



Cree Board of Health and Social Services of James Bay

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Chairman's Message

First of all, I thank the Creator for giving me the opportunity to serve the Cree people of Eeyou Istchee. Thank you to those who have made it possible for me to be part of this organization. Jinns-goom-din-na-wow!

Secondly, I am most proud to introduce myself in this year's report as the new Chairperson of the Cree Board of Health and Social Service.

The CBHSSJB has survived for many years and never once has it ever given up its role within the Cree Nation. Through these years it has done its best to serve you, the people of Eeyou Istchee. As a new member, I can only express my pride and gratitude to the past and present individuals who have fought in many battles and kept their position to this day.

With new membership in the Board and the hiring of more professionals, there is a strong sense of continuance to improve our services to you, our clients.

The report from the Special General Assembly on Health and Social Services is a historical element that provides our organization with the plan to meet your needs.

As we begin this journey, our organization will not be able to achieve all its goals without your guidance and participation. Your involvement as an individual and the involvement of your community in bringing our services and programs to another level will be essential.

As the new Chairperson of this organization, I have faith in our managers, our front line workers, our professionals, the personnel, the directors and the people of Eeyou Istchee to work together and bring the CBHSSJB to the next level. Our Nation has never been in a better position to make it happen and we must seize that opportunity today.

I wish to take this opportunity on behalf of the CBHSSJB to thank Mr. James Bobbish for his commitment and dedication to the Cree Nation. Thank you to those who have stood behind him for all those years.

It is an honour to follow in the footsteps of an old friend and mentor, the late Mr. James A. Shecapio. My only goal is to do my best to continue what he had begun and the rest is up to each and everyone of us.

Bertie Wapachee



Introduction

The James Bay and Northern Quebec Agreement, signed on November 11, 1975, between the Governments of Canada and Quebec and the Grand Council of the Crees (of Quebec) anticipated the creation of a Cree Regional Board that would be responsible for the administration of health and social services for all people, either permanently or temporarily residing in Region 18.

The Order in Council 12-13-78, dated April 20, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services as defined by the Act, can maintain public establishments in one or more of the following categories:

- Local Community Service Centre
- Hospital Centre
- Social Services Centre
- Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers seven public establishments, and community clinics in each Cree community of Region 18.

Public Establishments:

Regional Hospital Centre
Chisasibi
James Bay (Quebec)
JOM 1E0
Tel: (819) 855-2844

Cree Social Services Centre
Chisasibi
James Bay (Quebec)
JOM 1E0
Tel: (819) 855-2844

Weesapou Group Home
Chisasibi
James Bay (Quebec)
JOM 1E0
Tel: (819) 855-2681

Upaahchikush Group Home
Mistissini
Baie du Poste (Quebec)
GOW 1C0
Tel: (418) 923-2260

Coastal CLSC
Chisasibi
James Bay (Quebec)
JOM 1E0

Inland CLSC
Mistissini
Baie du Poste (Quebec)
GOW 1C0
Tel: (418) 923-3376

Rehabilitation Centre
139 Mistissini Blvd.
Mistissini
Baie du Poste (Quebec)
GOW 1C0
Tel: (418) 923-3600

Coastal Service Outlets:

Whapmagoostui Clinic
Hudson Bay (Quebec)
JOY 3C0
Tel: (819) 929-3307

Wemindji Clinic
James Bay (Quebec)
JOM 1L0
Tel: (819) 978-0225

Waskaganish Clinic
James Bay (Quebec)
JOM 1R0
Tel: (819) 895-8833

Eastmain Clinic
James Bay (Quebec)
JOM 1W0
Tel: (819) 977-0241

Inland Service Outlets:

Waswanipi Clinic
Waswanipi (Quebec)
JOY 3C0
Tel: (819) 753-2531

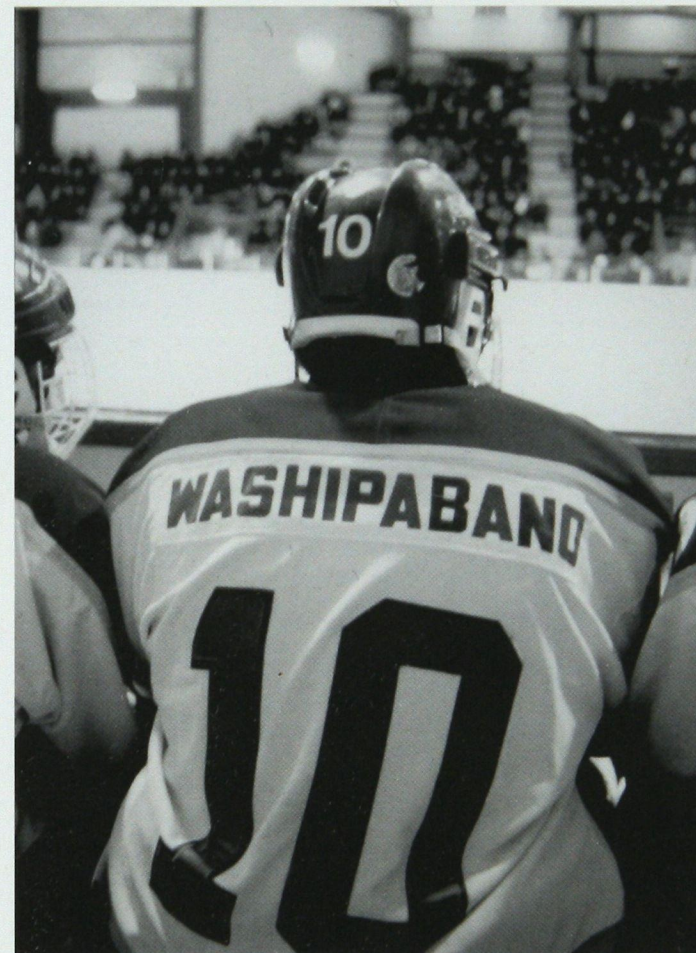
Nemaska Clinic
Poste Nemiscau,
Champion Lake (Quebec)
JOY 3B0
Tel: (819) 673-2511

Ouje-Bougoumou Healing Centre
68 Opatica Street
P.O. Box 37
Ouje-Bougoumou (Quebec)
GOW 3C0
Tel: (418) 745-3901

Managerial Personnel

As of March 31, 1999

Executive Director	Mr. James Bobbish
Executive Assistant	Ms. Laura Moses
Corporate Secretary	Ms. Laura Moses
Assistant Executive Director	
– Administrative Services	Mr. Clarence Snowboy
Assistant Executive Director – Services	Mr. Jean-Luc Gravel
Director of Planning, Programming and Research	Mr. Richard St-Jean
Director of Hospital Centre	Mrs. Camille Rhéume
Director of Coastal CLSC	Mrs. Louise Carrier
Director of Inland CLSC	Mr. Allan Moar
Director of Professional Services – Medical	Dr. Helen Smeja
Director of Professional Services – Social	Mrs. Cheryl Partridge
Director of Youth Protection	Mrs. Marlene Dixon
Assistant-Director of Youth Protection	Mrs. Mary Bearskin
Head of Personnel	Mr. Patrice Blais & Mrs. Annie Bobbish
Personnel Management Consultant	Mrs. Annie Bobbish (6 months)
Head of Human Resource Development	Mr. Peter Atkinson
Head of Finance	Mr. Lawrence Potter
Head of Purchasing	Mr. Gordon Matthew
Head of Facilities, Operations and Maintenance	Mr. Hugo Georgekish
Coordinator – Patient Services	Mrs. France Côté
Group Home Coordinator (Regional)	Mrs. Jane Cromarty
Director of Nursing	Vacant position
Unit Coordinator	Mrs. Caroll Higgins & Mrs. Claire Rousseau
Unit Coordinator	Mrs. Danielle Delisle
Health Coordinator – Coastal CLSC	Vacant position
Health Coordinator – Inland CLSC	Mrs. Danielle Allaire
Local Coordinator Ouje-Bougoumou Healing Centre	Mr. Robert Imerie
Director of the Rehabilitation Centre	Mr. Roderick Petawabano
Unit-Leader – Reception Centre (Mistissini)	Mr. Joseph Neeposh



Members of the Board of Directors

From April 1st, 1998 to March 31st, 1999

The Board of Directors consists of the following members:

One Cree representative for each of the distinct Cree communities of the region usually served by the Board is elected for three years from among and by the members of the community that she or he represents:

Mr. François Gunner
Mistissini representative

Ms. Bella Moses
Eastmain representative – Chairperson

Mrs. Arleen George
Whapmagoostui representative

Vacant position
Chisasibi representative

Mrs. Irene Mistacheesick and Mr. Dennis Georgekish
Wemindji representatives

Mr. Bert Blackned
Waskaganish representative

Mrs. Caroline Jolly
Nemaska representative

Mr. Allan Happyjack – Vice-Chairperson
Waswanipi representative

Mrs. Alice Mianscum
Ouje-Bougoumou representative

One Cree representative elected for three years by the Cree Regional Authority:

Mr. Charles Bobbish
Cree Regional Authority representative

Three representatives elected for three years from among and by the persons who are members of the clinical staff of any establishment of the said region, with a maximum of one representative for each professional corporation:

Dr. Helen Smeja
Clinical staff

Mrs. Mireille Bilodeau
Clinical staff

Mr. Joseph Neeposh and Mr. Laurent Brunet
Clinical staff

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said Region:

Ms. Mary Spencer
Non-clinical staff

The Director of Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority will appoint such persons if there is more than one centre:

Dr. Elizabeth Robinson
Public Health Representative

The Executive Director of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the Executive Directors:

Mr. James Bobbish
Executive Director, CBHSSJB

There have been four regular meetings of the Board of Directors during the period covered by the present report.

