high incidence of obesity, diabetes, gestational diabetes, high blood pressure, elevated cholesterol levels, and childhood anemia.

These are the results of a sedentary lifestyle and poor diet choices.

This past year the psycho-educator addressed the needs of the general population in addition to referrals from the schools and daycare to identify and assess possible special needs; she has also hosted staff trainings, presented at community and school programs, and developed a full intervention program for the coming year. Key issues facing the rehabilitation team have included trauma, diabetes and high blood pressure; the team is also involved with the elderly through the MSDC and HCCP.

The HCCP team will participate in a pilot project instituting the new policy and procedures manual and implementing the service delivery plan. While a new home care nurse has not yet been recruited, replacement nurses are continuing the program with little difficulty. The MSDC team lost staff to retirement, but then filled these positions; the MSDC provides services to 12-18 clients, and this coming year the team will review programming and formulate new recruiting strategies.

The **Administration** team initiated a number of improvements. Material Resources emptied a unit that had served for years as a storage site, and returned it to housing. However, both housing and storage remain in short supply. Reliable workers are also in short supply, so finding ways to attract and retain recall workers is a priority.



Arena, Waskaganish

We worked this past year to get people used to the idea of bringing their health cards when visiting the clinic,” says Waskaganish CMC director Bert Blackned. “When we started insisting on health cards, we faced a lot of resistance. But now it is a habit for most people.” Clients without RAMQ cards risk facing difficulties in receiving treatment, especially outside of Eeyou Istchee. Waskaganish’s success bodes well for other CMCs facing this issue.

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	1,874
PEDIATRICIAN	82
PSYCHIATRIST	0
OPHTHALMOLOGIST	0
OPTOMETRIST	340
ENT	44
OTHER DOCTOR	0
NURSE WALK-IN	12,379
MEDICAL REFILLS	3,757
CLINICAL LAB TESTS	2,092
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	1,988
PSYCHOLOGIST (ALL AGE GROUPS)	201

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	1,203
NURSE (CURATIVE)	163
CHR (INDIVIDUAL)	849
CHR (GROUPS)	39
COMMUNITY WORKER	740
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	0
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	23
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	275

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	0
NURSE (CURATIVE)	0
FOOTCARE NURSE	232
CHR (INDIVIDUAL)	1,119
CHR (GROUPS)	0
COMMUNITY WORKER	2,311
SOCIAL WORKER	0
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	289
MSDC (ATTENDANCE)	N/A
MSDC (MEALS SERVED)	2,024

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	565
OCCUPATIONAL THERAPIST	205
PSYCHO-EDUCATOR	220
NUTRITIONIST	453
SPEECH THERAPIST	0



WASWANUPI

POPULATION **1,768**

AWASH 0-9	339	▲6.3%
USCHINIICHISUU 10-29	674	▲3.1%
CHISHAAYYUU 30+	755	▲2.4%
TOTAL	1,768	▲3.4%

Waswanipi’s new CMC extension, opened in January 2013, is proving a big success. **Current Services** staff benefits greatly with two well-equipped crash rooms, a nearby pharmacy, and plenty of examination rooms. Waswanipi’s health card campaign has seen an increase in RAMQ card use, from about one-third to about two-thirds of clients now bringing cards. The CMC runs a booth at gatherings and other events to help people acquire or renew cards.

The **Awash** and **Uschiniichisuu** unit hired three nurses and welcomed approximately 30 babies this past year. Waswanipi is involved in the Niishiyuu pilot project on handing down traditional birthing knowledge, so each newborn received the traditional Washpishuuyan, blankets, hats and dream catcher. The MSDC and Daycare Services provided some materials, and elder Jane Cappissit made many items and also taught expectant moms how to make them.

With the recent hiring of an occupational therapist, physiotherapist and psycho-educator, the MSDC, in collaboration with the school, was able to implement programs for children with behavioral challenges. Other initiatives include follow-up services for children who have seen the physician and programs on bullying and other issues. The Uschiniichisuu team ran programs for people dealing with substance

abuse, and Family Group Conferencing to help families make safe and healthy decisions. Since January frontline workers have held regular debriefing meetings, which have led to improved services for clients.

The **Chishaayyuu** unit has a new coordinator. The team recently developed action plans and aims to enhance its diabetes prevention program over the coming years by offering information and education on diabetes in schools, holding regular meetings with young mothers, and other initiatives. This will require collaboration with the Waswanipi First Nation and other partners. The MSDC has seen a 100% increase in meals and snacks served as more people are using it, including more people with special needs. A newsletter offers an event calendar, provides recipes, introduces new staff, and generally keeps people informed on what is happening at the MSDC.

The **Administration** unit has eased the move into the CMC extension. Currently housing units are occupied at about 80%, and transits 50%. An anti-vandalism committee has reduced vandalism to the CMC and MSDC, and young people involved in vandalism are now taking sessions at the MSDC.



Jonathan Sutherland, Board of Directors Vice-Chair and Community Representative for Waswanipi, at CBHSSJB 35th Anniversary celebrations

Diabetes is a major concern in Waswanipi, with one in four residents being diabetic; currently there are 21 people on hemodialysis and 17 on pre-dialysis. “Because our stats are so high, our new Diabetes Prevention program, which we’ve unofficially launched, will run 365 days a year,” says CMC director Alan Moar. The program may include a diabetes resource center, along with workshops, frequent school visits, meetings with young parents to change their style of cooking, and encouraging a traditional Cree diet. Waswanipi has no grocery store—people rely on depanneurs or drive to Chibougamau—so food availability is an issue. “It will be a local effort. Diabetes creeps on you—it didn’t happen yesterday, it happened ten years ago,” says Moar. “So we need to change lifestyles and attitudes.”

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	1353
PEDIATRICIAN	63
PSYCHIATRIST	0
OPHTHALMOLOGIST	82
OPTOMETRIST	0
ENT	0
OTHER DOCTOR	0
NURSE WALK-IN	9,011
MEDICAL REFILLS	5,702
CLINICAL LAB TESTS	1,289
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	2137
PSYCHOLOGIST (ALL AGE GROUPS)	174

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	424
NURSE (CURATIVE)	625
CHR (INDIVIDUAL)	667
CHR (GROUPS)	196
COMMUNITY WORKER	218
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	0
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	173
CHR (GROUPS)	0
COMMUNITY WORKER	123
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	374
NNADAP WORKER	156

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	262
NURSE (CURATIVE)	9
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	227
SOCIAL WORKER	0
NNADAP WORKER	N/A

HEMOCARE (NO. OF CLIENTS)	334
MSDC (ATTENDANCE)	N/A
MSDC (MEALS SERVED)	N/A

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	615
OCCUPATIONAL THERAPIST	227
PSYCHO-EDUCATOR	157
NUTRITIONIST	140
SPEECH THERAPIST	0



WEMINDJI

POPULATION **1,434**

AWASH 0-9	284	▲6.8%
USCHINIICHISUU 10-29	481	▲.09%
CHISHAAYIYUU 30+	669	▲1.4%
TOTAL	1,434	▲2.2%

WEMINDJI WILLIE MATCHES MEMORIAL MIYUPIMAATISIUN CENTRE

The **Awash** unit welcomed the year with the first baby born at the clinic in four years; after the successful delivery, mother and child were transferred elsewhere for further observation. Awash has fully integrated its five-year-old clientele and is working toward integrating the remainder of its clientele by the end of 2015. Since the nutritionist left late in the year, CHRs have been running activities promoting healthy eating, such as food tasting workshops. The Awash team has also worked to raise awareness about FASD.

The **Uschiniichisuu** unit has reorganized its management system, implementing central filing in August 2013 and working to standardize protocols to ensure optimum quality services for all clients. Efforts are underway to fill vacant social worker and school nurse positions. Most front line staff has successfully completed the CHARLIE national training program.

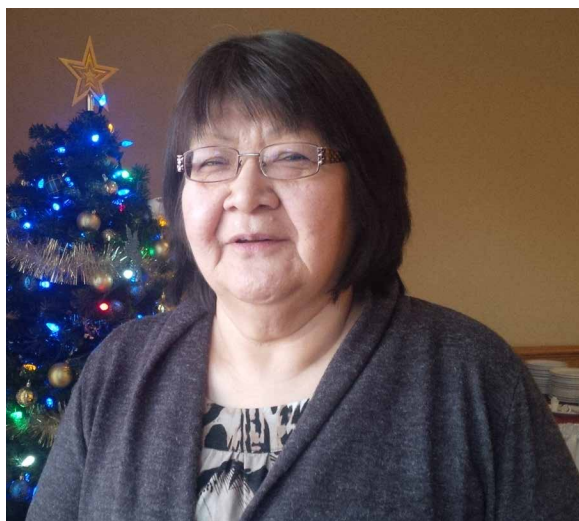
The **Chishaayiyuu** unit has benefited from a stable nursing team, with one of the permanent nurses joining the Home Care and Community Program at the beginning of June 2014. Fluctuation amongst HCCP workers seems to have stabilized, and in May 2013, after a long search, the unit hired an Occupational Therapist.

The CHRs and the nutritionist operated booths at the Community Hall's lobby throughout the year to raise awareness about healthy eating and related issues. The nutritionist resigned at the beginning of 2014, and we are working to fill this position.

A new Team Leader was hired for the MSDC, giving a full team to run activities for the regular clientele.

In **Administration**, various building issues have been successfully dealt with, although transit and residential space continues to be a problem: one transit unit has mold issues, while a residential unit requires major renovations. Office space will become problematic in the near future when all positions are filled in each department.

Statistics collection has improved this year, although work remains to be done to standardize information collected. We continue to have issues with the appointment system, with nurses requesting a system that will help keep track of all appointments from all departments to prevent clients from falling into the cracks and avoid double booking for clients.



Ida Gilpin was elected in 2013 as Community Representative for Wemindji on the Board of Directors of the CBHSSJB

FLY Families, a program conceived at the grass roots with the community worker, took flight in Wemindji this January! Local partners have united in this pilot project that addresses core issues facing families by helping them learn about communications and self-appreciation, among other concerns. Initial responses from participants have been very positive. “This program is going to challenge other parts of our service to provide supports and opportunities for realizing integrated services models,” says Greta Visitor, Director of the Willie Matches Memorial Miyupimaatsiun Centre.

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	1,578
PEDIATRICIAN	68
PSYCHIATRIST	17
OPHTHALMOLOGIST	46
OPTOMETRIST	240
ENT	0
OTHER DOCTOR	90
NURSE WALK-IN	5,687
MEDICAL REFILLS	3,480
CLINICAL LAB TESTS	1,795
VACCINATION	N/A
DENTIST (ALL AGE GROUPS)	1,294
PSYCHOLOGIST (ALL AGE GROUPS)	177

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	638
NURSE (CURATIVE)	263
CHR (INDIVIDUAL)	1,110
CHR (GROUPS)	21
COMMUNITY WORKER	15
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	356
NURSE (CURATIVE)	0
CHR (INDIVIDUAL)	1,612
CHR (GROUPS)	82
COMMUNITY WORKER	107
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	0
NNADAP WORKER	408

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	810
NURSE (CURATIVE)	81
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	228
CHR (GROUPS)	37
COMMUNITY WORKER	78
SOCIAL WORKER	0
NNADAP WORKER	N/A
HOME CARE (NO. OF CLIENTS)	524
MSDC (ATTENDANCE)	15,036
MSDC (MEALS SERVED)	15,036

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	829
OCCUPATIONAL THERAPIST	517
PSYCHO-EDUCATOR	0
NUTRITIONIST	202
SPEECH THERAPIST	0



WHAPMAGOOSTUI

POPULATION **906**

AWASH 0-9	164	0%
USCHINIICHISUU 10-29	364	0%
CHISHAAYYUU 30+	378	▲5.0%
TOTAL	906	▲2.0%

The **Current** and **Chishaayyuu** unit aims to hire staff to full capacity, following the local organizational chart, to build more residential facilities and to extend the present clinic to its intended space to accommodate all staff.

Hiring and retaining permanent nursing staff remains a challenge, but we aim to hire medical staff to full capacity. Lack of medical equipment and qualified, trained staff means patients are sent on long term placements to external locations, which disrupts family life and sometimes involves social workers.

CHRs continue to reach out to the local population through workshops, individual meetings and pamphlets, providing information on such issues as diabetes, dental health, the bush kit program and disease prevention.

The NNADAP worker assists those requiring extra help on substance abuse, identifying local and external resources and providing counseling to individuals and groups. The HCC Program promotes, restores and attempts to maximize independency. These services support and enhance the care provided by family members, but do not replace the natural caregivers from family members.

The MSDC uses an integrated approach to support and maintain people in the community. It is difficult to have individuals remain in the community without the proper resources.

Our community worker offers individual, family and/or marital counseling to those in need where supportive assistance is required to maintain a healthy relationship and to improve family lives. The community worker also seeks out specialized resources, works with medical teams where illnesses have created or aggravated a person's social issues, does intake assessments, evaluates and determines service plans, and, if required, makes further referrals.

The **Awash** and **Uschiniichisuu** unit consists of community workers, nurses, CHRs and other professionals, including an occupational therapist, physiotherapist and specialized medical doctors. The medical staff cooperate in the administration of preventive, diagnostic and therapeutic care. CHRs participate in programs, provide a liaison with the school and share essential information on issues such as diabetes, dental health, nutrition, the Bush Kit program, Aids/HIV prevention, and prenatal and post natal programs.

The **Administration** unit collaborates in planning and evaluation, and oversees the organization, coordination, implementation, control and reporting of the CMC's human, facilities and operations, and IT systems. Following the postings of positions required to fully implement the Strategic Regional Plan, the priority, as always, is to have an extension of the clinic building, alleviating the frustrations carried in a workplace. A storage place for equipment is also required.



