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ANNUAL
REPORT



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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

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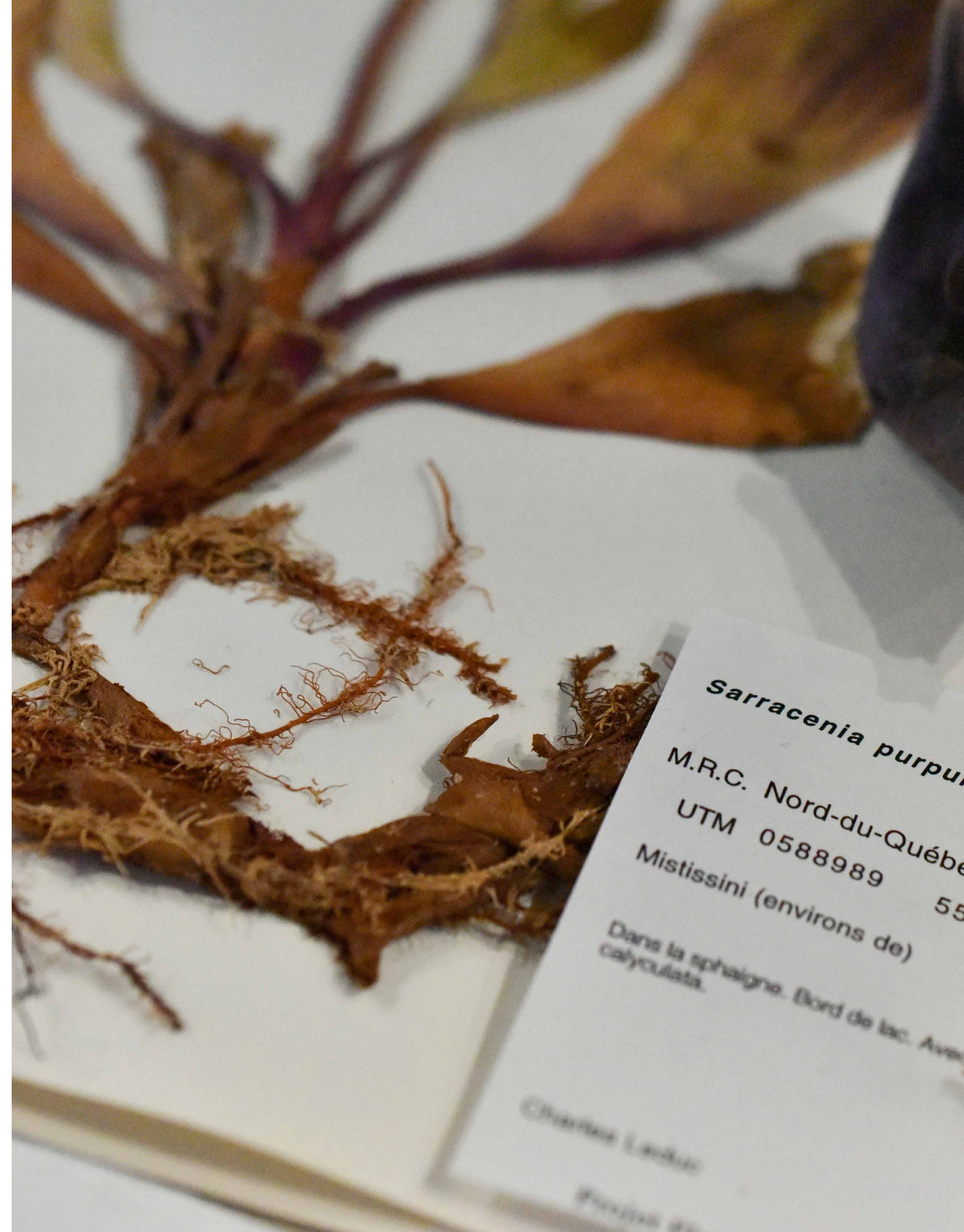
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Cree Board of Health and Social Services of James Bay



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 CREE BOARD OF HEALTH AND
 SOCIAL SERVICES OF JAMES BAY
 ANNUAL
 REPORT

TABLE OF CONTENTS

8	1	BOARD & EXECUTIVE GROUP
30	2	NISHIIYUU MIYUPIMAATISIUN GROUP
36	3	MIYUPIMAATISIUN GROUP
39		A. MIYUPIMAATISIUN REGIONAL SERVICES
56		B. COMMUNITY MIYUPIMAATISIUN CENTRES (CMCs)
76	4	PIMUHTEHEU GROUP
79		A. PUBLIC HEALTH
91		B. PROFESSIONAL SERVICES & QUALITY ASSURANCE
94		C. DEPARTMENT OF PROGRAMMING & PLANNING
98	5	ADMINISTRATIVE RESOURCES GROUP
106	6	FINANCIAL STATEMENTS



2015–2016 HIGHLIGHTS



A significant gap in the organization was filled this year with the formation of a Council of Nurses. Every nurse employed by the CBHSSJB is a member of this important advisory body. Following the adoption of a Bylaw, the members elected their first Executive Committee, headed by Patrice Larivée.

The past year saw the major part of the planning for the April 2016 Eeyou/Eenou Regional General Assembly on Health and Social Services in Waskaganish. This ambitious meeting followed a participatory model, was conducted almost entirely in Cree, and was livestreamed on the internet and broadcast live on regional radio in every community. The resulting vision will guide the writing of the Strategic Regional Plan 2017-2027.

In March 2016 the Board approved a new organizational structure which will be implemented in 2016-2017. The new structure, based on extensive discussions and consultations with stakeholders including employees, will give a central role to Nishiiyuu at the head of an interdisciplinary clinical coordination committee, breaking down silos and ensuring that Cree culture and values are reflected in every aspect of the Board's operations.



BOARD AND
EXECUTIVE



MESSAGE FROM THE CHAIR

10 This past spring the Cree Board of Health and Social Services of James Bay hosted the Eeyou/Eenou Regional General Assembly on Health and Social Services in Waskaganish. This meeting forged a vision for the future of not just health and social services in Eeyou Istchee, but of miyupimaatisiun. This meeting gave participants the opportunity not only to imagine what this future would look like, but to plan ways to achieve this vision. The meeting was a tremendous success, with all participants fully engaged, and their contributions will guide the writing of the CBHSSJB new Strategic Regional Plan, establishing the organization's priorities for 2017-2027 and shaping the future of health and social services for our people and communities. Further community consultations will be carried out so communities can identify priority areas to work on in partnership with other Cree entities and local and regional governments. This process is critical: it will enable us to give real forms to our dreams for a healthier, stronger, and more powerful Eeyou Istchee.

When I was elected Chair in 2012, I identified a number of goals that I wanted to achieve: primarily, I wanted Eeyouch and Eenouch to receive the best of healthcare, and I felt that a strong Board of Directors was critical to reaching this objective. So I set a series of governance objectives, and am proud of how the organization has evolved. Since early 2013, Board members have put numerous hours into training to learn their role and responsibilities — training now given to all new representatives joining the Board. We then held many workshops on developing an appropriate governance model, as well as Board and Management Policies. In September 2013, the Board of Directors approved an amendment to By-Law No. 8, “to ensure efficient,

effective, fair and transparent functioning of the Cree Board of Health and Social Services of James Bay so as to promote the well-being of its patients and clients” (By-Law No. 8, (1.(2)). By 2014 the Board, following a review of other governance models, approved a governance model for the CBHSSJB. In addition to existing board committees, namely the Administrative and Audit Committees, the Board revived the Moses-Petawabano Advisory Committee, whose role is to review and make recommendations to the Board on matters related to governance and legislation. This was followed by the creation of other committees such as the Vigilance Committee, which supports the Commissioner of Complaints, and the Human Resources Committee, which makes recommendations to the Board on human resources planning, succession planning and policies, and related issues.

And new changes are coming! The Board approved a new organizational structure in March 2016. This restructuring, the result of extensive reflection and consultation since 2014, rebalances the size of some departments and aims to build stronger relationships across departments and between regional and local teams. It will also assign a more central and enhanced role to Cree culture and traditional healing approaches.

Our Cree culture offers us the means to being healthy in our lives; it is the path to miyupimaatisiun. With its restructuring, the CBHSSJB is committing itself to bringing traditional Cree values and knowledge into all our programs and services, and to promoting the use of the Cree language, especially in our front-line services. Our Council of Chishaayiyuu — Elders council — will continue to provide guidance and advice as we establish programs through our Nishiiyuu

Miyupimaatisiun group. Through this group the CBHSSJB is using traditional land-based healing practices to help people in need; we are also developing a traditional birthing knowledge program to help ensure that the world our children enter into is the Cree world. And we are exploring ways of bringing traditional Cree medicine and healing into a conversation with western medical knowledge to provide care that is culturally safe and competent — care that expresses our Cree history, culture and values.

As I approach the end of my tenure as elected Chair of the CBHSSJB, I want to thank the communities for their elected representatives to the Board of Directors. Each representative has brought unique experience and expertise to the Board and its committees. The accomplishments of the past four years are the result of a strong, committed and well-informed Board of Directors, and I commend them on their perseverance, hard work and dedication to making a difference in miyupimaatisiun and chiyaameihtamuun of Eeyouch and Eenouch. I also thank former Executive Director Mabel Herodier and her team, and interim Executive Director Daniel St-Amour and his team, for their efforts in carrying out the Board's directives. And I want to acknowledge Corporate Services for its very effective operation of Board meetings. The Board of Directors serves as the organization's foundation, which can only be as strong as its Board; I firmly believe our board members have created a very solid and reliable foundation, and for this they can be proud.


Bella M. Petawabano

Our Cree culture offers us the means to being healthy in our lives; it is the path to miyupimaatisiun. With its restructuring, the CBHSSJB is committing itself to bringing traditional Cree values and knowledge into all our programs and services.



CBHSSJB Chair Bella M. Petawabano at the 2016 Eeyou/Eenou Regional General Assembly on Health and Social Services, Waskaganish, April 2016. The Chairperson of the Board of Directors of the CBHSSJB is elected by the Eeyou/Eenou population, and this is the last year of Ms. Petawabano's four-year term. Elections will be held in the Fall of 2016.

MESSAGE FROM THE EXECUTIVE DIRECTOR

If I had to identify a main theme for this past year at the Cree Board of Health and Social Services of James Bay, that theme would be “change.” The past year has seen some important ideas and initiatives that change the way the CBHSSJB provides services. This theme will continue, as our transformation phase carries us through the next few years. Our new Strategic Regional Plan, currently taking shape and inspired by the discussions that took place at the General Assembly on Health and Social Services this past April in Waskaganish, will guide this change.

But I can say right now that one important aspect of change is that the CBHSSJB aims to express more compassion in our care, compassion that will guide us in making decisions about how we provide care. For instance, this past year a number of initiatives have been directed at supporting Cree Patient Services, providing better resources so they can make the experience of travelling outside Eeyou Istchee as comfortable as possible. Many of these initiatives aim to give our people a greater say in their treatment and to help them become partners in their own healthcare, participating in decisions and giving shape to their own ideas of a healthy future.

Being sick is uncomfortable, and we want to reduce this discomfort. Our new charter flights, which took off this year and which reduce flight and waiting times for patients by more than half, give our clients a more compassionate, less exhausting travel schedule. We are also providing choices around accommodation – rather than telling people where they will be staying when they travel to Montreal for treatment, they chose where they will stay.

In Montreal we have consolidated lodgings on two floors of the Hotel Espresso, bringing clients from Eeyou Istchee together, providing activities, offering traditional foods, and ensuring easier access to the Glen Campus of the MUHC for specialist treatments. All of this increases comfort and gives people greater control over their healthcare.

Of course, the CBHSSJB must also express compassion towards staff, and so we recently united our Montreal offices and moved them to a more modern and better-situated facility.

Mental Health remains a prominent concern of the CBHSSJB. We are developing a new mental health model, and the first step has been to ensure that communities have the resources they need to support people. We have been developing mental health positions with the goal of having a mental health nurse in all the communities, and hope to develop these services further.

As part of our commitment to compassion and quality, we are working to provide greater and easier accessibility to healthcare. We have extended hours in CMCs. We continue to support and enhance telehealth services, which are expanding across Eeyou Istchee. Many other initiatives that will be launched this year were also prepared last year. For instance, last year we laid plans to bring midwives to Eeyou Istchee, which we will be doing this coming year. The goal is to provide as much care – including specialist care – as we can in Eeyou Istchee.

We have also prepared the groundwork for a number of capital projects, most notably the new CMCs in Whapmagoostui, Oujé-Bougoumou and Waskaganish, and the new CMC and hospital in Chisasibi, which will be built on the site of the old hospital, at the centre of the community. We are receiving authorizations to start building 131 new houses across Eeyou Istchee this summer. Finally, planning for the new administrative building should be completed this coming year.

None of this can be done on our own: effective partnerships, both within and outside of the CBHSSJB, are critical if we are to succeed. This is another point that we will emphasize as we continue to grow and adapt our services and programs to best serve the needs of all our clients.

I would like to thank everyone who has supported my own efforts this past year as interim Executive Director, those partners who have assisted and guided me. I especially want to thank the Board of Directors, whose direction and support has been tremendous. The Board is truly committed to the well-being of everyone associated with the CBHSSJB, from patients to staff members.

Thank you.



Daniel St-Amour
Executive Director (Interim)

Many initiatives aim to give our people a greater say in their treatment and to help them become partners in their own healthcare, participating in decisions and giving shape to their own ideas of a healthy future.



Interim Executive Director Daniel St-Amour at the 2015 Annual General Assembly of the Grand Council of the Crees. A former Field Hospital Commander with the Canadian Forces in Bosnia and Rwanda, St-Amour has over 20 years' experience in health services administration and has been a senior manager with the CBHSSJB in Chisasibi since 2009.

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BOARD OF DIRECTORS

REGULAR MEETINGS: 4 | CONFERENCE CALLS: 3 | SPECIAL MEETINGS: 2

MEMBERS

Chair and Cree Regional Authority Representative

Bella M. Petawabano

Executive Director of the CBHSSJB

Daniel St-Amour (Interim)

Community Representatives

L. George Pachanos, Chisasibi
Eva Louttit, Eastmain
Christine Petawabano, Mistissini
Stella Moar Wapachee, Nemaska
Minnie Wapachee, Oujé-Bougoumou
Susan Esau, Waskaganish
Jonathan Sutherland, Waswanipi
Frank Atsynia, Wemindji
Patricia George, Whapmagoostui
Susan Mowatt, Observer for Washaw-Sibi

Clinical Staff Representative

Dr. Darlene Kitty

Non-Clinical Staff Representative

Reggie Tomatuk

BOARD COMMITTEES | MEETINGS: AC: 6 | HR: 1

Administrative & Human Resources Committees

Bella M. Petawabano
Daniel St-Amour
Eva Louttit
Dr. Darlene Kitty
L. George Pachanos
Minnie Wapachee

Audit Committee | MEETINGS: 10

Susan Esau
L. George Pachanos
Patricia George

Vigilance Committee | MEETINGS: 3

Bella M. Petawabano
Daniel St-Amour
Stella Moar Wapachee
Christine Petawabano
Louise Valiquette, Commissioner of Complaints

Moses Petawabano Advisory Committee | MTGS: 5

Bella M. Petawabano
Jonathan Sutherland
Eva Louttit
Susan Esau

Vigilance Committee
Left to right: Christine Petawabano,
Stella Moar Wapachee, Daniel
St-Amour, Louise Valiquette, Bella
Petawabano



Left to right: Reggie Tomatuk, Stella Moar Wapachee, Frank Atsynia, Patricia George, Darlene Kitty, Bella M. Petawabano, Daniel St-Amour, Eva Louttit, Susan Esau, Minnie Wapachee, Chris Petawabano, Jonathan Sutherland, L. George Pachanos

CORPORATE SERVICES

The Director of Corporate Services continues to act as the Corporate Secretary to the Board of Directors and ensures the proper functioning of meetings of the Board; the department also acts as a link between General Management and the AEDs. She also provides support to the office of the Chairperson.

Corporate Services oversees the elections for Clinical and Non-clinical Staff Representatives; elections were held for both positions and the incumbents, Dr. Kitty and Reggie Tomatuk, were re-elected, with terms ending in December 2018. This is the second consecutive term for both, which means they cannot run again. A Bylaw respecting the election procedure will be prepared.

Staff under Corporate Services handled logistics for over 35 meetings of the Board and its Committees, including nine Board meetings. The Human Resources Committee is the newest committee, consisting of members of the Administrative Committee, the Director of Human Resources and the Assistant Director of Administrative Services.

The Director of Corporate Services manages the Conflict of Interest of Policy for Managers; managers are required to sign annual disclosures by September 30 of each year. Members of the Board of Directors must also file such disclosures in addition to the Code of Ethics. One senior manager duly disclosed having received two gift certificates from an existing contractor. A report was made to the Executive Director and a decision was taken to destroy the gift certificates as these were non-transferable.

The department manages outsourcing of a growing volume of English-French translation and a public call for tender will be issued in 2016. The Coordinator of Communications worked with the Human Resources Department to make the careers section of the corporate website www.creehealth.org more robust. Applicants can submit their applications through the website as well as subscribe to receive relevant job posting notifications by email.

The social media platforms of the organization continued to gain new followers at a strong pace thanks to compelling images and fresh, relevant content every week. The organization reaches an average of 26,000 people per month on Facebook, and questions posted to the Facebook page are answered within 30 minutes on average. 76% of people visiting Creehealth on Facebook are using mobile devices.

A Media Relations Policy was approved by the Board in June, 2015 and a Social Media Policy will be submitted for approval by the Board in June, 2016. In addition to providing guidelines for the use of social media by the CBHSSJB, the policy outlines the rights and responsibilities of people employed by the organization in their use of social media.

In closing, much appreciation goes to staff at Corporate Services for their dedication and commitment. Often these are the staff who “work behind the scenes” to make things happen!



Chisasibi was chosen as a filming location for season one of the CBC TV documentary series *Keeping Canada Alive* about a day in the life of Canada's healthcare system. On May 8, 2015 a film crew followed Dr. Darlene Kitty through her daily rounds at Chisasibi Hospital and in the community, ending the day with a traditional family supper. The documentary aired across Canada during prime time on November 8, 2015. Coordinating media relations for projects such as this is part of the mandate of the communications team in Corporate Services. Find out more: www.creehealth.org/news.

COMPLAINTS AND QUALITY OF SERVICES

The Interim Commissioner of Complaints and Quality of Services opened 86 new files in 2015-2016, of which 55 were formal complaints.

During this fiscal year, many complaints concerned interpersonal relationships and confidentiality. A policy on confidentiality will be put in place during the coming year and the concept of cultural safety has been included in a revised Code of Ethics. The Code of Ethics was also updated to take into consideration new end-of-life legislation in Quebec.

The Commissioner participates in meetings with the other Commissioners throughout the province of Quebec and sits on the Vigilance Committee of the Board. The Committee met on a regular basis to review the work of the Commissioner and help the Board fulfil its mandate to ensure quality of services. The position of Assistant Commissioner of Complaints was posted, with the aim of hiring a Cree person to that role and identifying the position as part of the Cree Succession Plan.

FILES OPENED

	2014 -2015	2015 -2016
Complaints	55	55
Requests for assistance	25	26
Consultation	11	5
Intervention	1	1
Referred to Medical Examiner	9	2
Total - Files opened	101	87

The volume of complaints related to Cree Patient Services fell dramatically in early 2016, when a series of improvements were put in place, including the inauguration of charter flights for patients from coastal communities, and reforms to the operation of boarding homes in Montreal. This demonstrates how complaints often lead to significant and lasting improvements by shining a light on a problem area.



Chisasibi Deputy Chief Daisy House at the Cree Patient Air Charter Inauguration, October 26, 2015.

MEDICAL EXAMINER

It was a quiet year for the Medical Examiner, Dr. François Charrette. His role is to process complaints referred to him by the Commissioner of Complaints, and that involve the actions of physicians, dentists and pharmacists. Two complaints were formally addressed and analyzed to the satisfaction of both parties. The results are sent to the Director of Professional Services and Quality Assurance - Medical, and are taken into consideration when it comes time to renew the privileges of the professionals involved. The Medical Examiner remained available to discuss issues and contribute to finding solutions to problem areas. In the fall, the Medical Examiner attended the Council of Physicians, Dentists and Pharmacists (CPDP) annual meeting in Val-d'Or to explain his role and the complaint process to the membership. Late in the fiscal year, two new complaints were referred to the Medical Examiner, and these will be dealt with by a Disciplinary Committee of the CPDP.

Dr. Charrette was named the Director of Medical Affairs and Services as of April 11, 2016, replacing Dr. Laurent Marcoux. Dr. Charrette will continue to act as Medical Examiner and discussions will be held on how to handle complaints concerning a member of the CPDP in the light of this dual role, which is not uncommon in Quebec.