Members of the Administrative Committee as of March 31, 1999

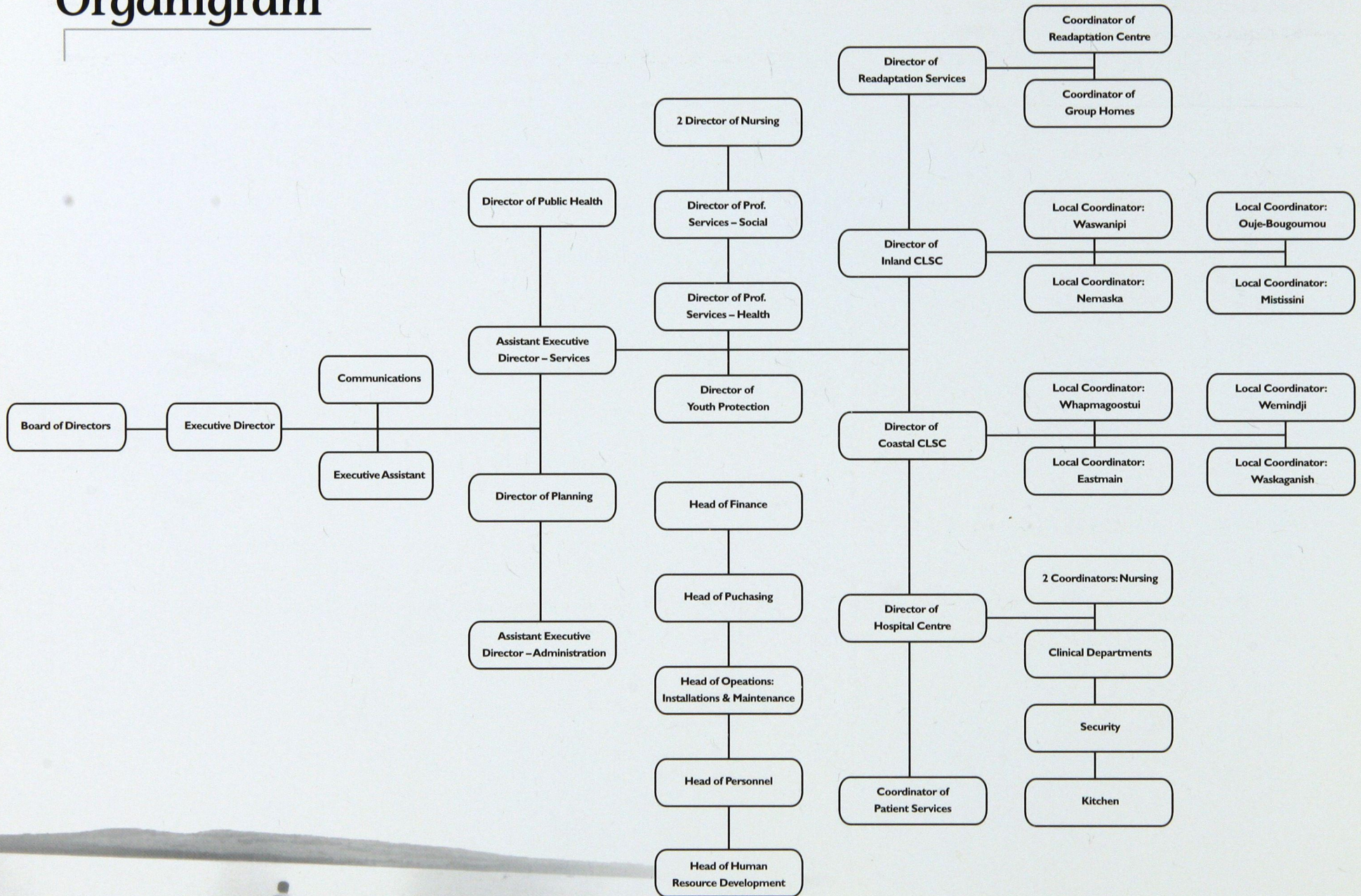
Ms. Bella Moses, Chairperson
Mr. James Bobbish, Executive Director
Mrs. Caroline Jolly
Dr. Helen Smeja
2 seats are vacant

There have been six meetings of the Administrative Committee during this period covered by the annual activity report.

Members of the Audit Committee as of March 31, 1999

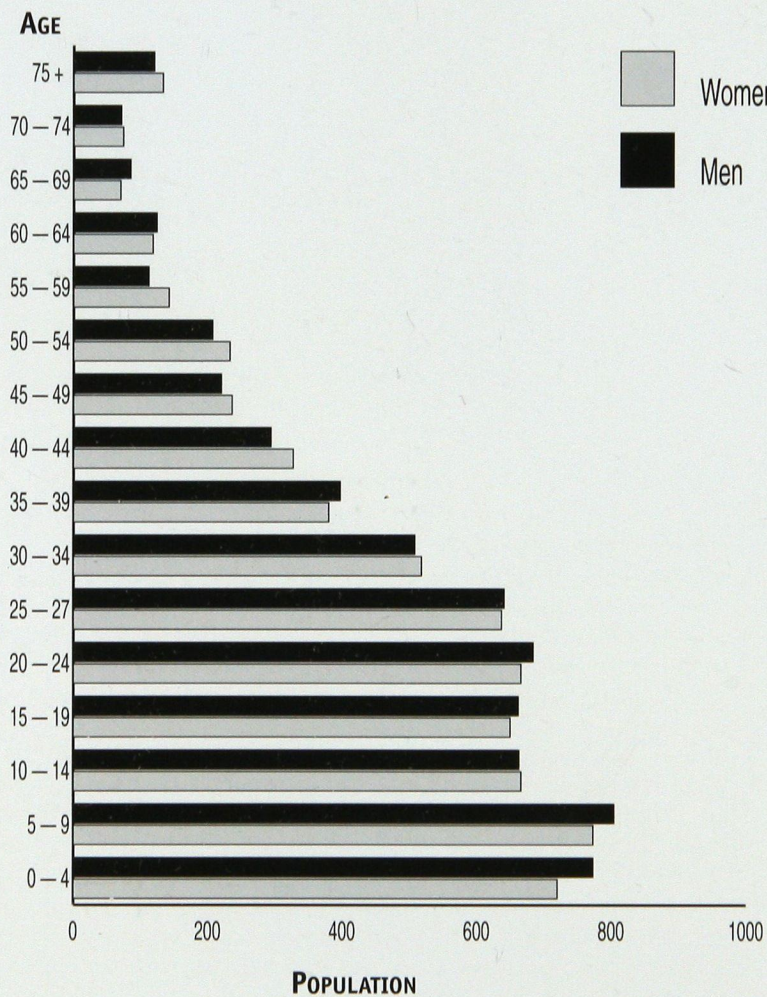
Ms. Bella Moses, Chairperson
Mr. Charles Bobbish
one seat is vacant

Organigram



Cree Population

DEMOGRAPHIC PROFILE 1998-99



AGE (YRS)	TOTAL	%
0 - 4	1493	12%
5 - 9	1577	12%
10 - 14	1329	10%
15 - 19	1312	10%
20 - 24	1350	11%
25 - 27	1278	10%
30 - 34	1089	9%
35 - 39	777	6%
40 - 44	621	5%
45 - 49	456	4%
50 - 54	440	3%
55 - 59	254	2%
60 - 64	242	2%
65 - 69	155	1%
70 - 74	145	1%
75 +	253	2%
TOTAL	12,771	100%

Linguistics

Translation Services

Annual Production Report:

Months	Consultations	No. of documents	No. of pages
April	14	29	226
May	13	23	178
June	50	55	297
July	54	68	354
August	43	40	442
September	69	50	668
October	52	52	221
November	84	49	448
December	29	24	194
January	30	7	242
February	60	32	419
March	41	67	276
Total	539	496	3,965
Annual % increase	38.5%	11.5%	10.9%



During the last fiscal year, the translator took a 2-month leave without pay (April & May), and was replaced for that period.

The table above shows the amount of work produced by the translators in 1998-99. As you can see, the amount of work has increased a little. However, the number of consultations has increased drastically, and we do not know to what we should attribute this phenomenon.

This year we have participated indirectly in nurses 1998-99 training sessions by translating into English the Cardiology Handbook and the Obstetrics Manual. We also reviewed and proofread the French version of the latter, as it was full of grammatical, semantical and structural problems. Both documents were long and arduous. The work required a great deal of research, long additional hours, and a lot of patience. A special thanks to Dr. Christine Meyers and Dr. Dawn Pouteau for their input and for reviewing the technical aspects of the text.

This year we have inherited a Compendium of pharmaceuticals and specialties (CPS), and we are grateful to add it to our work documents. Moreover we have purchased additional dictionaries, terminology bulletins, and books to add to our work tools and support our work.



Planning & Development, Information Systems & Technological Services

General Management

In 1998-99, there were some changes in staffing in the development of information systems and operational plans. As a result, we had to re-organize tasks and responsibilities of interveners.

We hired a new Executive Secretary this year. The Computer Analyst left in October 1998, and the Computer Technician in March 1999. Both of these positions should be filled in 1999-2000.

In terms of our financial control of expenditures, we had a budget surplus this past year.

Planning and Development Services

The MHSS approved the operational plans for the health center in Wemindji, and the renovation for extra space in the Mistissini clinic.

The operational plans for the future drug/alcohol addiction centre has been tabled for approval by the Ministry.

We also worked on the housing file for non-resident staff in Chisasibi. Considering the present and future needs of the administrative, health and social services provided in Chisasibi, about 30 units are needed. This is a file which is of major importance for our organization.

We have taken some steps to look into the frame of reference for the CBHSSJB regarding the financing of Chapter 14 of the James Bay Agreement. We request that this be financed by the MHSS. This has been done on a historical level and also for the present administrative and health and social services delivery to the Cree population.

Community Health Programs

In 1998-99, Community Health programming had the following activities:

Completion of the training document referred to as the CHR training flip chart. Each community received a copy.

Cree translation of the Bush Kit manual by Lucy Bobbish.

Duplicating and selling one hundred copies of the video, Young Moms.

We worked with the Cree Public Health Module to manage several Community Health programs, such as the material on Child Health, Influenza, and Tuberculosis.

Distribution of three hundred copies of the booklet, From Tiny Tot to Toddler. Eighty percent of these copies are in English.

Participating in Nurses and CHR training sessions.

Participating in various regional and provincial committees of the prevention programs on tobacco issues.

Information and Technological Services

Last year, we did some strategic planning on information resources, the development of systems and the growing need for computers in our organization.

Our Computer Master Plan was accepted by our Board of Directors in September 1998, to the year 2003. The plan will implement medical/administrative/clinical application projects. The plan will also be used as a guide for various authorities in our organization and it is now submitted to the MHSS for approval.

Several changes were made to the development of the system for Cree Patient Services. We believe this system will be operational in the next fiscal year.

The Computerization Plan of Social Services has gone through some adjustments. The plan should be implemented in the summer of 1999.

New acquisitions continue to increase. The MHSS has provided 65,000 to upgrade the equipment and software so that we may be ready for the year 2000. We have about 115 computers and other equipment that we have to manage at the moment. In order to have sufficient management in our computer population we need adequate material and human resources.

Administrative services and other managers express their growing interest in the Internet and Lotus Notes (E-Mail). This equipment is getting implemented more in various social sanitary regions in the province. We could be connected by the summer of 1999, if we have the computer structure to get connected.

We should have our biomedical, computerized and technical equipment adapted to the year 2000 soon. We have checked various equipment to make it compatible to 2000 and we should have this completed by the next fiscal year. We are updating software packages and software for finance services and also for the pharmacy.

In 1999-2000, we will update the Medecho System for the medical archives in the Chisasibi Hospital and the laboratory. All other systems will be updated soon thereafter.

Planning & Development, Information Systems & Technological Services

Vaccination Program against the Influenza

*James Bay – Cree Communities
Season: 1998-1999*

Table I

Flu vaccine 1998-99	Target population (estimate)	Number of persons vaccinated	Percentage of vaccine coverage
Persons 65 + y/o			
Open milieu (at home)	389	313	80%
Closed milieu (shelter)	8	8	100%
0-64 y/o affected by chronic disease*			
Open milieu	1236	801	65%
Closed milieu	-	-	-
Total	1,633	1,122	69%
Health care staff **	153	108	70%

• Nemaska – Missing Data

• ** The health care staff includes all employees in each CLSC clinic, the employees of the Chisasibi Hospital Centre and the employees of the Cree Patient Services.

Following a recommendation from the Committee on Quebec's Immunization (CIQ), for this year's season campaign, we used the vaccine with fragmented virions (or split-virus) for all persons targeted by the program whatever their age. Sixty-nine percent of high risk individuals were vaccinated. The data from Nemaska is not available but the vaccination campaign took place last fall at the clinic.

This year we target health care staff having close contacts with the high risk persons. Seventy percent of the targeted staff was vaccinated.



Planning & Development, Information Systems & Technological Services

Table II: Table on the Vaccination against the influenza according to each community in the James Bay, 1998-1999

Communities	Total* estimated No. of persons to be vaccinated	Total* No. of vaccinated persons	% of vaccinated persons
Whapmagoostui	93	82	88%
Chisasibi	429	364	78%
Wemindji	145	145	100%
Eastmain	101	91	90%
Waskaganish	200	118	59%
Nemaska	Missing data	Missing data	Missing data
Mistissini	492	215	44%
Ouje-Bougoumou	144	86	60%
Waswanipi	182	129	71%
Total	1786	1230	

*Total of those 3 target groups: Persons 65 + y/o affected by chronic disease, Health care staff.



Table III: A comparative table on the vaccination against the influenza according to each community in the James Bay Region for 1997-98 and 1998-99.