View of Great Whale River, Whapmagoostui

In winter 2013 the nation's attention was fixed upon the 1,600 km journey led by Cree youth from Whapmagoostui to Parliament Hill in Ottawa. Whapmagoostui's recently-created Nishiiyuu working group, a pilot community group with the Nishiiyuu Miyupimaatsiun program, has completed a one-hour documentary film "The Journey of Nishiiyuu," which will receive its first viewing in Whapmagoostui and will be released in summer 2014. The group is also developing a program manual for the Nitahuu Aschii Ihtuun (land-based healing) Program.

CURRENT SERVICES #CONSULTATIONS

FAMILY DOCTOR	195
PEDIATRICIAN	107
PSYCHIATRIST	57
OPHTHALMOLOGIST	0
OPTOMETRIST	80
ENT	102
OTHER DOCTOR	27
NURSE WALK-IN	7,927
MEDICAL REFILLS	3,820
CLINICAL LAB TESTS	1,070
VACCINATION	179
DENTIST (ALL AGE GROUPS)	1,274
PSYCHOLOGIST (ALL AGE GROUPS)	208

AWASH (0-9) #CONSULTATIONS

NURSE (INCL. VACCINATION)	136
NURSE (CURATIVE)	1,535
CHR (INDIVIDUAL)	62
CHR (GROUPS)	10
COMMUNITY WORKER	253
SOCIAL WORKER	0

USCHINIICHISUU (10-29) #CONSULTATIONS

NURSE (INCL. VACCINATION)	202
NURSE (CURATIVE)	2,205
CHR (INDIVIDUAL)	27
CHR (GROUPS)	20
COMMUNITY WORKER	0
SOCIAL WORKER	0
SCHOOL SOCIAL WORKER (INDIVIDUAL)	N/A
NNADAP WORKER	N/A

CHISHAAYIYUU (30+) #CONSULTATIONS

NURSE (INCL. VACC. & WOMEN'S HEALTH)	236
NURSE (CURATIVE)	4,086
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	289
CHR (GROUPS)	16
COMMUNITY WORKER	37
SOCIAL WORKER	34
NNADAP WORKER	N/A
HOME CARE (NO. OF CLIENTS)	953
MSDC (ATTENDANCE)	527
MSDC (MEALS SERVED)	627

ALLIED HEALTH #HOURS

PHYSIOTHERAPIST	159
OCCUPATIONAL THERAPIST	0
PSYCHO-EDUCATOR	0
NUTRITIONIST	0
SPEECH THERAPIST	0



Sinclair Diamond, Waskaganish



פִּימוּחְתֵּהוּ
PIMUHTEHEU
GROUP

PIMUHTHEHU

PUBLIC HEALTH

- AWASH
- USCHINIICHISUU
- CHISHAAYIYUU
- SERC

PROGRAM PLANNING

- CURRENT AND AMBULATORY
- PRE-HOSPITAL AND EMERGENCY MEASURES
- MENTAL HEALTH

PROFESSIONAL SERVICES AND QUALITY ASSUANCE

- NURSING
- ALLIED HEALTH
- PSYCHOSOCIAL (VACANT)



Laura Bearskin
Assistant Executive Director

Pimuhteheu means "walking alongside". This Group is about planning, prevention, and strengthening and improving health and social services. It includes the Regional Public Health Department (including research and surveillance functions) and regional services planning departments.

We are hoping the Iiyuu Ahtaawin process will provide our department with wisdom and expertise from the communities to help us produce a revised action plan for Eeyou Istchee.

Dr Robert Carlin
Director of Public Health



Message from the Director of Public Health

The mission of our Department is to contribute to Miyupimaatisiun within Eeyou Istchee through our mandate, which is to:

1. inform the population on its general state of health and of the major health problems, the groups most at risk, the principal risk factors and the interventions considered most effective, to monitor the evolution of these, and to conduct studies or research required for that purpose (SURVEILLANCE)
2. identify situations which could pose a threat to the population's health and see to it that the measures necessary for its protection are taken (HEALTH PROTECTION)
3. ensure expertise in preventive health and health promotion and advise the Council Board on prevention services conducive to reducing mortality and avoidable morbidity (PREVENTION OF ILLNESS AND DISEASE and HEALTH PROMOTION)
4. identify situations where inter-sectoral action is necessary to prevent diseases, trauma or social problems that have an impact on the health of the population, and, where the public health director considers it appropriate, taking the necessary measures to foster such action

The regional public health department has continued to work on re-enforcing, adapting, and introducing public health programs within Eeyou Istchee. This is accomplished by working with Community Miyupimaatisiun Centres, schools,

workplaces, communities, and regional organizations while adhering to the values, vision, and overall strategic plan of the Cree Board of Health and Social Services of James Bay.

Some of the highlights from the public health teams in 2013-2014 include:

- SI-PMI Module 1 (Awash) – starting to implement the Ministry's online vaccine order system that will allow the region to manage our vaccines supplied by Quebec's Ministry of Health and Social Services
- Tan e ihtyan 10-19 (Uschiniichisuu) – conducting a survey on smoking, alcohol, drugs and gambling in high school students
- Traditional Food Project (Chishaayiyuu) – providing expanded access to traditional foods within the CBHSSJB
- Utihamaataau (Chishaayiyuu) – organizing a walk to promote non-violence at the Annual General Assembly in Wemindji

At the beginning of 2014, the department reviewed its current regional action plan. We were grateful to have elder Robbie Matthew present to share his wisdom and to help guide our planning activities. We are hoping that this year's Iiyuu Ahtaawin process will also provide our department with wisdom and expertise from the communities to help us produce a revised action plan for Eeyou Istchee, which will lead to the development of local action plans for each community in the coming years.

Awash

Since the inception of the CBHSSJB, various programs, such as the Maternal and Child Health (MCH) Program and the Immunization Program, have existed to support maternal and early infant health. Over time, these have been enriched with programs such as the Breastfeeding Program and the Dental Program, among others. Now, to ensure the delivery of integrated and culturally competent services to individuals and families in the perinatal and early childhood periods, the Awash teams in communities have progressively begun working through a holistic family-centered approach known as *Â Mashkûpimâtsît Awash (AMA)*.

Â MASHKÛPIMÂTSÎT AWASH INITIATIVE (AMA)

The AMA program brings together the services provided through the MCH programs—mother and child health clinical services, breastfeeding, prenatal nutrition, immunization, dental health, infectious disease control, and CLE-CE education and screening—but also offers an ongoing and intensive psychosocial follow-up tailored to the needs of families. While some of these activities are delivered through the CMCs, others, especially the ones regarding the psychosocial follow-up, are done through outreach to families using Home Visiting services. AMA also aims to develop partnerships at the local, regional and provincial levels in order to promote better coordination of existing services while complementing them with the creation of new, community-based projects aiming at issues such as housing, education, and employability in order to improve the living conditions of all families.

This year, AMA was promoted through continued, regular and consistent support to the Awash teams in the original pilot communities of Mistissini, Oujé-Bougoumou and Wemindji and through the introduction of AMA to the teams of Waskaganish and Waswanipi. Implementation and intervention tools have been further developed, and front line workers were provided with trainings and workshops on AMA guidelines, secure attachment, historical trauma, interdisciplinary teamwork and support for parenting skills. Collaborations were developed and maintained through meetings

and joint activities such as the “Apishtawaash College” in Waskaganish, “Come-Unity” in Waswanipi, and “Fly Families” in Wemindji. Four new community organizers were hired and received orientation during the year. Work continued on the AMA guidelines, which are now 75% completed, and on Phase 3 of the AMA process evaluation, which involves assessing the clientele’s satisfaction with the services. Results have been presented to the three pilot communities and to the Public Health team.

Maternal and Child Health

The **Maternal and Child Health (MCH) Program** aims to provide preventive healthcare to mothers, babies and their families. This program offers basic medical follow-up to women in pre-conception, during pregnancy and after delivery, as well as to children up to five years. Services are provided mainly through the CMCs. The MCH Program, which has always existed within the CBHSSJB, is complemented by three primary programs dedicated to perinatal and early childhood health: the Prenatal Nutrition Program, the Breastfeeding Program, and the Genetic Diseases Educational and Prevention Program. The MCH Program is also strengthened by services from three other programs which have a strong but not exclusive maternal and child health preventive focus: the Dental Prevention Program, the Immunization Program and the Infectious Disease Control Program.

The AMA develops partnerships to promote better coordination of existing services and complement them with new, community-based projects...to improve living conditions.





Breastfeeding Awareness Week, Mistissini

The MCH Program within regional public health provides training, tools and onsite support through regular visits to CMCs and communities. This year saw the start of revision of the MCH Program document; in addition, teaching pamphlets were developed and/or revised, and collective prescriptions developed for Vitamin D and Folic Acid. In partnership with the Friendship Centre in Val d'Or, planning began for a new outreach initiative, "Home Away From Home", for Eeyou women awaiting the birth of their children. This past year, special CMC support was given to the programs in Chisasibi and Whapmagoosui, while all nurses received training on "Shaken Baby Syndrome" in November in Val d'Or.

Prenatal Nutrition

The **Prenatal Nutrition Program**, operating in conjunction with the MCH Program, works to improve birth outcomes by improving maternal and child overall health through proper nutrition. The aim is to

- reduce the number of babies with unhealthy birth weights;
- reduce the rate of nutritional problems during pregnancy and childhood, including iron deficiency anemia;
- promote exclusive breastfeeding for the first six months of life;
- increase access to nutrition services for pregnant teens and high risk pregnancies (e.g. GDM).

In the past year at the regional level, the Public Health Prenatal Nutrition Program

- provided training, continuing education and support to local Awash teams;
- worked on revising the nutrition content of the Maternal Child Health Program binder and pamphlets;
- distributed nutrition and breastfeeding promotional items and the "Tiny Tot to Toddler" guides to the general population;
- collaborated with the Breastfeeding program on some breastfeeding files and with the public health nutritionists on some nutrition files.

The Program also provided funds to the nine CMCs to support nutrition services and activities for their populations. These included offering revised and updated nutrition information, training, and educational materials and tools, as well as holding local activities and/or assisting pregnant women and new mothers facing food insecurity issues.

Breastfeeding

The **Breastfeeding Program's** goal is to implement the Baby-Friendly Initiative in all communities of Eeyou Istchee, increasing the rate of exclusive breastfeeding at six months as well as the rate of total breastfeeding with added complementary foods up to two years and beyond. Important achievements this past year include revising the breastfeeding component and tools of the MCH Program, along with drafting two breastfeeding-related collective prescriptions and revising some sections of the "Therapeutic Guide". On-site trainings and phone support for health care workers were ongoing, the Creebreastfeeding.com blog and Facebook page were maintained, Breastfeeding Week activities were organized in each of the nine communities, and links with Regions 08 and 10 were initiated. As well, planning began for what is being called—before it acquires its Eeyou name—the 'Breastfeeding Tradition Protection Act' for Eeyou Istchee. Planning also began for the creation of web-based trainings on issues to do with managing breastfeeding, for the naming of an advisory committee, and for the revamping of the peer-to-peer support group project.

Genetic Diseases

The **Educational and Carrier Screening Program for Cree Leukoencephalopathy (CLE) and Cree Encephalitis (CE)**, otherwise known as the Genetic Diseases Educational and Prevention Program, aims to improve awareness about CLE-CE through a program of education and carrier screening offered at the high school level and through prenatal services in the Awash clinics. This year, all Secondary 3, 4 and 5 classes in the nine communities were visited, with more than 526 students receiving the educational presentation concerning CLE-CE. Around 300 students expressed an interest in being screened before starting a future family. The overall participation rate in screening among students is 56%. In the Awash Clinics, the program counseled about 90 future parents as couples or individuals. The program is being evaluated in partnership with the genetics team from Ste-Justine Hospital. This year an analysis of the statistical data from the program delivery was reported, and the assessment of participants' satisfaction with the program and its usefulness began.

Public Health Dentistry

The **Public Health Dental Program** organizes preventive services to improve oral hygiene habits in the region and to reduce the prevalence of tooth decay and oral health problems through both public education and prevention activities carried out by dental hygienists and CHRs.

In the past year, the program worked closely with the Public Health and CMC Awash teams on two priorities: to maintain the School-Based Prevention Program and to finish the data collection for the dental health survey. This latter was completed in June 2013; however, the data will not be available from the INSPQ for analysis until January 2015. All students from pre-kindergarten to grade two, in all schools in Eeyou Istchee, received four fluoride applications at school. In three communities, sealants were applied at school on the 1st and 2nd permanent molars. The school screening examinations also involved referral and follow-up to local dental clinics as necessary.

In some communities, counseling and fluoride applications were also carried out in the context of the Maternal and Child Health Program. In three communities, the Awash CHRs received training on applying fluoride. As well, the Oral Health section of the Maternal and Child Health Program was updated.

The program supported daily tooth brushing activities in schools and daycare centers, and promoted dental prevention through radio messages. A poster promoting the first visit to the dental clinic at one year of age was prepared, as well as a poster promoting the positive impact of breastfeeding for good oral growth. The pamphlet "lift the lip" was adapted to Eeyou culture, redesigned and published. A special bag with our mascot "PaAhPiHkWel" and stickers with instructions for post-fluoride varnish application were also created and printed. For Oral Health Month, each community took on a specific project (eg: Drop The Pop Challenge, "We be brushing" program...) with appropriate promotional items (e.g. Poster to show the link between oral health and breastfeeding).