Louise Valiquette
Commissioner of Complaints and Quality of Services (interim)

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



Dr. François Charrette, Medical Examiner and newly appointed Director of Medical Affairs and Services (DMAS)

COMPLAINTS

1-866-923-2624
r18.complaints@sss.gouv.qc.ca
creehealth.org/about-us/users-rights

The confidential, toll-free number for complaints 1-866-923-2624 is connected to voicemail, so it is essential that the caller state their name, phone number, and community so that the Commissioner can call back.

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

Once again, the Executive Committee and Members of the Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 have been very busy. We continue to address and advocate for needed health and social services and resources and work to improve the health and social well-being of our patients, their families and the communities of Eeyou Istchee.

Collaborating with the Board of Directors and General Management, the CPDP acts to ensure the provision and quality of medical, dental and pharmaceutical services, and the competence of its members, and to give recommendations on technical and scientific aspects of the organization.

Some of the prioritized ongoing initiatives that our physician members are involved in planning and implementing include:

- **Mental Health:** Currently, the needs of our patients, families and communities in Region 18 are complex and resources are limited, but this remains a priority of the CPDP and the Board of Directors. Recent efforts to increase program planning, hiring and training of staff of the Mental Health Department will contribute to improved services.
- **Telehealth:** Telemedicine capacity is progressing beyond Teleophthalmology, which is successfully established in most communities. Teleobstetrics now enables more pregnant women to be followed by obstetricians in Val-d'Or. Ultrasounds done by a radiology technician at Chisasibi Hospital are seen by the obstetrician and prenatal condition is monitored while the patient remains in the community. Other Telemedicine initiatives are being developed.

- **Collective Prescriptions:** These therapeutic tools continue to be developed to enable a standardized approach to care by nurses following the therapeutic guide and associated prescriptions, in collaboration with physicians.
- **Dialysis Program Expansion:** The satellite program in the Mistissini clinic is functioning well, supported by trained nurses, permanent physicians and Dr. Murray Vasilevsky, nephrologist at the Montreal General Hospital. Both Chisasibi and Mistissini programs are now considering the demand for dialysis and increasing services in near future.
- **Birthing and midwifery:** The Board of Directors, CPDP and General Management of the CBHSSJB are collaborating to bring low-risk birthing and midwifery services to Chisasibi, Waskaganish and Mistissini. Though in early stages of development, this program aims to improve the prenatal and postpartum health of Cree women and ensure safe deliveries in low-risk cases.
- **Law 52 End-of-Life Care and Medical Aid in Dying:** One of the priorities addressed by the CPDP this past year was Law 52 End-of-Life Care and Medical Aid in Dying. The Palliative Care Committee reviewed the protocols and collaborated with the CPDP Executive Committee, CBHSSJB Senior Management and Board of Directors to develop and establish a policy on this matter that includes the consideration of cultural aspects of death and dying.

CPDP EXECUTIVE COMMITTEE

Dr. Darlene Kitty, President
 Dr. Michael Lefson, Vice-President
 Dr. Helen Smeja, Secretary
 Dr. Danie Bouchard, Treasurer
 Dr. Carole Laforest, Chief of Medicine
 Dr. Lucie Papineau, Chief of Dentistry
 Mr. Pierre Caouette, Chief of Pharmacy (Interim)
 Mr. Marc-André Coursol-Tellier, Pharmacist
 Dr. François Charrette, Director of Medical Affairs and Services



Dr. Darlene Kitty

Some current challenges that the CPDP and the CBHSSJB face include the healthcare reform and legislative changes in Québec, shortage of specialist services, and cost-efficiency in Cree non-insured health benefits. The CPDP aims to advocate and collaborate to ensure needed health services are effectively provided.

The obligatory and mandated committees of the CPDP are working diligently on various projects and the quality of medical, dental and pharmaceutical care. For example, the Pharmacology Committee has developed more medication and related protocols, which are now available in all communities. The Materials Committee developed a list of standardized emergency and resuscitation equipment which has been instituted in Chisasibi and soon in the other communities.

The Department of Medicine has been very active in the previously mentioned areas, as well as medical staffing and recruitment. The Department of Pharmacy continues to improve stocking and dispensing of medications, aided by training of pharmacy technician staff. The Department of Dentistry provides good quality services and some public health initiatives, but hopes to recruit more permanent dentists. The CPDP will continue to advocate for the improvement of service quality and capacity.

Providing and improving the current medical, dental and pharmaceutical care offered to patients in Cree Territory is the priority of the CPDP, working in partnership with the departments, the Director of Medical Affairs and Services and the Board of Directors of the CBHSSJB. We look forward to collaborating on new initiatives such as planning for the new Chisasibi Hospital and clinical services in the Territory.

CPDP October 2015



COUNCIL OF NURSES

FORMATION OF THE COUNCIL

A significant gap in the organization was filled this year with the formation of a Council of Nurses. All nurses employed by the CBHSSJB belong to the Council. In December, a notification of elections and a call for nominations for the four positions on the Executive Committee of the Council of Nurses were issued to all nurses. As there was only one nomination from the Regional Services, Patrice Larivée was elected by acclamation; similarly, there was also only one nomination from Chisasibi Hospital so Alexandre Bui Giroux was elected by acclamation. There were two nominations from the coastal communities, but one withdrew leading to the acclamation of Émilie Dufour. Because there were no nominations from the inland communities, an extraordinary General Assembly took place on February 17th during which a nomination was made and Marie-Josée Morin was acclaimed the fourth member.

EXECUTIVE COMMITTEE

At the first official meeting, the following roles were assigned:

- President: Patrice Larivée (from the regional services)
- Vice-President: Marie-Josée Morin (from the inland communities)
- Secretary: Émilie Dufour (from the coastal communities)
- Communication Agent: Alexandre Bui Giroux (from Chisasibi Hospital)

The President and the Communication agent have a one-year mandate, while the Vice-President and the Secretary have a two-year mandate.

MANDATE AND MISSION

The Executive Committee of the Council of Nurses is responsible primarily for formulating recommendations to the Board of Directors on all nursing related issues. A legal entity, the ECCN addresses issues related to the quality of the nursing practice within the CBHSSJB (nurses, clinical nurses and nurse practitioners), the legal frameworks of these professions, the scientific and technical organization of the CBHSSJB, the ongoing education and training of all nurses, and other related issues (OIIQ, 2016).

At times, the ECCN may be mandated by the Board of Directors or by the Executive Director to assess and make recommendations on specific issues related to the nursing practice within the organization. As such, the ECCN does not hold decision-making power, but its President is the voice of all nurses when reporting to the Board.



The first elected Council of Nurses executive with members of the regional Department of Nursing (left to right) Alexandre Bui-Giroux, Patrice Larivée, Marie-Josée Morin, Michelle Gray, Émilie Dufour, Mélanie Le Page, Karine Jones, Nicolas Cardinal.

PROJECTS

Notable achievements this past year include the review of the Council of Nurses Bylaw, the setup of the election process and the election of the four executive members. Upcoming projects include:

- Reviewing the new “right to prescribe” for nurses who meet requirements set by the OIIQ, and the implication of this new responsibility on the use of the current therapeutic guide;
- Taking a stand on the application and acculturation of the act respecting end of life care (RLRQ, c. S-32-0001) in Eeyou Istchee;
- Reviewing the nature of the “rôle élargi,” its legal definition, and its implication in the organization of services in CMCs;
- Drafting a memorandum on Eeyou Istchee’s lack of longterm mental and physical care services and facilities for patients with mental health issues and people experiencing a loss of autonomy.



Some of the Eeyou/Eenou nurses working for the CBHSSJB (left to right, front to back) Shirley Blackned, Priscilla Weapenicappo, Paula Menarick, Cheryl Blackned, Edith Bobbish, Eleanor Gull, Jeannie Pelletier, Ivan McComb.

POPULATION HEALTH PROFILE

With a few exceptions, such as cancer and vaccine preventable illness, the health status of the Eeyou population is poor compared with that of the rest of Quebec. There is high demand for clinical services, especially care for chronic diseases such as diabetes and problems arising from addictions and psychosocial issues.

The population is growing at roughly three times the rate of Quebec's and 50% of the population is under age 25. Life expectancy at birth has not changed since the early 2000s although at the same time, the life expectancy of the total Quebec population has been increasing. In the early 2000s, residents of Eeyou Istchee were expected to live 2.3 years fewer than the average for the Quebec population. This is now 4.7 fewer years. As noted in previous reports, the most significant demographic change is the rapid increase in single parent families.

In 2003, people reported lower satisfaction with their lives than others in Quebec, and satisfaction declined with age, perhaps reflecting the burden of chronic diseases among the elderly in Eeyou Istchee. Many people have experienced abuse in their lifetimes, and post-traumatic stress and major depressive disorders are common, especially among younger, educated women. Rates of self-harm and violent behavior continue to increase, and although the average number of suicides has increased, the rates remain low and are not significantly different from those of Quebec. The rates of children taken into youth protection are too high to be compared to any other region in Quebec and being in care is a known predictor of later mental and behavioural problems. Most youth criminal justice cases are now being successfully diverted through community systems, and this is also true of some proportion of adult criminal justice cases.

In Eeyou Istchee, women die predominantly from cancers and respiratory diseases while men more often from traumatic injuries, circulatory system diseases, and cancers. When taking the age differences of the two populations into account (age standardizing), rates of cancer and circulatory disease are similar to those in Quebec. When age standardized, men die from endocrine diseases 2.7 times more often than in Quebec and twice as often from injuries, while women die from respiratory diseases 2.5 times more frequently. This pattern has been relatively stable over recent years.

In order of most frequent, the leading causes of hospitalizations fall into the following categories: respiratory, digestive, injuries, circulatory and genitourinary. In recent years, residents have been hospitalized 1.8 times more frequently than the average population of Quebec.

The population is growing at roughly three times the rate of Quebec's and 50% of the population is under age 25.

However, hospitalizations for respiratory disease have declined and this was the only area where there has been a significant difference from 2000-2001 rates. Comparing communities shows significant variations in rates of hospitalizations, and women are hospitalized at higher rates than men. Rates of diabetes in the region for persons 20 years of age and older are 3.9 times higher than the average in Quebec and diabetes now affects 24.7% of this age group. The proportion of overweight and obese individuals has increased in the region. In 1991, 39.4% of the population aged 18 years and over had a body mass index (BMI) of 30 or greater, the point at which the risk of developing diabetes increases greatly for Eeyouch. In the environment and health studies carried out between 2002 and 2009, this had increased to 70.0% of this age group.

The region had an average of 354 births per year from 2010 to 2014. On average, mothers giving birth continue to be younger than mothers in Quebec, but they are becoming more educated than they used to be. Looking at the twenty years from roughly 1990 to 2010, the proportion of teenage mothers declined marginally and remained at 7.5% of live births, a rate 9 times higher than that of Quebec. On average 30 births each year were to mothers aged 14 to 17 involving roughly 12.7% of this age group. Of concern, premature delivery increased by 66% in this twenty year period. Low Birth Weight remained below Quebec rates, while High Birth Weight remained roughly 8 times higher.

Comparing 1995-96 to 2010-13, gestational diabetes mellitus remained relatively stable affecting 13% of pregnancies. In 2011, 14.8% of women of childbearing age had pre-existing diabetes, a rate which rapidly increased from almost none in 1981 and 10.6% in 2001.

Among health regions in Quebec, Eeyou Istchee now has the highest rates of births by caesarean section. This increased from roughly 20% of births in the early 2000s to nearly 30% in recent years. Infant mortality remains higher than Quebec's, and infant hospitalizations, primarily for respiratory diseases, are 3 times higher than in Quebec. Three inland communities have high rates for certain conditions originating in the perinatal period.

Data on addictions are not comprehensive. Rates of tobacco addiction remain high and teens, especially girls, continue to have high rates of smoking. In general, bingeing is a common drinking pattern. Teen alcohol use seems to have declined significantly between 2003 and 2013, but the rate of drug use ("have you used in the past year") has not changed and is reported by around 40% of teens. A 2007 study identified 27% of participants as moderate or high risk gamblers. Unlike patterns elsewhere in Quebec, co-occurring disorders such as other addictions and mental health and criminal justice issues were associated with pathological gambling.

The proportion of youth leaving school without a qualification dropped sharply from 90% in 2009-10, to 55% in 2011-12 but still above the Quebec rate of 16%. The rate of direct secondary-to-college transition remained around 60% lower than the rate of Quebec. The rate of adults 25 to 64 with a Secondary V or higher remained lower than the Quebec average but the same as other First Nations. Women are more educated than men.

Comparing Eeyou Istchee to Quebec in both 2001 and 2011, the region continued to have a higher proportion of its houses in need of major repairs: roughly 20% more than in Quebec. In 2011, roughly 30% of all houses in Eeyou Istchee were in need of major repairs. The average number of persons per household remained about double the Quebec rate and higher than other First Nations in Quebec and Canada. Almost 20% of households are overcrowded compared to just over 1% in Quebec, and there are variations between communities. The region continues to have high rates of households with more than one family: in 2001, 30% had 6 persons or more compared to 28% in 2011.

Women have lower unemployment and now have higher incomes.

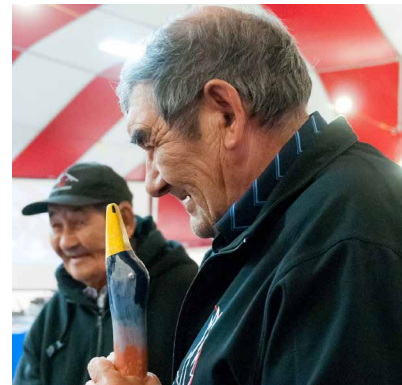
The unemployment rate was reported at 18% in 2001 and 15% in 2011, more than double that of Quebec but half that of other First Nations in Quebec. The median for individual incomes was slightly lower than the provincial total but 68% higher than other First Nations in Quebec. Women have lower unemployment and now have higher incomes. Lone-parent families in Eeyou Istchee are the poorest in all health regions of Quebec and 24% of families are low income compared to 9% in Quebec. Costs of food are 44% higher than in Montreal. Compared to Quebec in 2010, the region reported greater income inequities: a higher proportion of individuals aged 15 and over earning little — 37.2% in the region earned less than \$15,000 or reported no income (Quebec 30.7%), and a lot — 18.8% earned \$50,000 or more (Quebec 13.9%).

In 2011, Cree was spoken by 94% of aboriginal residents with 86% using it as the main language at home. In 2013, 82% of secondary school students reported speaking Cree socially with friends. In the past, the traditional diet was low in carbohydrates and high in animal protein. The current diet is the reverse and similar to the Standard American Diet. Many people value and participate in living on the land and pursuing subsistence activities, supporting these either through wage earning or the Income Security Program for Cree Hunters and Trappers.



Group of youth led by Jonathan Linton marching under the rain to the Annual General Assembly of the Grand Council of the Crees/CNG in Oujé-Bougoumou to promote physical activity, Cree traditional way of life and awareness about chronic illnesses such as diabetes.

2015–2016 HIGHLIGHTS



Nishiiyuu collaborated with the Cree Women of Eeyou Istchee Association (CWEIA) at the *Kuukuminuwich Uchiskuutimachaauniwaau Iswaahitaitau* (Grandmother Teachings) in Chisasibi, March 20-24, 2015. Nishiiyuu helped elders explain and demonstrate teachings and rites of passage for young girls entering womanhood.

Jane and Lawrence Matthew at the Nishiiyuu Unipaakuiin Gathering in Oujé-Bougoumou in October 2015, where the long term strategy of Nishiiyuu was discussed with partners. A highlight of the gathering was the presentation of the CIHR-funded Best of Both Worlds project to develop safe and culturally appropriated access to Eeyou traditional medicine.

Elders Robbie Matthew and Janie Pachanos were honoured for their lifelong efforts to preserve and transmit elders' knowledge to the next generations at the Annual General Assembly of the Grand Council of the Crees in August 2015. One of the roles of Nishiiyuu is creating a safe learning environment that brings elders into dialogue not only with the youth, but also with healthcare workers and policymakers.

NISHIIYUU
MIYUPIMAATISIUN
GROUP



NISHIIYUU MIYUPIMAATISIUN

Nishiiyuu Miyupimaatisiun's mission is to promote holistic health, healing and wellness in Eeyou Istchee by addressing physical, emotional, mental, spiritual, environment, economic, social and cultural aspects of wellness. Cree elders have always stressed that Nature is the ultimate healer, and this is the guiding principle behind the Nishiiyuu approach, which aims to see the Cree return to the health and wellness of our ancestors.



Assistant Executive Director of Nishiiyuu Laura Bearskin at the Nishiiyuu Unipaakuin Gathering in Uujé-Bougoumou in October 2015.

NISHIIYUU ACTION PLAN

The Nishiiyuu Action Plan, based on a holistic philosophy of healthcare, has been developed in collaboration with the Council of Chishaayiyuu, local Elders' Councils and Nishiiyuu staff and consultants, and aims to return Eeyou to traditional knowledge and healing practices to help recover from historic trauma and enhance the wellness of communities. The ultimate goal is to pave the way for the Eeyou Nation to live and lead healthy and successful lives. Nishiiyuu programs supporting Nitahuu Aschii Ihtuun (Land-based healing), Waapimaausun traditional birthing practices, traditional knowledge and medicine, and traditional rites of passage have the potential to contribute to this goal and have been identified as priorities by Cree elders.

Waapimaausun and Nitahuu Aschii Ihtuun manuals have been developed for use in launching birthing and land-based healing pilots in Whapmagoostui, Chisasibi, Mistissini, and Waswanipi, with Waskaganish to start in 2016-2017. The Nishiiyuu Action Plan envisages these programs in all Cree communities by 2018.

Following a recent resolution of the CBHSSJB endorsing the use of midwives in Eeyou Istchee, this coming year the Nishiiyuu team will be working with other partners within and beyond the CBHSSJB to welcome midwives into birthing practices.

Nishiiyuu continues to collaborate with Cree Elders to seek their guidance in all its work with birthing knowledge, land-based healing and traditional medicine. Progress is monitored through quarterly reports prepared by the PPROs, Nishiiyuu consultants also submit progress and activity reports, and the Action Plan is a living document that will be amended based on new directions, guidance and lessons learned.

Partnership and collaboration are critical to achieving integrated care and eliminating service gaps. Nishiiyuu is working with local elders, CMCs, and community members and Cree entities in planning and implementing its programs.

Nishiiyuu is a partner in developing Cultural Competency and Safety training that has proven to increase health and wellness and to improve retention of healthcare staff.

WAAPIMAAUSUN (TRADITIONAL BIRTHING)

Waapimaausun (Birthing the Nishiiyuu Way) is led by Cree women Elders who share their stories, experiences and knowledge. This program has four main objectives: to document and research Cree grandmothers' personal stories; to accumulate traditional knowledge on traditional birthing and child-rearing practices; to document men's knowledge on birthing practices; and to produce videos, publications and other media for education and awareness.

The Waapimaausun program's birth bags (Nishiiyuu Miyuut) initiative is being piloted in Mistissini, Waswanipi and Chisasibi to support young mothers during their pregnancies and to aid healthcare workers. The pilot program also is intended to help establish a strong bond between mothers, newborns and other family members, and to help bring birthing back to Eeyou Istchee.

In Waswanipi the Nishiiyuu Miyuut pilot is a collaboration with the local Awash program; in January 2016 the Awash unit was given the lead role, with its CHRs and Nishiiyuu providing the cultural component to support this program's transition as an integrated service. In Waswanipi this past year saw young mothers receive 23 Miyuut Birthing Bags, accompanied by traditional teachings on the contents of the birth bags from women Elders.

NITAHUU ASCHII IHTUUN (LAND-BASED HEALING)

In Whapmagoostui the Nitahuu Aschii Ihtuun (land-based healing) program is being developed and implemented in partnership with local elders and community leaders, the local Justice Department, and other entities.

Whapmagoostui's second land-based healing pilot, an eight-day winter journey from the community to Awaschaadaaukach, took place February 29 to March 7, 2016. Participants included individuals and couples facing difficult life challenges. The journey represents a transition for recovery from conditions including depression, addiction, and trauma. While on the land the youth were able to speak with elders and develop plans for their future.

Nishiiyuu Miyupimaatisiun aims to eventually implement land-based healing initiatives during all four seasons in all Cree communities.

RITES OF PASSAGE

Nishiiyuu collaborated with local elders to lead the opening day's agenda for Kuukuminuu-wich Uchiskuutimachaaniwaau Iskwaahitaa (Grandmother Teachings), sponsored by the Cree Women of Eeyou Istchee Association in

March 2016. The day focused on young woman's and womanhood teachings as well young men's teachings and rites of passage.