Communities	No. of persons to be vaccinated		No. of vaccinated persons		No. of persons to be vaccinated that were vaccinated	
	97/98	98/99	97/98	98/99	97/98	98/99
Whapmagoostui	75*	93	82	Missing data	89%*	88%
Chisasibi	334*	429	287*	364	86%*	78%
Wemindji	115	145	95	145	83%	100%
Eastmain	82	101	82	91	100%	90%
Waskaganish	148	200	100	118	67%	59%
Nemaska	83	Missing data	72	Missing data	87%	Missing data
Waswanipi	178	492	115	215	65%	44%
Mistissini	320	144	321	86	>100%	60%
Ouje-Bougoumou	117	182	81	129	69%	71%
Total	1449	1786	1217	1230	83%	Missing data



Administrative Services

Assistant Executive Director – Finance and Administration

The administrative services include the Finance Department with eleven employees, the Purchasing Department with three full-time employees, the Personnel Department known as well as Human Resources Management with six employees, F.O.M. (Facilities, Operations and Maintenance) with two employees having both local and regional mandates and three permanent status and some casual workers contributing to maintenance of our facilities locally and the Human Resources Department with two full-time employees and two others yet to be confirmed and the assistant executive director, finance and administration and the secretary.

Our mission is to provide administrative and technical support to all departments of the organization on their delivery of health and social services.

The administrative service was involved in different areas this year, including the following:

- Giving administrative support and information concerning administration and finance at board meetings;
- Involvement in discussions regarding Cree banking initiated by the Cree Regional Authority;
- Helping in organizing the managers' training session and participating in the process of redefining the vision statement (still in progress);
- Giving direction and support to departments of support services as required by the organization;
- Relocation of social services in Wemindji;
- Initiation of the project on relocating social services in Chisasibi (still not finalized);
- Based on a study on potential renovation projects, we were able to do some this year with limited resources and there are many still to be done.

Regarding the finances, the Board has approved a first ever deficit budget, with \$467 000 above the operational budget we receive from the Ministry of Health and Social Services of Quebec (MHSSQ). We have to point out that in the operational budget, there are still some unresolved budget matters to be addressed with MHSSQ. The fiscal year 1998-99 marked a turning point in finances and budget in the whole Quebec health network when the Minister announced in June 1998 that there would be an injection of new monies in the network, totalling 385 million dollars over three years (110 million dollars were for 1998-99). The final outcome for Cree Health Board was \$400 000 of additional credits to be affected and added in our operational budget. Moreover, there was an already discussed amount with MHSSQ in regards to Equity Inter-Regional process initiated at the provincial level, of an amount of 1.2 million dollars for a grand total of 1.6 million dollars for the year.

After receiving this confirmation from MHSSQ, the managers were asked to assess their needs for development of services and once we received their requests, it totalled over 6 million dollars. All requests were very relevant and that is how the Board authorized a deficit budget.

On the results of this year, the organization finished the year with a deficit of \$1 415 480. The main activities which had deficits were the purchase of medications or prescription drugs, client transportation, homecare services, external or outpost clinics and the mental health program. These services amounted to over 2.7 million dollars of deficits. Some other departments finished with surpluses which contributed to a lesser overall deficit.

Regarding the human resources, two of our managers from the support services left our organization during the year to pursue other challenges, Mr. Peter Atkinson, our Head of Human Resources Development and Mr. Patrice Blais, Head of Personnel. Replacing Mr. Blais as Head of Personnel is Ms. Annie Bobbish from Chisasibi. She has worked in that department for many years as she held the position of Consultant on Human Resources Management for the last three years. The replacement of Head of HRD is yet to be confirmed. We have appointed Mrs. Rena Matthew as interim until we confirm someone at that post.

For the upcoming year, we will be working on some unfinished projects such as the vision and mission statement, the improvement of telecommunications, the review of some policies and procedures, the relocation of offices (social services) and other important files such as finances, recruitment of personnel and purchasing of equipment. We are confident that we will be improving our support services for the rest of the organization so that improvements of services delivered to the beneficiary occur for the better.

Clarence Snowboy



Administrative Services

Members of the Audit Committee • Message from the Auditor, KPMG

We have audited the financial and information data, including all the schedules listed in the table of contents of the Annual Financial Report, as submitted by the Cree Board of Health and Social Services of James Bay, March 31, 1999.

The Annual Financial report is the responsibility of the Finance Department, which is under the CBHSSJB's management.

As auditors, our responsibility is to express our opinion about the financial report and matters described in Schedule I of the Establishment and Regional Council Regulations.

Our auditing standards require that we plan and perform an audit to find out if the financial report is free of material misstatements, omissions and deficiencies. We assess the amounts disclosed, and the accounting principles used by management.

In our opinion, the Establishment has complied with the provisions of the Act Respecting Health and Social Services, S – 5, R. 6.3., in disclosing its revenues, expenditures, and its volume of services and activities, except for Schedule I of the auditor's report.

Further, we find that the accounting practices of the Establishment are in accord with the standards, definitions, and units of measure contained in the finance management manual as required by the MHSS, except for Schedule II of the auditor's report.

We find also that the Establishment has followed the administrative guidelines of the MHSS, except for Schedule IV of the auditor's report.

We note also that all quantitative data is based on a valid system of recording and control, except for Schedule III of the auditor's report.

We conclude that the financial report presents fairly, the financial position of the Establishment, as of March 31, 1999, in matters of its expenditures, and quantitative data for each activity center, and this in accordance, with accepted standards and accounting practices, for institutions reporting to the MHSS.



Administrative Services

Financial Services

Funding increases of 6.7% over the previous year for an additional \$2.3 million dollars were directed to the Cree Health Board. This came mostly by way of funding reallocations, a continuation of interregional transfers of money already within the health network. Since about half a decade, including this year, the budgets directed to CBHSSJB include no indexation to compensate for cost inflation.

It could be expected that an additional \$2.3 million dollars would improve our financial situation. But, reality as it is, we still ended up with a net deficit of \$1.4 million. Continued important increases of costs in key areas account for this problematic situation.

Here are some examples of what CBHSSJB has had to face in the last year:

	1997-98	1998-99	Increase	Percentage
Patient transport cost	M\$4.761	M\$5.538	M\$.777	+16.3
Drugs	1.924	2.306	.382	+19.8
Home care	.719	1.040	.321	+44.6

Operation of facilities:

Rents, energy, user fees only	2.746	2.094	.348	+19.9
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Some encouragement is on the way. The governments recognize they have erred in the level of health cutbacks. We expect our accumulated deficit will be covered and new credits into the health sector will go some way to alleviate our shortfalls. Despite such measures, our administration, supported by the Cree leadership, continues discussions with the Ministry to grant us the level of funding required to provide adequate services to all the population it serves.

Lawrence Potter

In the following pages you will find the financial statements for the fiscal year of 1998-99.

Statement of Operations

Year ended March 31, 1999

	1999	1998
Revenues:		
Ministry of Health and Social Services	\$32,937,263	\$32,248,196
Other establishments	-	2,894
Patients	79,325	47,829
Complementary activities	1,244,520	1,329,698
Other sources	1,941,624	301,668
Total	36,202,732	33,930,285
Expenses:		
Salaries	14,141,391	13,190,703
Social benefits	4,941,569	4,630,368
Drugs	2,306,928	1,924,762
Medical and surgical supplies	535,229	451,504
Dietary	241,912	248,877
Administrative services	5,182,469	5,173,821
Maintenance, security and operation of facilities	3,434,193	2,055,858
Other	6,834,521	6,460,264
Total	37,618,212	34,136,157
Excess of expenses over revenues	\$(1,415,480)	\$(205,872)



Administrative Services

Statement of Surplus – Operating Fund Year ended March 31, 1999

Principal activities	Other activities	Total
Balance, beginning	\$1,535,663	\$(118,683)\$1,413,980
Prior period adjustments	1,500	1,500
Excess of expenses over revenues:		
Principal activities	(1,390,284)	(1,390,284)
Other activities	(25,196)	(25,196)
-	(1,415,480)	(1,415,480)
Balance, ending	\$1,537,163	\$(1,534,163)

Statement of Capital – Plant Fund Year ended March 31, 1999

	1999	1998
Balance, beginning	\$16,634,383	\$15,781,931
Government grant for fixed assets	1,039,060	925,535
Transfer from other fund – operating fund	-	26,439
Interest on long-term note	(97,200)	(102,600)
Adjustment of fixed assets	-	3,078
Balance, ending	\$17,576,243	\$16,634,383

Balance Sheet As of March 31, 1999

Assets	1999	1998
Operating Fund:		
Cash	\$471,620	\$15,966
Short-term investments	-	2,100,000
Due from the Ministry of Health and Social Services	3,240,079	1,855,637
Due from other funds	1,416,093	1,090,223
Other accounts receivable	1,015,599	1,144,605
Deferred holiday treatment	232,525	234,910
Prepaid expenses	295,525	292,154
Inventory of supplies, at cost	342,232	303,317
Total	\$7,013,656	\$7,036,812
Plant Fund:		
Cash	\$638	\$638
Due from the Ministry of Health and Social Services	806,267	596,966
Land, building and equipment	29,329,925	24,250,892
Other assets	201,248	93,003
Total	\$30,338,078	\$24,941,499
Special Funds:		
Cash	\$3,888	\$19,739
Due from other fund	2,328,907	895,523
Total	\$2,332,795	\$915,262

Administrative Services

Liabilities	1999	1998
Operating Fund:		
Bank indebtedness	\$-	\$597,410
Due to Special Funds	2,328,907	895,523
Deferred revenue	31,913	12,613
Deferred holiday treatment	240,551	163,161
Other accounts payable	4,412,285	3,954,134
	\$7,013,656	\$7,036,812
Plant Fund:		
Accounts payable	\$12,405	\$-
Due to other fund	1,415,093	1,090,223
	1,428,498	1,090,223
Long-term debt - note	1,020,000	1,080,000
Other long-term debts	10,313,337	6,136,893
	11,333,337	7,216,893
Capital	17,576,243	16,634,383
	\$30,338,078	\$24,941,499
Special Funds:		
Designated funds not allocated	\$2,328,907	\$895,523
Funds held in trust	3,888	19,739
	\$2,332,795	\$915,262



Administrative Services

Supplementary Statement of Expenses

Year ended March 31, 1999

Principal activities:	1999	1998		1999	1998
Assistance and support to youth and families	\$2,110,783	\$1,906,419	Technical services administration	125,279	143,776
Accommodation/rehabilitation center for youth	2,518,716	2,586,549	Technology	220,682	197,231
Health care administration	223,808	158,830	Patient transportation	5,538,498	4,761,733
Short-term nursing care	1,392,227	1,350,012	Reception, medical archives and communications	909,739	845,858
Mental health-day hospital	487,303	281,516	Dietary	462,732	477,404
Ambulatory services	921,089	799,549	Laundry and linen	51,494	53,536
Family type resources-allowances	108,610	96,644	Housekeeping	627,837	603,405
Household aid	1,040,478	719,289	Operation of facilities	2,094,539	1,746,515
Occupational therapy and natural medicine	90,955	-	Maintenance of facilities	711,817	685,213
Preventative dental care	109,845	135,413	Cessation of job allowance	-	7,704
Curative dental care	1,074,217	994,587	Special activities	1,555,493	1,580,977
Psychosocial services	963,363	740,039	Expenses not distributed	245,605	117,545
External services	7,022,967	6,231,699	Transfer of general expenses	(15,757)	(110,820)
Laboratories	814,051	732,930	Total	36,348,496	35,831,655
Hemodialysis	195,692	153,028	Other activities	1,610,043	1,304,502
Pharmacy	428,885	407,377		\$37,958,539	\$34,136,157
Radiology	169,044	147,945			
General administration	4,248,505	4,279,752			

Administrative Services

Purchasing Department

The Purchasing Department had one part-time employee who was promoted to full-time. Aside from the Purchaser, we now have two full-time employees working in the storeroom.