4987 in-school
dental checkups

462 early
childhood fluoride
applications

2125 sealant
applications for
grades 1 to 6

dental hygiene
instruction to 1206
parents and children



*I'm one year old.
It's time for my first visit to the dental clinic!*

◁b.Δ ▷◊" ◁ ◁"∧".ï▷▷°

Poster produced by Public Health Dentistry

Immunization

The **Public Health Immunization Program** aims to reduce the transmission of infectious diseases preventable by vaccination; the priorities are to establish and extend effective vaccination programs (e.g. for children, in school, for flu etc.) in all nine communities and to offer quality vaccines.

Through the past year, the Immunization Program provided advice and individualized training in relation to the Quebec immunization protocol for everyone performing vaccinations in the CMCs. The Program also planned and coordinated the delivery of the following vaccination programs by the CMCs:

- basic childhood vaccinations;
- vaccinations for four-year-old children before entering school;
- Grade 4 school vaccinations against HPV and hepatitis A and B;
- Secondary III school vaccinations against diphtheria, pertussis and tetanus, and meningitis Group C;
- measles vaccinations;
- seasonal flu vaccinations.

In March 2014, with the training of two nurses each at Oujé-Bougoumou and Eastmain CMCs, the Cree Board of Health began implementing the vaccine ordering module of the provincial vaccination registry (the GPI module of SI-PMI). This new comprehensive pan-Canadian system will be implemented gradually in the coming years.

The Department was also represented at various provincial working groups related to immunization, including those relating to regional immunization, the management of vaccination products, and the management of side effects possibly related to vaccination.

Infectious Diseases

The **Infectious Diseases Surveillance and Protection Program** aims to improve population health by reducing the incidence of infectious diseases in the region. Priorities are to support surveillance, prevention, control and evidence-based management of infectious diseases in the region, such as sexually transmitted & blood-borne infections (STBBI), respiratory infections, gastrointestinal infections, zoonotic infections, etc.

The Program provides daily clinical support to health care professionals in the region regarding evidence-based preventive and treatment management of patients with or 'at risk of' infectious diseases (including STBBI, TB and rabies). Highlights from this past year included managing an infectious TB case, a syphilis outbreak, and gastrointestinal outbreaks (i.e. Salmonella and Cryptosporidium).

For health care professionals, the program prepared infectious disease memoranda promoting enhanced surveillance and guidelines for evidence-based management for three endemic infectious diseases: one for chlamydia and gonorrhoea due to the continuous high rates (especially among youth); a second promoting screening for syphilis, especially among pregnant women and in individuals at risk; and a third for community-associated methicillin-resistant Staphylococcus aureus. The nursing therapeutic guide's section on STBBIs (to be used in Regions 17 and 18) was reviewed and revised, along with TB prevention and control strategies for the region. Working with various stakeholders, the program was able to facilitate the delivery and analysis of microbiology samples from in-land communities at the McGill Health University Centre (MUHC) in order to standardize microbiology testing and facilitate case and contact follow-up and outbreak management in our region.

The program worked closely with provincial (e.g. the Nunavik Health Board and the Table National de Santé Publique of the Ministry of Health in Quebec), national and international public health authorities (e.g. International Circumpolar Surveillance) to improve surveillance of infectious diseases and to share experiences and lessons learned in the effective management of infectious disease outbreaks. With support from the Ministry of the Environment (MAPAQ), the remaining two communities joined the other seven in participating in MAPAQ's dog vaccination program against rabies for northern communities.

All of these Awash programs offer ongoing interventions to pregnant women, mothers and fathers, children up to five and their families by using an integrative approach that includes all preventive activities under one unique overarching program: AMA. Services offered through AMA foster cultural sensitivity and responsiveness to the needs of the families and of the communities with the aim of enhancing the well-being of young families so that children grow strong and healthy.

The ultimate goal is to empower young people to maintain and/or improve their physical, mental, emotional and spiritual health.



Uschiniichisuu

The Uschiniichisuu program aims to improve the health of Eeyou Istchee's youth aged 10-29 by supporting the planning and implementation of appropriate health services in communities, clinics, and schools. The ultimate goal is to empower young people to maintain and/or improve their physical, mental, emotional and spiritual health through reliable, balanced, client-driven programs and activities for youth, young adults, their families, and communities.

PLANNING & IMPLEMENTATION OF YOUTH-FRIENDLY HEALTH SERVICES

This year, the Uschiniichisuu team developed the first operational plan and logic model for youth clinics in Eeyou Ischee, as well as a guide for "clinical preventive services" for youth clinics in the region. Following preliminary community consultations for planning youth-friendly health services, Waskaganish and Whapmagoostui were chosen as pilot communities, based on local readiness and availability of resources for youth, epidemiology of health problems, and other feasibility factors. At the same time, youth-friendly health services are being planned through the School Health Program.

HEALTHY SEXUALITY AND INFECTIOUS DISEASES

The Healthy Sexuality and Infectious Diseases Program is a sub-program of the overall Infectious Diseases Surveillance and Protection Program, but with a focus on reducing or eliminating sexually transmitted infections (STIs) and preventing unwanted pregnancies, especially among teenagers. To this end, the program monitors STIs in the territory, organizes actions to deal with outbreaks, and reports to authorities within the CBHSSJB and the MSSS.

This year we revised tools for screening and treatment of gonorrhoea, chlamydia, syphilis and human papillomavirus (HPV). The Therapeutic Guide regarding STIs for nurses with the expanded role was also revised. For all priority cases that must be reported to public health authorities (gonorrhoea, chlamydia on pregnant women, HVC, syphilis, probable HIV), the front line nurse or physician are the lead contacts responsible for supporting the screening, diagnosis and treatment of index cases and contacts, and their eventual vaccination against Hepatitis B and HPV.

In order to improve screening and diagnosis of STIs, all permanent nurses and physicians received a half-day continuing medical education training in November 2013. This training complements the on-going communications between lab technicians, the RUIS microbiologist for our region, and front-line professionals.

The Program participates with the provincial CALI (Comité des analyses de laboratoires en ITSS), the INSPQ and the MSSS and promotes the need for culturally adapted material for the management of STIs, including expedited partner treatment.

A multidisciplinary meeting was organized in Waskaganish concerning the epidemic situation of STIs in Eeyou Istchee and their management. This meeting brought together health professionals, band office members, youth representatives, NNADAP and Youth Protection representatives, elders and the priest in order to promote the leadership of local stakeholders.

CHII-KAYEH IYAAKWAAMIH

Chii Kayeh Iyaakwaamiih—“You too be careful”—is a school based Public Health Program for secondary 3 or 4 students. The aim of this program is to prevent sexually transmitted infections (STIs), HIV/AIDS and unplanned pregnancies by helping students develop the skills they need to make wiser and healthier choices. All nine schools offered the original program this year. The pedagogical materials were provided to all the teachers; on-line training and support was also available, when requested.

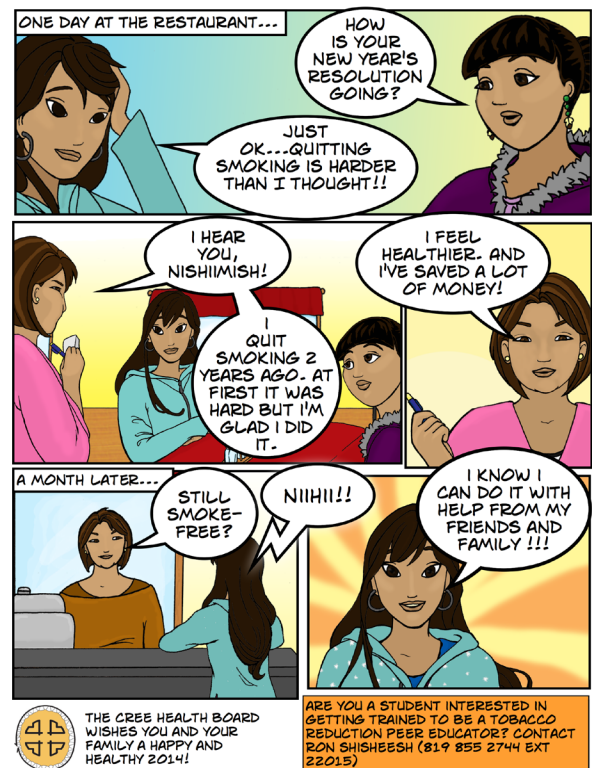
Although the program has been offered in Secondary 3 or 4 since 2008-2009, the main priority this year was to collaborate with the Cree School Board to find a way to integrate the Chii Kayeh Iyaakwaamiih lessons into the regular curriculum for secondary 1, 2, and 3 students and to produce the pedagogical materials needed to support this program. The original program was restructured and will be given over three years. The next school year (2014-15) will be a transition year, with the new program being fully implemented in 2014-16. Twelve lessons will be given each year as part of “Physical Education and Health”.

SCHOOL HEALTH

The School Health program aims to improve the effectiveness of health promotion and prevention intervention in the schools by identifying and implementing relevant best practices, in accordance with the Provincial Healthy School Approach (Ecole en Santé).

In the past seven months, the three priorities have been (1) to identify the mandate of the School Health Program within the Uschiniichisuu Public Health Team, (2) to reactivate and implement the process of recruitment and program review for school nurses, and (3) to support the implementation of a Regional Cree Healthy School Approach.

As of March 31, school nurses were hired in Chisasibi and Waskaganish. Monthly meetings began with the CSB to define the terms of reference of the committee and for membership in the Regional Cree Healthy School Approach.



Quit Smoking Campaign, January 2014

DEPENDENCIES AND ADDICTIONS

The Dependencies and Addictions Program's mission is to address issues related to substance abuse and dependencies in Eeyou Istchee. The priority for this year was to increase our knowledge and update the data related to substance abuse and dependencies. For a population- and client-driven program such as this one, a clear understanding of the current state of the situation and trends is critical for developing effective programs and services.

The Dependency and School Health Programs collaborated with the SERC Team, the Cree School Board, local CMC teams, and the Institut de Statistique du Quebec to carry out a survey on healthy lifestyles among youth, looking specifically at alcohol, drugs, and tobacco consumption, physical activities and nutrition. All high school classes from Secondary I to Secondary V were visited, and 1016 survey questionnaires were completed by high school students.

Development of the community-based addiction project has been reactivated. Through federal funding, a research project is being planned to identify the current risks and protective factors with regard to addictions in Eeyou Istchee in order to integrate them within a regional addiction program and services framework. Best practices in addiction prevention programs have shown that parenting programs, where life skills in child development are reinforced, have been successful. Prior to defining an Eeyou parenting program, consultations have been carried out with four communities to discuss parenting skills within the communities.

Other intersectoral partnership activities continued: these include (among other networking initiatives) following up on the 2011 Addiction Summit and regional entities' commitment to actions; making a public presentation to the regional awareness addiction gathering; and providing research results to the Eeyou Istchee Regional Police Commission in regards to gambling issues in Eeyou Istchee.

Chishaayiyuu

The Chishaayiyuu team's mandate is to promote health and well-being among persons thirty and older.

IYUU AHTAAWIN MIYUPIMAATISIUN PLANNING (IAMP)

The Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP) initiative's mandate is (1) to support community-led and -owned Miyupimaatisiun strategic work planning and (2) to support regional alignment with these community Miyupimaatisiun priorities. These community plans will provide the necessary conditions for facilitating the creation of an Eeyou Istchee Strategic Plan for Miyupimaatisiun: following the development of community-level Miyupimaatisiun Strategic Work Plans, the goal is to develop an Eeyou Istchee Strategic Plan for Miyupimaatisiun by September 2015. This will be created through a community-driven process of development, consultation, integration, and approval, and will include regional and local entities and groups.

The goal is to guide Eeyou Istchee's health assets more effectively, to have greater transparency, communication, and collaboration among entities and groups, and to have regional work plans that are better aligned to support the community Miyupimaatisiun work plans. This is a region-wide initiative that is receiving a great deal of support from the Cree Board of Health. Developing a community-focused and community-driven framework requires confirmed partnerships and leadership from Chiefs and Councils.

Developing a community-driven framework requires confirmed partnerships and leadership from Chiefs and Councils.





Poster for Nutrition Month

This past year, the Initiative made 38 presentations, carried out approximately 70 internal planning meetings, identified partners and collaborators, presented to all 10 communities (including Washaw Sibi), held two identical training sessions, worked with communities to identify work plan facilitators and local committees, supported the development of community profiles, prepared a communications plan, and hired a community liaison officer.

PROMOTION OF HEALTH AND WELL-BEING AND PREVENTION OF CHRONIC DISEASES

Each year, various health promotion activities are organized according to our regional health promotion calendar. In 2013-2014, support was provided to local health promotion initiatives around the year, with special efforts being made during the periods related to promotion of healthy lifestyles. Therefore, regional health promotion activities were organized for nutrition month, physical activity month, diabetes month and smoking prevention week. Our regional activities included health promotion using local media and the web.

Through our Health Canada funding, the Chishaayiyuu team provides support to local promotion activities related to healthy lifestyles. This year, our Healthy Eating and Active Living fund (HEAL) supported over 35 community initiatives throughout Eeyou Istchee. The activities were mostly related to diabetes awareness, healthy cooking in schools, community walks, after-school programs and other physical activity and nutrition-related projects organized by local teams and community organizations.

Throughout the year, our team also invited the different communities to plan activities related to physical activity. With our support, the communities were invited to organize different local physical activity events for Summer Active, Active School, Fall Active and Winter Active. Our team supported active school projects, 100 mile challenges, running clubs, walk-to-work day, walk-to-school week, 5 or 10 km walks or runs, snowshoe walks and cross-country skiing activities, winter triathlons, school family challenges and traditional activities.