Nishiiyuu also co-facilitated the week's agenda and helped local elders showcase traditional ceremonies, including "first womanhood," where a young girl was kept by two grandmothers and given traditional teachings on "first moon" and becoming a woman. The events included a first snowshoe walk and the celebration of a young woman who had completed her "first moon"; this was followed by a feast, including a young man's first big game kill and a boy's first small game kill, and a traditional fashion show in honour of ancestors. The objective was to illustrate how traditional teachings can lead to healthy and enjoyable lives.

BEST OF BOTH WORLDS RESEARCH

Nishiiyuu collaborated with its partners on the Best of Both Worlds project funded by the CIHR Team in Aboriginal Anti-diabetic Medicines (CIHR-TAAM) to develop safe and culturally appropriated access to Eeyou Traditional Medicine.

Preparatory work, now completed, has included establishing Special Local Integrative Committees in the participating communities of Chisasibi and Mistissini. These committees act as the local steering committees for the project. One objective is to record audio and video interviews with thirty people from each community. A PPRO has been hired to work closely with Université de Montréal researcher Pierre Haddad for the duration of the project. Partners include the Université de Montréal, the University of Ottawa, the Université du Québec à Montréal, local elders and healers, local youth councils and women's groups, community leaders and other members, and the local CMCs.

COMMUNITY OWNERSHIP

Central to the Nishiiyuu strategy is creating a safe learning environment that fosters the renewal and adaptation of Cree helping, healing, and other traditional knowledge and medicine within the CBHSSJB's programming. Nishiiyuu has accomplished something new by involving Cree Elders and Community Miyupimaatisiun Committees in the development and implementation of the local Waapimaausun and Nitahuu Aschii Ihtuun programs. This sense of ownership and community-led innovation is critical to the longterm success of these programs.

Milestones 2015 -2016

Cultural Safety Workshop for Mental Health Team
MONTREAL, JUNE 10

Waapimaausun Training Session
VAL-D'OR, SEPTEMBER 1 - 3

Waapimaausun Elders and Partners Meeting
CHISASIBI, OCTOBER 8 - 11

Nishiiyuu Unipaakuin Elders and Partners Gathering
OUJÉ-BOUGOUMOU, OCTOBER, 21 - 23

Cultural Safety Workshop for Mental Health Managers
MONTREAL, NOVEMBER 4



DOCUMENTATION

Nishiiyuu Waapimaausun and Nitahuu Aschii Ihtuun Manuals have been completed; these are templates that each Cree community will adapt and revise to meet local needs. The manuals provide details of intake, delivery, aftercare and relevant Nishiiyuu traditional knowledge. In addition to the program manuals, work plans have been developed to help set target dates for preparing work activities and sessions. Nishiiyuu Program Operational Training Guides will be developed to train staff on program implementation.

This past year four short videos have been produced on Waapimaausun and Nitahuu Aschii Ihtuun teachings, and work began on the massive project of transcribing and translating 130 Waapimaausun elders' interviews.

Best of Both Worlds Anti-Diabetic Plant Project presentation, Nishiiyuu Unipaakuin Gathering in Oujé-Bougoumou

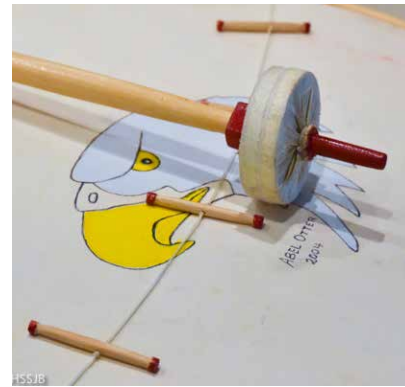
2015–2016 HIGHLIGHTS



Major improvements to Cree Patient Services included the launch of an air charter service for patients travelling south for non-emergency medical appointments. The service is much more comfortable for the patients and more cost-effective for the CBHSSJB. Other changes included the phasing out of the use of boarding homes in Montreal and a service agreement with air ambulance providers which will streamline emergency medical evacuations.



The CBHSSJB recruited and trained 17 permanent nurses for Chisasibi Hospital, including two Cree nurses, almost entirely removing the need for agency nurses. A preceptorship program allows newly licensed Cree nurses to work at the Hospital under supervision, where they gain work experience to prepare them for a career in their home communities.



An agreement with other regions of Quebec has enabled 26 children to be brought back to Eeyou Istchee since 2012, avoiding longterm placement in non-native or non-Cree foster homes. Youth Protection is working with the Quebec Government to ensure recognition of the unique cultural identity of native children as part of their fundamental rights.

MIYUPIMAATISIUN
REGIONAL SERVICES



MIYUPIMAATISIUN

REGIONAL SERVICES

- MEDICAL AFFAIRS AND SERVICES
 - DEPARTMENTS OF MEDICINE, DENTISTRY AND PHARMACY
- CHISASIBI HOSPITAL
- YOUTH PROTECTION
- YOUTH HEALING SERVICES
- CREE PATIENT SERVICES
- CREE NON-INSURED HEALTH BENEFITS
- REGIONAL LIAISON
 - SPECIAL NEEDS SERVICES

COMMUNITY MIYUPIMAATISIUN CENTRES (CMCS)

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

DEPARTMENT OF MEDICINE

Drs. Laurent Marcoux, Daniel Poplawski, and Myriam Aubin, with Department Head Carole Laforest



The Regional Department of General and Specialized Medicine includes all family doctors and medical specialists working in the clinical services offered by the CBHSSJB. Dr. Carole Laforest is the Head of the Department.

STAFFING

A marked increase in permanent medical staffing brought the number of full-time doctors to 22, joined by 31 half-time and 103 replacement doctors (dépanneurs). Recruitment and retention is an ongoing effort, and negotiations are continuing with the MSSS and the Fédération des médecins omnipraticiens du Québec (FMOQ) to strengthen medical staffing in our region. The Department increased visits to the region by specialized doctors in internal medicine, ENT and surgery, and successfully hired two new permanent specialists in psychiatry and child psychiatry, who will start work in the fall of 2016. Considerable efforts are being made to fill the current gaps in ophthalmology and pediatric services.

REGIONAL COLLABORATIONS

The Department continued to work with other departments and CBHSSJB senior management on important documentation projects including the Therapeutic Guide, Collective Prescriptions, and the departmental regulations, which will clarify, standardize and stabilize regional and local medical practices. Members of the Department have played an important role in inter-departmental initiatives including telemedicine, the harmonization of laboratory tests, the review of the maternal and child health program and the development of end-of-life care policies and procedures.

STRENGTHENING LOCAL SERVICES

The imaging department and laboratory at Mistissini CMC are a major advance to strengthen medical services in the community. The Department is also providing ongoing medical support to the new hemodialysis service at Mistissini CMC. Waswanipi and Whapmagoostui join Chisasibi and Mistissini as teaching sites for medical students, in addition to Chisasibi and Mistissini, and discussions are underway to add Waskaganish to the list of teaching sites. Seven new portable ultrasound devices were acquired, so that there is now a minimum of one device per community.

PRIORITIES FOR 2016-2017

- Maintenance and development of first line medical services
- Development, standardization and integration of specialized services
- Helping to maintain and develop mental health services
- Training and accreditation of all medical staff on the use of portable ultrasound
- Participation in clinical planning for new CMCs and a new Chisasibi Hospital
- Participation in the reorganization of maternal health services with the addition of midwifery services.

DEPARTMENT OF DENTISTRY



Dental Clinic, Chisasibi

In 2015-2016, Department of Dentistry staff treated 16,701 patients, of whom 3,177 were children nine or under; a total of 4,862 different patients were seen. There were 265 children who received treatment under general anesthesia in Montreal. Access to dental services in Mistissini and Chisasibi remains mostly on an emergency basis and waiting time is still over six months. The continuous turnover in support staff and the lack of proper training for both dental assistants and secretaries makes the workflow less productive than it could be.

The key challenge facing the department remains the need to provide training support despite limited available resources. Other challenges include maximizing scheduling, attendance and service delivery and managing the chronic difficulties related to staff turnover (predictable replacement coordination, sufficient training before hiring). Dentist recruitment remains difficult. This past year the Department also lost its the public health dentist and the PPRO – public health (dental), which affects coordination efforts and public dental health program development.

The Department succeeded in hiring a dental hygienist to manage CNIHB dental files, and has posted to hire a local dental team leader for Chisasibi and Mistissini. It is currently preparing a new dental assistant training program.

Plans for 2016-2017 include renovating the Chisasibi dental clinic, beginning the revision of the Dentistry Policies and Procedures manual, proposing and implementing dental assistant training, and developing and implementing pertinent dental health indicators.

DENTAL CONSULTATIONS IN THE COMMUNITIES

Community	2014-2015	2015-2016
Chisasibi	3,600	3,683
Eastmain	943	1,352
Mistissini	5,056	4,608
Nemaska	698	762
Oujé-Bougoumou	1,044	813
Waskaganish	1,931	1,604
Waswanipi	1,586	1,616
Wemindji	1,597	1,240
Whapmagoostui	1,044	1,023
Eeyou Istchee	17,499	16,701

Children 0-9 **3,177**

*does not include school-based preventive treatments by Public Health

DEPARTMENT OF PHARMACY

Under the leadership of Pierre Caouette, the Pharmacy Department continues to implement changes requested by the Ordre des Pharmaciens du Québec. The Department members met six times this year, with discussions focusing on the following key priorities: training and accreditation, software, collective prescriptions, and the staffing plan.

An agreement was reached with the Lester B. Pearson School Board for a program to help Pharmacy Technical Assistants gain their DEP equivalency. In the longer term, the Department is planning a distance course for high school graduates wishing to become certified Pharmacy Technical Assistants. This is a promising career path for Cree youth as there is a serious shortage of pharmacy professionals region-wide.

Integrated regional pharmacy software is essential to increase the security and efficiency of all stages of pharmaceutical management - from purchasing, to inventory management, to dispensing. The Department has been working for a long time to define requirements for a call for tender for the acquisition of much needed software. The project was again delayed by a provincial moratorium on purchases of such information systems. Discussions are underway with Chibougamau Hospital to possibly host the pharmacy software hub, as is done in other regions of Quebec.

Following in-depth analysis of the pharmaceutical workflow, a detailed longterm staffing plan was submitted to the Human Resources Department.

Collective Prescriptions are tools used to permit nurses and other professionals to use certain medications and perform routine procedures. Collective Prescriptions are one of the tools used to define the “enlarged role” of nurses working in northern and remote communities, where both doctors and pharmacists are sometimes not present. As a member of the Council of Physicians, Dentists and Pharmacists (CPDP), the Head of the Pharmacy Department plays an important role in reviewing, approving and updating Collective Prescriptions for the organization.



Pharmacy Services, Chisasibi

VISITS BY DENTAL SPECIALISTS

Number of days	174
Patients seen	1868
Average travel cost/patient	\$68.47

CHISASIBI HOSPITAL

The Chisasibi Regional Hospital provides healthcare services to the population of Eeyou Istchee. As part of its mission, the hospital pilots several regional services aimed at improving access and continuity of care for the whole population.

The hospital management team has seen changes as Annie Dumontier resigned from her position as coordinator of nursing and has been replaced by Jean-Philippe Rouleau as interim coordinator; Gary Chewanish remained interim director of hospital services and coordinator of the administrative unit and Maryse Gionet coordinator of clinical services.

NURSING

The hospital recruited and trained seventeen permanent nurses, including two Cree nurses, almost entirely removing the need for agency nurses.

EMERGENCY

The external clinic was renamed the Emergency Department by the MSSS. To increase services and better serve the population, a full-time nurse has been added to the Emergency Department's night shift.

PRECEPTORSHIP PROGRAM FOR CREE NURSES

With the collaboration of the DPSQA Nursing, a preceptorship program has been established at the Chisasibi Hospital to allow newly graduated Cree nurses to acquire the necessary competencies to work in the communities. A temporary nurse counselor position has been created to guide and support the Cree nurses during their training.

HEMODIALYSIS

The Hemodialysis Department is at full capacity with a total of eighteen patients. Since October 2015, five new nurses have been trained to provide flexibility to the unit in case of extra patients and also in preparation for possibly extending the department's opening hours.

LABORATORY

With the opening of the new Mistissini satellite laboratory, the Chisasibi Laboratory Department worked on the development of standardized procedures as well as additional quality control processes for microbiology, while guiding and supporting the Mistissini laboratory team in its development.

The Laboratory Information System (LIS) must be completely restructured to integrate the satellite laboratory, among other reasons. Analyses have been adapted to meet the DSQ (Dossier Santé Québec) requirements, and the team, in collaboration with the IT Department, installed an interface to connect the laboratory system to the RUIS McGill system, enabling the laboratory to receive results more efficiently.

RADIOLOGY

The Radiology Department has replaced its obsolete x-ray machine with a new machine, which led to the physical reorganization of the department, creating a space more suitable for staff and patients.

ARCHIVE

At the regional level, the Regional Clinical Archives Committee continued its work on the harmonization of processes for managing users' files, including the standardization of forms, procedures and recommendations.

The Master Patient Index (MPI) is still being implemented in all communities, guaranteeing that each patient on the territory has a unique identification, which is especially important for coordinating information between all the laboratory, radiology and other information systems.

The regional clinical archives services also moved to the old arena this year.

Locally, the number of medical charts loaned to departments has doubled in the last three years. In average, 329 medical charts are requested every day (compared to 152 in 2013). As the number and the size of the charts have increased, the need for storage space has also increased. In 2015-2016, the local archive purchased eight new filing cabinets to properly store the charts.

BUILDING MANAGEMENT

This year the hospital succeeded in replacing its old generator with a new efficient one and is now independent in the case of power failures.

The Alarm System Technician performed modifications on the fire panel and connected an auto-dialer to ring at the local Fire Department.

To ensure the security of patients and staff, all Hospital entrances are locked during the night. The local Police Department has two keys, enabling them to access the Hospital at any time.

In September 2015, the Hospital hired a new nutritionist, who has since changed kitchen equipment to meet MAPAQ standards.

Ministry Training for housekeeping is in progress, with half of the training having been completed.

CHISASIBI REGIONAL HOSPITAL

Activities	2014-2015	2015-2016	Variation
Admissions	716	678	-5.3%
Hospitalization days	4,233	5,480	29.5%
Transfers to other health centres	N/A	N/A	N/A
Deaths	8	10	25.0%
Average stay in acute care (days)	6	8	33.3%
Bed occupation rate	64.0%	64.0%	0.0%
Clinic consultations	19,189	18,461	-3.8%
Specialist consultations*	993	2,478	149.5%
Observation hours	4,249	4,268	0.4%
Radiology technical units	112,934	136,881	21.2%
Laboratory tests**	227,027	229,195	1.0%
Dialysis treatments	2,396	2,617	9.2%
Pre-dialysis	203	198	-2.5%

* High increase due to Telehealth services offered at the hospital (psychiatry, hemodialysis, ophthalmology, etc.)

** There is a known issue with the Omnitech system for the stats, therefore we know that the reported number is underestimated.

YOUTH PROTECTION



Robert Auclair
Director of Youth Protection

44

Traditionally, the Cree Nation has placed a great importance on how children are nurtured and raised, and ensuring the well-being of children is paramount to our concerns and delivery of services. While First Nations children are over-represented in child welfare services across Canada, in Eeyou Istchee we do not necessarily face the same issues as other First Nations communities in Quebec or Canada. For example, as of March 31, 175 Cree children were placed in a Foster Home under the Youth Protection Act; of these children, 45% were in fact entrusted to an extended family member(s) or person identified as a significant caregiver to the child. The majority of our foster families are Cree people who live in Eeyou Istchee.

The Department of Youth Protection (DYP) is responsible for administering and delivering Youth Protection services on our territory. These services are provided by community members who speak the Cree language and know the culture and traditions. In addition, we are also responsible for the delivery of primary care services, prevention services, general social services and specialized social services. Arguably, we provide more culturally adapted services to our children, youth and their families than most other First Nation communities in Quebec or Canada, but there is still much work to be done.

The DYP participates in a Provincial Committee on the permanency planning of Native and Inuit Children in Quebec. This committee, under the authority of the MSSS, aims to recognize and enact the unique cultural identity of native children as part of their fundamental rights by law. Modifications to Youth Protection Act are underway to request that no other DYP in Quebec will be able to start the adoption process of a Cree child without requesting assistance from the

Cree DYP. In 2012, we had reached an informal agreement with the other 17 DYPs in Quebec through the Inter DYP or CJ transfer process, resulting in 26 children being brought back to Eeyou Istchee, avoiding longterm placement in non-native or non-Cree foster homes in other regions.

We plan to work more closely with Nishiiyuu Miyupimaatisiun to integrate cultural strategies to our practices and interventions, starting with Family Group Conferencing and a review of our current Foster Home policies.

To ensure the cultural safety of our services and the better protection of Cree children, as a people we need to share the responsibility of helping and providing services to Youth and their families. The DYP must intervene only when children are in immediate danger or at risk of danger and when parents lose sight in providing the proper care and protection to their children. Youth Protection is a second-line or last-resort service and does not replace the mandate of front-line services (Awash and Uschiniichisuu departments), schools or other services for youth offered, even when the situations are difficult. YP intervention follows very specific legal criteria defining when it is appropriate to be involved in the lives of families so as not to breach the fundamental human rights of parents and children.

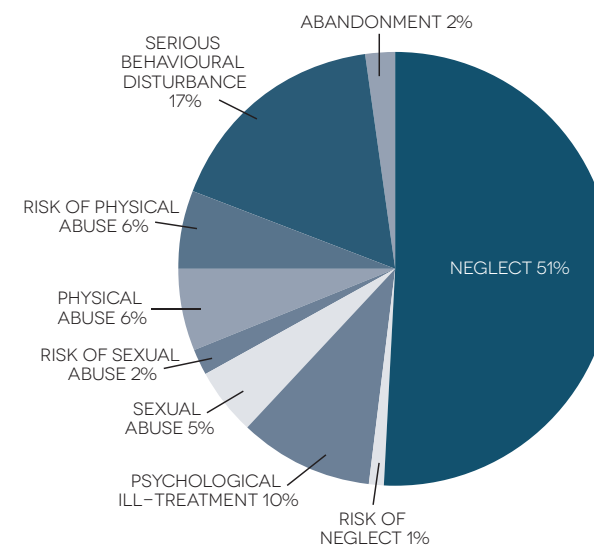
In 2015–2016, we continued to implement the Youth Protection Action Plan, with a focus on organizational enhancement, case reviews and greater supervision in order to ensure the improvement of services.

RECEPTION AND TREATMENT OF SIGNALEMENTS (RTS)

This year, we enhanced two measures to reduce our retention rate at the Reception and Treatment of Signalements (RTS) level and to reflect more accurately the reality of our youth at risk. First, more referrals were made to the front-line services, and secondly, we have applied provincial policy developments that streamline processes, except in situations targeted by the Multisectorial agreement (Sexual and Physical Abuse reports).

This year we received 2,825 reports at RTS, with 878 being retained. The remaining 1,943 reports were not retained due to a lack of facts presented, the presence of someone else already protecting the child, or follow-ups for further verification. The number of reports received saw a negligible decrease of 59 fewer than the previous year (2014–2015: 2884 reports).

REASONS FOR 'SIGNALEMENTS'



We estimate that up to 70% of the reported situations that required intervention were related to alcohol and drug abuse of parents and or youth (teenagers).

ACTIVE FILES BY COMMUNITY

Chisasibi	131
Eastmain	29
Mistissini	221
Nemaska	48
Oujé-Bougoumou	83
Waskaganish	147
Waswanipi	131
Wemindji	53
Whapmagoostui	35
Total	878

Of the 878 active cases under the DYP's legal responsibility, 117 situations of children were subject to court proceedings. Other situations are currently in the evaluation/orientation process and/or under provisional or voluntary measures.

The DYP has begun its enhanced supervision process with Team Leaders and will complete this process over the course of the coming year. Case reviews were done in most of the communities, and are required regularly by the Youth Protection Act.

The Youth Protection File Management System has been implemented but is not yet accessible to all YP workers and emergency workers, in part because of technical difficulties with networking. We are looking into ways to remedy the issue.

45

VIDEO CONFERENCING

We continue to work with the judges of the youth tribunal court and have participated in implementing video conference hearings in collaboration with the Cree Justice Department, the Ministry of Justice and the Judges of Quebec. As a result we have been able to bring before the youth tribunal 120 video conference hearings for emergency situations, thus saving children and families from having to travel to Val-d'Or or Amos.

Workers participated in various training programs this past year, including CHARLIE and PCFI (Psychosocial Child and Family Intervention) training, recognized by the Réseau Universitaire Intégré Jeunesse (RUIJ) and the professional Order of Social Workers. The training is culturally adapted according to needs observed from interventions with children and their families. This year, we will add training for the evaluation of sexual abuse situations, and of Foster Homes, under new criteria.