A major undertaking was the purchase of medical, dental and miscellaneous equipment and supplies for the new clinic in Waskaganish. There were new furnishings bought for the thirteen new apartment buildings that were constructed for this community.

Human Resources Development

It was a good year for Human Resources Development. Quite a number of training sessions were held.

The Bachelor of Social Work program is still on, entering its third year. They have done about half of the credits required so far. There were about sixty students when it first started in 1995. We still have fifty-five students in the program, which is a big indicator for a successful program. We would like to thank the organization who contributed to this program; the Cree Regional Authority, with Cree Human Resources Development being the main contributor.

Many training activities have been accomplished within the organization. There were annual updating in-service workshops being held for nurses, attendants in Northern Establishments, Community Health Representatives, and Patient Services, together, to promote leadership, teamwork and communication skills.

Other activities were a French immersion course for the Executive Director and job training for the Housekeeping Staff.

The Board of Directors has approved two new positions for Human Resource Development that should be filled at the end of this fiscal year.

We would like to thank the CBHSSJB Board of Directors for their continued support of training activities to improve the quality of service to the populations.



Administrative Services

Human Resources Management

We are very proud to present the mission statement for our department:

"Our fundamental goal is to provide our clients with excellence, quality and professionalism with our utmost respect in a consistent and timely manner."

Our objective is to provide continuity in the delivery of quality services to our users. Although we had a turnover of our personnel, we strive to work toward this goal.

The Human Resources Management Services is made up of six employees:

- 1 Head of Human Resources Management
- 1 Personnel Management Consultant
- 1 Recruiting Officer for nurses
- 2 Administrative Technicians
- 1 Executive Secretary

We had to deal with the province's shortage of nurses. Attracting and retaining nursing personnel was the biggest challenge this year. We experienced our own shortage of nurses in the early spring of 1998. This period coincided with the transfer of the recruiting officer position from Montreal to Chisasibi. The move helped us to maximize and maintain the quality of services that we offer. The problem of recruiting nurses forced us to make greater use of agencies. This was an expensive process in itself, and also the outcome resulted in cost increases for recruitment.

c. Statistics:

Here is the data on our regular staff, i.e., the positions currently filled:

The following table does not represent the number of authorized positions in our job roster. We would like to add that five hundred and twenty employees hold an occasional status for all job titles.

Sector	Full-time permanent	Part-time permanent	Replacing or temporary	Total number	Natives	Non-Natives
*Managers	21		3	24	13	11
Nurses	39		24	63	8	55
Baccalaureate Nurses	4		3	7		7
Professionals	9		13	22	5	17
Technicians	45	4	25	74	58	16
Para-technical & nursing care	45	7	5	57	57	
Clerical	31	1	6	38	37	1
Trades & Auxiliary	25	20	60	105	45	60
Total	219	32	85	336	223	113

*There are 27 managerial positions; As of March 31, 1999 six of these managerial positions are not permanently filled.

We are reporting 61 equivalents to full-time nursing positions in the Northern communities.

a. Staffing

We posted fifty-nine positions in all categories, excluding the replacement of nurses. The following is a breakdown of postings held this year in terms of managerial, nursing, other personnel and the employment status of each job title:

Managerial positions	6	Permanent full-time	34
Nursing positions	12	Temporary full-time	19
Other titles	41	Permanent part-time	6
Total	59	Total	59

b. Data on Social Benefits:

Salary Insurance	\$401,750.00
Leave Without Pay	6
Maternity Leave	8624 hours
Parental Leave	4
Deferred Leave	9
Educational Leave	12
Employees' Arrivals & Departures	178 (arrivals) 39 (departures)
Lodging for Nonresidents	65 units

Administrative Services

d. Labour Relations:

The F.I.I.Q. and the F.A.S.-C.S.N. agreements expired on June 1998. Both are in the process of negotiating for new contracts.

Groups	Grievances Submitted During the Year	Grievances/Disagreements Settled/Closed
F.I.I.Q. (nurses)	2	19
C.S.N. (offices, trades, paramedical, professionals)	3	4
Manager		1
Total	5	24

We want to point out that the number of settlements mentioned included grievances submitted from previous years.

Groups of employees excluding managerial positions (Unions or others):

S.N.I.I.B.J. (Nurses on the James Bay territory)	134
F.I.I.U. (Nurses in Montreal)	7
C.S.N.	663
A.P.P.Q. (Pharmacists)	2
Unionizable but not unionized	29

In preparation for the year 1999-2000 we will be investing our time and resources in two areas, namely, the Management Information Systems and Health & Safety issues in order to have a better and accurate profile of our activities and also to introduce and develop another big function of our services to improve the quality of life for all our workers in the organization.



Administrative Services

Facilities, Operations and Maintenance

There were very few projects this year. The Board engaged a telecommunications consultant to look into the issue of improving our telecommunications system. Recommendations to improve the emergency response system were made by this consulting firm. The executive committee of the Cree Health Board have made submissions to the Ministry for funding. A response is expected in the spring.

The Waskaganish Clinic construction began in the summer. The clinic was substantially completed by the end of January 1999. The clinic was occupied in March of 1999. There are still some works to be completed, particularly the landscaping and exterior finish.

In Wemindji, the Social Services department had to relocate because the sublease with the School Board had expired. Their new location is temporary. They will move into the new clinic which is in the preliminary planning stage, that is, the community is choosing a site and a concept for the new clinic.

In Nemaska, a new duplex residence unit was built by the Band for the Cree Health Board. This will allow one of our nurses to vacate the apartment presently located in the clinic. This space will then be converted to office space for Social Services.

In Mistissini, the Reception Centre was partly renovated. Renovations will be ongoing to the next fiscal year. This year the interior walls were reinforced because clients could easily put holes in the gypsum board. A new Reception Centre is being planned and approved by the Ministry. A clinic extension is also being planned. This project is in the preliminary plan stage.

In Waswanipi, a new clinic is also being planned and it is in the preliminary planning stage. A site and a concept have been chosen.

In Chisasibi, a number of projects were done. At the hospital, the laundry was relocated to a better location and a bigger space. The previous location was too small for the amount of equipment used. The receiving area was also improved. The design of the previous system was very cumbersome. The functionality of the new system is more efficient. The organization is in need of additional residence units in all the communities. We have had to convert the common rooms of the apartment buildings into two bachelor units. In addition, we had to take back four modular homes that were used for transits and convert them back to permanent residence units. These transits were replaced by the renovation of the old police stations. We were not able to replace the same number of bedrooms and consequently we are short of transit space.



Services

Medical Services

During fiscal year 1998-99, the medical professional services department achieved more than 80 percent of the medical staffing plan and pursued the advances in the areas of mental health care and the problem of diabetes. Staffing included sufficient permanent physicians in Chisasibi and Mistissini but also a network of replacement physicians to fulfill the needs of the nine communities.

The medical director of professional services left the organization at the end of December 1998 but contingency measures have been taken until the arrival of new DPS.

Mental Health Project

In spite of limited resources considering the tremendous needs, the travelling psychologists provided services to all nine Cree communities as well as two travelling psychologists providing care and services to those same communities.

The coordinator of the program left the organization at the end of the fiscal year, the assistant coordinator has maintained services until now.

The Program on Diabetes

Diabetes continues to be a priority with the Cree Board of Health and Social Services of James Bay (CBHSSJB). Under the direction of the Diabetes Task Force (DTF) a variety of activities have been carried out this year. The activities are as follows:

The DBF continues to meet, by conference call every 4-6 weeks.

Continuing to follow the schedule assigned in the five year Diabetes Prevention and Control Plan developed in 1998.

The third Diabetes Registry update and report is in the process of being compiled and written. These reports have contributed significantly to the overall community awareness of the seriousness of diabetes.

Annual training of the CHR's, nurses, and physicians continues.

The Diabetes Awareness and Action Network (DAAN), a sub-committee of the DTF, continues to work with the media. DAAN also coordinated a very successful 1999 Sadies' Walk to promote diabetes awareness.

A Health Canada Bridge Funding grant allowed us to:

- Develop six simple step-by-step nutritional pamphlets
- Produce a resource catalogue
- Finance 26 CBHSSJB personnel, CHR's and nurses to participate in a correspondence course through the Northern Diabetes Health Network

A Regional Diabetes Screening Program is in the process of being implemented. At the same time a joint partnership, with the Cree Regional Authority (CRA), CBHSSJB and two communities will sponsor a joint Diabetes Screening Special Project (DSSP). The DSSP offers a population screening of the two communities only.

The DTF continues to maintain and revise the Home Blood Glucose Monitoring and Diabetes Management Programs based on recent literature.

Members of the DTF have been requested to sit on several national diabetes related committees.

Research projects on the "Relationship of Stress and Diabetes" and "Diabetes Education in the CBHSSJB" are currently underway.

A quarterly newsletter "Diabetes in the News" is now being produced.

Services

Other Activities

Continuous efforts for the completion of the medical staffing plan for 1997-2000.

The implementation of a review of the organization structure of medical services, including an update of the by laws and the complaints policy by the CPDP.

Objectives for 1999-2000

Pursue effort on recruitment to replace foreseen departures and complete the medical team.

Pursue the reinforcement of the operation of the executive counsel of the CPDP, including the implementation of an efficient quality control program and review of the delegated acts.

Hire a new mental health program coordinator and make an assessment of the existing program, in order to provide the best services taking into account the available funding.

Implement the child and family home visit program in all Cree communities and transfer the program to social DOPS administration.

Support the advisory committee on the diabetes program in order to complete the five year diabetes plan with the communities as well as the special diabetes screening project.

Implement the Pre-Hospital emergency services throughout the territory in accordance with the quality insurance plan.

Implement the teleradiology including ultra sound examinations.

Implement the services at Chisasibi Clinic to provide more services to patients according to the seriousness of their illness.

Review the laboratory services situation, setting new objectives, and implementing a comprehensive plan to update the equipment, the procedures and the formation of the human resources in collaboration with the consultants.

Reinforce our university teaching program which already includes McGill University and hopefully Sherbrooke University in the near future.



Services

Mental Health Program

The team of the Mental Health Program has been in place since October 1995. We are continuing to develop and refine our services to serve the nine communities better.

Psychological Services (as of November 1998):

1,300 clients were seen by our visiting psychologists for the last three years in our nine communities:

- 19% children;
- 23% teenagers;
- 58% adults
- 6,000 therapeutical sessions have been given, 1, 500 hours of supervision and case discussions and 120 hours of lectures and training were given in mental health.
- 64 clients are suffering permanently from psychiatric illness, and two psychiatrists are visiting the communities twice a year.
- 200 clients were treated for high risk suicidal ideation.
- 50% of the consultations done by nurses and physicians are linked to mental health.
- More than 150 clients were seen by Native traditional healers working for the Mental Health Program.

Types of problems treated by the services of the Mental Health Program:

<i>Anxiety disorder</i>	<i>Post traumatic stress disorder</i>
<i>Pedophilia</i>	<i>Eating disorder</i>
<i>Depression and burn-out</i>	<i>Low self-esteem</i>
<i>Emotional catharsis</i>	<i>Somatization</i>
<i>Assertiveness difficulties</i>	<i>Grief and mourning</i>
<i>Drug and alcohol abuse</i>	<i>Parenting difficulties</i>
<i>Schizophrenia</i>	<i>Physical violence</i>
<i>Marital problems</i>	<i>Mental disorder</i>
<i>Learning difficulties</i>	<i>Solvent abuse</i>
<i>Working conflicts</i>	<i>Suicidal ideation</i>
<i>Family conflicts</i>	<i>Sexual abuse</i>
<i>Residential syndrome</i>	
<i>Paranoia</i>	

Increasing Needs:

10 persons died of suicide during the 10 year study 1982-1991. Three persons died of suicide last year.