Last year, by adopting a nutrition policy, the CBHSSJB committed to promoting healthy eating habits within its own organization and strove to become a model for other entities of Eeyou Istchee. The public health team informed employees and managers about the policy through letters and various presentations during local and regional meetings. During community visits, local teams in Whapmagoostui, Chisasibi, Wemindji, Eastmain, Waskaganish and Oujé-Bougoumou were invited to form their local implementation committees. Various tools have been prepared and provided by our team to support the local implementation. Our visits to the different community settings also allowed us to assess the condition of the foodservice establishments and determine required improvements. The Cree Patients Services (CPS) of Montreal and Val d'Or were also informed about the nutrition policy and assessed. Support is currently being provided in order to improve the quality of food served in those establishments.

Furthermore, traditional food being an important part of the health and well-being of the Cree, great efforts were made by our team to renew the agreement with MAPAQ for serving traditional foods at the Chisasibi Hospital and to expand it to other foodservices of the CBHSSJB. Currently, in addition to Chisasibi Hospital, five other foodservices have received approval to serve traditional food: Chisasibi MSDC and Group Home, and Mistissini MSDC, Group Home and Reception Center. This agreement allows those establishments to serve all birds and fur-bearing animals, except bear. Throughout the year, our team was involved in organizing the supply of traditional foods. Further involvement is expected as the program expands to other foodservice establishments.

Traditional food is an important part of Cree health and well-being. Great efforts were made to expand the MAPAQ agreement to approve serving traditional foods in five other CBHSSJB foodservice locations.



June 2013 Training on Canadian Standards Association: Infection Control of Construction, Renovation and Maintenance of Health Care Facilities, Mistissini. The training addresses the need for strategies to prevent the development of mold in CBHSSJB buildings.

The report on Access to Nutritious Food in the stores of Eeyou Istchee was completed in the spring of 2013. Summaries and letters were sent and presentations were made in order to communicate these results throughout the CHB and beyond. Political leaders, store managers, health organizations and health workers were informed about the high cost of and limited access to nutritious food choices in Eeyou Istchee, and were asked to contribute to the improvement of access to nutritious foods in our region.

Smoking prevention and cessation workshops were organized in the schools of Mistissini, Whapmagoostui and Chisasibi. These workshops trained youths in order for them to become peer-educators. Further trainings are being planned in the other communities in the coming year.

In order to prevent chronic diseases and promote healthy lifestyles, our team has previously called upon the leaders of Eeyou Istchee to unite forces and build supportive environments in the communities. This year the Mamuu Naakahehtau initiative joined forces with a larger initiative, liyuu Ahtaawin, to give regional support to the development of local health planning based on local health priorities. In order to contribute to local health planning, our team participated and organized various meetings within the CBHSSJB and with other entities such as band councils. Training sessions were also organized to inform facilitators and community partners about the initiative and to facilitate the health planning process being undertaken locally.

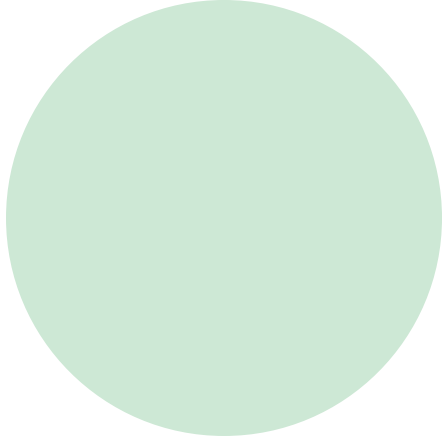


For many years, our regional team has been providing support to the local health care providers with regard to chronic disease care and prevention. In the past year, diabetes training was given to healthcare providers in all nine communities, and trainings were also provided during annual meetings and initial orientations of new health professionals. Professional support in diabetes care was also offered to healthcare providers through different help-lines (via phones/e-mails/faxes). A number of tools (including pamphlets, a professional informational manual, and protocols) have been developed and updated by our team to provide information about diabetes and support local diabetes care.

The breast cancer screening program is a key element of breast cancer prevention. In 2013-2014, the CLARA bus/mobile mammogram visited all nine communities to offer mammography exams to women aged 50 to 69. All eligible women were sent an invitation to participate in breast cancer screening exams. Visits to each community were planned and coordinated by our team and support was also provided to the local teams during the screening process; when abnormal results were obtained, they were communicated to the local clinics to ensure follow-ups. The overall participation rate was 75%.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety team is mandated to protect the health of workers and to help prevent occupational injuries and illnesses. This year, inspections and tests were carried out in different public buildings to assess the safety of those working environments. In some cases, these efforts led to the relocation of workers or remediation of mould. A regional training session in Mistissini was organized with the CSA Association to focus on mould prevention during new construction or renovation of healthcare facilities, with an emphasis on maintenance, remediation and renovations to protect the health and well-being of the people in those facilities. Furthermore, our team has also been involved in the safety of workplaces in mining and forestry, which are important sectors of development in our region.



75% of women 50-69 received mammograms thanks to the CLARA bus program.



Cree Health Board representatives participated in a number of professional meetings and training sessions. Although short-staffed during part of the year, the office responded to community questions regarding mould exposure and to a public health alert in a dental office.

ENVIRONMENTAL HEALTH

The goal of Environmental Health activities is to prevent illness due to factors in our physical surroundings — on the land, in the air we breathe, in the water we drink, and in the food we eat. In the past year, we discussed with other members of the Public Health Department the importance of a more complete concept of the environment that includes community environment factors such as housing, availability of healthy food, access to opportunities to exercise and be active, and safety of streets, sidewalks and playgrounds.

Environmental emergencies

In the summer of 2013 the Public Health Department, with other departments of the CHB, responded to a large fire in Eeyou Istchee. Our preparation for responding to fires and other environmental emergencies requires close collaboration with the Emergency Measures team.

We also organized a series of conference calls with the CRA and the Public Health Department from another region in response to a mine tailings pond spill upstream from a Waskaganish trapline.

Nituuchischaayihitaa Aschii Environment and Health Study

The Nituuchischaayihitaa Aschii Environment and Health Study aimed to assess contaminant levels and health indicators such as nutrition, physical activity, diabetes, and obesity in the Cree communities. A final report that includes results from all nine communities has been completed, and a PDF version is available online at creehealth.org, along with a regional summary report. Reports were also prepared for each of the seven communities studied. The Northern Fish Nutrition Guide, funded by Hydro-Québec, was revised and updated by our department and other entities and was sent out to all PO boxes in Eeyou Istchee in the summer of 2013. A pamphlet and an interactive map about the health benefits of fish, along with some precautions with respect to mercury, are in revision, and new versions will be ready for summer 2014.



Contaminants (mercury and lead)

The Quebec toxicology lab notifies the Public Health Department when a blood test result shows high contaminant levels (usually either lead or mercury in our region). These results are entered into the provincial database, and in some cases the physician who ordered the test is contacted to carry out an investigation. A report of these contaminant test results for the period 2005–2013 is being finalized.

Assessing health impacts of development projects and climate change

Quebec's Ministry of Health regularly solicits the opinion of the Public Health Department on the environmental and social impact assessments carried out by the promoters of new projects in Eeyou Istchee. Such requests may be expected more frequently in the future, due to the opening of new mines and other projects that are part of the Quebec government's northern development plan. The Department, in partnership with the Institut National de Santé Publique (INSPQ), finalized some reports and tools to support public health departments in assessing the health and social impacts of development projects in light of climate change. Plans for broadly sharing the products from this project are being developed. We also assisted the INSPQ in drafting a training course to help health care workers better understand mining developments. Members of the Public Health Department continued their participation in the CHB-Hydro Québec Joint Committee on Cree Health, created to monitor the health impacts of new hydro-electric developments which started in 2006. We also met with the CRA environment team to discuss the health impacts of development projects.

Indoor air quality problems due to mould

The Environmental Health and Occupational Health teams set up a working group with the Material Resources Department to share information about indoor air quality problems in CHB buildings. Monthly meetings led to the resolution of several problems. A presentation on moulds was made at a meeting of CMC directors. We also participated in a regional housing symposium in Val d'Or, made a presentation on housing and health to the CPDP, and drafted an information sheet on healthy air quality in homes.

Radon

Radon, a naturally occurring radioactive gas given off by some types of rock and soil, can accumulate in basements and may cause lung cancer. This year further radon measurements were started in one of the communities. High levels will necessitate collaboration between the community and Cree Nation Government to make modifications to the plans for air exchangers in houses.

Drinking Water Surveillance

The quality of water in the community water distribution system is the responsibility of First Nation Councils. The Public Health Department is legally required to respond when it receives a report from an authorized lab of water quality not conforming to Quebec regulations. Whenever this happens, public health must contact the Local Environment Agent of the respective Cree Nation Government to ensure action is being taken, as well as the respective clinic to find out if cases of gastroenteritis have occurred. No infectious disease outbreaks linked to community water supply contamination were reported in the region this year.

The Cree Nation Governments do not perform any testing of water from those alternative sources to the community water distribution system that are known as *aa untihipaaniwich*, or “a place to get water from,” and which include *muschiwinipaakuch*, or water from springs; *kuunaapui*, water from snow; and *chimuwinaapui*, rain water.

aa untihipaaniwich:
a place to get water from.

muschiwinipaakuch:
water from springs.

kuunaapui:
water from snow.

chimuwinaapui:
rain water

SERC

SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS, CLINICAL PREVENTIVE PRACTICES AND PUBLIC HEALTH COMPETENCY DEVELOPMENT

This past year, Public Health, including people from the SERC Team, engaged in many projects which involved various teams and files within the CBHSSJB. The regional planning process for the organization of services within the CMCs and the regional coordination of the Iiyuu Ahtaawin Miyupimaatisiun Planning (page 80) with the communities and other entities will continue in the next year. Significant effort was put into two planning processes to improve services to youth in distress: the first involved becoming a member of a large research network proposal headed by the Douglas Hospital, with the goal of establishing improvements in integrated services to youth in distress and evaluating the impact of these improvements (the success of this proposal will become known in late May 2014); the second involved planning a project with the Canadian Foundation of Healthcare Improvement, which would mentor the organization to improve governance and organization of services to youth in distress.

A large project on climate change and development projects with the INSPQ and researchers from the Université de Montréal and Laval University, and with some funding from the OURANOS consortium on climate change, continued from last year. The Public Health Department carried out a regional consultation on perceptions of climate change and collaborated with the INSPQ on the production of other materials, specifically a tool for helping communities and other groups to address development projects in the context of climate change (for more information, search ‘climate change’ at www.creehealth.org). The CBHSSJB continues as an inactive partner with the Indigenous Mining Network research from Laval University. We helped the INSPQ to develop a training to explain mining to health care workers; this training is currently being piloted.

A large three-year project on cancer and cancer services involves public health and services in a collaboration with Region 17. A successful proposal was submitted for a three-year project that began in February 2014, and a report prepared on cancer and its treatment in the two regions. The funding over three years from the Canadian Partnership Against Cancer, First Nations, Metis and Inuit Cancer Care Initiative will provide some extra support to adapt services culturally, to improve linkages between levels of services, and to improve linkages and supports within Eeyou Istchee (search 'cancer' at www.creehealth.org). In February, the project began a needs assessment of interpreter services in the CHB and opened discussions to examine how cancer services should be governed within the CHB.

An analysis of physician supply in the region was prepared in order to justify the need for increased numbers of physicians. The report examines the region-specific pattern of physicians' work and was presented in negotiations with the MSSS (search 'physician workload' at www.creehealth.org).

SURVEILLANCE

A major focus this year for Public Health Surveillance was planning and/or carrying out four health surveys. Carrying out health surveys is a mandate of Québec Public Health Directors as one aspect of gathering information in order to be able to report on the health of the population. Up to now, the CBHSSJB has not been part of the provincial cycle of health surveys, although Region 10, based in Chibougamau, has been included. Because of this year's initiatives, the CBHSSJB is now included in the cycle of surveys paid in large part by the Ministry. As not all surveys of the Ministry are planned to produce reports at the regional level, regions can at times have the option of purchasing those surveys for their own planning purposes.

In June 2013, data collection for the dental health survey of school children was completed. Within the context of the provincial dental health survey, which will only report for certain regions, the CBHSSJB, along with several other rural regions, purchased our regional survey from the Ministry and the INSPQ. Unfortunately, data will not be available for analysis until January 2015. The second survey this year was of

secondary students' lifestyles; this one was purchased in late 2013 from the Institute de statistique du Québec (ISQ). The survey is identical to the 2013 survey done in other regions by the Ministry and the ISQ in order to produce a provincial report. In collaboration with the Cree School Board, field work took place in all secondary school in the late fall. The data should be available for analyses in early summer of 2014 and the highlights report released in September. The third survey planned this year is the Québec Population Health Survey, which will be carried out by telephone from late May 2014 to April 2015. This will be perhaps the first survey carried out in Indigenous communities by telephone. The Ministry covers the costs of the basic survey and the CBHSSJB is responsible for paying to adapt the survey to the region in terms of language, interviewers, publicity, etc. The fourth survey, scheduled for the summer of 2014, will assess issues of dependency. The Cree Human Resources Development planned its employment and education survey this year, but has put this survey on hold.

The 2012 report on cancer was updated and enlarged with Inuit data to form a joint report with the Nunavik Regional Board of Health and Social Services. The final report will be available on the website in 2014-15. Other reports were prepared on maternal contaminants surveillance, complex community statistical profiles for the Iiyuu Ahtaawin Miyupimaatisiun Planning Initiative (to be finalized in early 2014), and gestational diabetes. Because of the find-



ings from the analysis of gestational diabetes laboratory data, that work will be expanded and continued in 2014-15; this serious health issue holds implications for future generations.