AKWESASNE YOUTH TREATMENT CENTRE

The service contract with the Akwesasne Youth Treatment Centre, approved for a third year, aims to help youth with alcohol and drug abuse issues improve their coping skills and make better and informed choices upon returning to their home communities. This year, 15 Cree youth chose to attend the four-month intensive program adapted to First Nation youth, and six completed the program. The major theme with youth at the centre, aside from personal struggles with addictions, is the lack of bonding and stability between youth and their families. Often children and families have experienced considerable psychosocial struggles. Parents in 11 out of the 15 families have present and past drug and alcohol abuse issues, while sexual

abuse and witness to domestic violence are also common themes. Of the nine youth who did not graduate, two were transferred to a hospital setting due to mental health crises, six were unable to complete the program due to behavior issues, and one was discharged early given an important family event.

Much work remains to bring the quality of our services towards best practices. Key aspects of our Action Plan must be developed in 2016–2017:

- Work on a protocol of collaboration with the Cree Justice Department for:
 - Extrajudicial measures when appropriate.
 - Cree translators at the Court level.
 - Serving legal procedure recommendations (court order).
 - Access to court house for videoconference hearings.
- Establish a protocol of collaboration with EEPF for:
 - Multisectorial agreement (Sexual and physical abuse investigations on children)
 - Assistance to YP Workers for safety in interventions.
 - Assistance in the search for youth who run away.
 - Criminal background checks.
- Negotiate with the Ministry of Health and Social Services (MSSS) for the adaptation of Foster Home Cree criteria and subsequent funding.
- Collaborate in the implementation of traditional adoption with amendments to the civil code and Youth Protection Act for legal recognition.

- Work with Nishiiyuu Miyupimaatisiun to adapt culturally the Family Group Conferencing and the review of Foster Homes policies.
- Develop and provide adapted training for our employees, and support their learning on a daily basis.

The DYP will also continue with a number of initiatives and activities already begun, including:

- Participating on the provincial Permanency Planning committee and ensuring the modifications to the Youth Protection Act represent the orientation of the MSSS committee for First Nations children.

- Participating in the PL-21 provincial committee with the Office des Professions du Québec to legally recognize the rights of workers to ensure quality assurance and culturally adapted criteria.
- Regularly reviewing all YP files.
- Implementing the supervision plan for all DYP employees.

We will continue to work diligently to adapt Youth Protection Services to Cree cultural values, ensuring that we protect the children of Eeyou Istchee while respecting and preserving the traditions, customs and values of Cree identity.



YOUTH HEALING SERVICES

Youth Healing Services (YHS) aims to contribute to the protection, rehabilitation and well-being in all aspects (physically, mentally, emotionally and spiritually) of all youth in our care, through the implementation of programs that provide safety, security and, most importantly, treatment.

We are committed to providing a compassionate and effective family-oriented program with respect to traditional values, Cree cultural teaching and language in order to provide a sense of acceptance and belonging for youth experiencing a wide scope of difficulties.

YHS mentors in a highly structured setting, teaching appropriate social and living skills enabling youth to achieve success outside the facility.

YHS's goals include:

- providing an atmosphere of warmth, consistency and predictability so the youth will be able to have an orderly and predictable view of their temporary environment;
- strengthening family bonding by empowering them with proper clinical tools and counseling;
- nurturing within the youth a new sense of self worth and self awareness;
- developing professional training programs to enhance the quality of services provided by caring, reliable, competent, motivated and engaged employees;
- providing a referral system when the needs dictate;
- advocating for the rights and needs of all youth.

YHS has 71 employees, including 36 childcare workers and four bush program childcare workers, in addition to the director, coordinator of resources, intake and clinical advisors, administrative and maintenance staff, and security staff. There are another twenty occasional workers on the recall list. Most employees received training over the year, participating in programs ranging from the National Training Program, the Charlie program for front-line workers, Honoring our Strengths training, Safe Food Handling, and others.

YHS operates three facilities around the clock, seven days a week. In Mistissini the Upaachikush Group Home has seven treatment beds, and the Reception Centre has twelve treatment beds and three emergency beds; in Chisasibi, the Weespou Group Home has nine treatment beds. YHS is working with Cree Justice towards building another 12-bed Reception Center in Chisasibi in 2017.

All placements are referred from Youth Protection Services and come from all nine Cree communities. The majority of the youth are placed under the Youth Protection Act (ordered or voluntary measures) and a few of them under the Youth Criminal Justice Act (open custody).

CASE MANAGEMENT

For every youth referred, there is an admission meeting between the Youth Protection worker and the YHS intake advisor. Shortly after this initial meeting, a case conference is scheduled for each youth entering YHS, and a healing path plan, including clear goals and objectives, is developed; this process involves youth and parent participation.

Weekly clinical meetings are held to update files on the youth entering or already residing in the facility, to discuss approaches and strategies, to review and determine when to move on to the next objective for each individual, and to share information on different topics. In addition, all reports, whether they are incident reports, observation updates, reports for court use or discharge reports, are shared with Youth Protection.

SCHOOLING WITHIN YHS

The Cree School Board provides a teacher for youth residing at the Reception Center in Mistissini to support school re-integration. While the program does not offer complete schooling and does not pass youth to the next grade level, it does give them a greater opportunity to succeed once they return to school. Both Upaachikush and Weesapou Group Home clients attend the local public school.

The Cree School Board and YHS have opened discussions and are working on a partnership agreement in order to improve services.

BUSH PROGRAM

The Bush Program, an important component of YHS, is a holistic land-based program that teaches cultural and traditional Cree life skills at camps for both inland and coastal communities. Cree elders are invited to participate in guiding the program's development and delivering traditional knowledge.

This year, five major activities were held:

- Aboriginal Day Activity in Mistissini June 21, 2015
- Canoe Brigade, Mistissini Lake July 13-17, 2015
- Boating Activity, Mistissini, Aug 2-14, 2015
- Moose Hunting, LG2, Chisasibi October 12-24, 2015
- Caribou Hunt, LG2, Chisasibi January 25-29, 2016

YHS has been through changes this year and more significant changes are to come in order to maintain best practices and ensure quality services. All efforts to strengthen YHS are defined in the YHS Action Plan.



YHS Reception Centre, Mistissini

CREE PATIENT SERVICES

Cree Patient Services (CPS) coordinates transportation, accommodation, and medical appointments for patients who must travel outside the Cree territory for medical and social services not available in the communities. CPS has offices in Chisasibi (managed by the Hospital), Val-d'Or, Chibougamau and Montreal, and a staff of 61 full-time and 25 part-time employees.

In 2015, five prominent members of the CPS team retired, and in the fall a new director was named to head the Val-d'Or and Chibougamau offices. In January 2016 Kathy Shecapio was named the new Director of CPS. The committee working on harmonization with the Chibougamau Hospital Centre met frequently to improve communications and ensure the continuity of quality care for our clientele.

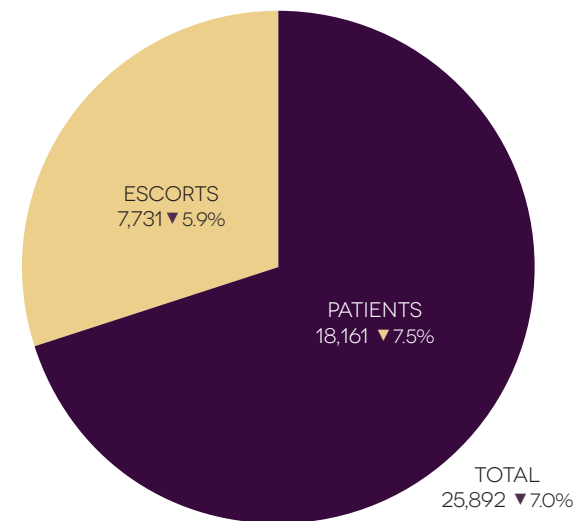
The coming year will see much innovation as CPS will be applying comprehensive and novel approaches to offering quality services, working closely with our users in order to better meet their requirements. A night dispatcher was put in place to respond to the needs of clientele. After 22 years at the Faubourg Ste-Catherine, CPS offices prepared to move to 1055 René Lévesque East in April 2016.

October 2015 saw the inaugural flight of a new air charter service for patients travelling south to Val-d'Or or Montreal from Chisasibi and the James Bay coast. The goal is to enhance the quality of services for clientele travelling for medical visits, while at the same time reducing costs associated with air travel. Already more than 300 patients have taken advantage of the charter. A transportation management system has been acquired, and will be operated independently by the Northern operation Centre within the organization. Vacant seats on the charter can be used by medical personnel, providing additional cost savings to the organization.

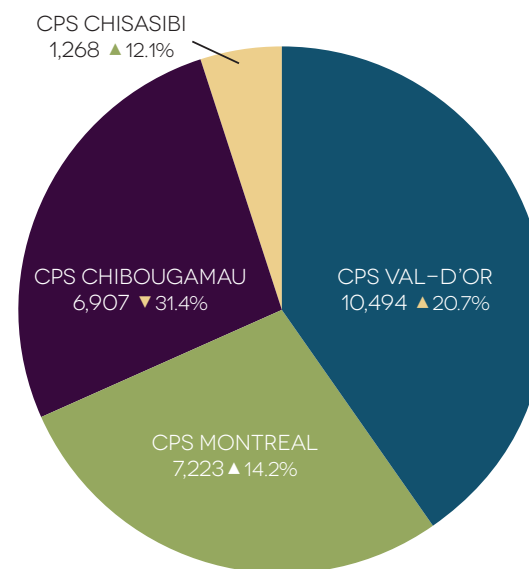
In order to meet their health needs and to support the patients in their course of health care, and improve their quality of life while in an urban environment, lodgings will be centralized at the Hotel Espresso at the end of summer 2016, and a number of other support services will be put in place.



TOTAL CPS TRANSFERS



NO. OF ARRIVALS TO EACH CPS LOCATION



CREE NON-INSURED HEALTH BENEFITS

The six-person Cree Non-Insured Benefits (CNIHB) unit ensures that Eeyou and Eenu people are able to access the medical benefits to which they are entitled under the JBNQA Treaty. These benefits, which are similar to the federal NIHB benefits, include prescription drugs, medical supplies such as wheelchairs, prescription eye glasses, hearing aids, dental care, and expenses related to travel outside the Territory for medical reasons.

In February, CNIHB established a dental call centre to help patients access dental services outside the territory. The CNIHB Advisor Helen Atkinson is currently revising relevant policies and procedures.

In 2016-2017 the unit will join the Department of Finance in the Administrative Services Group.

SPECIAL NEEDS SERVICES

Regional Special Needs Services (RSNS) aims to support local CMCs and other agencies in developing and delivering services and resources that are required for individuals with special needs. Clients with special needs are those who require assistance to meet their basic needs due to a longterm, chronic condition which affects their capacity to achieve their full potential intellectually, physically, cognitively and/or socio-emotionally.

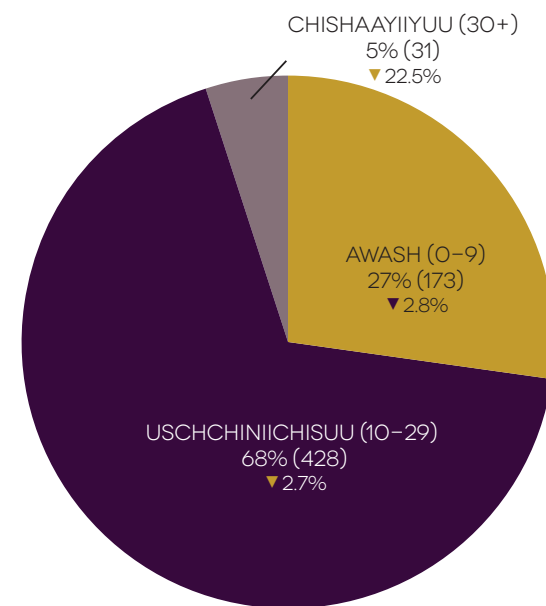
The team consists of professionals with expertise in various areas who collaborate closely with those working with clients with special needs and ensure that the clients, whether they are living in or away from their home communities, receive the services and support required. RSNS also manages the Cree Regional Fetal Alcohol Spectrum Disorder (FASD) Diagnostic and Intervention Clinic.

In 2015-2016, with an overwhelming increase in referrals of clients, the regional team prioritized supporting staff in the local CMCs. To reduce the need to refer clients for external resources, the team:

- Prepared a mandate for services that prioritized resourcing local services;
- Focused support to the community rather than to the client;
- Developed and offered a series of community-based trainings and support services;
- Began the process of establishing agreements with the Cree School Board and Cree Nation Government for support services to clients with special needs;
- Hired a PPRO to develop policies, protocols and procedures.

The effort to support staff and clients in their home communities has seen positive results and has resulted in fewer requests for external resources. As a result, RSNS will continue to offer community-based training sessions and evidence-based best practice advice and support to communities.

SPECIAL NEEDS CLIENTS BY AGE GROUP*



*Disabilities/Special Needs vary in terms of severity and the need for caregiver attention. A rule of thumb used in the above table is that for every disabled/special needs person, there are 1.5 informal caregivers, usually parents, who are significantly affected. This does not include siblings or extended family members.

FETAL ALCOHOL SPECTRUM DISORDER

RSNS is also responsible for managing the Cree FASD Diagnostic and Intervention Clinic. In 2015-2016, while continuing to receive and process new referrals, the FASD Clinic focused on developing and implementing intervention strategies to support birth mothers and children diagnosed in previous years; a support group for birth mothers started in Whapmagoostui. The individualized intervention strategies put in place for the children and their families rely on a close partnership between the FASD team, families, CMC, Youth Protection and schools. Efforts were also made to implement recommendations provided by the CMCs following the clinic's first year of operation: communication strategies were reviewed, referral criteria clarified and local Case Managers and elders integrated into the diagnosis process. New Canadian guidelines were published in December 2015, so the Clinic modified its diagnosis process and terminology to integrate the new guidelines.

During the past year, the FASD Clinic received fifteen referrals. Four of the children referred have received a diagnosis, and the process is currently ongoing for four other children. One of the referrals was cancelled and two of the children were too young to be diagnosed. The remaining referrals will be processed in the coming year.

In 2016-2017, the FASD Clinic will continue to assess children and further develop the services offered post-diagnosis. The goal is to diagnose and support local interventions for a broader range of developmental delay and disability services, including services for autism and behavioural management, and to assist with supports for youth transitioning to adult services.



TELEHEALTH

Telehealth continued its implementation of services throughout the year. While most of the services are currently limited to Chisasibi, the recruitment of Community Telehealth Officers in almost all communities will allow the development of telehealth services region-wide. Nonetheless, we can here highlight three specialities that have been expanding in 2015-2016 with impressive results.

TELEOPHTHALMOLOGY

Diabetic retinopathy is a serious complication of diabetes which, if left undetected and untreated, can lead to blindness. Teleophthalmology was the first telehealth service to be widely deployed in Eeyou Istchee. In 2015, 22 nurses and 24 CHRs were trained for diabetic retinopathy screening. The CHR-nurse team combination is an example of interdisciplinary collaboration and ensures that patients can be served in the Cree language for a more stress-free experience. The number of diabetic patients screened for retinopathy increased 19% over last year, and by the end of the fiscal year 2015-2016, 61% of all diabetic patients in Eeyou Istchee had been screened, all without leaving the community. By 2016 all communities are offering this service autonomously.

TELEPSYCHIATRY

Telepsychiatry gives people in the communities the opportunity to interact one-on-one with a psychiatrist from outside the territory using secure and private visio-conferencing. The service is, for now, only accessible in Chisasibi, but will be launched next year in other communities. There were 82 client-therapist sessions this year, with a high of 17 consultations in March 2016.

TELEOBSTETRICS

The teleobstetric consultation service is basically a live consultation between the patient and the obstetrician through visio-conference. The patient is in Chisasibi while the obstetrician is in Val-d'Or looking at a screen and viewing the live fetal images coming from the ultrasound machine in Chisasibi. Currently, four obstetricians from the Val-d'Or Hospital Centre participate in this service.

At the moment, women with high-risk pregnancy from all coastal communities have access to the service — saving a trip to Val-d'Or. The service requires an ultrasound machine and the technicians to operate it. For now, the service is offered solely in Chisasibi, but the purchase of a machine for Mistissini will mean the service will soon be offered at Mistissini CMC.

In Chisasibi alone, teleobstetric consultations have generated over \$65,000 in savings. But more important are the benefits to the patient's well-being and that of her family. Instead of spending two nights in Val-d'Or, patients from Chisasibi or other coastal communities can either stay home or spend only one night in Chisasibi. For a pregnant woman, being away from home means missing work, separation from the family, finding a sitter, and other inconveniences. Moreover, travelling long distances by car or plane is itself a risk for a woman with high-risk pregnancy.

Telehealth is not simple to implement. It requires many adjustments to existing services, as well as training, and hardware and infrastructure investments. The economic case for telehealth is already becoming clear, to which could be added the long term benefits of developing cutting edge skill sets in the communities of Eeyou Istchee. But beyond economics, there is the benefit for patients of being able to avoid unnecessary trips and be served in their own home community by people who speak their language.

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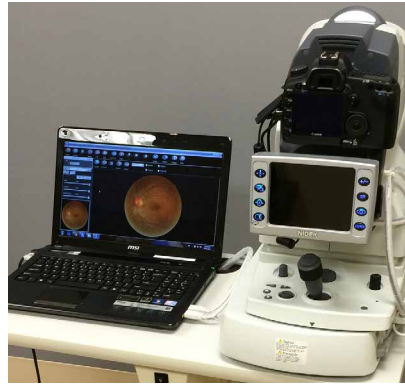


Teleretinopathy Screening team: Nurse Eric Gauthier and CHR Helen Iserhoff in Mistissini

COST COMPARISON FOR OBSTETRIC VISIT TO VAL-D'OR VS TELEOBSTETRIC CONSULTATION IN CHISASIBI

Community	Travel to Val-d'Or	Travel to Chisasibi	Savings	% Savings
Chisasibi	\$1,630	-	\$1,630	100%
Waskaganish	\$1,110	\$750	\$360	32%
Wemindji	\$1,420	\$264	\$1,156	81%
Whapmagoostui	\$2,065	\$507	\$1,558	75%

2015–2016 HIGHLIGHTS



Eastmain is among the communities that started offering teleophthalmology services this year, with a team of two staff trained in the use of the technology. So far, sixty people have been screened for diabetic retinopathy, a common complication of diabetes that can cause blindness. The local team uses a special camera to take a close-up picture of the eye, and sends the image to the ophthalmologist in Montreal for analysis.



Mistissini opened a radiology diagnostic service in June, 2015 and by March, 2016 had provided almost 3000 x-rays and other exams, saving patients a 180km round trip to Chibougamau Hospital and a lengthy wait. The hemodialysis service in Mistissini has been operating for a year, increased services to six days a week and provides dialysis to 18 patients.



The Waswanipi Community Miyupimaatisiun Committee is now functioning and received funding. In communities with strong local Miyupimaatisiun Committees, the CMC is able to work with community partners such as the local Wellness Division and the Cree School Board to set priorities, get input on the design of its prevention and awareness efforts, and work together to build a healthy community.

COMMUNITY MIYUPIMAATISIUN CENTRES





CHISASIBI

4,628

AWASH 0-9 ¹	1,002	▲	2.0%
USCHINIICHISUU 10-29	1,666	▲	2.3%
CHISHAAYIYUU 30+	1,960	▲	3.6%
TOTAL²	4,628	▲	3.2%

MEDICAL EVACUATIONS

EMERGENCY	N/A
SCHEDULED	N/A

CURRENT SERVICES³

DOCTORS (PGM & CLINIC)	1563
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AWASH³

NURSE (PGM)	2390
CHR (INDIVIDUAL)	154
CHR (GROUPS)	283
COMMUNITY WORKER	0
SOCIAL WORKER	0

USCHINIICHISUU³

NURSE (PGM & CURATIVE)	671
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	63

CHISHAAYIYUU³

NURSE (PGM)	170
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	950
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	0
MSDC (ATTENDANCE)	2601
MSDC (MEALS SERVED)	359

Chisasibi's CMC has seen notable changes in the past year, with a new director hired in February. One important project is the implementation of the "Dossier Santé Quebec," enabling professionals to consult clients' medical files for radiology, medication and lab results.

Chisasibi's **Awash** unit welcomed 101 new babies. The unit has several new team members, including a dedicated Awash social worker, a nurse and two CHRs. The unit will continue streamlining referrals for clients requiring psychosocial support. Awash also began working with Public Health on the implementation of the **Â Mashkûpimâtsît Awash (AMA)** integrated approach. In the coming year the unit will focus on supporting staff through training opportunities, implementing the AMA, improving community information-gathering approaches, enhancing communications with partners, and putting in place tools to improve patient safety.