Issues like sexual abuse, family violence and the residential school syndrome were hidden. Today, people talk about it and are crying out for help.

In 1995 our psychotherapists could see all the patients referred to them. Today, in all nine communities, psychotherapists are overbooked and cannot see all the people who need help.

The Employee Assistant Program answered up to 11 calls for help in 1996. We answered up to 14 requests in the month of November 1998.

The requests for psychological evaluation for the Youth Protection Services have increased this year.

More Cree people are asking for Native traditional services.



Services

Council of Physicians, Dentists and Pharmacists

Preamble

The CPDP submits its annual report which concerns its function and recommendations put forward to the Board of Directors of the Cree Board of Health and Social Services of James Bay.



Introduction

We have focussed on developing quality medical, dental and pharmaceutical acts this year. We spent many hours re-enforcing our structure and educating our members about our mandates and legal responsibilities to the Board of Directors, the CBHSSJB, and its beneficiaries.

We also held a CPDP wide seminar in October 1999. We attended conferences, and spent countless hours discussing the Quality Assurance Program process.

The development of new by-laws which are relevant, well understood and dynamic is one of our immediate mandates.

The CPDP had three general assemblies, and twelve executive committee meetings. With the completion of the by-laws the committee will have a chance to start their work anew. A by-law committee was established, and it met three times.

It is our hope that services departments will play a bigger role in the Quality Assurance Program process.

The General Assembly

The General Assembly adopted several documents which will be in the procedures and policies manual, and also a document entitled, The Quality Assurance Program of the CPDP for the CBHSSJB.

Other files examined include adoption of the province wide standard guidelines for a vaccination program, the feasibility of Breast Cancer screening within the CBHSSJB, and new diabetes diagnostic criteria for Gestational Diabetes and Type II diabetes.

Executive Committee

The work of this committee is to examine and review the by-laws of the CPDP and it has added two new members, Mr. Louis Letellier de St. Juste, a lawyer for the CBHSSJB, and Dr. John Hughes, a family physician in Montreal.

Each committee member has worked on one section of the by-laws to create a synthesis. The final product in reviewing these by-laws will be submitted to the General Assembly for adoption in August 1999.

We have also developed a comprehensive complaint policy.

Conclusion

In 1998-99, the CPDP devoted its energies to restructuring and developing a Quality Assurance Program and also reviewing its by-laws. These documents will serve as useful prototypes for other departments who wish to create their own Quality Control Program.

Services

Pharmacy Services

Prescription dispensed in Chisasibi:

In-hospital patients (Medicine Dept.)	5300 un	\$500474.00
Outpatients	32399 un	\$381114.00

Requisitions (Floor-stock):

In-Hospital patients (Medicine Dept.)	1999 un	\$21779.00
Outpatients	2899 un	\$21839.00

In-hospital (Other departments):

Hemodialysis	238 un	\$11596.00
Dentistry	114 un	\$7023.00
Laboratory	48 un	\$2028.00
Community Health	108 un	\$44425.00
Medical Imagery	10 un	\$2212.00

Other communities' services (Requisitions):

Ouje-Bougoumou	15 un	\$143.00
Mistissini	50 un	\$739.00
Waswanipi	47 un	\$472.00
Nemaska	121 un	\$4703.00
Waskaganish	2561 un	\$155992.00
Wemindji	1863 un	\$116529.00
Eastmain	1293 un	\$76969.00
Whapmagoostui	1937 un	\$197949.00
Total	51002 un	\$1505986.00

Coastal Dental Hygiene

School Dental Health

Daily tooth brushing is still mandatory in Pre-K, Kindergarten and grade one classrooms. In Chisasibi, tooth brushing is done in grade two.

The Activities were:

The Dental Hygienist informed teachers of the elementary grades about the various activities within the framework of the School Dental Health program. The parents received the same information through community radio.

Fluoride pills were given out in the elementary to secondary classrooms, but normally these pills are not given in the 3rd and 6th grades.

In the coastal secondary 3rd, 4th and 5th grades, information has been given about baby bottle tooth decay and periodontal diseases using questionnaires, posters and educational videos. We also gave out tooth brushes, dental floss, revealing pills and leaflets.

Screening was carried out in Pre-K, Kindergarten, 2nd, 4th and 6th grades. Children who have dental problems, or who need braces, have all received a letter of referral to see the dentist, and they must show this letter to their parents. The letters of referral were also given out in the fall.

There were two educational visits by the Community Health Workers (CHRs). Frances Diamond is now the CHR in Waskaganish, since April 13, 1998.

The Pre-K and Kindergarten students were taken to the Dental Clinic in their respective communities.

Pre-Natal Dental Health

Information meetings were held for pregnant women about baby bottle tooth decay, dental health for the child and mother during pregnancy. One meeting was held in the Wellness Center, with special guest, nutritionist Lucie LeClerc.

"Begin Dental Care Early" leaflets were given out by nurses during vaccination clinics. These leaflets have been redone by the Coastal and Inland Dental Hygienists this year.

Dental Hygiene Kits are given to pregnant women during pre-natal visits.

Orthodontic pacifiers are given out to mothers when they make their first visit to the prenatal clinic. They are told about the proper pacifiers and soothers to use.



Services

Preschool Dental Health

The Dental Hygienist visited the daycare centers in Chisasibi, Eastmain, Wemindji and Whapmagoostui. She demonstrated good ways to brush teeth, played a game on nutrition and presented a video. She also gave out tooth brushes and toothpaste. The daycare center in the Waskaganish clinic will open its doors at the end of March 1999.

The children in the Chisasibi daycare center came to the dental clinic for a visit and saw the tools used by the Dentist and the Dental Hygienist.



Various Activities

The Coastal and Inland Dental Hygienist made a leaflet about periodontal diseases for the students of Secondary 3, 4 and 5. The leaflet was in color and was created by Pamela Menarick from Chisasibi.

After dental screening in Chisasibi, many students were found to have tooth decay problems. A tooth brushing calendar will be inserted into 'The Nation' and it should encourage children to brush their teeth twice a day. Additional copies were made available to the population at the post office.

Dental Health Month

Nutritionists and Dental Hygienists work together to promote Nutrition Month (March) and Dental Health Month (April).

A writing and display/presentation was organized for all students in the territory. The subject was "smiles." The other activity was to write a short text about the profession of Dental Hygienist in a Cree community.

An electrical tooth brush was given to the winner in each community. Only five communities participated.

Activities were also organized for the staff in the CLSCs. A math problem game was given to the staff and winners got a twenty-five dollar gift certificate from the Northern store in Chisasibi, if they came up with the right answer. Tooth brushes, dental floss and revealing tablets were given out.

We created place mats for all the restaurants in the communities. These mats contain messages about Dental Health, Nutrition and overall physical health.

There was a message about Dental Health on community radio during the month of April 1999.

The writing/display competition for high school students was advertised on radio stations in all communities.

Dental Health messages were posted in the main grocery stores in each community to help people make better food choices.

Services

The Chisasibi Hospital Centre

The Chisasibi Hospital Centre is a Regional and Community Centre providing first line health care to the James Bay Coastal population and to the population of Chisasibi. The Centre had an annual budget of \$4 300 000.00 for the 1998-99 fiscal year.

The Centre comprises three categories of health care and services: a community Health Department integrated to the Coast CLSC, a Medicine Department, and an Emergency and Outpatient Clinic. The Medicine Department has a 32-bed capacity. These beds are divided according to the short-term and long-term admission needs.

In 1998-99, 508 beneficiaries from Chisasibi and the Coastal communities were admitted for acute care, for an average stay of 7/3 days. 47 transfers of hospitalized beneficiaries were carried out last year to other hospital centres.

The CBHSSJB offers Perinatal Services. The Community Health Department of the CLSC ensures the prenatal and post natal care. The Chisasibi Hospital Centre offers an Obstetrics Service for normal pregnancies with low risk. Last year, 29 babies were born in Chisasibi.

The Hemodialysis Service operating since 1993, is presently equipped with three dialysis machines. The purchase of a fourth machine is planned for 1999. Last year, four beneficiaries received 260 treatments. A native nurse was trained in hemodialysis at the Montreal General Hospital and at the Chisasibi Hospital, during the past year.

The Emergency and Outpatient Clinic offers the residents of Chisasibi and other communities 24 hrs per day service. During the day, a team of doctors and nurses ensure emergency and outpatient services. During the evening and the night, one nurse responds to the emergencies and consults the doctor on-duty. Last year there were 15, 218 consultations made at the Clinic.

In addition to the general practitioners working permanently in Chisasibi, various specialists visit the Chisasibi Hospital Centre regularly. Last year 1 560 consultations were made by visiting specialists in the following specialities:

- Surgery
- Pediatrics
- Ophthalmology
- Internal Medicine
- Gynecology
- ENT
- Orthopaedics
- Psychiatry
- Prosthetic Dentistry
- Orthodontics

The Medical Imaging Service offers routine diagnostic examinations. Pelvic and obstetrical ultrasound examinations are carried out by the radiology technician under the supervision of a general practitioner. The films are forwarded to associated centres for a reading by a medical radiologist. In March 1999, the technologist started to visit the clinic in Whapmagoostui and to take X-rays on-site. This new procedure will permit clients to be diagnosed in their communities. It will decrease travel cost and increase client satisfaction.

1998-1999 Radiology

Activities Indicators	Number of Examinations
1. X-Rays	2182
2. Echo-cardiograms	527
3. Ultrasounds	668
Total	3377

The Laboratory Service makes analyses in biochemistry, haematology and microbiology for the Hospital and the Coast clinics. However, other types of analyses are forwarded to associated centres.

1998-1999

Laboratory Activities Indicators	Inpatient	Outpatient
Tests done in Chisasibi	13139	87996
Tests sent out	Not available	9000
Sent out by patient services	121	5639



Services

Continuous Improvement Projects for the Chisasibi Hospital Centre Achievements in 1998-1999

1. Psychiatric Care: Writing health care and intervention protocols
2. Outpatient Clinic: Implementation of a triage protocol;
Purchase of the Info-Santé protocols;
Addition of a medical secretary to the Clinic.
3. Medicine Unit: Implementation of new tools: Kardex,
Health care plan, Medication profiles;
Renovations: An isolation room, A report room;
Cardiology training;
Obstetric training;
Teamwork training.
4. Laboratory: Purchase of a new machine for the blood bank;
Training on quality assurance and microbiology.
5. Imaging Service: Local agreement in Whapmagoostui to make the X-rays
at the clinic by the X-ray technician of the
Hospital Centre;
Ultrasound training;
Film taking in Whapmagoostui, March 1999.
6. Housekeeping: Operational review by Sanigesco inc.;
Training of housekeeping staff of James Bay Region;
Major cleanup of the hospital.
7. Laundry: Relocation and expansion of the laundry room.
8. Operational review of Food Services.

Planned or in progress

1. Management: Review of the Hospital's mission;
Review of the emergency evacuation plan;
Emergency evacuation practices;
Review of the policies and procedure;
Review of Nursing coordinator job description.
2. Food Services: Implementation of the
consultant's recommendations.
3. Housekeeping: Implementation of
Sanigesco Inc.'s recommendations.
4. Emergency/Outpatient Clinic: Purchase of a defibrillator;
Implementation of the Info-Santé protocols;
Consolidation and evaluation of the triage;
Health promotion videos in the waiting room.
5. Medicine Unit: Implementation of Primary care;
Renovation of a medication room;
Implementation of new obstetric procedures.
6. Laboratory: Purchase of a machine for arterial blood gas;
Implementation of new
microbiology procedures;
Purchase of a new computer.
7. Medical Archives: Implementation of a single number file.
8. Imaging Service: Review of the agreement for reading the films.