Data extractions supported work on numerous topics including income and its interpretation, housing, fertility, birthing, teen pregnancy, obesity, gestational diabetes, renal disease, pulmonary fibrosis, environmental health, housing, suicide and suicide ideation, youth protection, mental health and various causes of hospitalizations. Data tables were extracted from the 2011 census and household survey of Statistics Canada, and methodological work with other provincial partners was undertaken to understand the comparability of the 2011 data on the Cree communities with previous censuses. The report on the 2011 census and household survey will be available by the end of the summer of 2014.

Final data compilation and cleaning from the Mistissini mental health chart review was completed, and the analysis of this data with the Chisasibi review will be undertaken in 2014-15. The mortality report, which exists in draft, will also be completed next year. Planning for a chart review on pulmonary fibrosis began in earnest with researchers from the Montreal Chest Hospital, as did planning for a chart review on traumatic brain injury with a researcher from the Neurological Hospital. The team was still waiting at the end of the year to receive the data from researchers concerning the macroloma chart review in Chibougamau and Val d'Or Hospitals; once this data has been received, we can begin analysing it for our regional report.

The regional surveillance plan is close to finalizing the indicators for maternal and young child health, and performed initial work on developing a data collection system for the local clinics in this area. Planning continued for the final report from the Cree Health Board-Hydro Québec Joint Committee on health determinants and hydro development.

The team was involved with other surveillance research. The Aboriginal Birthing Outcomes Project (a collaboration with Region 17, the Commission from Wendake, the ISQ and Ste-Justine Hospital researchers) required significant attention until all approvals were received and the data linkage work began at the ISQ. However,

the project lost two-and-a-half years with various regulatory delays, and the challenge will be to keep financing active long enough for meaningful participation of the three Indigenous organizations in the data interpretation. The report for the diabetes data linkage project with the INSPQ remained in draft at the end of the year, although in a completely reorganized format.

The Quebec Population Health Survey will be the first survey carried out in Indigenous communities by telephone, with basic survey costs covered by the Ministry.



EVALUATION

The Public Health Department received the draft evaluation report of the *Â Mashkûpimâtsît Awâsh* Program at the end of the year, and the report will be disseminated by the end of the summer of 2014. The evaluation of the CE/CLE Genetic Counselling Program continued, with pre- and post-education surveys being completed by high school students receiving the educational session and by individuals receiving one-on-one counselling. The project's data analysis was completed and some short reports prepared. The project will continue in 2014, and the final report should be available towards the end of the year. An in-house needs assessment of pregnant women waiting to deliver in Val d'Or was carried out with the Maternal and Infant Health Program and the Val d'Or Friendship Centre, and the draft report of this assessment has been circulated; the final report will be available in 2014-15. As noted last year, the evaluation of patient perceptions of diabetes services continued.

RESEARCH

The CBHSSJB follows the OCAP principles (ownership, control, access and possession) in administering research along with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. We continued to collaborate in the community approval process for scientific publications from past research projects by providing comments on drafts, ensuring that community names are not used without community permission, and working with authors to put the results into plain language. All the final products from research projects are made available on the website, except for some community-level reports.

This year research continued to be managed through the Public Health Management Committee and the Executive Committees. Drafting of a new organization structure for managing research began late in the year. Due to staffing shortages in research administration this year, the work to revise the research administration tools is still in progress. Discussions about centralizing research administration in Eeyou Istchee did not advance while the Cree Government is being organised.

RESEARCH PROJECTS

Reporting and planning continued with many long-term projects. As reported in the Environment Health section, final reporting took place for the seven-year Nituuchischaayihitaa Aschii: Environmental and Health Multi-Community Study. As well, a number of scientific publications from the study were reviewed.

The Aboriginal
Anti-Diabetic Medicines
Team was awarded a
grant to understand
Eeyou views on making
traditional plant
medicines available
through CMCs.



These included publications on:



- blood cadmium and its sources, including smoking and diet;
- the use and misuse of the hair mercury/ blood mercury ratio;
- the association between POPs (organochlorine pesticides and PCBs) and Diabetes 2;
- the link between dietary patterns and insulin resistance;
- prevalence and risk factors of vitamin D insufficiency;
- the fatty acid composition of traditional food;
- the association of fatty acids and inflammation;
- the association of fatty acids and risk of heart disease;
- the link between fatty acids and bone strength;
- the link between dioxin-like compounds and bone strength;
- individual physical responses to mercury exposure; measuring risk of atherosclerosis;
- measuring body composition for health risks.


In 2014-15, these papers (or their abstracts) will all be made available with plain language summaries on the website.

The project examining the medicinal potential of traditional plant medicines for diabetes — CIHR Team in Aboriginal Anti-Diabetic Medicines (2003-2012) — finished in 2012 but papers continue to be reviewed and put into plain language. As well, the project team was awarded a new grant to understand Eeyou views on making traditional plant medicines available through the CMCs. The researchers will spend the next year planning the project with the Nishiyuu and Public Health Departments, along with the six communities who were partners up to 2012. A new research agreement is being developed. The draft of the technical “Roots of Resilience” report from Wemindji was reviewed. In Chisasibi, the “Dream Global” project on using text messaging to help people reduce hypertension began, and in Waskaganish, the “Forge Ahead” project on chronic disease management was started.

WEBSITE COMMUNITY STORIES

 758 'LIKES'
 185%

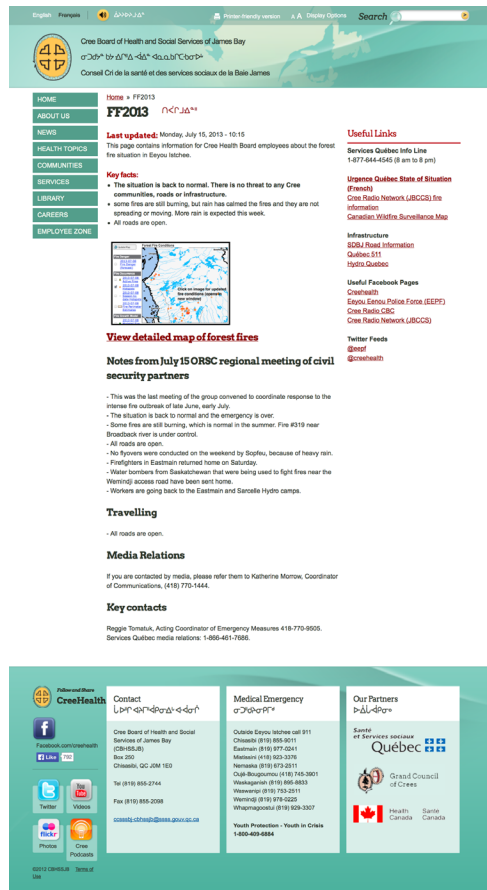
 984 FOLLOWERS
 139%

WEBSITE VIEWS
 79%

COMMUNICATIONS

Throughout the past year public health communications continued to produce public health messages in multi-media (radio, website, social media, posters, etc) involving monthly themed ads and posters, Cree-language radio PSAs (trilingual in the case of the annual flu vaccination campaign), website community stories, and the monthly Pimuheteu Group newsletter. As well, numerous reports, in technical, summary and popular versions, were produced, and in turn some transformed into multi-media messages. Although the full-time Communications Officer went on a two-year half-time education leave from September 2013, he continued

to maintain close contact with the CBHSSJB Corporate Communications Coordinator in order to manage the public health section of the CBHSSJB website; to liaise between the Department and regional media entities to promote Cree language communications; to produce the monthly newsletters for Pimuheteu Department employees (<http://creehealth.org/pim-news>); and to provide communications support for all Department teams and personnel, including material to support the Corporate Complaints Commissioner's tour and support and training for the liyuu Ahtaawin Initiative. Extensive communications planning and materials supported the CE-CLE education and screening program evaluation, the high school health survey and the upcoming population health survey.



The screenshot shows the Cree Health website interface. At the top, there's a navigation bar with 'HOME', 'ABOUT US', 'NEWS', 'HEALTH TOPICS', 'COMMUNITIES', 'SERVICES', 'LIBRARY', 'CAREERS', and 'EMPLOYEE ZONE'. The main content area features a news article titled 'FF2013' with a 'Last updated' date of Monday, July 15, 2013. Below the article is a map of the forest fire situation. To the right, there are 'Useful Links' including 'Services Québec Info Line', 'Urgence Québec: State of Situation (French)', 'Cree Radio Network (CRCS) Info Information', 'Canadian Wildlife Surveillance Map', 'Infrastructure', 'SOLIS Risk Information', 'Québec 511', 'Hydro Québec', 'Useful Facebook Pages', 'CreeRadio', 'Eeyou Estou/Pollux Foros (EEPE)', 'Cree Radio CBC', and 'Cree Radio Network (CRCS)'. At the bottom, there's a 'Contact' section with social media icons for Facebook, YouTube, and Twitter, and a 'Medical Emergency' section with contact numbers for various regions.

Public health also worked with the CBHSSJB Corporate Communications office to use social and digital media to distribute messages and share stories. This partnership between the two communications offices was highlighted during the emergency communications campaign during the summer 2013 forest fire season.

Health radio programming continued to be made available as podcasts at Cree Health Radio (www.creehealthradio.com) and on the Cree Health Facebook page. There was an increase in followings on all sites over last year: the "CreeHealth" Facebook page was up to 758 'Likes', an increase of 185%; the Twitter feed is followed by 984 individuals and organizations, an increase of 139%; and Website page views for creehealth.org increased by 79%.

The corporate website www.creehealth.org was an important communication tool during the forest fire crisis of 2013.

CLINICAL PREVENTIVE PRACTICES

Preventive interventions that have demonstrated their efficiency include counselling, screening, chemoprophylaxis (or preventing disease by means of chemical agents, drugs or food nutrients), and vaccination. Currently, the most explicit and detailed use of clinical preventive practices within a public health program is the work of the Public Health Dental Team, who present clear documentation on their use of numerous proven strategies to promote fluoride use and to reduce risk factors for dental caries, including the selective application of sealants to teeth in children. Hopefully, in next year's report, Public Health will have received the data from the dental survey in time to report the extent to which these efforts are making a difference.

Most of the work for clinical preventive practices happens within the programs, and the SERC team's role is to promote this development. Three day-long trainings on Motivational Interviewing (MI) for nurses and physicians were organized in November; MI has been shown to be the basis for effective self-management of chronic diseases.

The Cancer Project, a joint services and public health activity, began in October with a three-year plan to March 2017. One of the Public Health foci with this initiative is on developing, monitoring and integrating improved screening for various cancers. As well, a working group came together later in the year with a focus on promoting opportunistic colorectal screening in the clinics and laying the groundwork for developing a screening program in the future.

PUBLIC HEALTH COMPETENCY DEVELOPMENT

As in the past, public health competency development focuses on encouraging professionals in the Department to develop competencies through training modules available from the INSPQ and the Public Health Agency of Canada (PHAC), or through their professional associations. Many professionals take advantage of these. This year work slowly progressed on setting up an electronic resource centre on the website and on hiring a documentary technician. Once this resource centre has been completed in 2014-15, it will provide professionals with more tools to keep abreast of what is happening in their fields.

QUALITY AND CULTURALLY ADAPTED CARE AND SERVICES FOR EYYOU PATIENTS WITH CANCER

Although cancer rates are rising in Eeyou Istchee, this disease remains relatively infrequent and Eeyouch living in Eeyou Istchee have fewer cancers than are found in the rest of Québec. However, new cancer cases among women have been rising over the past twenty years, and Eeyouch are being diagnosed at earlier ages than other people in Québec. Some types of cancer commonly found in the region can be detected through early screening for the disease, or prevented through lifestyle choices over the long-term.



Improving cancer care for the Eeyou people

Cancer diagnosis and treatment creates a difficult journey for everyone on its path. But it is much more difficult for people living in rural and remote areas because cancer treatments—which can go on for many months—are centred in major, urban hospitals in Québec. These facilities are not in any way adapted for Eeyou patients.

In this context, the CBHSSJB was presented in 2013 with an opportunity to secure financing to improve cancer services for Eeyouch. The Canadian Partnership against Cancer (CPAC) invited the health authorities of Eeyou Istchee and Nunavik to submit a joint plan, in collaboration with the Direction québécoise de cancerologie of Québec's Ministry of Health, to address the most pressing needs of indigenous cancer patients in northern Québec. CPAC is an independent organization entirely funded by the federal government to accelerate action on cancer control. Through its Indigenous initiative it aims to reduce inequities in incidence and mortality and ease the often arduous journey through cancer care for indigenous patients and their families.

In 2013, the CBHSSJB was presented with an opportunity to secure financing to improve cancer services for Eeyouch, addressing the most pressing needs of indigenous cancer patients in northern Québec.



Better access and cultural adaptation of services

Analysis of existing information, as well as interviews and focus groups with healthcare workers, community representatives, patients and family members, made it clear to the CBHSSJB and its partner, the Nunavik Regional Board of Health and Social Services (NRBHSS), that two areas needed the most improvement. First, the indigenous peoples of northern Québec need easier access to the types of cancer services for diagnosis, treatment, follow-up and palliative care that populations of the south enjoy. Secondly, these services need to be better adapted culturally to improve the cancer journey of Eeyouch and Inuit.

Improvements by 2017

The CBHSSJB and the NRBHSS developed a joint three-year plan (2014-2017) to bring about tangible and durable changes in these areas. In Eeyou Istchee, the plan envisions a series of possible outcomes:

- to introduce better interpreter services within the CBHSSJB and to make Cree cancer lexicons easily available;
- to provide special, mandatory training for all health-care workers to better prepare them for working in Eeyou Istchee, including access to language tools;
- to improve cancer screening programmes;
- to develop guidelines for more sensitive announcements of cancer diagnoses to Eeyou patients;
- to ensure all the necessary information concerning each and every patient is exchanged in a timely manner between the healthcare teams in the north and south;
- to reduce the number of trips required to Val-d'Or or Montreal to receive cancer care and services;
- to shorten stays away from home communities when travel becomes inevitable, and to make those stays more comfortable;
- to improve cancer support services in home communities, especially palliative care.