Various promotional activities were carried out throughout the year, including breastfeeding week (with the assistance of the Uschiniichisuu nutritionist and CHRs, including an elder from the community who was available for the pregnant or breastfeeding mothers).

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
 2. Does not include 291 Inuit and non-aboriginals.
 3. In Chisasibi, many clinical services are offered at the hospital. See page 42.

"I started as local director in Chisasibi CMC in February, and one of my mandates is to establish a closer working relationship with the Regional Hospital and with the local community and its members," says Clarence Snowboy, the newly appointed director. "We intend to continue informing the community regularly about our services and consulting with them ways to improve our service delivery. And when the new hospital director is hired, our plan is to work more closely with hospital management in order to improve our respective services to clients."



Clarence Snowboy
Local Director
Chisasibi CMC

In the **Uschiniichisuu** unit, management aims to explore how to better support the team. This unit has been without a coordinator until recently, as the current coordinator served as interim local director until February. The unit plans to recruit a nurse to take a lead role in establishing a program for youth; another school nurse is also needed because of the number of students in the two schools. Recruitment is ongoing to complete the team for the new year.

Management is currently in the process of hiring a coordinator for the **Chishaayiyuu** unit. In addition, three CHR positions remain to be filled, but hiring is delayed because of limited office space. The mental health nurse position has been posted, and professionals such as the occupational therapists and physiotherapist at the MSDC are upgrading and modernizing their equipment to meet the needs of their clientele.

Two Chishaayiyuu CHRs received training on teleophthalmology and have started to assist the nurses on this program. More telehealth services will soon be offered, and this initiative not only saves travel expenses but also enables clients to receive treatment without having to leave their communities. The unit was engaged with a number of home care, nutrition and oral health activities, including a walking club during diabetes month and a workshop with elders on preparing Labrador tea.

In February 2016, the **Administration** unit hired a new local director for the CMC, and the main goal for the upcoming year is to complete the hiring of the CMC management team. All other positions are filled according to the Personnel Plan, and the unit is providing training for workers to enable them to perform more efficiently and accurately. The main challenge is the lack of office space for employees; in addition, the unit needs more personnel on the recall list for replacements as needed within the CMC, and requires a vehicle for the CMC maintenance worker.



EASTMAIN 799

AWASH 0-9 ¹	196	▲	4.6%
USCHINIICHISUU 10-29	264	▲	1.5%
CHISHAAYIYUU 30+	339	▲	4.3%
TOTAL²	799	▲	3.9%

MEDICAL EVACUATIONS

EMERGENCY	49
SCHEDULED	654

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	877
VISITING SPECIALISTS	278
OTHER	56
NURSE (WALK-IN CLINIC)	9,293
NURSE (REFILLS)	3,266
NURSE (CLINICAL LAB TESTS)	1,095

AWASH

NURSE (PGM)	1,010
CHR (INDIVIDUAL)	641
CHR (GROUPS)	0
COMMUNITY WORKER	162
SOCIAL WORKER	96

USCHINIICHISUU

NURSE (PGM)	814
CHR (INDIVIDUAL)	315
CHR (GROUPS)	0
COMMUNITY WORKER	205
SOCIAL WORKER	312
NNADAP WORKER	0

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	0
FOOTCARE NURSE	42
CHR (INDIVIDUAL)	932
CHR (GROUPS)	0
COMMUNITY WORKER	174
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	1,193
MSDC (ATTENDANCE)	640
MSDC (MEALS SERVED)	648

This past year Eastmain's **Awash/Uschiniichisuu** unit has focused energy on creating and maintaining partnerships and reaching out to the community. It has developed programs including community walks, sharing circles, a nutrition program and photo voice. Engaging the community remains a challenge, though, so the team will re-address its approach to encourage more participation in programs.

This year saw a very productive partnership with Regional Special Needs to assist with the professional assessments, providing the training and support to develop individualized programs and services to serve special needs clients. Uschiniichisuu hired a new mental health nurse and is in the process of hiring a school nurse. Although there has been a turnover in Awash staff throughout the year, the unit remains committed to promoting healthy lifestyles and healthy choices and will continue its focus on building relationships with the community entities that share the same clientele.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 30 Inuit and non-aboriginals.

“This year Regional Special Needs worked with our local team, giving them tools and information to help them provide special needs support to children and youth,” says Rita Gilpin, director of Eastmain’s CMC. “We needed to give our team more training and support, and now that they’ve had this from Regional Special Needs, they feel more motivated and know better how to help our clientele.”



Rita Gilpin
Local Director
Eastmain CMC

The **Current/Chishaayiyuu** unit is working towards enhancing Chishaayiyuu services with the hiring a diabetes clinical nurse, a position posted in March 2016. Current Services has three permanent full-time nurses, along with one temporary full-time nurse; two part-time doctors continue to serve the community’s health care needs. All vacant positions within the personnel plan have been re-posted and recruitment is now underway. Since the end of February the clinic has remained open during lunch hours, increasing access to care. The total number of visits increased from last year.

Teleophthalmology screening is now underway by two trained staff within the community, and sixty patients were seen this year. One nurse is trained to support Teleophthalmology, and there will be ongoing training for the other permanent nurses this coming year. The Health and Community Care Program staff includes a home care nurse, community worker, rehabilitation monitor and two permanent full-time health and social aides, and additional health and social aides will be hired. There were nineteen home care clients, with the passing of three clients this year. The Multi Services Day Centre had twelve clients. The physiotherapist had resigned in early August, so the position was posted but has yet to be filled; the occupational therapist continues to visit the community.

Community Dental Services continue to rely upon replacement dentists.

The coordinator position for the **Administration** unit has been vacant for a year; the unit has been run by the two other coordinators in collaboration with the CMC director. The full functioning of the multi-service day centre kitchen and the repairs and renovations to housing units remain priorities. Further, the unit is collaborating with the Material Resources PPRO to set up training for the housekeeping crew; the community still experiences a lack of housing units and transits, and a building technician will be hired this year. The CMC and MSDC also require more equipment storage space.

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MISTISSINI 3,729

AWASH 0-9 ¹	730	▼	6.4%
USCHINIICHISUU 10-29	1,319	▲	4.8%
CHISHAAYIYUU 30+	1,680	▲	4.0%
TOTAL²	3,729	▲	2.5%

MEDICAL EVACUATIONS

EMERGENCY	163
SCHEDULED	28

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	5,800
ORTHOTIST	27
SURGEON	124
NURSE (WALK-IN CLINIC)	0
NURSE (REFILLS)	0
NURSE (CLINICAL LAB TESTS)	2,508
NURSE (CURATIVE)	14,540
HEMODIALYSIS	1,893

AWASH

NURSE (PGM & CURATIVE)	3,125
CHR (INDIVIDUAL)	917
CHR (GROUPS)	331
COMMUNITY WORKER	479
SOCIAL WORKER	308

USCHINIICHISUU

NURSE (PGM & CURATIVE)	1,802
CHR (INDIVIDUAL)	2,465
CHR (GROUPS)	300
COMMUNITY WORKER	1,776
SOCIAL WORKER	54
NNADAP WORKER	0

CHISHAAYIYUU

NURSE (PGM)	8,236
FOOTCARE NURSE	615
CHR (INDIVIDUAL)	1,023
CHR (GROUPS)	0
COMMUNITY WORKER	659
SOCIAL WORKER	622
HEMOCARE (NO. OF CLIENTS)	761
MSDC (ATTENDANCE)	1,079
MSDC (MEALS SERVED)	1,160

The Mistissini CMC's highlights from this past year included the implementation of the provincial information system related to health protection and infectious disease (SI-PMI). It also saw a change of director, as Annie Trapper retired, and Yionna Wesley took over. Priorities for the coming year include extending Current Services hours, welcoming midwifery services to our Awash unit, and launching a stakeholder survey of the community members accessing services.

The **Current Services** unit opened its radiology diagnostic services in June 2015 and has provided 2,958 examinations. The laboratory has been open for more than one year; the hemodialysis facility also celebrated its one year anniversary, and has increased to six days of service each week, supporting eighteen clients.

The **Awash** unit was blessed with 68 new babies. This year's highlights include working with the day care centres to develop a protocol agreement focusing on a family assistance program. For the first time this year, we created an Awash Fair, held in September 2015. The team received training to facilitate the ᓂᓂᓂᓂᓂ Nihtautinaaushuu (Baby College) program, in collaboration with the Head Start Program. The Baby College aims to give parents assistance

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 120 Inuit and non-aboriginals.

“The Baby College is an eight-week program with weekly sessions to facilitate different skills to the young parents, or even older ones who want to learn new parenting skills,” says Yionna Wesley, director of the Mistissini CMC. “The topics include everything from nutrition to finances and budget management to helping kids with homework. It’s a very collaborative and participative approach, and has worked really well.” Responsibility for the baby college is being assumed by the Headstart Program, but the CMC’s Awash team will remain involved.



Yionna Wesley
Local Director
Mistissini CMC

and support by teaching them how to become the best parents they can be for their children, and its activities provide an opportunity to promote health and prevention strategies, while also exploring additional parenting skills and techniques.

The **Uschiniichisuu** unit was involved in 6,397 interventions in health and social services. Optometrist visits continue at the elementary school for grades four to six. Various preventive and awareness activities and projects have been implemented in the school and the community. The unit continues to assist the Dentistry Department with its preventive activities with children from pre-kindergarten to grade six. The team continues to grow, and anticipates the integration of mental health services.

The **Chishaayiyuu** unit has had to adapt to the changing needs within its demographic group, and this year focused on facilitating social and emotional programming, which included stress management, geriatric counseling, personal wellness recovery, person-centered care promotion, and adaptive behaviour in the workplace. The team has received positive feedback for decreasing our waitlist delay by prioritizing referrals to our physiotherapy service. The MSDC staffs continue to provide regular activities for elders and clients with special needs.

The **Administration** unit provides support to programs and services, including implementation and maintenance of the book of positions and any development positions. The team was also able to acquire a new ambulance.

NEMASKA 796

AWASH 0-9 ¹	165	▲	3.1%
USCHINIICHISUU 10-29	267	▲	0.8%
CHISHAAYIYUU 30+	364	▲	2.0%
TOTAL²	796	▲	2.2%

MEDICAL EVACUATIONS

EMERGENCY	45
SCHEDULED	542

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,195
VISITING SPECIALISTS	302
OTHER	0
NURSE (WALK-IN CLINIC)	7,417
NURSE (REFILLS)	2,081
NURSE (CLINICAL LAB TESTS)	790

AWASH

NURSE (CURATIVE)	699
CHR (INDIVIDUAL)	363
CHR (GROUPS)	0
COMMUNITY WORKER	334
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (PGM)	344
CHR (INDIVIDUAL)	411
CHR (GROUPS)	0
COMMUNITY WORKER	366
SOCIAL WORKER	0
NNADAP WORKER	0

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	497
FOOTCARE NURSE	148
CHR (INDIVIDUAL)	934
CHR (GROUPS)	11
COMMUNITY WORKER	765
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	0
MSDC (ATTENDANCE)	546
MSDC (MEALS SERVED)	1,241

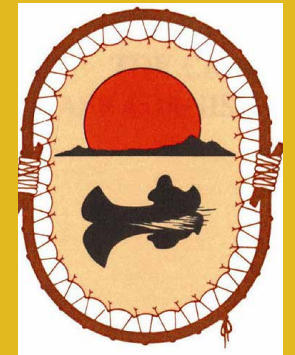
Nemaska's **Awash/Uschiniichisuu** unit welcomed fifteen babies this year, and these and other young children and mothers were supported by meetings and activities with the Awash nurse and CHR. The Uschiniichisuu CHR organized many activities in public venues to reach as many people as possible and carries out prevention work, including glucose checks, in schools. The Awash Nurse will be retiring in summer 2016.

The dental hygienist's school program concentrates on pre-kindergarten, kindergarten and Grades 1 and 2 classes to promote regular teeth brushing.

The **Current Services/Chishaayiyuu** unit continues to provide integrated services, despite challenges over the past year. The unit experienced a heavy nursing turnover, but all four nursing positions are now filled; two doctors are now on staff also. Teleophthalmology and footcare clinics have been integrated into the services, and this past year the CMC anticipated an increase in patient visits, but saw a drop instead, perhaps due to greater integrated services.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 50 Inuit and non-aboriginals.

"Psychosocial services still experiences a great number of walk-in and crisis visits rather than follow-up visits for our clients, so in the coming year we will emphasize client follow-ups to maintain progress reports and reinforce intervention plans," says Beatrice Trapper, director of the Nemaska CMC. "We will also promote more activities in collaboration with other departments."



Beatrice Trapper
Local Director
Nemaska CMC

There were six new cases of diabetes, including gestational diabetes. To address this and other health issues, CHRs work closely with the nutritionist and dental hygienists, developing health promotion activities and sharing information. Regular meetings are held with the Awash/Uschiniichisuu team to organize activities, and the senior CHR met with Elders to discuss research on traditional medicine. The senior CHR retired at the end of the year, and a new CHR has been hired.

The effort to recruit recall nurses has reduced reliance on agency nurses, and has freed up more time to better coordinate programs and services.

Three housing units are needed to accommodate professional staff (including the recently hired second doctor) needed for Chishaayiyuu and Current Services, according to the personnel plan.

The unit will continue to integrate dental services; further data is required to illustrate the need for a full-time dentist.

The multi-service day centre receives two to ten clients daily, and is reorganizing to increase participation; in addition, new activities have been implemented in its program. Once again, the MSDC collaborated with the Home and Community Care Program team to organize a special fishing trip to Smokey Hill in Waskaganish.

This year, the **Administration** unit experienced a strike of unionized employees. Some community members were concerned that all staff, including clinical, were on strike, but this was not the case, and striking staff members rotated shifts to reduce service interruptions.

A number of housing units require renovations; the team will also prioritize getting the MSDC's main kitchen in full operation and repairing that building's wood sidings. Other aims for next year include organizing monthly staff meetings to ensure that everyone is aware of all activities within the organization and the importance of their input, completing the orientation package, implementing local procedures focusing on minimizing absenteeism and lateness, and establishing a permanent documentation and resource centre in the Administration Department.

OUJÉ-BOUGOUMOU

843

AWASH 0-9 ¹	204	▼	3.0%
USCHINIICHISUU 10-29	301	▲	4.9%
CHISHAAYYUU 30+	338	▲	1.2%
TOTAL²	843	▲	1.8%

MEDICAL EVACUATIONS

EMERGENCY	94
SCHEDULED	737

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	808
VISITING SPECIALISTS	40
OTHER	0
NURSE (WALK-IN CLINIC)	7,195
NURSE (REFILLS)	2,457
NURSE (CLINICAL LAB TESTS)	659

AWASH

NURSE (PGM & CURATIVE)	507
CHR (INDIVIDUAL)	197
CHR (GROUPS)	12
COMMUNITY WORKER	76
SOCIAL WORKER	137

USCHINIICHISUU

NURSE (PGM)	180
CHR (INDIVIDUAL)	135
CHR (GROUPS)	2
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	0

CHISHAAYYUU

NURSE (PGM & CURATIVE)	19
FOOTCARE NURSE	74
CHR (INDIVIDUAL)	294
CHR (GROUPS)	0
COMMUNITY WORKER	92
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	0
MSDC (ATTENDANCE)	573
MSDC (MEALS SERVED)	1,075

Oujé-Bougoumou is anticipating an exciting year, as a new CMC has been approved for the community, and a site allocated. Defining the infra-structural and other requirements for new facility will be completed shortly.

The **Awash/Uschiniichisuu** unit supports new mothers and families through prenatal and postpartum follow-up visits at the CMC as well as home visits. Other services includes group activities ranging from prenatal classes for pregnant women to a swimming program for clients with special needs, nutrition programs and dental hygienist visits to the daycare and school.

The unit's mandate also includes planning and coordinating activities through community partnerships, including Suicide Prevention Week, National Addictions Awareness Week, Children are Important Week, Special Needs Camps, Anti-bullying Day, the SNAP Program, Prenatal Fitness, IAMP (Iiyuu Ahtaawin Miyupimaatisiun Planning), and Mental Health First Aid Training.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.

2. Does not include 90 Inuit and non-aboriginals.

“The Oujé-Bougoumou CMC hosted the Annual General Assembly last year, working in collaboration with Public Health, and that proved a very good experience,” says local CMC director Susan Mark. “Our team worked hard to make it happen.” Not only were logistical challenges met successfully – the event also had an impact beyond the CMC. “It was good for the community for all these people to be bringing business into Oujé,” says Mark.



Susan Mark
Local Director
Oujé-Bougoumou CMC

The **Current Services/Chishaayyuu** unit extended its opening hours at the end of February and over the past year saw an increase of visits. The nursing staff is stable, with all positions occupied. Community health interventions in Chishaayyuu have focused on diabetes education. To better serve that clientele, the unit is posting a community health nurse position, whose responsibility will include following patients with chronic diseases.

Teleophthalmology has begun, but it is proving challenging to convince people to come for screening for diabetes retinopathy. Two nurses from Current Services have been trained to be able to perform retinopathy examinations.

The nutritionist has organized many activities, often in collaboration with other health professionals. The physiotherapist is very active, being involved in outpatient clinic area (current services), Awash, day care & school clients, home and community care clients, and the multi-services day centre. She has also participated in the prenatal activities, and since January 2016 provides three hours a week of aqua therapy.

Attendance at the multi-service day centre increased slightly, and the team has been able to bring one client twice weekly from longterm hospitalization in Chibougamau to participate in MSDC activities.

The **Administration** unit has hired a new building technician to improve building maintenance quality; he will be responsible for all building maintenance, minor and major, that is needed. This position is shared with the Waswanipi CMC.

The community still experiences a serious lack of housing and transits; nine additional units are required to meet the needs of the personal plan. New furniture has been acquired for the transits as well as for new housing. An SUV has been purchased for the use of nurses and homecare workers, enabling them to do their regular home visits within the community.

WASKAGANISH

2,374

AWASH 0-9 ¹	533	▼	3.1%
USCHINIICHISUU 10-29	864	▲	2.4%
CHISHAAYIYUU 30+	977	▲	4.0%
TOTAL²	2,374	▲	2.2%

MEDICAL EVACUATIONS

EMERGENCY	91
SCHEDULED	1,738

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	3,248
VISITING SPECIALISTS	442
OTHER	238
NURSE (WALK-IN CLINIC)	10,511
NURSE (REFILLS)	4,620
NURSE (CLINICAL LAB TESTS)	1,680

AWASH

NURSE (PGM & CURATIVE)	9,697
CHR (INDIVIDUAL)	2,203
CHR (GROUPS)	62
COMMUNITY WORKER	1,064
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (PGM)	78
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	1,316

CHISHAAYIYUU

NURSE (CURATIVE)	911
FOOTCARE NURSE	514
CHR (INDIVIDUAL)	1,254
CHR (GROUPS)	0
COMMUNITY WORKER	1,534
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	246
MSDC (ATTENDANCE)	8
MSDC (MEALS SERVED)	1,871

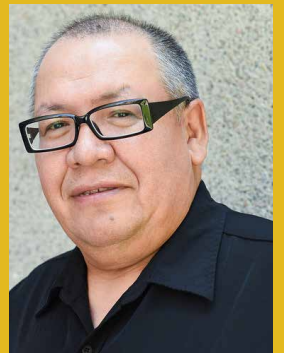
Waskaganish's **Awash/Uschiniichisuu** unit welcomed 51 babies this year, an increase from the previous year. The unit collaborates with partners to conduct family-oriented group activities and to help families develop healthier lifestyles. The unit has an Uschiniichisuu school nurse, has hired a NNADAP Prevention worker, and is recruiting an Uschiniichisuu CHR. The NNADAP worker has been involved in several important activities, including the two-week Restorative Justice and Healing Week, the Special Christmas Banquet and the Open Forum. These were also made possible with contributions from the community and outside partners, as collaboration is an important part of the NNADAP program.

Priorities for the coming year include developing awareness campaigns, programs and services focusing on poverty, conjugal violence, grief and addictions.

The **Current/Chishaayiyuu** unit collaborates to provide the best possible health care for the population of Waskaganish. The nursing team remains strong and stable with the normal staff turnover. The physician services schedule is full for this coming year and, with the introduction of a third physician on a part-time basis, continues to provide excellent service to the population.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 25 Inuit and non-aboriginals.

“The extended hours for our clinic is really our biggest change this year,” says Bert Blackned, director of the Waskaganish CMC. “We don’t have office space or housing for new employees, so that is something we want to address.”



Bert Blackned
Local Director Waskaganish
CMC

The nutritionist and psycho-educator continue to present their respective programs to the schools, daycares, and their high risk clientele. The psycho-educator has emphasized addressing deficits in parenting skills in the adult population and providing coping mechanisms and anti-bullying strategies for youth.