Services

Human Relations Officer, Mistissini

There have been major increases in the number of interventions, as the counseling sessions have doubled. This could be partly explained by a team effort between Youth Protection and CLSC teams. There have been more referrals from Youth Protection along with the school and medical referrals to provide counseling to parents.

Also, male and female adults, victims of family violence are asking for counseling. Of course counseling involves a lot of time and human resources. Unfortunately, two Community Workers are not sufficient to provide adequate services. Social problems mostly dealt with are family violence, drug and alcohol abuse, sexual abuse, mental health problems, peer pressure and suicidal threats.

The CLSC Community Workers' work also implies a lot of involvement with the outside agencies such as: women's shelters, treatment centers, hospitals (Montreal and Chibougamau), Dixville and the Cree Patient Services.

Because of the move toward more ambulatory care in the health services outside the community, most patients return back home earlier, and this has a direct impact on homecare services.

In Mistissini, more hours were provided to quadriplegic and paraplegic clients but it has diminished in order to ensure the autonomy of the clients.

Homecare services will need to be evaluated and reorganized in order to respond better to the needs of the clients. Presently, we have more requests than we can handle, so we have to prioritize the emergencies.

The CLSC team would like to provide more information to the community and focus more on prevention. However, because of a lack of human resources, it is impossible to attain all objectives.

Homecare Services

Activities	1997-98	1998-99
No. of beneficiaries	12	151
No. of interventions	743	1583

Social Services

Activities	1997-98	1998-99
No. of beneficiaries	592	377
No. of interventions	1090	2292

Services

Youth Protection Services

The Program for the Bachelor of Social Work (B.S.W.) has been active this year. Last year, the Youth Protection Workers participated in the B.S.W. courses four times a year with ten-day sessions each. The objective is to complete the B.S.W. program by 2001-2002.

During the absence of the Youth Protection Workers, replacement workers were hired. These received the support of the Professional Support Workers. So far, this year we were able to find replacements more easily than in previous years.

From August to September 1998, the Director off Youth Protection (DYP) and the Director of Professional Services – Social carried out the evaluation of the Youth Protection Workers' workload in the Coastal communities. The Inland communities will be given the same evaluation. When the workload evaluations for the nine communities are completed, the DYP will prepare a report and recommendations.

The concept of social emergency worker was implemented in all the communities. This means that the Youth Protection workers, the CLSC Community Workers and the National Native Alcohol and Drug Abuse Program (NNADAP) workers are on-call after working hours and during weekends. Mistissini and Chisasibi are the only two communities who have their own Social Emergency Workers. Moreover, the on-call schedule is prepared every month for the DYP, her assistant and her delegates.

This year the Board of Directors appointed Agathe Moar, Stephen Robertson and Laurent Brunet as delegates to the DYP. This means that when the DYP and the Assistant DYP are absent, one of the delegates will replace them. The three of them are also on-call after working hours and during the weekends. This system is working quite well.

During February 1999, a Special Health and Social General Assembly was held in Ouje-Bougoumou. The DYP presented a report on the Youth protection services for the Cree Board of Health and Social Services of James Bay (CBHSSJB). We believe that this presentation on the Youth protection services addressed to the public was the first one of its kind since the creation of the CBHSSJB.

In January 1999, a local general assembly was held in Waswanipi. The Band Council asked the CLSC and the Social Services to do a presentation on the services and the programs provided by the CBHSSJB. Each department from the social services made a presentation: Clara Cooper and Gloria Jolly for the CLSC and home care services, Edith Gull and Michael Grant for the NNADAP, Sinclair Neeposh and Winnie Saganash for social services.



A report for Youth protection services was prepared by the DYP for the Protection Workers and this was presented at the meeting. Clara Cooper (Professional Support Worker) and Edith Gull (Human Relation Officer) have participated by offering their support to the local employees of the CLSC, NNADAP, and the Youth protection services. The DYP was unable to attend because she was participating at the time in an administrative meeting in Chisasibi.

The medical staff also have a presentation representing the clinic.

This assembly helped the community members to understand better the services we offer, as well as the role and responsibilities of each employee in his or her department.

Mrs. Leah Keats, Professional Support Worker for the Cree communities of Ouje-Bougoumou and Nemaska, left our organization in early March 1999. Moreover, Ms. Monique Gauthier, Professional Worker for Wemindji and Whapmagoostui, has made plans to resign as of June 30, 1999. These two employees have done very good work for the Youth Protection Services, and their services have been greatly appreciated.

Services

Numbers and types of placements in the foster homes

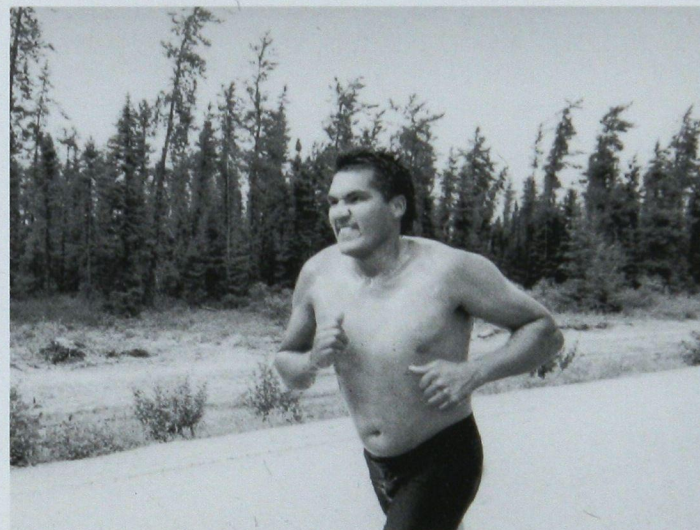
Regular placement	Special Placement	Rehabilitation	Emergency	Special Needs	Total
Children 0-4	390	57	6	158	73
Children 5-11	615	14	11	110	51
Children 12-15	229	5	4	28	22
Children 16-17	108	1	18	8	14
Adults	26	36	27	33	2
Elders	6	39	4	9	1
Total	1374	152	70	346	163

Stand-by families 37

Total placements in 1998-1999 2.142

Annual number of days/presence in foster homes per type of beneficiary and placement category

Regular	Special	Rehabilitation	Emergency	Stand-by Family
Children	34225	1985	1011	1193
Adults	1944	791	707	115
Elders	155	1107	39	47
Total	36324	3883	1757	1355



Services

Rehabilitation Services

Introduction

The Rehabilitation Services of the James Bay region comprise the following:

1. The Mistissini Reception Center;
2. The Mistissini Upaahchikush Group Home;
3. The Chisasibi Weesapou Group Home.

The mandate and mission of the Rehabilitation services are to receive youth from 12 to 18 years old and to deliver specific and specialized services to youth whose behavioral and legal dispositions require regular supervision. The legal dispositions refer to the youth whose situation is declared compromised under the Youth Protection Act and Young Offender Act.

All three centers are regarded as "open units," meaning the youth are entitled to privileges and liberties (home leaves, day passes, community events, etc.). The group homes maintain an atmosphere resembling a "home-environment," and supervision is less rigid. Depending on the nature of the case, the group homes are reserved for the younger clientele between 12 and 14 years old (unfortunately the age of the clientele is declining rapidly, they are as young as eight years old).

The Reception Center is regarded as a more structured establishment by maintaining more close and regulated supervision on a twenty-four-hour basis. It also accommodates youth 15 to 18 years old, whose situations are considered to be more detrimental.



Services

The Objectives of the Rehabilitation Services

The clinical objectives:

- The social rehabilitation and reintegration of the youth in his or her own milieu (own family/community) through individualized intervention plans
- The involvement of significant people (parents, foster parents, grandparents, etc.) with the youth's life, and the development of the intervention plan
- The layout of the accommodations and the household chores promote flexibility and shared responsibilities
- Educational and traditional programs
- Health care services
- Community and culturally oriented programs of activities
- The introduction of a more structured program (rules & regulations), reinforcing the youth's responsibilities and family/community obligations
- Psychological and observation assessments: the reports are presented to the court
- Counseling and treatment: oriented sessions adhering to individual and group needs
- Regulated supervision
- Intensive supervision to ensure stability, continuity and crisis recovery

Organizational objectives:

- The Bachelor in Social Work: The majority of the childcare workers in the rehabilitation services are enrolled in the B.S.W. program which is being provided in collaboration with University of Quebec in Abiti-Temiscaming (two weeks of intensive sessions, four times per year).
- The program had a significant and positive impact on the workers and their performances. It is ongoing until November 2000.
- Rules and Regulations: the Reception Centre is in the process of reviewing its rules and regulations; once they are finalized and approved, they will be applicable for all the three centers (hopefully with only slight variations).
- Services and Programs: in addition to the clinical aspect, input needs to be emphasized in establishing culturally oriented programs using the resources within the youth's own milieu (Bush Program, etc.).
- Education: in collaboration with the school authorities, a school program has to be developed and implemented. The absence of a designated teacher for the Reception Centre is a major inconvenience and deprives the youth of their rights to an adequate, continuous and personalized education service.
- Back up Arrangement: for the youths who have serious problems, a back up policy and some programs have to be developed. Agreements with other institutions for the delivery of specialized services need to be looked at for some difficult situations.

Services

Weesapou and Upaahchikush Group Homes

Statistical Summary	Weesapou	Upaahchikush
Total number of youths in placement	22	13
Children (0-8 yrs old)	1	-
Children (9-12 yrs old)	8	2
Teenage boys (13-18 yrs old)	5	4
Teenage girls (13-18 yrs old)	8	7
Article 46-79:Urgent measures	3	1
Article 54: Voluntary measures	11	5
Article 38: Court order	8	7
Young Offenders Act (YOA): Open custody	-	-
Bush days	127 days	30 days
Outing days	42 days	42 days
Hospitalization	19 days	- days
AWOL (Absent without leave)	2 days	7 days
Back up for the Reception Center	15 days	16 days
Home visits by group home clients	344 days	196 days
Total attendance days (Jours de présence)	2613 days	1038 days
Discharged clients	14	9
Average number of clients per day	7	3
Operating permit	8	*7

Clients under 13 yrs old represent 31% of the placements for the two group homes. At the Weesapou Group Home, it represents 41% of the placements. The voluntary measures represent 45% of the placements.

*From the seven) beds allowed by the permit, only four beds are used for safety reasons (no more sleeping in the basement).



Services



Statistical Summary of Reception Centre

Placements 1998-99

Total number of placements	27
Girls	16
Boys	11
S-5 (Act Respecting the Health and Social Services)	0
Youth Protection – Emergency	2
Youth Protection – Back up	2
Youth Protection Act (YPA) – Article 79	7
Youth Protection – Voluntary measures	3
Youth Protection – Court order	13
Young Offender Act (YOA)	0
Activity days in the bush	58
Hospitalization (Days)	31
Number of absconds (events)	5
Number of days absconding	5
End of Placement	19
Home leave average for each clients in days	27
Total of days present	2,879
Transferred to Group Homes or other Rehabilitation Centre	1
Average of clients by day	8
Operating permit	10



Services

Statistics on the services for the Reception Centre

Communities	Number of clients placed in 1998-99
Waskaganish	3
Ouje-Bougoumou	2
Chisasibi	5
Nemaska	2
Mistissini	5
Wemindji	3
Waswanipi	5
Whapmagoostui	2
Eastmain	-
Chibougamau or other	-
Total	27

Statistics on the services for the Reception Centre 1998-99

Age at admission	Girls	Boys	Total
Under thirteen years old	2	1	3
13 y/o	0	1	1
14 y/o	0	2	2
15 y/o	5	3	8
16 y/o	3	1	4
17 y/o	3	1	4
Total	15	11	27
Average age of clients	14.9	14.5	14.7

Duration of placement 1998-99

	Girls	Boys	Total
1 to 10 days	3	0	3
11 to 30 days	2	1	3
31 to 60 days	2	1	3
61 to 90 days	2	3	5
91 to 182 days	5	4	9
183 days and more	2	2	4
Total	16	11	24
Average duration of placements	95	128	108
Regular excluding emergencies	109	128	116

N.B.: We notice a tendency for placements of boys at a younger age.