While the CBHSSJB and NRBHSS will rely primarily on their recurrent operating funds to develop their plans in their respective regions between 2014 and 2017, they will jointly benefit from half a million dollars in special project funding from CPAC in order to ensure that improvement in the cancer journey remains a priority for each region over these three years.

Inspiration for other indigenous communities

Beyond improving cancer care and services for the Eeyou and Inuit peoples, it is hoped that this plan, and its implementation, will serve as inspiration for other First Nations communities in Québec who are facing similar issues. While Québec has an excellent cancer control strategy for everyone, the joint Eeyou and Inuit project is also intended as the first step towards developing a strategy to improve the cancer journey for all indigenous people in Québec.

For other information about this ongoing project, search 'cancer' at www.creehealth.org.

Professional Services

NURSING

In June 2013, Louise Carrier, who has already had a long career with the CBHSSJB, was nominated to the position of Director of Professional Services and Quality Assurance – Nursing. Her goal is to ensure the quality of nursing care in the region. In connection with this mandate, she assisted in the investigation of three complaints relating to nursing acts, in collaboration with the Commissioner of Complaints and Quality of Services and the Quebec Order of Nurses (OIIQ). She was also involved in the development of the Therapeutic Guide as well as the Collective Prescriptions that derive from the Guide and which will be an important set of tools for nurses in the CMCs. Work has begun on developing Collective Prescriptions for nurses working at Chisasibi Hospital.

This year, two training sessions were held in Val d'Or for the nursing personnel of the CBHSSJB. In November 2013, 99 nurses from all communities participated in five days of training. Subjects included Shaken Baby Syndrome and its prevention, as well as clinical situations in pediatrics, traumatology, smoking cessation, and training in the use of SADM-C equipment (Semi-Automatic Defibrillator Monitor - Combitube). In March 2014, twelve nurses were trained over three days in SADM-C and traumatology.

The Regulations of the Council of Nurses were revised in September 2013; once they receive Board approval the Cree Health Board will proceed to elections to the Council of Nurses.

The DSPQA-Nursing brought a nursing perspective to telemedicine initiatives, particularly the regional retinopathy screening initiative and the implementation of remote ultrasound for pregnant women. She sits on several committees, including the Distance Education Committee with RUIS McGill and the Archives, Risk Management and Medical Equipment Committees.



CBHSSJB nurses receiving cultural teachings from Anne-Marie Awashish in Mistissini.

ALLIED HEALTH

The mandate of the Director of Professional Services and Quality Assurance – Allied Health is to ensure the quality of allied health services for all CBHSSJB programs. This is done by focusing on two major areas: (1) recruitment and retention of staff and (2) participation in program planning to foster the inclusion of allied health professions. Allied health services include nutrition, occupational therapy, physical therapy, psychoeducation, speech-language pathology and psychology. The past year has seen unprecedented coverage for allied health services. With the efforts of the HR recruitment department and the DPSQA Allied Health, nearly all permanent positions were filled and occasional assignments were given in communities where hiring was not possible due to lack of housing, for a total of more than 13,000 hours of services. Of note was the hiring of the first full-time physiotherapist in Eastmain and an arrangement for ongoing occasional coverage in physiotherapy between Nemaska and Whapmagoostui, ensuring coverage for communities that were usually left without services. The CBHSSJB is lucky to have innovative allied health professionals who are developing new approaches and services to fit the needs of their communities. They have provided trainings to staff, organized community workshops, helped orient rehab assistants,

created groups for the management of low-back pain, led workshops on stimulating children with special needs, developing parental skills, and promoting healthy nutrition, and created “Healthy Community” Facebook pages, among other initiatives.

The year has been marked by three projects in rehabilitation and psychosocial services. First, with help from a Ministry of Health fund, we developed tools to improve the orientation process and to compile better statistics; we also designed a poster campaign to explain rehab professions. In the second project, we piloted a telehealth project in Speech-Language Pathology in partnership with the Montreal Children’s Hospital and McGill University, exploring the possibilities of this technology for remote services in both assessment and treatment. The third project looked at how to implement provisions of Bill 21 (an act amending the professional code and legislations for mental health services), particularly in the area of mental health and curatorship evaluations. The DPSQA – Allied Health participated in various working groups to promote allied health services in an integrated CMC model, steered the evaluation of the MSDC Program, and worked with the Special Needs Advisory Group to develop the policy and procedures for the FASD Diagnostic and Intervention

ALLIED HEALTH SERVICES # HOURS* 2013–2014

COMMUNITY	PHYSIOTHERAPISTS	OCCUPATIONAL THERAPISTS	PSYCHOEDUCATORS	SPEECH AND LANGUAGE PATHOLOGIST	NUTRITIONISTS
CHISASIBI	2,260	780	677	93	886
EASTMAIN	290	127	0	0	0
MISTISSINI	831	313	646	0	797
NEMASKA	241	0	0	0	226
OUJÉ-BOUGOUMOU	194	0	256	0	236
WASKAGANISH	565	205	220	0	453
WASWANAPI	615	227	157	0	140
WEMINDJI	829	517	0	0	202
WHAPMAGOOSTUI	159	0	0	0	0
EEOU ISTCHEE	5,985	2,169	1,957	93	2,939

*Includes individual and group activities

Clinic. In the area of Quality Assurance and Risk Management, training was offered on patient safety to the local directors in December 2013, with the creation of a regional Risk Management working group to oversee risk management efforts. The office of the DPSQA – Allied Health has several objectives for the coming year. Aside from continuing the activities cited above, a major endeavor will be the assessment of psychology services on the territory. A needs assessment for rehabilitation assistant training should be done in the coming months. Finally, efforts must be continued to cement partnerships with second- and third-line partners.

Program Planning

CURRENT AND AMBULATORY SERVICES

The position of Coordinator for Current & Ambulatory Services Programming was filled by Louella Meilleur in February 2014. While mentoring and coaching the Interim Awash Coordinator in Mistissini, the Coordinator of CAS Programming attended Regional committees including SADM-C training (Semi-Automatic Defibrillator Monitor - Combitube) and the Nurse's Competency Practice Standards. The coordinator will join other committees, including the tele-health ophthalmology working group, the tele-health advisor committee, and the Regional Clinical Archives Committee.

PRE-HOSPITAL AND EMERGENCY MEASURES

Pre-Hospital Services and Emergency Measures is composed of a chain of linking interventions for medical emergency situations taking place in Eeyou Istchee. This program is made up of the following elements:

- First Intervenor
- Call Centre (Police or Clinics)
- First Responders Services
- Ambulance Services
- Reception Centres (Clinics)

Emergency Measures concerns the prompt coordination of actions, persons or property in order to protect the health, safety or welfare of people, or to limit damage to property or to the environment in the event of a present or imminent incident. Depending on the scale and type of civil emergency, there may be a multiple partners involved, from the community level to the national level. The CBHSSJB's Emergency Measures coordinator assists the primary and supporting departments in coordinating the emergency response to civil emergencies such as forest fires and floods taking place in Eeyou Istchee when they may affect the medical condition of vulnerable segments of its population.

The main activities of the past year include responses to the Eastmain forest fire, the water shortage in Chisasibi, and the power failure in Eastmain.



Jason Coonishish, Coordinator of Pre-Hospital Services and Emergency Measures since May 2009, was on medical leave for 7 months, and Reggie Tomatuk filled in as Jason's substitute during this period, with the added supervision of Paul Linton. Daniel Thiffault of Prêhos-Experts was awarded a contract for Training and Quality Assurance for the First Responders.

Jason Coonishish participates in the MSSS Civil Security Mission Santé meetings that take place every six weeks. As a member of the Organisation Régionale Sécurité Civile (ORSC), he also participates in its monthly conference calls. Fire Chiefs meet twice each year and provide updates for emergency measures for James Bay. Additionally, the CBHSSBJ provides updates to the fire chiefs and First Nation Councils.

Emergency Measures On-Call Service is provided on a 24/7/365 basis. Calls may be received for road closures, forest fires, insufficient beds in a southern hospital, ambulance breakdown, etc. All calls are dealt with by providing information and necessary assistance to those communities affected. Emergency lines are always answered 24/7: the calls cascade to the cell phones of Jason Coonishish, Paul Linton and Reggie Tomatuk.

Eastmain Forest Fire June 2013

Forest fire in James Bay created disruptions in such services as telecommunications, water, power (hydro), gasoline and other fuels, medicine, and the food supply. The road was closed as fire crossed the James Bay Highway from km 336 to km 488. In total, 650,000 hectares were burned.

CMC services were affected in triage and transport, among front line workers, and in providing nursing and medical consultations, pharmaceutical consultations, and telephone consultations. Eventually, all vulnerable individuals, along with escorts (a total of 350 persons), were evacuated to Val d'Or. Public Health Department staff mobilized to replace front line teams.

The road was closed as fire crossed the James Bay Highway from km336 to km488. In total, 650,000 hectares were burned.



Chisasibi water shortage

The Chisasibi water distribution system reached a low of .72 metres in the reservoir, due to frozen and broken pipes in community. If levels reach drop one metre, an emergency is declared. Services affected include hemodialysis, which was delayed for 90 minutes to ensure the water level remained stable; it did, so the dialysis treatment went ahead as planned. However, the emergency team stood by in case dialysis patients plus escorts (36 persons plus our medical team) needed to be evacuated.

Bush Kits

Bush kits are available for treating minor injuries and health conditions. The kit contains supplies to provide immediate aid until professional medical personnel are able to treat more serious medical conditions and injuries to Cree Hunters and trappers living out on traditional territory.

A policy outlining the responsibilities of maintaining the bush kit has been developed and completed, along with a policy outlining the bush kit training course. This course has been developed for those who want to provide and deliver basic first aid in the absence of emergency medical services or until the family member is transported to the nearest medical facility.

First Responder Certification

Service Agreements for First Responders are presently in negotiations with the Ministry of Health. The Ministry requires First Responders to be certified: upon successful completion of 72 hours Ministry training by Pre-Hospital Experts, First Responders are certified for three years. A register of certified First Responders is maintained and the statistics, to date, are, as follows:

FIRST RESPONDERS CERTIFIED 2013-2014

	NEW	REFRESHER
CHISASIBI	16	8
EASTMAIN	5	0
MISTISSINI	30	14
NEMASKA	19	13
OIJÉ-BOUGOUMOU	6	0
WASKAGANISH	5	5
WASWANIPI	10	5
WEMINDJI	11	6
WHAPMAGOOSTUI	7	0
TOTAL	109	51
CERTIFIED FIRST RESPONDERS ON TERRITORY	160	▲171%

First Responder training is 72 hours. Refresher course is 30 hours.

Quality Improvement Program – First Responders

A review of AS-805 forms suggests that these can provide a better picture of First Responders' activities, including the type, quality, and quantity, at both the operational and the clinical levels. This information will help determine the focus of the skills maintenance training program, organization of the response system, etc.

All First Responders forms will have to be regularly completed and analyzed to provide a better picture of FRs activities. Pre-hospital expert Daniel Thiffault has developed a Quality Improvement Program for First Responders; a work plan has also being developed.

MENTAL HEALTH

This has been a busy year for the Regional Mental Health Department, with all files becoming very active.

The level of psychological services in all nine communities has increased by over 30% compared to previous years. All communities are now receiving regular monthly coverage. This increase has been reflected in longer and more frequent visits by psychologists and therapists. In January we also introduced couples and family therapy in the region and contracted Dr Bita Sharifzadeh and Tom Caplan to provide this service. However, we are losing other psychotherapists to retirement. Two new psychologists have been hired on contract: Dr Laurie Gelfand, who is affiliated with Concordia University Clinical Psychology Department, and Julia Grunberg, a staff psychologist at the CLSC Cavendish. We are also pleased to hear that the Youth Reception Centre has hired a full-time psychologist in Sarah Zimmerman.

Mental Health Planning

Planning for the strategic mental health plan began in January 2013 and continued until June 2013, when a preliminary draft working document was presented. In May it was decided not retain the services of the former consultant, and the search for additional support began in earnest. The present work is under the guidance of Dr Rosy Khurana in Mistissini.

The forest fire crisis over most of the summer effectively halted any work on planning while the mental health department was supporting the community of Eastmain.

In the late fall, we entered into discussions with the Canadian Foundation for Healthcare Improvement, which has expressed a strong interest in the mental health planning work. The CFHI is highly selective in who they agree to work with. Currently, they are interested in a focused approach that seeks to improve mental health services for children and youth. Any decision to work with us is made at their Board level, so a partnership will require the direct approval from the Boards of Directors of both the CFHI and the CBHSSJB.

MENTAL HEALTH SERVICES # CONSULTATIONS 2013-2014

COMMUNITY	PSYCHOLOGIST			PSYCHIATRIST		
	2012-2013	2013-2014	%VARIATION	2012-2013	2013-2014	%VARIATION
CHISASIBI	201	369	▲83.6%	29	0	▼100.0%
EASTMAIN	143	264	▲84.6%	1	0	▼100.0%
MISTISSINI	145	343	▲136.6%	35	0	▼100.0%
NEMASKA	239	239	0.0%	17	0	▼100.0%
OUJÉ-BOUGOUMOU	178	218	▲22.5%	29	0	▼100.0%
WASKAGANISH	192	201	▲4.7%	3	0	▼100.0%
WASWANAPI	178	174	▼2.2%	16	N/A	N/A
WEMINDJI	120	177	▲47.5%	2	17	▲750.0%
WHAPMAGOOSTUI	151	208	▲37.7%	6	57	▲850.0%
EYOU ISTCHEE	1,547	2,193	▲41.8%	138	74	▼46.4%
OUTSIDE TERRITORY	223	163	▼26.9%	N/A	N/A	N/A

Related to but separate from this partnership, the department has become involved with a major national research initiative to improve adolescent mental health services; this initiative is headed by members of the Pediatric Psychiatry Department at the Douglas Mental Health University Institute. The Graham Boeckh Foundation, in conjunction with the Canadian Institute for Health Research, is sponsoring this multimillion dollar grant competition. If the grant proposal by the Douglas MHUI is successful and approval from the Boards of the CFHI and CB-HSSJB forthcoming, the mental health planning process will be well-positioned to undertake major work in adolescent mental health services, which requires significant improvement. We will also be able to provide support for efforts in other areas of mental health services, including those areas serving other age groups and specific mental health and social issues.