The Rehabilitation team has been extremely busy; the key issues addressed in the past year include trauma, diabetes and high blood pressure due to the high prevalence of obesity and increasingly sedentary lifestyles. The team also works with the elderly, addressing issues with cognitive instability and of loss of strength due to aging.

The Home and Community Care Program now has a second nurse, stabilizing care delivery. The multi-service day centre continues to provide services to 18 to 20 clients and to recruit new clients; it also offers services to the community-at-large. In the coming year, the team will review programs and develop new recruiting strategies.

The **Administration** unit's primary activities this year consisted of an expansion of the current server room and the purchase of two new vehicles; some offices were shuffled, and a new telephony system has been installed. Other activities include yearly maintenance on all vehicles, buildings and housings, as well as managing housing needs of new employees. However, a chronic housing shortage means that the CMC cannot fill its personnel plan. The priorities for next year include attracting recall workers, finding more office and storage space, and addressing housing needs.



1,956

AWASH 0-9 ¹	421	▼	4.2%
USCHINIICHISUU 10-29	740	▲	5.0%
CHISHAAYIYUU 30+	795	▲	2.8%
TOTAL²	1,956	▲	2.4%

MEDICAL EVACUATIONS

EMERGENCY	99
SCHEDULED	2,949

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	2,482
VISITING SPECIALISTS	99
OTHER (FOOTCARE)	166
NURSE (WALK-IN CLINIC)	9,277
NURSE (REFILLS)	5,502
NURSE (CLINICAL LAB TESTS)	1,551

AWASH

NURSE (PGM & CURATIVE)	42
CHR (INDIVIDUAL)	471
CHR (GROUPS)	0
COMMUNITY WORKER	392
SOCIAL WORKER	0
SCHOOL NURSE (INCL. VACCINATIONS)	172

USCHINIICHISUU

NURSE (CURATIVE)	379
CHR (INDIVIDUAL)	2
CHR (GROUPS)	0
COMMUNITY WORKER	340
SCHOOL SOCIAL WORKER	134
NNADAP WORKER	366
COMMUNITY WORKER (ADDICTIONS)	270

CHISHAAYIYUU

NURSE (PGM)	350
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	1,575
CHR (GROUPS)	305
COMMUNITY WORKER	304
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	305
MSDC (ATTENDANCE)	978
MSDC (MEALS SERVED)	2,390

The Waswanipi CMC achieved all of the goals it established at the start of the year: hiring an administrative coordinator, allied health professionals and a school nurse; building the framework for a local diabetes and chronic disease program; and working with the Waswanipi First Nation and local Cree entities on social and health projects and programs. The Waswanipi Miyupimaatisiun Committee is now functioning and recently received funding; the CMC will collaborate directly with this committee.

Priorities for next year include solidifying staff, ensuring the appropriate resources to support programs focusing on diabetes and chronic diseases, continuing to work with the Waswanipi First Nation and other Cree entities on social and health programs, supporting the implementation of telehealth services in the CMC, and implementing a local appointment system. Nine staff members are planning retirement soon, and will need to be replaced.

The **Current Services** unit now has well-equipped examination rooms and a new emergency room with two beds, allowing the medical staff adequate space to treat clients. The clinic is now open at noon, providing more access to care. The unit also received a new ambulance last fall. In September 2016

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 30 Inuit and non-aboriginals.

“We hosted a local health fair in February, and many people came to it,” says Alan Moar, director of the Waswanipi CMC. “We learned a lot from holding this fair, so next time we will try to make it a little more colourful, and we now have a better sense of how to organize presentations. I think we will do this every year as a way to provide information to the public.”



Alan Moar
Local Director
Waswanipi CMC

Waswanipi will have a permanent doctor; the depanneur doctors continue to visit on a regular basis. Student doctors also visit, receiving experience in practicing medicine in a small northern community and hopefully prompting some to continue doing so after they graduate.

The **Awash** unit welcomed 60 new children last year and provides regular follow-ups with the new mothers. In June 2015 the unit recruited a new school nurse, who delivers public health and disease prevention programs in the schools and also does vaccinations. School children with behavior problems and those with special needs both participate in programs and activities at the multi-service day centre.

In the **Uschiniichisuu** unit, the community organizer has 17 active files being developed in collaboration with the community. The unit continues to support clients wishing to go to treatment centers, and the addiction community worker works closely with the NNADAP community worker; for summer and Christmas holidays, the local Solvent Abuse program hired six Youth Outreach workers to run evening programs with youth. For the second year, the Baby College project has couples (some with children involved with Youth Protection) completing a course on parenting.

Diabetes and chronic diseases are important issues for the **Chishaayiyuu** unit, and CHRs have received training on the use of various medical instruments so they can assist nurses and doctors. They also meet with patients and distribute diabetes information and medical support equipment. As the foundation has now been laid for a diabetes prevention program, this year all personnel will be working with the community on these different initiatives. The unit hopes to recruit liaison and Chishaayiyuu nurses this coming year, improving health care and follow-up to diabetes and other chronic disease patients.

Presently, many of our social workers are involved in supporting the realization of the new Women's Shelter, which will be situated across the street from the CMC and the MSDC. The two nutritionists, the physiotherapist, the occupation therapist and the psycho-educator based in this department work with groups of adults or children and also provide individual sessions.

The **Administration** unit hired a new coordinator, who will start in May, 2016. The unit continues to support telehealth implementation, to update IT and communication equipment, and to prepare support staff to use this equipment.



WEMINDJI

1,532

AWASH 0-9 ¹	322	▲	4.2%
USCHINIICHISUU 10-29	487	▲	1.0%
CHISHAAYIYUU 30+	723	▲	4.8%
TOTAL²	1,532	▲	3.9%

MEDICAL EVACUATIONS

EMERGENCY	60
SCHEDULED	919

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	2,126
VISITING SPECIALISTS	192
OTHER	0
NURSE (WALK-IN CLINIC)	5,470
NURSE (REFILLS)	3,468
NURSE (CLINICAL LAB TESTS)	1,659

AWASH

NURSE (PGM & CURATIVE)	929
CHR (INDIVIDUAL)	766
CHR (GROUPS)	4
COMMUNITY WORKER	59
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (PGM)	299
CHR (INDIVIDUAL)	1,660
CHR (GROUPS)	30
COMMUNITY WORKER	409
SOCIAL WORKER	666
NNADAP WORKER	75

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	999
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	93
CHR (GROUPS)	1
COMMUNITY WORKER	89
SOCIAL WORKER	0
HEMECARE (NO. OF CLIENTS)	620
MSDC (ATTENDANCE)	20,889
MSDC (MEALS SERVED)	20,889

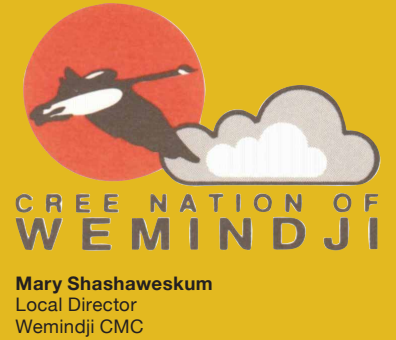
Willie Matches Memorial Miyupimaatisiun Centre

This year the **Awash** unit welcomed sixteen new babies to the community. The Fly Family Program continues to provide workshops, this year focusing on reaching the most vulnerable families. Doula training was given to one of our CHRs through the First Nations of Quebec and Labrador Health and Social Services Commission; the training addressed many subjects related to cultural and traditional teachings. A new coordinator assumed responsibilities in August 2015, and the Awash unit now consists of two full-time Awash nurses, two community workers, a NNADAP Worker and four CHRs.

The **Uschiniichisuu** unit is at full capacity; the Uschiniichisuu CHRs work with Awash CHRs and various community partners and other allied professionals to provide prevention activities. The unit is in the process of hiring a mental health nurse and a mental health community worker to help develop the Mental Health program. In the coming year the team will work to maintain relationships with partners and colleagues, and will also develop a Youth Clinic to provide clinical/ medical and psycho-social services to youth from age 13-25 at the

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 55 Inuit and non-aboriginals.

“With new development positions being posted, we have restructured departments, making it easier to receive patients,” says Mary Shashaweskum, interim director of Wemindji’s Willie Matches Memorial Miyupimaatisiun Centre. “We’ve had a busy year with some big changes, especially as our previous local director, Greta Visitor, has moved to become AED-Miyupimatisiun at the regional office, but everything is falling into place.”



new school and the Mayapui Training Center; the team will also continue collaborations with the school to address specific concerns for the student population.

The **Current Services/Chishaayiyuu** unit extended its opening hours on February 29, 2016. In anticipation of posting new development positions, the unit reassigned its homecare nurse to help examine community and client needs. The unit also reviewed and reorganized how clients are received and how to better manage the appointment system; all tasks and positions related to receiving clients were analyzed and then modified as needed. Priorities for this year will be to ensure all the changes implemented are evaluated regularly to ensure compliance and a successful transition.

The Telehealth program is progressing well; Teleophthalmology continues to be successful, the NST and Ultrasound equipment has been installed, and training has been provided on operating this new equipment.

The CLARA bus provided breast cancer screening tests again this year to women 50 years and older in November 2015, seeing 72 clients (a 67% participation rate for the community). The new psychologist assigned to Wemindji started working in June 2015.

The **Administrative** unit started hiring for new positions from the development fund and has been planning how to accommodate these new employees at the CMC and in residential units. This past year saw the completion of the project to pave ten units on Visitor Drive. The telephone system was replaced, which was welcome news for multi-service day centre as their system had been obsolete for many years. The unit’s priorities for this year will include coordinating with the Material Resources Department in Chisasibi to ensure that new housing projects are realized as planned, and that all new employees enjoy adequate workspace.

AWASH 0-9 ¹	186	▼	2.8%
USCHINIICHISUU 10-29	388	▲	4.0%
CHISHAAYIYUU 30+	402	▲	4.1%
TOTAL²	976	▲	3.1%

MEDICAL EVACUATIONS

EMERGENCY	137
SCHEDULED	392

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,733
VISITING SPECIALISTS	570
OTHER	47
NURSE (CURATIVE)	0
NURSE (REFILLS)	15,192
NURSE (CLINICAL LAB TESTS)	4,842
NURSE (VACCINATIONS)	432

AWASH

NURSE (PGM & CURATIVE)	11,405
CHR (INDIVIDUAL)	1,927
CHR (GROUPS)	313
COMMUNITY WORKER	61
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (CURATIVE)	3,753
CHR (INDIVIDUAL)	1,710
CHR (GROUPS)	0
COMMUNITY WORKER	77
SOCIAL WORKER	0
NNADAP WORKER	0

CHISHAAYIYUU

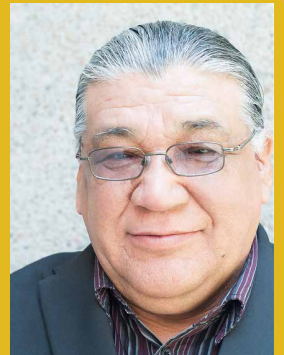
NURSE (CURATIVE)	13,619
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	1,868
CHR (GROUPS)	168
COMMUNITY WORKER	125
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	344
MSDC (ATTENDANCE)	3,454
MSDC (MEALS SERVED)	2,218

Whapmagoostui's CMC and multi-service day centre were repainted this past year to improve the state of their walls, which has helped the state-of-mind of these buildings' many workers and visitors. However, a lack of working spaces and residential units for paraprofessionals and professionals has constrained the CMC from hiring staff needed to provide the necessary quality of medical, social and mental health services and programs to the community. The CMC also experiences a high turnover of professionals due to isolation, lack of premium increases, and insufficient work spaces. The CMC expects three staff members to retire this year.

Priorities for the coming year include hiring all professionals, according to the organizational chart, constructing new residential units and a new CMC building, increasing storage space, and training frontline staff to enhance their intervention skills.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2010-2013 births (+ 2014 estimates) and 2010-2014 MSSS deaths numbers.
2. Does not include 65 Inuit and non-aboriginals.

“It is difficult to attract and retain professionals here because we are so isolated,” says John George, director of the Whapmagoostui CMC. “But also we aren't up-to-date with technology, our tech rooms are small and crowded, and we would like to get full access to programming in south and build connections to big hospitals.” That said, he notes, “The telehealth services, such as those for counselling, have had a big impact, and have improved our ability to provide services.”



John George
Local Director Whapmagoostui
CMC

The **Awash/Uschiniichisuu** unit consists of community workers, nurses, CHRs and other professionals, such as an occupational therapist, physiotherapist, psychologist, therapist, nurses and physicians. The medical staff provides medical care and collaborates in the development of therapeutic care plans and the administration of preventive and diagnostic approaches. The community workers evaluate the cases of physical, emotional and mental abuses, provide counselling services, and may recommend further psychological or psychiatric services to address such issues as sexual and psychological abuses, bullying, suicide ideation, and narcotic and solvent abuse. The NNADAP educates the public on the various forms of substance abuse and their dangers, and is involved in the continuum of care and support for those seeking assistance with their addictions.

The **Current Services/Chishaayiyuu** unit consists of physiotherapists, occupational therapists, specialized and general physicians, nurses, community or social workers, and neighbourhood sector workers. The medical staff provides medical care and collaborates in administering preventive, diagnostic and therapeutic care. This year saw some cases where patients were referred to further evaluations in external specialized establishments; few individuals required short or long terms placements in these establishments, though.

The community workers offer individual, family and/or marital counselling where supportive assistance is required to maintain healthy relationships and to improve the quality of life for families. Several couples had taken advantage of Cree helping methods to deal with addictions; Cree helping methods have also been used to address different forms of physical and mental abuse, with success.

The neighbourhood sector workers offered additional support to patients, especially those with diabetes. They also provided public awareness and disease prevention programs through media – mainly radio – and school visits, and distributed bush kits, gluco-meters, and pamphlets containing essential information about certain illnesses.

2015–2016 HIGHLIGHTS



631 women aged 50-69 were screened for breast cancer during the Breast Cancer Screening Tour, which takes place every two years. Most of the mammograms were taken on the CLARA bus, a radiology unit on wheels, while the SOPHIE unit was sent to the fly-in community of Whapmagoostui. 66.3% of women in the age bracket came to get screened. The mobile units identified 35 women with results requiring follow-up, possibly leading to early diagnosis and treatment.

The Planning and Programming Department finalized clinical plans for major capital projects including new CMCs for Oujé-Bougoumou, Waskaganish and Whapmagoostui-Kuujuarapik, and the Regional Health Centre that will replace the Chisasibi Hospital. The Department is a partner in developing programs for the Robin's Nest women's shelters that are being built in Waswanipi and Waskaganish.

The federally funded Indian Residential Schools Resolution Health Support Program has been extended to 2018. The program continues its support services to Residential School survivors with the help of Resolution Health Support Workers (RHSWs) and Cultural Support Providers (CSPs). Workers were present to support participants at Residential School gathering in July 2015 on Fort George Island and the Regional IRS gathering in September 2015 at Old Nemaska. The RHSWs and CSPs also continue to work with survivors who are attending court hearings.

PIMUHTEHEU
GROUP



PIMUHTEHEU

PUBLIC HEALTH

- AWASH
- USCHINIICHISUU
- CHISHAAYYUU
- SERC

PROFESSIONAL SERVICES AND QUALITY ASSURANCE

- NURSING
- ALLIED HEALTH
- PSYCHOSOCIAL (VACANT)

PROGRAM PLANNING

- CURRENT AND AMBULATORY
- PRE-HOSPITAL AND EMERGENCY MEASURES
- MAANUUHIKUU (MENTAL HEALTH)

MESSAGE FROM THE AED PIMUHTEHEU

In the last year, the Pimuchteheu group has made great efforts to reclaim its primary role of 'Walking alongside'. To 'Walk alongside' means to support our communities, support our colleagues and nurture ourselves. This year has been marked by the transition to a new interim AED and the recognition of the work done by Laura Bearskin, previous AED, in building the department for many years.

If I had to use one word to summarize this past year, it would be "collaboration." Improving health is a monumental task which can only be achieved with determination and a true will to work together. Collaboration with general management, the Miyupimaatisiun and Nishiyuu groups and Administrative services has been a key feature of all our activities. Our Planning and Programming department has worked tirelessly with local and regional teams to finalize clinical plans and programs for three Community Miyupimaatisiun Centres, the Regional Health Centre and the Women's Shelter. The Mental Health Department has supported the local teams to develop new services and approaches to answer the growing need of its clientele. The Public Health Department continues to support services in prevention and health promotion at the CMC level and to work on intersectorial activities with the communities and various entities. The Pre-Hospital and Emergency Measures department works with the communities to improve planning emergency response. The coordinator of current services has also contributed to developing tools and training to improve clinical practice at the local level.



Adelina Feo,
Assistant Executive Director

We have welcomed new members in the Pimuchteheu family over 2015-2016. Michelle Gray joined the department as Director of Professional Services and Quality Assurance – Nursing. Together with the Human Resources Department, they were the driving force behind the review of nursing staffing needs, a blitz of recruitment activities, the implementation of the Cree Nurses preceptorship program as well as support to the CMC's to increase the hours of services locally.

There have also been notable departures from our department. I would like to salute Solomon Awashish who has brought much life to the Public Health Department and much community mobilization. We all wish him happy retirement trails.

I also want to salute Louise Carrier who has, in many ways, been the 'mother' of nursing in Eeyou Istchee. Her 30-year contribution to the betterment of the nursing practice in Eeyou Istchee is truly a pillar of what the Cree Health Board has become. Profound thanks, Louise, for your tenacity and dedication through all those years.

In closing, I would like to say that no one can achieve success alone. Whether it is facing a personal challenge, illness, disability, going to school, raising our families or improving the health of a nation, we all need someone to lean on, counsel us and inspire us. We need to support each other in bearing our loads and achieving our goals. It is my deepest wish that the Pimuchteheu group, both managers and staff, can be a source of support for those who seek it, because we are so much stronger together.

Adelina Feo
Assistant Executive Director

PUBLIC HEALTH DEPARTMENT

The Public Health Department aims to contribute to the maintenance and improvement of physical, mental, and psychosocial health in the entire population. We also work to reduce health inequities. In particular, this means ensuring that we work with groups who are at increased risk for poorer health outcomes because of the various social factors which underlie peoples' health, such as housing, clean water, and other factors. In Eeyou Istchee, this means that we work together to maintain and to improve miyupimaatisiin of ALL Eeyou/Eenou.

80

The work of public health is accomplished through our four primary functions: (1) continuous surveillance of the state of health of the population and the factors underlying it; (2) promotion of the health of the population; (3) prevention of diseases, psychosocial problems, and injuries; and (4) protection of the health of the population. This objective involves several approaches to intervention:

- Ongoing surveillance of population health and its underlying factors
- A focus on the overall healthy development of children and youth
- Creation of healthy and safe environments and behaviours
- Prevention of infectious diseases
- Management of risks and threats to health and preparation for health emergencies

The Public Health Department provides services in all of these areas. In some cases, we provide services directly to the population (such as sharing information concerning contaminants); in others, we support services provided by others (for instance, vaccination and Â Mashkûpimâtsît Awash services in the CMCs). And we also collaborate with other groups in service provision (for instance, to address food insecurity and access to nutritious food in the territory). We cannot achieve our goals without partners within the health and social services network such as the MSSS, INSPQ, and Health Canada, as well as regional partners in the Nishiiyuu and the Miyupimaatisiin groups of the CBHSSJB and partners from other sectors, such as the Cree First Nations Councils, the Cree School Board, the Cree Nation Government, and other Cree entities, as well as provincial, federal, and international counterparts.

This year's annual report offers examples of where we have partnered with local community organizations through services such as Â Mashkûpimâtsît Awash and regionally with the Regional Childcare Committee, where we have worked with schools, as well as where we have developed relationships with regional partners such as the CNG's Environment and Remedial Works Department. We will continue our work in the upcoming year, supporting and collaborating with a variety of partners to maintain and improve Miyupimaatisiin.

Dr. Robert Carlin
Director of Public Health (interim)

AWASH 0-9

Offering ongoing interventions to pregnant women, mothers and fathers, children up to five, and their families

The **Â Mashkûpimâtsît Awash (AMA) Service** offers ongoing and intensive psychosocial follow-up services tailored to the needs of families. While some services are delivered through the CMCs, others are provided through outreach to families during home visits. AMA also aims to develop partnerships at the local, regional and provincial levels in order to better coordinate existing services while complementing them with new, community-based projects aiming at issues such as housing, education, and employability. The ultimate goal is to improve living conditions of all families and create "family-friendly" communities. AMA is fully implemented in four communities (Mistissini, Oujé-Bougoumou, Wemindji, and Waskaganish), under development in two others (Waswanipi and Nemaska), and in preparation in the final three (Whapmagoostui, Chisasibi and Eastmain). Clinical support and coaching on AMA implementation (in Mental Health, Social Work, Team Building, and Community Organization) was offered through onsite visits every four to six weeks. A total of five trainings on AMA Guidelines, Interdisciplinary Teamwork and Multigenerational Trauma were provided in addition to many workshops such as motivational interviewing, case discussions, working with difficult personalities, filing and referrals, and others. Two regional meetings and six conference calls were held for community organizers. Collaboration with community partners was maintained through different joint activities such as "Baby College" in Waskaganish, "Come-Unity" in Waswanipi and "Fly Families" in Wemindji. Regional partnerships were consolidated with the Child and Family Services of the Cree Nation Government. A cultural validation of the AMA guidelines was completed. The final reports of the process evaluation of AMA have been formatted.