Bed Occupancy

Days of attendance 1998-99

	Girls	Boys	Total
Regular	1000	934	1934
Absence for a case conference*	0	0	0
Days in Court*	9	7	16
Outings with the Reception Centre*	9	6	15
Bush activities with the Centre*	33	25	58
Back up	26	5	31
Total	1077	977	2054

*Data are compiled only when those activities involve an overnight stay out of the centre. When the activities were preceded or followed by a home leave, the overnight stay was compiled under home visits.

Services

Client Activities (Outings):

- May 1998 Annual goose break for clients in a position to be with their own families. Those unable to live with their families, lived with Childcare Workers.
- June 1998 Aids Awareness Survey by Matthew Iserhoff for the clients at the Reception Centre.
- July 1998 Kaweabinikashich "Family Gathering" Cree culture teaching activities.
- August 1998 Fishing trip – Mistissini Lake
- November 1998 Field trip to Montreal. The fund raising was done by the clients (wood cuttings/baking).
- December 1998/
January 1999 Christmas home leaves
- Other/Activities: Getting drinking water for the Elders' Home
Participation in community events
Arena
Fitness Centre
Gym
Cultural activities

Staff Activities:

- June 1998 Crucial staff meeting to discuss the staff's work conditions and environment
- July 1998 Evaluation and addressing the safety issues in the Reception Centre (on-going)
- September 1998 The staff reviews the preliminary concepts for the new Reception Centre
- October 1998 Planning sessions on group home transition
- December 1998 Safety concerns and ways to improve on safety (on-going)
- February 1999 Annual General Assembly on the CBHSSHB. The Rehabilitation Services was represented by four employees.
- Other The Reception Centre evaluation team meetings on October 28, 1998, November 27, 1998, and March 30, 1999.

Conclusion:

For us the major concern and the essential priority are the lack of adequate resources in delivering educational services to the youth in placement.

The Rehabilitation Services have spent considerable time and effort in attempting to address this important issue with the school authorities, but with very minimal results: there were only temporary arrangements!

The youth in placement are entitled to continuous and adequate education, therefore, we call upon those in higher authority, the Cree Health Board and the Cree School Board, to address this important issue in an efficient and timely manner.

It is also of essence to reiterate the need for the Rehabilitation Services to define, establish and adopt services and programs that are culturally oriented and which adhere to the needs of the youth today. Ideally and in anticipation of the "new Reception Centre," this would be the appropriate time to "reorganize and restructure" the existing services.



Services

Coastal CLSC – Administration

The Health Module:

During the whole year we have had great difficulty recruiting nurses to fill the positions left empty by voluntary departures, planned leaves (Study leaves, holidays) or sudden departures (disease, pregnancy). Nevertheless, we have succeed in meeting all replacement needs by using the recalls list, the nurses from the nursing agencies and by moving certain full-time nurses where the need was more obvious. In addition, last year, the Health Coordinator's position was vacant for eight months.

These periods of crisis have brought a lot of worry, uncertainty and instability within the work teams. Thanks to the great collaboration of the support teams and the professionals, the clients have received the quality services and follow-ups to which they are entitled. We hope that the new premiums obtained for the nurses will facilitate future recruitment.

The largest project we have had was the construction of housing in Waskaganish. The non resident staff has moved into thirteen housing units of two or three bedrooms.

In addition, last March, all the services moved into a large building. Thus, the social services, the medical services and the dentistry services are all grouped under one same roof. More than eighteen persons work there, providing the services to the clientele.

The project for the construction of a new clinic for the community of Wemindji is on the drawing board and it should be completed for the year 2000.

The Health Workers:

Communities	Nurses	CHRs	Dentists	Doctors	Interpreters	Housekeeping	Maintenance
Chisasibi	3	2	2	of the H.C.	2	0	0
Whapmagoostui	4	1	0.5	3 w/m	2	4 hrs/day	4 hrs/day
Wemindji	4	1	3 w/m	1-3 weeks	1.5	5 hrs/day	6 hrs/day
Eastmain	2	1	1 w/m	1-5 weeks	1	6 hrs/day	6 hrs/day
Waskaganish	5	1	3 w/m	2 FT	2	7.45 hrs/day	5 hrs/day

The services:

When comparing the units of measurement for the last two years, we can observe that the interventions, whether curative or preventative (Community Health), offered by the nurses or the doctors are increasing.

The following table reflects the curative and the preventative activities offered by the nurses and the doctors in 1998-1999. In the parentheses are comparisons in % with the activities in 1997-1998.

Communities	Interventions	
	Nurses	Doctors
Community Health	6302 (+6.7%)	2182 (-3.5%)
Whapmagoostui	8960 (+.8%)	978 (-4%)
Wemindji	7924 (+8%)	647 (-19%)
Eastmain	5551 (+11%)	610 (16%)
Waskaganish	11,585 (+4%)	2473 (18%)

Services

The following table indicates in percentages the number of interventions done in the curative services and the community health services by the doctors and the nurses in 1998-1999.

Communities	Nurses		Doctors	
	Curative	Community Health	Curative	Community Health
Community Health	7%	93%	8%	92%
Whapmagoostui	90%	10%	65%	35%
Wemindji	87%	13%	52%	48%
Eastmain	88%	12%	54%	46%
Waskaganish	85%	15%	57%	43%

The following table shows the number of interventions carried out globally by the nurses, the doctors and the CHRs in 1998-99.

Communities	Nurses		Doctors		CHR's		
	Curative	Program	Curative	Program	Clinic	Home	School
Chisasibi	427	5875	262	1920	321	36	374
Whapmagoostui	8011	949	629	349	545	187	140
Wemindji	6893	1031	341	316	202	5	61
Eastmain	4871	680	326	284	334	65	146
Waskaganish	9765	1820	1412	1061	119	37	146

Training:

In February 1999, we offered a five-day training session in Val d'Or to the nurses and the CHR's of both CLSCs, to the nurses of the hospital as well as the interveners in the Cree Patient Services. In two weeks, around 100 persons were grouped and attended various activities (common and specific). The goals that we pursued were to increase knowledge and understanding, to develop team work and communication.

The themes chosen were the following: diabetes, HIV, pulmonary diseases, drugs, breast-feeding, communication, team work, teaching to the clientele, to name but a few.

The Social Module

The psycho-social services:

The Community Workers and the Human Relations Officers help persons dealing with the following problems: crisis situation, depression, suicide ideation, spousal violence, marital problems, difficult relationships with the children or with the parents, transition situations (separation, divorce, bereavement), addiction, etc. These problems are among the most common problems in our communities. The requests for psycho-social help are always the objects of an evaluation and, if possible, of an intervention plan. The NNADAP (National Native Alcohol and Drug Abuse Program) intervener has started his new role as advisor for all problems related to drugs or alcohol abuse. This worker also deals with education among the youths.

The following table reflects the activities of the social services. In the parentheses, we are comparing in % with the activities in 1997-98.

Communities	No. of clients	No. of interventions	Visits per client
Chisasibi	444	2939 (+36%)	6.6
Whapmagoostui	169	1024 (+11%)	6
Wemindji	220	1180 (+25%)	5
Eastmain	88	338 (-4%)	3.8
Waskaganish	606	2252 (-3%)	1.8



Services

The following table shows the number of workers in the social services sector per community.

Communities	Community Workers	Human Relations Officers	Homecare		
			CLSC	Youth Protection	NNADAP
Chisasibi	2	3	1	1	1 Full-time, 7 occasional
Whapmagoostui	1	1	1	1 week/month	4 occasional
Wemindji	1	2	1	3 week/month	5 occasional
Eastmain	1	1	1	1 week/month	4 occasional
Waskaganish	1	2	1	3 week/month	1 Full-time, 4 occasional

Homecare:

The homecare services are for the disabled, the elderly losing their autonomy, the chronically sick, some convalescents and some persons in a terminal phase.

Homecare is divided into two parts: the visits carried out by the nurse or the doctor and the services offered by the homecare workers. The Occupational Therapist and the Community workers both look more after the persons losing their autonomy. The Occupational Therapist's role is to help the clientele affected by functional problems, and to preserve or improve their level of autonomy.

The Community Worker is the one who carries out the user's evaluation of needs with the multi-clientele grid. She takes into account the help that the immediate entourage can bring (family, friend, or other). The CLSC provides the support inasmuch as the client or his/her family cannot do it and that no one can take on this responsibility. The nature and the scope of the services are determined after the analyses of the data collected.

The assistance services are the following: personal hygiene services (bath, hair care, etc.), house cleaning, meal services (made at home with the family's food) and an escort (to shop, to get medication at the clinic).

The following table shows the number of visits per village done by the Homecare Worker. In the parentheses we are comparing in % with the activities of 1997-98.

The Homecare workload in 1998-99:

Activities	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
No. of clients	25	21	15	15	14
No. of interventions	2787	1892	1981	1967	2355
Hours: Hygiene	3010.51 (56%)	297.75 (11%)	2538 (51%)	1106.75 (32%)	920.5 (21%)
Psycho-social	43.5 (1.4%)	116.75 (4%)	132.5 (2%)	404.5 (12%)	309.25 (7%)
House Cleaning	2282.25 (43%)	2209.25 (84%)	2308 (46%)	1996.25 (57%)	3157.25 (72%)
Total No. of hours	5336.26 (-9.6%)	2623.75 (-26%)	4978.5 (-1.9%)	3507.5 (5%)	4387 (-6.6%)
Weekly average per client	4 hrs	2.4 hrs	6.4 hrs	4.5 hrs	6 hrs

Services

Inland CLSC Administration

1998-9 has been a busy year, as both the Director of the Inland CLSC and the Health Coordinator were new personnel, but we know that we have established new and improved services in the four Inland communities: Mistissini, Nemaska, Waswanipi and Ouje-Bougoumou.

We are addressing our services to a younger generation. The backbone of the Inland CLSC is the Health and Social Services workers, who meet our clients daily and who know what is going on in the community.

We attended the CBHSSJB special assembly at Ouje-Bougoumou in February 1999. We are awaiting the report on this assembly and we will prepare our mission statement for the Inland CLSC at this time.

Working with Limited Resources

We need appropriate offices for the Social Services sector. We need suitable housing to retain employees in the health and social services sector.

It is also a fact that we have a high turnover of nursing staff, which takes a toll on our organization and communities.

Major Construction Projects

We will triple the area of the present clinic to keep health and social services under one roof in the year 2000.

The new clinic in Waswanipi will be completed in next year.

Other Projects and Programs

A new duplex was built for two resident nurses in Nemaska, which will give us more office space.

The Bachelor of Social Work will be completed in 2001. A significant number of Community Workers are taking this program.

We will continue to build and improve a good working relationship with the Chibougamau Hospital, which treats many Cree patients.

Good communications is a very important need for Cree patients who are being treated in the Chibougamau Hospital.

Hemodialysis Project

The CBHSSJB is working Mr. Jules Peltier, Executive Director of the Regional Board of Health and Social Services of Northern Quebec to have these services in the Chibougamau Hospital, maybe by the end of 1999.