Residential School Survivors

The Indian Residential School (IRS) Program suffered a loss when the previous coordinator Patricia Menarick resigned in May. However, Daisy Bearskin-Heorodier was hired in September, and under her leadership and through close work with Human Resources Officer Daisy Ratt, the IRS program has become very busy.

Resolution Health Support Workers (RHSWs) and Cultural Support Providers (CSPs) provide support to the former students of residential schools and their families. The RHSWs and CSPs together interacted with the former students and families a total of 604 times within the past fiscal year.

RHSWs and CSPs continue to provide one-to-one support for Independent Assessment Process Cree clients from Eeyou Istchee. Hearings take place in the nine communities as well as Val d'Or, Montreal, Ottawa, La Tuque and Quebec City.

Several gatherings related to Indian Residential Schools have been held. In Amos, former students of St. Marc gathered on August 8-11, 2013 to heal past traumas from this residential school. In Chisasibi, the first gathering on Residential Schools was held September 5-8, 2013; former students and families visited the sites of the two residential schools, Ecole Ste. Therese and St. Philip's, located on the island of Fort George. RHSWs, CSPs and psychologists were available to provide support.

The RHSWs and CSPs attended the Health Canada training sessions offered twice within the fiscal year. There was a regional statement gathering for the Truth and Reconciliation Commission (TRC) held in Chisasibi in March 2013.

All RHSWs and CSPs also attended a national TRC gathering in Montreal, QC, in April 2013. Four RHSWs attended the TRC in Vancouver, BC, in September 2013.

We have received word from Health Canada that the Indian Residential School Resolution Health Support Program has been extended until March 2016.

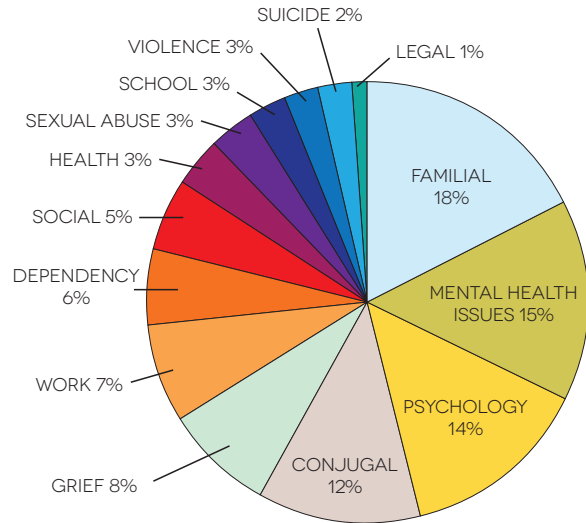
Psychiatry Services

In the Psychiatry Program, clinical nurse Mary Louise Snowboy managed the absence of Dr. Janique Harvey, who went on maternity for most of last year. Dr. Vachon of the Chibougamou Hospital has been covering the Cree patients from the Inland communities, assisted by Mistissini-based Veronique Doutreloux, the acting interim mental health liaison nurse. In December Dr. Harvey returned from her maternity leave on a progressive return, making her first visits to Wemindji and Waskaganish in February 2014. Dr. Eduardo Chachamovich continues to visit Whapmagoostui and Chisasibi twice annually. There was one visit to Eastmain and Waskaganish by Dr. Belanger.

Video-conferencing has started in Chisasibi, enabling the doctors from the Chisasibi Hospital to speak with psychiatrists at the Douglas on cases and questions related to treatments. Video-conferencing services will be extended gradually to other communities over the coming years, with the aim to have full tele-psychiatry and virtual mental health services widely available. This service is dependent on overcoming several technical hurdles, along with appropriate training and dedicated office space. We hope this vital service will be in place in most communities within the next few years.

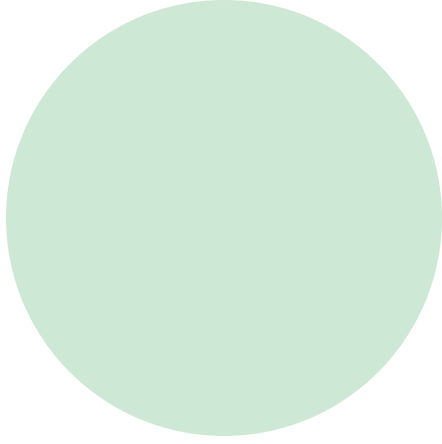
Positions for the inland and coastal mental health liaison nurses have been posted twice and are now being posted externally. We expect to have both positions filled within the next couple of months. Mary Louise Snowboy is currently acting as the interim coordinator and there is no full time clinical nurse. Plans have been made to start prioritizing Mental Health Services for children and youth, and we have entered into talks with the Montreal Children’s Hospital.

**MOTIVE OF CONSULTATIONS
MENTAL HEALTH 2013–2014**



Suicide Prevention, Intervention and Postvention

The Regional Suicide Prevention, Intervention & Postvention Strategy in Eeyou/Eenou Istchee Committee held its 2nd Regional Meeting in Montreal on June 4-6 2013, with representatives from most Cree communities and several stakeholders. A follow-up meeting was held in January 28, 2014 in Val d’Or, where terms of reference were reviewed and presentations made on the Shaakaashtiwaau Declaration and Family Wellbeing Program. Members of the Regional Committee will present information about suicide prevention strategies to their respective communities/entities, and will choose a name and logo for the committee. The Family Wellbeing (FWB) Program, run by Dr. Arlene La-liberte, a community psychologist of Algonquin ancestry from Témiscamingue, Quebec, is an intensive 150 hour/five-stage suicide prevention program. It is has been adapted from a community-based and family-based empowerment model developed by survivors of the ‘Stolen Generation’ in Australian Aborigine communities. FWB is being piloted in Mistissini starting in March 2014 and will run over 4-5 sessions.



Efforts are currently underway to reactivate four Applied Suicide Intervention Skills Training (train the trainer) courses and to implement the ASIST and SafeTalk programs across the region. Mental Health First Aid, a short course developed by the Mental Health Commission of Canada, will be piloted in Whapmagoostui in March 2014. This course addresses mental health issues, warning signs and treatment approaches; it is targeted at the community level and is intended to increase community awareness, reduce stigma and encourage help-seeking for mental health issues. If successful and received well by community members, further workshops will be planned.

Policies and Procedures for Mental Health

A temporary PPRO position has been created to provide planning, research and writing support to develop policies and procedures for psychiatry and mental health services. Dr. Kahá:wi Jacobs, who holds a PhD in Psychiatry (research) from McGill, was hired in November. She is familiarizing herself with the mental health file and the organization at large, which has involved reviewing relevant CBHSSJB/mental health documents and attending pertinent meetings such as the bi-annual meeting of psychologists and therapists, regional mental health program working group meetings (e.g., the Sexual Abuse Working Group), and the Public Health Department Annual meeting. She has visited two communities so far: Chisasibi and Mistissini.

The PPRO has also participated in meetings with the Douglas Hospital, Cree Patient Services, and the Montreal Children's Hospital to discuss procedures for accessing psychiatric treatment services as they pertain to Cree in Eeyou Istchee. She has also been identifying and reviewing the mental health policies and procedures of other regions to inform the development of policies and procedures for psychiatry in Eeyou Istchee. To this end, consultations are also in progress with Kahnawake Shakotiaa'tekehrnas Community Services (KSCS) and upcoming with the Planning and Programming Department for the Nunavik Regional Board of Health and Social Services.

Sexual Abuse Working Group

The Sexual Abuse Working Group completed a number of initiatives in 2013-14, including developing a training proposal, researching and compiling resource material on adult disclosures of sexual abuse, and compiling the trainings undertaken by Sexual Abuse Working Group. It also developed a budget for education/awareness tools, a PowerPoint Presentation on SAWG for Grand Council of the Crees, and an outline of the Caregivers Retreat for Sexual Abuse Working Group.

It is currently developing an Action Plan for 2014-2015, in addition to compiling training proposals, editing the Naatimaachewin Manual Parts 1 and 2, and developing the Step by Step Manual for Adult Sexual Abuse. In addition, it is creating a Resource Directory for Sexual Abuse and preparing the Readiness Survey Report for communities to provide feedback. It has also been designing a Northern Cree Medicine Wheel and compiling a poetry collection from Cree First Nation communities

Plans for the coming year include visiting the Sexual Abuse Land-Based Healing Program in Weymontaci, preparing the Orientation Manual for Naatimaachewin, adding a Social Media Link to the Cree Health Board's website for youth involvement, composing resolutions, briefing sheets, and training proposals, and, finally, developing a risk assessment tool.



Willie Moar, Waskaganish

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ADMINISTRATIVE
RESOURCES
GROUP

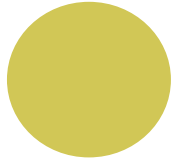


ADMINISTRATIVE RESOURCES

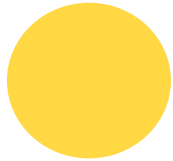
The Administrative Resources Group supports the functioning of the organization by providing the following services: human resources, finance and payroll, information technology, and management of material resources ranging from buildings to medical supplies.



**HUMAN
RESOURCES**



**INFORMATION
TECHNOLOGY**



**MATERIAL
RESOURCES**



FINANCE



MSDC Team, Eastmain

Human Resources

Human Resources services play an important role in helping the CBHSSJB attain its objective of *“Building a Strong and Healthy Cree Nation”*.

HR has been supporting the Executive Director, the AED, the local directors and the managers in filling the new positions that were negotiated with the Ministry of Health and Social Service for 2013-2014.

STAFFING

We had quite a challenge this year because we had almost all new personnel in the Recruitment Centre in Montreal and we had to train the new employees to reach an autonomous stage.

A major recruitment effort is needed to fill the new positions associated with the provincial funding agreement that began in April 2014. We produced a revised personnel plan aligned with operational budget and priorities.

HR participated in a variety of local and regional career fairs in universities and colleges in Montreal, Quebec City and Ottawa areas, as well as in the James Bay communities. These events enabled us to promote the organization and our employment opportunities and to showcase the unique culture and values of the communities.

In 2013-2014, HR supported managers in improving quality and consistency of hiring and promotion. The CBHSSJB ended the contract with Solutions Nursing, and the recruitment of nurses is now handled internally.

Working with the Coordinator of Communications we developed the capacity to publish job postings on the CBHSSJB website (www.creehealth.org). The online system also allows people to apply online and to subscribe for job postings by email. The new system will make it easier for staff, community members and professionals across the country to find out about vacancies and to submit and track the progress of their job applications.

We are continuing to develop and revise recruitment policies, tools, interview questionnaires and selection tests in order to be more efficient and effective in meeting CHBSSJB staffing targets.

EMPLOYEE AND LABOUR RELATIONS

The Employee and Labour Relations unit provides ongoing advice to managers and employees regarding their respective collective agreements, and maintains a dialogue with union representatives.

We are working to strengthen understanding among managers about what we do. We participated in meetings of Local Directors and the Public Health, where we presented our objectives and explained how we function. We continued meeting with the CSN and FIIQ unions to discuss projects, settle grievances before arbitration, and manage all related employee and labour relations issues.

CBHSSJB HUMAN RESOURCES 2013-2014

FULL-TIME MANAGERS	80
PART-TIME MANAGERS	0
MANAGERS IN EMPLOYMENT STABILITY	0
FULL-TIME REGULAR EMPLOYEES	1,155
PART-TIME REGULAR EMPLOYEES	171
EMPLOYEES IN JOB SECURITY	0
OCCASIONAL WORKS - # HOURS	2,459,912
OCCASIONAL - EQUIVALENT FULL-TIME	1,347

68% of employees are Cree or other First Nation, down 10.5% from 2012-2013.



The hiring of a Health and Safety and Well-Being Officer in March 2014 will prove to be a great asset to our organization. He will work to promote a safe and healthy work environment, preventing workplace injuries and thus diminishing the burden of salary insurance on our organization.

HUMAN RESOURCES DEVELOPMENT

The CBHSSJB Human Resources Development (HRD) sector has within its mandate a priority to develop Cree nursing in the James Bay region.

Exam preparation program for Cree nurses with John Abbot College

Over the past year, Cree graduates of the nursing program at CEGEP St-Félicien in Chibougamau have been attending a program at John Abbott College that prepares them for the final OIIQ (Order of Nurses of Quebec) licensing exam. This past year, four more nurses have successfully passed their licensing exam, for a total of five graduates since 2012.

The program has expanded to include nursing experience in Montreal area hospitals. Hands-on experience in the various clinical settings around Montreal will provide a base for a strong and sustainable nursing workforce. The agreement between the CBHSSJB and John Abbott covers the entire course, starting January 6, 2014 and ending October 18, 2014. A second group will be joining in June after completing the DEC nursing program in Chibougamau.

The exam preparation program lasts 15 months. The program first focuses on preparation for the licensing exam and then prepares participants for the challenging career they have chosen.