The **Maternal and Child Health (MCH) Service** aims to provide preventative healthcare to mothers, babies and their families. This service offers basic medical follow-up to women in pre-conception, during pregnancy and after delivery, as well to children up to nine years. Services are provided mainly through the CMCs. This year saw a further revision of the Awash services reference document, including teaching pamphlets and booklets and the prenatal checklist, updated for CPDP approval. The collective prescriptions for nausea and vomiting during pregnancy and for thrush in breastfeeding babies were completed. The local community workers and nurses were supported through phone calls and visits.

The **Prenatal Nutrition Service** enhances the services of AMA-MCH and works to improve birth outcomes through proper nutrition. The service aims to reduce the number of babies with unhealthy birth weights; to reduce the rate of nutritional problems during pregnancy and childhood, including iron deficiency anemia; to promote exclusive breastfeeding for the first six months of life; and to increase access to nutrition services for pregnant teens and high-risk pregnancies (e.g. gestational diabetes). In the past year, we provided training, continuing education and support to all nine local Awash teams, and also provided funding for the CMCs to provide nutrition services, activities, and maternal nourishment in their communities; distributed nutrition educational tools, breastfeeding promotional items and the "Tiny Tot to Toddler" guides to pregnant women; and collaborated with other public health nutritionists on different nutrition files. The *Yummy Iron Rich Recipes* booklet was produced and distributed as a complement to last year's flipchart "Baby

81

Steps to Complementary Foods – 6 months to 2 years old.” We contributed to the revisions of the Awash manual concerning nutrition content and to the development of new nutrition educational tools and information for clients.

The **Breastfeeding Service**'s goal is to implement the Baby-Friendly Initiative in all communities of Eeyou Istchee, increasing the rate of exclusive breastfeeding to six months and the rate of total breastfeeding with added complementary foods to two years and beyond. Health care workers in the local Awash teams were trained and ongoing phone support was offered until the PPRO Breastfeeding left the position in September 2015. A replacement for the position has not yet been recruited. The Cree Breastfeeding blog continued with new posts and its Facebook page shared news and links. Breastfeeding Week activities were organized in five communities.

The **Educational and Carrier Screening Service for Cree Leukoencephalopathy (CLE) and Cree Encephalitis (CE)**, also known as the Genetic Diseases Educational and Prevention Service, aims to improve awareness about CLE-CE through a program of education and carrier screening offered at the high school level and through prenatal services in the Awash clinics. This year, all Secondary 3, 4 and 5 classes in four communities were visited, and 27 students chose to be screened. In the Awash Clinics, the program counseled about 146 future parents as couples or individuals, and 80% chose to be screened. Program evaluation continues in partnership with the genetics team from Ste-Justine Hospital. This year a survey of nurses and doctors was carried out, as well as a post-educational survey of high school students. The results of the nurse survey were discussed at the Annual Nurses Training.

The **Public Health Dental Service** organizes preventative services to improve oral hygiene habits in the region and to reduce the prevalence of tooth decay and oral health problems through both public education and prevention activities carried out by dental hygienists, CHRs and other Awash professionals. In the absence of a public health dentist, school-based programs are supervised by the Clinical Department of Dentistry. The dental health study results were made available in 2015. Some of the data from this study was included in a submission sent to the MSSS outlining the dental public health needs in the territory.



Child oral health education, Mistissini

The **Public Health Immunization Service** promotes, plans and coordinates vaccinations delivered by CMCs. During the past year, advice and individualized training following the Quebec immunization protocol was provided for everyone performing vaccinations in the CMCs.

The **Infectious Diseases Surveillance and Protection Service** works to improve population health by reducing the incidence of infectious diseases in the region. Priorities are to support surveillance, prevention, control and evidence-based management of infectious diseases. Work was carried out on emerging infectious diseases, including planning for emergency training of health care workers and for logistical preparation in relation to imported Ebola cases. Recommendations were drafted for health care workers for counseling pregnant women and couples planning travel to countries with active transmission of Zika virus, public communications were developed, and logistics related to clinical care were facilitated. Work was also carried out supporting the control of clusters and outbreaks of infectious diseases in the region. Other work included providing information to local daycares on the management of communicable diseases, drafting recommendations on screening and management of gonorrhea cases, supporting the follow-up of cases of sexually infectious diseases in the region, and drafting regional recommendations on the management of biological liquids exposure in the workplace.

USCHINIICHISUU 10-29

Improving the health of youth through planning and implementation of appropriate health services in communities, clinics and schools.

A community consultation report **Planning of Youth-Friendly Health Services** was finalized. A document on "clinical preventive services for youth" was revised by regional clinicians and regional public health staff along with specialists at the Montreal Children's Hospital (MUHC). A review of this plan was carried out within the public health department.

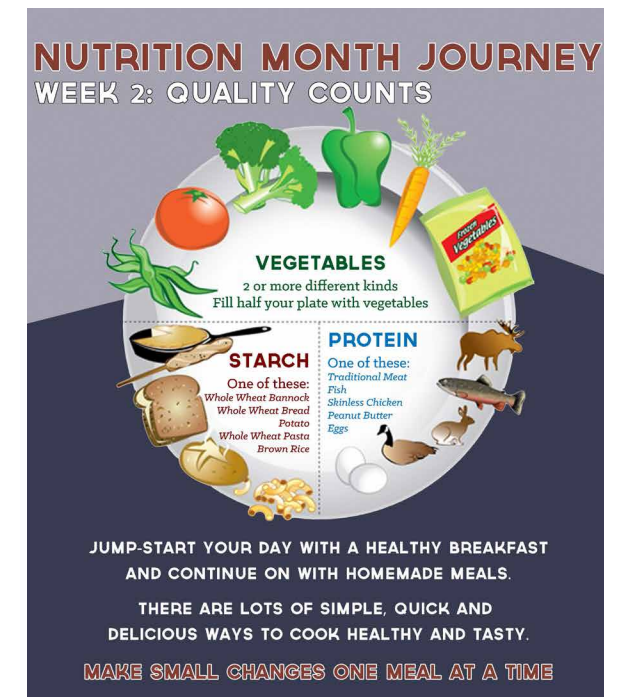
The **Healthy Sexuality and Infectious Diseases** initiative is part of the overall Infectious Diseases Surveillance and Protection Service, but with a focus on reducing or eliminating sexually transmitted infections (STIs) and preventing unwanted pregnancies, especially among teenagers. There was continued monitoring and epidemiological investigations of all sexually transmitted and blood-borne infections (STBBIs) in the region. A nurses' training on STBBIs was provided as part of the annual nurses' training in Montreal. Training and support was also given at the local level (to coordinators, nurses, and CHRs as well as community members) through nursing and physician visits to the communities. The "Relieve Yourself" campaign and its related website was relaunched in September 2015. A woman living with HIV was hired to tour the communities in

December, to share her story and warn young people of the consequences of HIV infection. Communication around sexual health issues was accomplished, in part, by interviews with *The Nation* and CBC North. Discussions were also initiated concerning the accessibility of contraception and STI treatments in schools, and new provincial protocols for nurses allowed them to prescribe these treatments. Lastly, partnerships were maintained with laboratories, RUIS-McGill, the CALI-Comité des analyses en laboratoires en ITSS, the INSPQ, OIIQ, Collège des médecins and MSSS to ensure best practices in testing in our region.

Chii Kayeh Iyaakwaamiih — "You too be careful" — is a school-based module that aims to prevent STIs, HIV/AIDS and unplanned pregnancies by helping students develop the skills they need to make healthier choices. The program was offered to Secondary 1-3 students in all nine communities. A milestone in the long history of this program was reached when ownership was transferred to the local CMCs. Local file holders (a school nurse and a CHR) from each community were trained to help familiarize new teachers with the lessons, when needed. They also provide support on certain topics related to Cree culture and to the prevention of STIs, HIV and unplanned pregnancies.

The **School Health Service** aims to improve the effectiveness of health promotion and prevention initiatives in schools by identifying and implementing relevant best practices. By March 31, there were school nurses in seven communities (Waskaganish, Wemindji, Mistissini, Waswanipi, Nemaska, Whapmagoostui, and Chisasibi, the latter a replacement nurse from an agency). Training was given to five nurses, and support was given to all local coordinators and school nurses via a monthly meeting. The channels of communication between the Cree School Board and Public Health were developed for a better collaboration in shared health projects.

The **Dependencies and Addictions Service** addresses issues of substance abuse and dependencies in Eeyou Istchee and aims to foster a transition to a healthy Cree lifestyle, with a focus on youth. In 2015-2016, we completed a research project on factors associated with problematic alcohol use, drugs and gambling for young adults, drafted a proposal to guide planning for addiction programs and services, and consolidated collaborations with other departments. Information and material was provided to all NNADAP addiction workers in each Cree community for youth-targeted prevention activities. Radio and community-oriented communications shared information related to addiction and driving under the influence. For the holiday period, public communications focused on substance abuse and risky behaviors, preventing addiction relapses, and mental health. We coordinated a train-the-trainer session on early identification/screening tools for alcohol, drug, and gambling addictions among youth and adults. We now have twelve trainers to train front-line workers to use addiction screening tools and better guide at-risk individuals towards services.



Public health campaign materials, 2016



Shii Shii campaign aimed at young men

CHISHAAYYUU 30+

Promoting health and well-being for adults and Elders

The **Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP)** initiative's mandate is to support (a) community-led and owned Miyupimaatisiun strategic work planning, and (b) regional alignment with these community Miyupimaatisiun priorities. Despite moving at different speeds, all communities have drafted bylaws and determined memberships of Miyupimaatisiun committees. Community contribution agreements were drafted for six communities, and orientations were held with these and other groups — an initiative jointly managed with Nishiiyuu.

86

Toward the **Promotion of Health and Well-Being and Prevention of Chronic Diseases**, Public Health continues to support and encourage communities to organize various physical and nutrition-related activities. Funded through the Aboriginal Diabetes Initiative, Public Health provides small grants to support regional and local activities related to diabetes prevention. This year, a total of 25 such grants were awarded to community groups.

The *Store managers' perspectives on improving access to nutritious foods in the stores of Eeyou Istchee* report was finalized. The project focused on challenges accessing nutritious foods in stores and identifying appropriate solutions, with results shared among store managers, health workers and local political leaders. The Cree Nation Government's August AGA adopted a resolution to collaborate and support the CBHSSJB in improving access to nutritious foods.

A report on poverty and social exclusion in Eeyou Istchee and on potential solutions for promoting health and creating more supportive environments was sent to the MTESS consultation on poverty and social exclusion. Our team also worked with the Oujé-Bougoumou Band Council to organize the Regional Diabetes Conference.

The **Meechum** project promotes safe and healthy foods. Traditional foods are an integral part of Cree health and well-being, and MAPAQ agreements to serve wild meat continue to be part of our foodservice framework. *From the Bush to the Table* traditional food workshops for Inland and Coastal communities now bridge local Cree Elders' knowledge with current scientific knowledge. Over 80 participants attended two regional training conferences in 2016. The 2013 Regional Nutrition Policy continues to be supported in CBHSSJB food services, including boarding homes and hotels used by CPS patients travelling to Val-d'Or and Montreal. A nutrition and foodservices evaluation included quarterly inspections with CPS community workers and social workers.

To ensure continued consultation of the Day-care Regional Nutrition Policy, childcare centres in Wemindji, Mistissini, Nemaska and Oujé-Bougoumou were visited, with menu updates and training in nutrition, food allergies, and food safety and hygiene. Nutrition workshops, training and support are offered to all 16 daycares.

We continued to offer MAPAQ food safety certifications (over 140 to date) to those working in CBHSSJB food-service, with training offered throughout the year. Radio PSAs helped promote healthy nutrition, food safety and best practices for handling wild meats.

No Butts To It!, a three-year tobacco reduction project, comprises *No Butts To It Smoke-free Challenges*, *Smoking Sucks Workshops* for Cree youth leaders, and a Distance Education Program for CHRs. Two *No Butts To It Smoke-free Challenges* encouraged being smoke-free for five days: 10% of the eligible Chisasibi population entered, and 12% in Mistissini. Two *Smoking Sucks Workshops* for 20 youth leaders in Chisasibi and Mistissini helped launch and implement Smoke-free Challenges, with training and activities aimed at community education.

The four-day March 2016 Distance Education Program in Val-d'Or provided orientation training for 14 CHRs from Wemindji, Chisasibi and Mistissini, with customized programs based on interests and prior experience and training.

Injury prevention messages on water safety, driving and road safety, and firearms safety are provided seasonally.

Local and regional partnerships address reducing domestic and other violence. A working group on violence prevention within both public health and the CBHSSJB was formed.

The **Breast Cancer Screening Service's** Clara bus and Sophie community tour offered screening to 681 women in Eeyou Istchee — a 66.3% participation rate. The program identified 35 women with lesions necessitating further investigation and possible early diagnosis and treatment.

The *Train the Trainer* program — to increase healthcare providers' **Diabetes** management knowledge — included initial training for all new nurses, CHRs and nutritionists. Educators provided ongoing training for local healthcare pro-

viders; collaborated in annual nurses' training in Montreal; offered dentistry staff a diabetes and oral health webinar, and managed three phone assistance lines addressing diabetes-related questions. Teaching materials, accessible online, are culturally adapted and updated. The *2015 CBHSSJB Guidelines for Insulin Initiation and Adjustment in Ambulatory Type 2 Diabetes* was launched to standardize insulin use by physicians, and serve as a reference for other healthcare providers. Peer-to-peer support was provided to Eeyouch with diabetes and their families via a three-day diabetes camp and traditional walks for youth.

Patient Partnership Approach to Diabetes Care in Eeyou Istchee: exploring obstacles and facilitators for diabetes management at the personal, organizational and environmental levels, a pilot project, was presented at the Canadian Evaluation Society 2015 National Conference and won first prize for best poster presentation from the Social Sciences and Humanities Research Council of Canada.

In **Occupational Health and Safety**, two nurses and two occupational safety technicians (one part-time, one full-time) were trained in prevention methods, and in July 2016 positions will be posted for a physician specialist in occupational health and an occupational safety technician. Company visits have led to reports to Public Health and the CSST concerning occupational health hazards. The *Table Nationale de santé au travail* is currently studying what constitutes a core team to occupational health and safety.

87

Environmental Health not only informs about and protects from the effects of harmful substances and radiation (indoor, outdoor, water, food), it is also concerned with reducing negative health impacts of resource development projects, features of a community-built environment, and environmental emergencies. Environmental Health and Occupational Health teams met with Material Resources four times this past year to share information about indoor air quality problems in CBHSSJB buildings; worked on two notifications regarding indoor air quality; and supervised a student project in Mistissini, inspecting nine houses for moulds and other health-related issues with results presented to the local housing department and CMC medical staff. December saw a collaborative presentation with the CNG regional housing department on housing and health at Quebec's annual public health conference. And finally, the environmental and occupational health teams worked together on two notifications regarding indoor air quality. In a community where almost 50% of houses tested had high levels of radon, the Environmental Health team presented results and provided information on mitigation measures to the community's First Nation Council.

Drinking Water Surveillance seeks to ensure water quality in community water distribution systems. Tap water quality, the responsibility of First Nation Councils, is tested regularly. Public Health is legally required to respond to laboratory reports showing quality not conforming to Quebec regulations. In 2015, we received several lab reports of organic and chemical contaminants present in two communities' drinking water; the public health team, local water operator and CNG worked together to pinpoint

the problem and deploy protocols. CMCs received a memo on "Recommendations for health establishments during a community Boil Water Advisory or Notice". Finally, we were invited by Health Canada to present, at a meeting of Quebec First Nations water operators, on the CBHSSJB role in ensuring drinking water quality.

At an **Environmental Health Working group** meeting attended by Dr. Robert Carlin and Isaac Voyageur, Director of the CNG's Department of Environment and Remedial Works, the focus was drinking water quality, as well as the impacts of development projects, and the availability and safety of wild game and fish. An **interactive mercury map**, developed from Hydro-Québec's fish mercury monitoring results, provides fish recommendations for each trap-line. The team reviewed provincial guidelines advising pregnant women and young children not to eat meat hunted with lead bullets due to toxicity.

The **Nituuchischaayihitaau Aschii Environment and Health Study** (funded by the Niskamoon Corporation) sent out reports for seven communities where field work was done, and held a last meeting with the Niskamoon Board of Directors.

The MSSSQ regularly solicits the opinion of Public Health on environmental and social impact assessments carried out from new projects in Eeyou Istchee, and we were asked for comments on a public hearings report on uranium development. Public Health participated in the final meeting of the CBHSSJB-Hydro Québec committee on Cree health.

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

SURVEILLANCE

The two-person unit completed two surveys as part of the Quebec Health Surveys Program: the Tan e Ihtiyau survey (Quebec Survey on Smoking, Alcohol, Drugs and Gambling in High School Students) in 2013, and the Quebec Population Health Survey (QPHS) in 2014-2015. A detailed internal reference report was drafted. Following an internal consultation, we provided feedback to the Ministry about planning the 2016-2017 High School Students Health Survey.

Results of the Tan e Ihtiyau survey were returned to all communities and schools management. The QPHS success of over 900 participants was thanks to a partnership with CMCs who agreed to have CHRs contact potential participants to explain the survey. A debriefing/training session took place with CHRs in Montreal, and three participated in a talk show on CBC North.

The data from the 2012-13 clinical survey of the state of oral health of students (in French, the ECSBQ) was made available at the beginning of winter by the Ministry, and we will prepare a complete report next year. Our region no longer has a public health dental position, and we were fortunate to have a specialist from another region help us prepare a highlights mini-report. Later, these results, along with an economic analysis of those dental services which could be reduced, supported our request to the Ministry to reinstate the public health dental position.

In the past, the surveillance team had supported Statistics Canada on the logistics of the five-year Population Census in Eeyou Istchee, always on an ad hoc basis. Considering the lower performance of the 2011 Census in Eeyou

Istchee, for the 2016 Census we partnered with the Cree Nation Government to offer planning assistance to SC. While the census is entirely the responsibility of SC, we documented how we could help with communications, and, if requested, with staff recruitment. The result was that we once again ended up in an ad hoc arrangement helping the organizers in Mistissini.

A comprehensive health profile was prepared and is uploaded to the website, with chapters updated as new data is available. Some material is restricted for use within the region and communities. A health profile extract from this was prepared for the draft of the new Strategic Regional Plan and later for the Health Assembly delegates' kits in Waskaganish.

Extensive upgrading of the Cree Diabetes Information System took place. An advance prevalence report was prepared for the Diabetes Conference in the fall of 2015. Data analysis was carried out to assist the pulmonary fibrosis study and the tuberculosis study of health determinants, and a mini-report on health status was written to support the brief on social solidarity. Special reports were prepared on traumas, congenital malformations, infant mortality and stillbirths, C-sections, diabetes rates, and youth protection. Community-level data was prepared for the clinical plans written by the Planning Department for four CMCs. A surveillance professional continued developing electronic reporting systems with the Awash and Mental Health Teams. Another professional continued working on the joint CSB-CBHSSJB committee supporting the work of the *Chii Kayeh Iyaakwaamiih* service.

Training was given to a medical student on STI analysis, and to a technician in the Planning Department. Surveillance professionals participated in the regional indicators/I-CLSC implementation working group and the manager was involved with the *Table de concertation en surveillance* as well as on the working group for the development of surveillance operations with the new National Public Health Plan.

EVALUATION

Evaluations continued for four public health services. Public Health personnel conducted two of these: the Chii Kayeh Iyaakwaamiih Curriculum and the patient perceptions of diabetes services. Two others involved partnerships with external researchers: with Ste-Justine for the CE/CLE Genetic Counselling Service and with the *Institute nationale de santé publique* for finalising reports of the evaluation of *À Mash-kûpimâtsî Awash*. Approval was given for a partnership with the INSPQ to evaluate protective factors in Awash services. The *Iiyuu Atawin Miyupimaatsiun* health planning process is being evaluated in partnership with McGill. Evaluation plans were developed for projects to be funded through *Avenir des Enfants*, and for the Cancer Project activities.