The cost of the hemodialysis clinic would be about \$200,000 and would cost another \$100,000 to operate it.

The Regional Youth Council began a project called "Let's Bring Our People Home", to help raise funds for the Hemodialysis clinic in the Chibougamau Hospital.

Local Coordinator - Ouje-Bougoumou

This position was filled in January 1999. In the future, the CBHSSJB will have local coordinators in each community.

After a local survey was done in Nemaska, it was rated as the most trusted establishment in this community.

A "Community Health Clinic" has been established in the Mistissini Clinic.

There are now two permanent doctors in Mistissini and this contributes to stability, reassurance and credibility in health services, which has a positive impact on the community.

Last year, Mistissini used the ambulance services 300 times.

Homecare Program

The number of homecare clients increases each year and there are more accidents each year with elders. We hope that there will be an elders' residence established in Ouje-Bougoumou and in Mistissini soon.

There are two quadriplegic clients in Mistissini. We monitor services for these clients and will adjust these services accordingly.

Occupational Therapy in the Homecare Program

An Occupational Therapist was hired in September 1998, and left in May 1999. Files and statistics are presently incomplete.



Services

Public Health Officers and Communities

Mistissini

Our CLSC provides information and consultations throughout the year with PHOs on various projects. We also attend Mamo-Wechidoudow meetings.

Waswanipi

Our CLSC attended the special general assembly in Ouje-Bougoumou, last February 1999. We also have a very active Local Health Committee.

Ouje-Bougoumou

With the help of the Local Coordinator, we discussed the adaptation of the elders home into the community's services. We hope to improve our relationship with the local Band Council.

Comments

We must continue to improve our health and social services goals for our communities

We continue to "promote a healthy lifestyle" through prevention and promoting community partnership in our programs.

We also need to encourage the younger generation to pursue careers in the health and social services fields.

It is important to have well trained staff to accomplish our tasks and to develop or enhance our services and programs.

Distance and community differences do not always favor good communications. We have to improve this.

In the past year, our Inland CLSC Director has tried to improve relationships by encouraging dialogue and sharing information with the staff.

The Human Relations Officer in Ouje-Bougoumou and Nemaska left in February 1999. This position is vacant.

The Director of Youth Protection predicts that statistics will show an increase in the caseload for Community Workers. Foster families are needed in the communities, and good programs must be developed.



Services

Cree Patient Services

General Activities for Val d'Or, Montreal, Chisasibi, Chibougamau

The computer system for all points of services will help to standardize work methods and improve services to the Cree population.

The CPS staff had two weeks of training and information sessions in February 1999, at Val d'Or. Emphasis was given to teamwork, responsibility, as well as safety and security. We also attended the health conference at the Ouje-Bougoumou Healing Centre, and received information on how to understand and improve the operation of Cree Patient Services.

This year infant/child seats were added to CPS vehicles. Julie Lebre is now our permanent part-time social worker.

Dr. Jose Mijangos has replaced Dr. Sylvan Desgroseillers as the visiting surgeon to the North. Dr. Bellemare is the orthopaedist and Dr. Desautels gives services in gynecology and obstetrics.

A new boarding home has been established in Roberval and it will serve the Inland communities.

Val d'Or Patient Services

There is some concern that present resources do not meet the needs of beneficiaries. It is our role as CPS workers to greet our beneficiaries with cordiality, reassurance, and professionalism. We hope that patients can understand their medical condition, and also how they can care for themselves.

There are fewer patients going south for interventions or treatments. For example, pediatric situations are discussed through telephone consultations by our doctors, Dr. Johanne Morel and Val d'Or pediatricians.

Admissions have increased by 32.2%, outpatients by 26.1% and the full-time staff work a seven day work week. Secretaries, interpreters and drivers have an increased work load.

The part-time social service worker is busy with Youth Protection social needs/problems arising with patients and escorts. "Drop in" beneficiaries needing help are mainly for Waskaganish and Waswanipi.

Seasonal Boarding Home

The daily average of patients has gone up by 15%. More boarding homes will be needed. Lodging problems arise, if the Friendship Centre is closed and boarding homes are closed during the holidays.

Seasonal Travel

The computer program network will service all four points of service, and it should help avoid double-bookings in Val d'Or and Montreal.

Communications and liaisons with communities need to be improved. For example,

- Clinics should notify CPS when there are appointment cancellations, especially, surgery. It would be easier to replace patients, since there are usually long waiting lists.
- Family escort authorization forms should be sent to the appropriate service before the patients arrival to avoid boarding home problems.
- Patients should have a valid medical card and carry it at all times.
- Cree people should be made aware of the specialists they can see for surgery, gynecology and orthopedics and orthopedics so that trips off reserve would decrease.

Special Objectives

The Val d'Or Hospital Foundation will give us access to a scanner in September 1999. There will be less need to send patients to Amos, hence, less travel time and costs.

We will have urology laser treatment at the Val d'Or hospital soon,

CPS will have more time for planning follow-up teaching sessions for maternity patients, new mothers with new babies and new diabetes.

Taking time to do prescription updating, and making sure the patient understands the instructions on the medication containers.

To have more regular staff meetings.

Arranging new activities for public awareness of the CPS.

A secretary will do statistic gathering after her training. This chore will be easier using a computer.



Public Health Module

General Report

The regional public health module workers are based in Montreal at the Duke Street office and in Chisasibi. The team includes a nurse, doctors, a researcher and a health promotion officer.

The regional public health team's roles are to plan and implement programs to promote health and prevent disease in the Cree communities. The team works in close collaboration with other CBHSSJB workers such as the CHRs, the diabetes co-ordinator, and the nutritionists. The CBHSSJB public health programs complement the Cree Nation Council mandates in public health, as set out in the Cree-Naskapi act.

The regional public health team is also responsible for producing reports on the health status of the Cree population, and seeing that research is carried out when necessary to support public health programs.

Major activities for 1998-99 included:

- Organizing a 3-day conference and training session for public health officers working in the Cree Nation councils (five PHOs attended)
- Hiring a full-time Cree health promotion officer
- Presentations at the Regional General Assembly on health and social services in Oujé in February

Environmental health

A report on housing and health in one Cree community, produced in close collaboration with the Cree Nation council

Investigation of sources of above-normal blood lead levels in one Cree community, again in collaboration with the local council.

Sexually transmitted diseases and HIV-AIDS awareness and prevention

Participation in developing a province-wide aboriginal AIDS prevention strategy

Providing free condoms and HIV blood tests in all CBHSSJB clinics

Survey in Waswanipi and Mistissini about STDs, in collaboration with the Assembly of First Nations

Diabetes awareness and prevention

Co-ordinating the "Diabetes Awareness and Action Network," Eeyou Estchee. It is a network of people interested in a community approach to diabetes prevention and

control. It organized Sadie's walk 99, in which almost 2,000 people in all the Cree communities walked 78 km for diabetes.

Participating in producing the Diabetes Registry report publication of results of a research study which showed that 13% of Cree pregnant women get diabetes during pregnancy. This report was covered by local and national newspapers.



Child health

"Before giving life, give health" is the theme of a poster and pamphlets aiming to encourage women to take a folic acid vitamin pill in order to prevent birth defects. This material was developed in collaboration with nutritionists and other CBHSSJB personnel.

A school health education curriculum is presently under development in collaboration with the Cree School Board.

A research project on school children's breakfast is underway in one community in collaboration with the Cree Nation Council.

Public Health Module



Smoking prevention

Two posters with the message "Thank you for not smoking" and featuring pictures of typical Cree outdoor scenery were printed and distributed.

The regional public health team supported non-smoking week in January by sending stickers, balloons and buttons with Cree designs and syllabics to the community health representatives in the clinics.

Cancer

A feasibility study about a mobile unit for doing breast X-rays to screen women for breast cancer was carried out.

Health statistics and research

In 1998, cases of infectious diseases declared in the Cree communities included:

- Chlamydia (a sexually transmitted disease): 135 cases
- Gonorrhea (another STD): 9 cases
- Hepatitis C: 4 cases
- Whooping cough: 25 cases

The CBHSSJB through a Quebec Ministry of Health program funded four public health research projects this year:

- Anemia in infants in Eeyou Estchee
- Quality of life of the chronically mentally ill in Cree communities
- Diabetes and mental health
- Mistissini self-assessment of social services.



Public Health Module

Prevention of STDs - AIDS Assessment

This is a report about the prevention of STDs - AIDS Assessment for 1997 and 1998-99.

Nature of the Problem

More than 40% of the Cree Population is 20 years old and 20% of these are 15 to 20 years old. Women less than 20 years old represent 1/4 of the mothers who give birth among Cree women. Women less than 18 years old represent women who give 9% of births.

The fertility rate of Cree women aged 15 to 19 years old is 134.5 compared to 24.5 for the rest of Canada.

The rate of occurrence in sexually transmitted diseases in our region is ten times higher than that of the rest of the province.

The rate of STDs and teenage pregnancies reflects the risky sexual behaviour of youth. Alcohol and drug abuse, and violence are considered by Cree youth as the biggest problem in their communities. The promotion of attitudes and behaviours aiming for a healthy sexuality is very important in Cree communities.

There are no known cases of AIDS in our region, but there are cases of Hepatitis C, but this is not associated with transfusions.

Clienteles and Intervention Milieu

In the past year, prevention activities were targetted towards youth, especially students and young adults. General education was given in communities and other venues by CHRs, PHOs school Councillors, Drug and Alcohol Abuse workers, with the support of Public Health, local health and doctors.

Objectives

Decrease STDs among Cree people and to prevent HIV infections

Promote healthy sexual behaviours and develop skills to achieve good sexual health among Cree teenagers and young adults

Develop self-sufficiency in health education and promotion regarding STDs and HIV prevention.

Activities Carried Out

We are giving out education pamphlets, posters and booklets during local prevention activities, as well as condoms. We do messages in the schools and on radio programs.

Mistissini and Waswanipi took part in a study sponsored by the Assembly of First Nations regarding the factors of resilience to HIV and AIDS. Dr. D. Schellenburg has stated that this study should be extended to households, because the nature and intensity of HIV and STDs vary from one community to another.

Most youth have sufficient knowledge about HIV and AIDS.

The Public Health Module, Cree Health Board, and Cree School Board are developing a health curriculum which includes psychological, physical, emotional and spiritual aspects of well-being in 1998.

Sexual education is discussed from grade one to eight. A guide for teachers will also be made available to parents and students.

Our department has ties with the program called Urban Aboriginal Aids Awareness, which is associated with the Montreal Native Friendship Centre.

The Health Promotion Officer of the Module took part in the activities of the Native Friendship Centre and Chez Doris Workshops and group discussions.

The Module took part in strategies with provincial and federal governments, the Health Commission of the Quebec-Labrador First Nations and Inuit, to develop HIV-AIDS programs.

We took part in discussions on legal and ethical questions dealing with HIV-AIDS among Native peoples. These discussions included the Canadian Legal Network and Canadians Aids Society (1997).

Some Comments From Our Department

Screening for Sexually Transmitted Diseases has been done using the PCR technique since 1998. Using this technique has given an increasing number of STD cases (Chlamydisis and Gonorrhoea).

Condoms are available in all community clinics, but access has to be improved. We need more discreet access to the acquisition of condoms.

A policy to support syringe exchanges has been discussed by the Board of Directors of the CBHSSJB, but this has not been recommended, yet.

We maintain a vaccination program against Hepatitis B for the newborn in Waskaganish. This was started after we found a high rate of chronic carriers of Hepatitis B in this community.

Our Health Promotion Officer left in January 1999. However, the person replacing him is a Cree who has worked in the regional media, but who will need training regarding STDs-HIV.

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