Developing nursing competencies

Because of the isolated nature of the Cree communities, nurses working in many of our establishments have additional responsibilities, and nurses are trained in this expanded role in Mistissini. The HRD sector is responsible for developing the policies and protocol for baseline competencies in nursing, which are the measuring tools essential to ensure competent and safe care. They include the ethical principles that nurses are committed to when serving the public. This work has the support and guidance of the Director of Professional Services and Quality Assurance - Nursing, Louise Carrier, and a group of experienced nurses who have a strong work history in the James Bay region. This effort sets high standards to ensure the safe, competent care that the public deserves.

Cree Succession

Cree Succession is a strategy to build the long-term Cree workforce within the CBHSSJB, with a focus on professional and managerial positions. The Coordinator of the Cree Succession Plan joined the Human Resources Department in January 2014 and is presently gathering information to prepare a plan.



Information Technology Resources

One of the highest priorities of the Information Technology Resources department this past year was to replace the aging equipment to reduce unplanned service outages and improve performance. By the end of 2013, over 65% of the infrastructure has been upgraded. Following is a summary:

- The Voice over IP telephone systems are now deployed in Cree Health Board offices and buildings in Montreal, Val-d'Or, Chibougamau, Mistissini, Waswanipi, Nemaska, Eastmain, and parts of Chisasibi, representing 865 telephones migrated from the traditional PBX systems.
- The network communications equipment and server computers have been upgraded in the majority of CBHSSJB buildings. Chibougamau, Montreal (HR), Waskaganish, Oujé-Bougoumou, Whapmagoostui, and Waswanipi remain to be completed.
- Six of the nine communities have been connected to the Eeyou Communications Network (ECN) fibre optics network, boosting performance between communities, with the Quebec health network and on the Internet, and paving the way for deploying Tele-Health services.
- The self-sufficient mobile computer room was commissioned into service in October 2013 and has been hosting all CHBSSJB regional applications, such as Lotus Notes.

Additional objectives included numerous projects to improve the IT Resources Department's ability to deliver its services to the CBHSSJB. The progress of each is summarized below:

- The network operations centre has started taking shape, with new monitoring and remote sensing and control software beginning to send status updates to a centralized monitoring console. The control centre specifications will be completed and installed in the coming months.
- Although analysis of the applications and data has not started due to lack of available resources, the Master Patient Index software upgrade was approved by the CBHSSJB executives and will be the key to linking all clinical data to unique patient identifiers.
- The project management framework creation is nearing completion. A final review and implementation of new project documentation, prioritization, and resource management standards is planned in 2014.
- The ITIL industry best practice implementation is steadily progressing. A matrix management structure has been implemented within the IT Resources department; team members work on a rotating schedule with different responsibilities during each cycle. The rotations provide an opportunity for each team member to acquire new or enhance existing skills, and assure a predictable amount of time within each rotation. The process revisions for managing

incidents and assets have been concluded, and improvements and enhancements will be implemented in the coming months.

- The CHBSSJB Employee Web Portal did not start until late November of 2013; however, after a slow start, the project is now progressing with a prototype planned for late summer 2014.

The end of 2013 saw over 65% of information technology infrastructure upgraded—boosting performance between communities.



This coming year promises to be as eventful as the last, as the upgrades to the old infrastructure will be brought to completion and the internal processes will be continuously monitored and enhanced to improve efficiency and customer satisfaction. The IT Resources department will continue to work on the objectives that were not completed in 2013, and will also add new objectives for the coming year including:

- Merging VoIP Telephone systems into a single system which will allow for five-digit dialing to any other community or office of the CBHSSJB. The majority of calls from any of our facilities to 514, 819, and 418 area codes will become local calls. This will pave the way for a centralized CBHSSJB call centre and fax reception, among other benefits.
- Completing the Laboratory Information System implementation in Mississauga.
- Correcting the Radiology Information System latency problems in Chisasibi.
- Completing the Radiology Information System implementation in Mississauga.
- Implementing the Regional Master Patient Index software.
- Starting to integrate all community patient files into the Regional Master Patient Index.
- Implementing computerized data interfaces between clinical systems.
- Performing an IT Security Audit to assess current practices and vulnerabilities in the CBHSSJB network.
- Analysing the Whapmagoostui satellite network connection to increase performance.

With the support of the CBHSSJB executives and staff, the IT Resources Department was able to implement an unprecedented amount of new equipment and services, which is now contributing to improving the reliability of the CBHSSJB network. With continued encouragement and collaboration to improve both the quality and value of the information technology of the CBHSSJB, the vision "...where the technology works for the people..." will become reality.



Dental Clinic, Eastmain

Material Resources

The CBHSSJB assets have grown considerably in the past nine years. The organization presently manages 47 institutional buildings and 370 housing units for a total of more than 90,600 m², divided between nine Cree communities, Val-d'Or, Chibougamau and Montreal. This past year, the Department dealt with mould issues; Pimuchtehu and Public Health services in Mistissini were relocated from 200 Sam Awashish Street to the former local CMC buildings; the dentistry clinic in the Whapmagoostui CMC was partially refurbished; and in Chisasibi, the Finance Department move was delayed and mould remediation work was initiated in the crawl space at 20 and 42 Fort George Road office buildings.

At the Department's operational level, a very important step was taken toward the implementation of the Ministry's "Maintenance of Assets Framework." A three-year plan was developed and entered in 'Actif + Réseau', the Ministry's project inventory software. A visit to every community took place to assess the immediate needs for maintenance of all institutional buildings. A standardized project management system was implemented and all the CBHSSJB establishment surfaces were validated to determine the amount of funding needed for the Maintenance of Assets, Minor Functional Renovations, Building Maintenance Deficit and the Non-Medical Equipment Envelopes that are under the responsibility of our Department. These four envelopes represent a cumulative sum of \$3,583,915 needed to maintain the institutional buildings, as well as the old residential housing units built prior to 2004.

Two major incidents were corrected during the past year:

- A variance in electrical supply in Wemindji initiated problems in several of the CMC's electrical panels, causing major heating and ventilation breakdowns.
- A shifting in the foundation of the Eastmain CMC broke the conduit of the main underground electrical supply, causing a potential loss of power. Both issues were resolved successfully without causing any break in the services offered to our clients.

Several lease agreements were renegotiated or modified (277 Duke Street in Montreal and Cree Patient Services in Val-d'Or; an amendment concerning insurance was made to the lease of housing units on Salt Street in Chisasibi).



Nemaska CMC

The Department focused on re-organization and standardization this past year in order to create an environment characterized by expedited approval processes and by financial transparency and accountability toward the higher administration.

In terms of preventive maintenance, every community continued to improve but much work remains to be done. At the end of the fiscal year we ended the contract of the consulting firm supplying us with this service and hired our own resource, which took over the preventive maintenance file in May 2014.

In the upcoming year, the new residential housing maintenance program will be organized and implemented. We will clear up any ambiguity with local communities concerning these housing agreements (e.g., who does what, how user fees are calculated, and what lease agreement interest rates adjustments are made). We will continue implementing the Ministry's "Maintenance of Assets Framework" and will implement a yearly calendar task distribution concerning the prioritization and validation of the work to be done with the local administrations. We will also start implementing the Ministry's health and sanitation guidelines in the communities.

This past year, as Mistissini's CMC moved into its new building, many other buildings were left vacated and will require direction for their future use. The former Mistissini Clinic will be demolished during the summer. The leases for Cree Patient Services in Montreal and 277 Duke Street (Public Health and Human Resources) will expire on March 31, 2015, and plans are being made concerning the future location of these departments. The Material Resources Department is looking forward to these new challenges and to continuing to improve the services given at the regional level.

Financial Resources

The Finance Department administers and manages the CBHSS-JB's financial affairs in accordance with applicable laws and regulations. The primary purpose of the department is to ensure and maintain accurate financial information



Pierre Masson joined the CBHSS-JB as Director of Finance in June 2014.

and records to support the overall fiscal management of the organization. This is accomplished through a system of financial planning, reporting and controls that ensure compliance with financial policies and procedures.

Efforts are continually made to improve the function of the Finance Department and the support it provides to the organization. During the last fiscal year, a project was carried out to improve inventory management practices, policies and procurement processes as well as the distribution network. Solutions will be presented to management and their implementation will begin at the beginning of fiscal year 2014-2015.

2014-2015 financial activities included:

- 72,700 invoices processed, an increase of 8% over 2012-2013
- 22,144 cheques and electronic transfers
- 7,000 purchase orders sent to suppliers
- payroll for 2500 employees

For the upcoming year, the Finance Department will work on the following projects:

- Implementing solutions to improve the overall procurement activities
- Improving access to budget information
- Implementing an accounting system project
- Continuing development of computerized forms to facilitate the processing of internal demands and reduce the use of paper.







6 ΔΕΛΤΙΟ ΕΣΟΔΩΝ ΚΑΙ ΕΞΟΔΩΝ

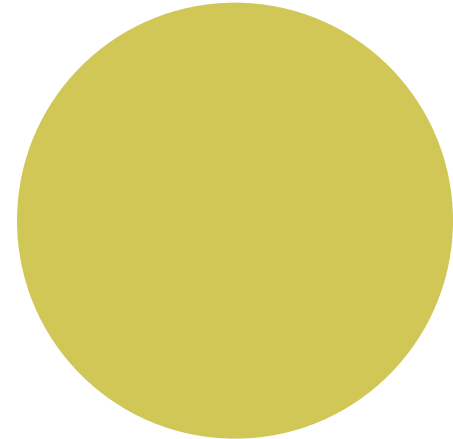
FINANCIAL
STATEMENTS
ANNEX

CBHSSJB BALANCE SHEET 31 MARCH 2014

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND BALANCE SHEET MARCH 31, 2014

	2014	2013
	\$	\$
FINANCIAL ASSETS		
Cash	6,644,237	19,964,717
Accounts receivable – MSSS	52,257,133	29,110,555
Accounts receivable - Others	6,261,705	9,490,255
Due from Assigned Fund	720,511	-
Due from Long-term assets Fund	9,232,400	17,434,894
	75,115,986	76,000,421
LIABILITIES		
Accounts payable and accrued charges	13,837,795	13,707,947
Wages and fringe benefits payable	13,225,994	10,021,685
Due to Assigned Fund	-	17,350
Reserved funds - New residential facilities	4,119,313	3,664,447
Reserved funds - Strategic Regional Plan	2,150,404	-
Deferred revenue	4,203,363	4,236,194
	37,536,869	31,647,623
NET FINANCIAL ASSETS (NET DEBT)	37,579,117	44,352,798
NON-FINANCIAL ASSETS		
Prepaid expenditure	715,701	1,154,736
Inventories (note 6)	917,128	905,605
	1,632,829	2,060,341
FUND BALANCE		
SURPLUS	39,211,946	46,413,139

CBHSSJB CHANGES IN FUND BALANCE 31 MARCH 2014



CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND STATEMENT OF CHANGES IN FUND BALANCE YEAR ENDED MARCH 31, 2014

	2014 \$	2013 \$
BALANCE - BEGINNING OF YEAR	46,413,139	52,724,371
Adjustment MSSS 2004-2011	(883,137)	-
Excess (deficiency) of revenue over expenditure	(6,318,056)	(6,311,232)
BALANCE - END OF YEAR	39,211,946	46,413,139

The fund balance can be detailed as follows:

Excess (deficiency) of revenue over expenditure 2004-2005	(4,717,687)	(4,717,687)
Excess of revenue over expenditure 2005-2006	21,042,033	21,042,033
Excess of revenue over expenditure 2006-2007	7,820,381	7,820,381
Excess of revenue over expenditure 2007-2008	13,972,865	13,972,865
Excess of revenue over expenditure 2008-2009	11,035,286	11,035,286
Excess of revenue over expenditure 2009-2010	4,715,321	4,715,321
Excess (deficiency) of revenue over expenditure 2010-2011	(992,496)	(992,496)
Excess (deficiency) of revenue over expenditure 2011-2012	(151,332)	(151,332)
Excess (deficiency) of revenue over expenditure 2012-2013	(6,311,232)	(6,311,232)
Adjustment MSSS 2004-2011	(883,137)	-
Excess (deficiency) of revenue over expenditure 2013-2014	(6,318,056)	-
Accumulated surplus as at March 31, 2014	39,211,946	46,413,139

CBHSSJB REVENUE AND EXPENDITURE 31 MARCH 2014

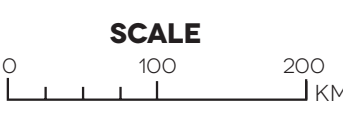

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND STATEMENT OF REVENUE AND EXPENDITURE YEAR ENDED MARCH 31, 2014

	Budget 2014 \$	Actual 2014 \$	Actual 2013 \$
REVENUE			
MSSS - General Base - Operations	-	121,376,281	110,209,220
MSSS - Development	-	4,131,587	-
MSSS - Specific allocations	-	45,609,104	52,617,546
MSSS - Special allocations	-	400,000	714,668
Secrétariat général du secteur de la santé et des services sociaux	-	3,664,305	3,717,010
Family allowances (Federal Government)	-	269,393	319,915
Other	-	411,212	225,675
	-	175,861,882	167,804,034
EXPENDITURE			
General Base - Operations	-	123,445,706	108,399,731
Development	-	4,131,587	-
Specific allocations	-	45,609,104	52,617,546
Special allocations	-	400,000	714,668
Use of surplus	-	8,593,541	12,383,321
	-	182,179,938	174,115,266
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	(6,318,056)	(6,311,232)

Detailed financial statements are available at:
www.creehealth.org/annual-reports

CBHSSJB REGIONAL NETWORK — REGION 18

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Conseil Cri de la santé et des services sociaux de la Baie James
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 Cree Board of Health and Social Services of James Bay