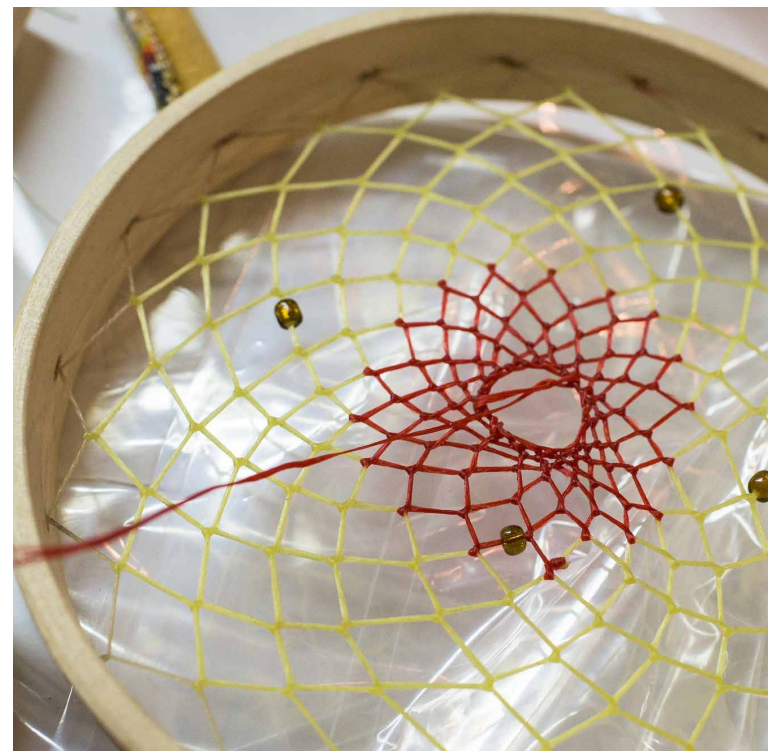
RESEARCH

How to manage research was still being discussed at the end of the year, although draft documents recommending a formal approval structure were submitted for approval. An interim research working group, set up by the Executive in May, held six meetings in 2015. Research projects typically happen over a number of years and reporting can continue for many years afterwards. The 2015-16 report on research projects can be found at www.creehealth.org.

COMMUNICATIONS

Public health's communications strategy is organized around radio, social media and the CBHSSJB website along with supporting print materials, and uses combinations of Cree (mostly but not entirely oral), English and French. Public Health Communications works closely with CBHSSJB Corporate Communications to use social and digital media to distribute messages and share stories; to manage the public health section of the website; to liaise between the Department and regional media entities to promote Cree language communications; and to provide communications support for all Department teams and personnel.

The communications unit was understaffed for most of the year, resulting in fewer health radio shows. Work continued to support regular public health activities such as the flu campaign, as well as special events such as the Nishiyuu Conference and the Diabetes Conference.



PROFESSIONAL SERVICES AND QUALITY ASSURANCE

NURSING

The Regional Department of Nursing focused on delivering nursing services that are patient centered, compassionate and continuous throughout 2015-16, targeting excellence for the Eeyou Istchee population!

Integration Program for Cree Nurses

The Chisasibi Hospital and Mistissini CMC were pivotal in developing the Integration Program for Cree Nurses. The program has fostered a caring and supportive environment to help the new Cree nurses develop to their fullest potential. Seven Cree nurses were involved in the Integration Program.

Recruitment and Retaining

The department had significant success in recruiting nurses and is promoting a healthy culture that values their experience and wisdom in order to retain them.

Overreliance on nursing agencies is untenable, as the constant turnover of nurses deteriorates the quality of nursing care. Following the act respecting contracting by public bodies, we placed a call for tender to secure better quality and value from agencies. This year, for the first time, the CBHSSJB reduced the amount of money it spends on nursing agencies.

Competency Development

Lucie Montour, the new nurse training agent, was hired in September 2015 and has greatly improved the orientation and integration process.

The Annual Nurses Training was held in November; 101 nurses attended workshops on a wide range of clinical subjects, updated their skills and renewed certifications for trauma and emergency care. The trainees covered topics including Indigenous History/ Intergenerational Trauma, the therapeutic guide, collective prescriptions, respiratory care, ENT (ear, nose, and throat) protocols, and the use of medication.

Quality and Safety

A new Risk Advisor position was created to coordinate activities to promote a patient safety culture and oversee all systems whose mandate is to assess and manage risk and increase safety in health services delivery. The Risk Advisor compiled all incident and accident reports to give a global picture of the risk areas. So far, 79 people have been trained in risk management and 160 incidents and accidents have been reported. The goal is to create a "no-harm culture" that focuses on improving quality and reducing risk.

Research

A doctorate student's research project helped the Department improve the learning paths that nurses experience while working in Eeyou Istchee. A grant was approved by the FIR (*Fonds Institutionnel de recherche*) to study the feasibility of implementing the extended role for nurses in Chisasibi to improve access to front line services.

ALLIED HEALTH

Allied Health includes many different professionals: nutritionists, occupational therapists, physical therapists, psychoeducators, psychologists and speech-language pathologists. Their testimonies illustrate the importance of the services they provide and the passion they demonstrate in their daily work in Eeyou Istchee.

“Being away from my family and working in a remote community is worthwhile when I see an Elder who is able to return to the bush and pursue traditional activities.” – *Lise Dion, Physiotherapist, Wemindji*

“Developing speech and language services for the CBHSSJB is quite a challenge, but it’s also an amazing opportunity to learn to work differently. Learning about Cree Culture, trying to develop culturally relevant speech and language services, and exploring different therapeutic approaches is stimulating. I’m learning a lot about my profession but also about myself.” – *Mélanie Camirand-Larue, Speech-Language Pathologist, Inland Communities*

“It’s been a year since the Cree Nation of Chisasibi welcomed me to the community as the first full-time psychologist on the Territory. The response so far has been very positive. While I have been confronted with the multiple impacts of intergenerational trauma, I also learned about the resilience of the people, something I have observed in every one of my cases. It is a privilege to accompany all of my clients on their journey of empowerment and in the process of assuming control over their physical and psycho-social well-being.” – *Karen Parent, Psychologist, Chisasibi*

“More and more patients hospitalized in the South are being discharged prematurely to the community. For these clients, the presence of a physiotherapist and occupational therapist in the community allows them to regain their mobility and return to their normal routine.” – *Nora Abibsi, Physiotherapist, Waswanipi*

“Over the last year, occupational therapy in Chisasibi and Whapmagoostui has developed an expertise in paediatrics that places parent and caregiver capacity-building at its centre. In Whapmagoostui, a valuable collaboration with the school allowed strong capacity-building with the teachers and educators and a very good quality of care for the youth.

We also have developed a valuable collaboration with the Cree Nation of Chisasibi: the swimming pool has now opened for people with mental difficulties and we are working together to make the swimming pool wheelchair accessible in 2016-2017.” – *Virginie Lubino, Occupational Therapist, Chisasibi, Whapmagoostui*

“My role is first, to raise awareness of chronic diseases and simple ways to prevent them, and second, to promote healthy eating and active living.” – *Mihigo Muganda, Nutritionist, Mistissini*



Rehabilitation professionals

“My first year as a physiotherapist in Chisasibi has been one of sensitizing myself to the needs of the Eeyou. I am inspired by the passion of our team, who advocate relentlessly to bring about positive changes.”

– *Sandra Ghali, Physiotherapist, Chisasibi*

“I focus on helping people better manage their chronic conditions, spreading awareness of healthy eating and helping support food security. We are working on a major new project: a community garden!”

– *Nicholas Martineau, Nutritionist, Oujé-Bougoumou*

ALLIED HEALTH: HOURS OF SERVICE PROVIDED

Community	Nutritionists	Psycho-therapists	Occupational Therapists	Psycho-educators	Speech and Language Pathologists	Total 2015-2016	Variation
Chisasibi	924	1,417	1,156	919	75	4,491	11.0%
Eastmain	-	-	102	-	-	102	-91.8%
Mistissini	897	1,027	392	1,071	293	3,681	-21.2%
Nemaska	640	-	237	-	-	877	41.6%
Oujé-Bougoumou	370	795	-	335	-	1,499	346.8%
Waskaganish	474	226	835	438	20	1,994	21.2%
Waswanipi	-	783	263	359	24	1,429	-40.8%
Wemindji	515	1,038	900	-	-	2,453	23.9%
Whapmagoostui	135	-	344	-	-	479	8.4%
Eeyou Istchee	3,954	5,286	4,230	3,122	412	17,004	3.1%

DEPARTMENT OF PROGRAMMING AND PLANNING

Before any new health or social service facility is constructed, the CBHSSJB must submit a detailed clinical plan to the MSSS. The development of these plans is one of the main responsibilities of the Department of Programming and Planning. Clinical plans were completed for the new CMCs planned for Waskaganish and Oujé-Bougoumou. The joint clinical plan with Region 17 for Whapmagoostui-Kuujuarapik was also completed, as was the clinical plan for the new regional hospital which will replace the existing facility in Chisasibi.

94

Dany Gauthier, PPRO in the Planning and Programming Department, is working with Virginia Wabano on the women's shelters that are being built in Waswanipi and Waskaganish.

Accurate data is essential for planning and quality management, and an Indicators Working Group was formed to improve data collection across the organization.

Priorities for 2016-2017 include:

- clinical plans for birthing centres and addiction rehabilitation centre;
- service program for young people in difficulty and with special needs;
- Planning for extended services and outreach for youth (in collaboration with the Public Health Department);
- development of support program for chronic disease (in collaboration with the Departments of Nursing and Public Health);
- work on indicators;
- finalization of the framework on the integration of primary care services;
- mapping of the patient pathway in the service continuum.

CURRENT AND AMBULATORY SERVICES PLANNING

In remote communities, nurses need to be able to do more hands-on resuscitation in the absence of a doctor. One of the main responsibilities of Louella Meilleur, the Coordinator of Current and Ambulatory Services, is ensuring nurse training in trauma equipment and techniques such as the use of the intubation device known as C-MDSA and cardiac defibrillators.

At the annual nurses' training in Val-d'Or in November 2015, under the supervision of Dr. Lachaine, 61 nurses updated their C-MDSA skills and 71 nurses participated in intermediate or advanced trauma training. Eleven newly hired nurses were certified in February 2015 in basic C-MDSA and trauma. Instructors carry out three C-MDSA and CPR workshops a year in the communities, giving frontline workers a chance to practice their skills. Three new instructors received their first training session in March 2016 and will continue in 2016-2017.

In addition to training, work continues on the nursing aspects of the Therapeutic Guide and Clinical Protocols. A major effort was made to review supplies and equipment needed in CMCs to respond to patients in respiratory distress.

PRE-HOSPITAL SERVICES

Pre-Hospital Services involves all the steps to be followed in cases of medical emergencies in Eeyou Istchee: for example, getting the patient safely from the site of an accident to the hospital. Several partners can be involved, including police, fire fighters and ambulance services.

Pre-hospital services are coordinated with and linked to other organizations of the health and social service network in order to ensure continuity of care and the operational efficiency of the patient transfers. Furthermore, services comply with good "first response" practices: respect of individuals, cooperation between the various workers, and the patient's interest. Supported by the Public Health department, this unit's training and quality assurance are provided by the agency Pre-Hospital Experts.

EMERGENCY MEASURES

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

Some 2015-2016 activities include responses to:

- the forest fire in James Bay;
- power failures in Eastmain, Nemaska, Mistissini, Chisasibi, and Oujé-Bougoumou;
- a major road wash-out;
- missing persons alerts;
- the fire taking the lives of five hunters;
- accidents on the James Bay Highway and la Route du Nord; and
- communications network crashes.

The coordinator of pre-hospital services and emergency measures participated in the MSSSQ Civil Security Mission Santé meetings in Quebec City and the Organisation Régionale Sécurité Civile conference calls. Fire chiefs meet twice annually and provide updates for Emergency Measures for James Bay. Additionally, CBHSSJB provides updates to the fire chiefs and First Nation Councils.

Emergency Measures On-Call Service is provided at all times. Calls may be received for road closures, forest fires, insufficient beds in a southern hospital, or ambulance breakdowns. All calls are dealt with by providing necessary information or assistance to affected communities.

Priorities for 2016-2017 include the submission of the triennial plan 2016-2019 to the MSSSQ and the implementation of the priorities set out in this plan.

NUMBER OF CERTIFIED FIRST RESPONDERS PER COMMUNITY

Chisasibi	16
Eastmain	11
Mistissini	8
Nemaska	7
Oujé-Bougoumou	5
Waskaganish	5
Waswanipi	7
Wemindji	8
Whapmagoostui	9
Total	76

95



MENTAL HEALTH SERVICES PLANNING

The team developed the Cree Mental Health and Wellness Strategy to improve the delivery of mental health services to better meet the needs of people. This included a Strategic Vision, Program Plan, and Action Plan. Our vision statement reads “The Maanuuhiikuu Department of the CBHSSJB promotes positive mental health through prevention, intervention, treatment, and ongoing holistic care so that everyone in Cree Territory can live full and balanced lives.”

This year has involved completing the ground work for a bolstered model of service delivery. This effort was guided by the results of last year’s mental health service evaluation, and the pervasive sentiment in Eeyou Istchee that mental health is a priority and investment in services is needed. Some of the major accomplishments include changes to psychology services to provide more consistent support, the hiring of mental health nurses, and preparation to implement a mental health team and case management approach. Maanuuhiikuu is also working on closer collaboration with the Nishiyuu department on cultural safety and on offering land-based healing approaches as options for individuals who prefer to experience a traditional Cree approach to psychological healing over a more Western psychological model.

Daisy Ratt, who has been with the department since 1997, retired this past year; she worked diligently to keep the department running during times of turnovers and acted as Interim Coordinator on a number of occasions. For this, we give her our heartfelt thanks and wish her well.

Psychiatry

Dr. Janique Harvey continued to provide psychiatric care to coastal communities, and Dr. Eduardo Chachamovich provided care in Chisasibi. The two mental health liaison nurses (coastal and inland) also supported clients in conjunction with the psychiatrists. A liaison nurse continues to work from the Douglas Mental Health Institute to provide support to clients in the hospital and their families. Use of video-conferencing is expanding into new communities and is regularly being used for case discussions and follow-up with clients.

Psychology

Psychology services were offered in all nine communities. There has been much investment into re-imagining how these services could be offered in a manner that is more integrated into the regular services and programs offered. We have brought on board two full-time psychologists, and more positions are in development for the next year. In the coming year the psychology program aims to stabilize services by providing more consistent and frequent support to clients and local teams, and to capitalize on the expansion of telehealth services by offering more support through telepsychology. We are also collaborating with the Cree School Board to provide psychology services for post-secondary students outside the territory.

PSYCHOLOGY AND PSYCHIATRY SERVICES

Community	Psychologists		Psychiatrists	
	2014-2015	2015-2016	2014-2015	2015-2016
Chisasibi	247	307	0	47
Eastmain	211	242	0	70
Mistissini	306	255	0	33
Nemaska	213	100	49	78
Oujé-Bougoumou	159	153	0	1
Waskaganish	203	197	13	48
Waswanipi	250	139	0	23
Wemindji	137	89	24	52
Whapmagoostui	209	206	31	54
Eeyou Istchee	1,935	1,688	117	406

"Clients from the inland communities travel to Chibougamau for psychiatry appointments."

Suicide Working Group

The Suicide Working Group continued to develop a strategy for addressing suicide in our communities. This included networking with Youth programs and collaborating with other Cree Entities, including the Innu Ahtawin Miyupimaatisiun Process (IAMP). The group continued to sponsor the Mental Health First Aid (MHFA) training, and have had approximately fifty participants in four communities. It also supported the Applied Suicide Intervention Skills Training (ASIST); three Cree trainees have re-activated their trainer status and given workshops in two communities.

Sexual Abuse Working Group

The Sexual Abuse Working Group continued to shine light on the difficult topic of sexual violence in Eeyou Istchee. It developed a training program to help front-line workers learn how to use the Sexual Assault Response Protocol (SARP) and accompanying Sexual Assault Response Manual (SARM). The training provides workers with the skills and confidence needed to implement SARP, covering basic requirements and information needed to support and intervene with men and women who disclose a sexual assault. Phase 1 of the training was piloted in Val-d’Or in March 2016, and delivered to front-line workers in Waswanipi, Oujé-Bougoumou and Whapmagoostui.

Mental Health Policies and Procedures

Policies and procedures are being developed to standardize access to mental health services off-territory, such as psychiatric care, emergency counseling and telehealth. They will also streamline care provided on territory, including suicide response for front-line workers, referrals, record-keeping and collecting service-related statistics for evaluative purposes. The development of policies and procedures for mental health care in the Territory is complex, and requires ongoing consultations and collaborations with front-line workers and healthcare professionals on and off territory.

Indian Residential Schools

The federally funded Indian Residential Schools Resolution Health Support Program has been extended to 2018 and is being coordinated by Daisy Bearskin-Herodier. The program continues its support services to residential school survivors with help of Resolution Health Support Workers (RHSWs) and Cultural Support Providers (CSPs). The program offered its support services during the Indian Residential Schools Gathering in July on Fort George Island and the Regional IRS gathering in September at Old Nemaska. The RHSWs and CSPs continue to work with survivors attending court hearings.

2015–2016 HIGHLIGHTS



The Human Resources Department is in the process of revising a number of key policies including the Housing and Maintenance Policy for workers living in CBHSSJB houses. 50% of new employee housing units will be designated smoke-free. Other policies being revised include those governing use of short-term “transit” accommodation, sorties, business travel and confidentiality.



Information Technology Resources Department installed fetal monitors used for teleobstetrics in all communities except Whapmagoostui, replaced the network and phone system in Waskaganish CMC, installed video-conferencing equipment in Montreal and Chisasibi, the Omnitracker system to track all helpdesk calls and other incidents, an upgrade to the financial information system Virtuo, and a laboratory system interface with MUHC in Montreal.



The Material Resources Department coordinated the installation of a new 600 kilowatt generator and transfer switch installed at Chisasibi Hospital, which will enable the Hospital to maintain all its services during partial and total power failures, which occur frequently in northern communities. The department manages 90,600m³ of building assets in CMCs, MSDCs, administration buildings and housing units in all nine communities of Eeyou Istchee.

ADMINISTRATIVE RESOURCES GROUP



HUMAN RESOURCES



Allied health recruitment event

STAFFING

Staff have worked hard to improve the quality of services offered and revise processes to improve efficiency. The team welcomed Marie Blais as the new Assistant to the HR Director. Due to merges in the Quebec health system, the HR department now follows new posting procedures for managerial hiring. The past year saw the nominations of four heads/coordinators, two local directors, one assistant director, two directors and one executive director. Other new appointments include Cree nurses, a Cree medical laboratory technician and a pharmacy assistant. There were a total of 2,535 permanent and temporary employees, including 338 new employees for this fiscal year.

The department's recruitment blitz resulted in over 30 new nurses hired in a three-month period. These nurses were nominated to vacant positions as well as to our recall list, reducing the number of agency nurses. Hiring efforts will continue, given the 370 vacant positions, and many new positions will be created as housing and office space increase and new funds are made available. The department prioritizes the hiring of qualified Cree personnel, so recruitment strategies will be deployed in the communities.

In March, HR worked to revise daily procedures and improve team performance. Three procedures were reviewed and short-term action plans developed to reduce delays and improve communication procedures.

HEALTH AND SAFETY

An audit was done of all absence files, with a follow-up for better rehabilitation treatment, to ensure employees receive the best help possible.

Prevention actions — location inspections and a process for the declaration of accidents — are being gradually implemented, traditional healing services for employees, in collaboration with the AED Nishiiyuu, will be available, and Employee Assistance Program services will be expanded.

POLICIES AND PROCEDURES

Housing and Maintenance policies were revised and approved by the Board in March 2016, and an action plan will ensure all communities have the new housing policy and procedures. Implementation included making 50% of the units smoke-free. Other revised policies include those governing transit, sorties, travel, and confidentiality, as well as policy governing policies.

PERSONNEL PLAN AND SOFTWARE

The Book of Positions replaced the Personnel Plan this year. To ensure accuracy of information, a team member toured communities and reviewed position structures with all local teams, as well as with the administration department in Chisasibi. Data were entered in HR software to allow for electronic timesheets. MediSolution Virtuo Phase 1 implementation — migration of HR information into new module, training of HR and Payroll users, and reengineering of processes — was carried out as scheduled.

NEW DEVELOPMENT FUNDS

Postings for all personnel requisitions were made before the end of March 2016, and recruitment for all positions has begun.

HUMAN RESOURCES DEVELOPMENT

The HRD team has initiated a number of new projects to support culturally-safe CBHSSJB development in alignment with the Strategic Regional Plan. While training remains a priority, the team will focus on a variety of organizational and individual development needs. The Cree Succession Plan is near completion and internal training processes are being reviewed to improve efficiency and effectiveness. A Leadership Development Program will be piloted in a number of communities in the coming year. Most significantly, HRD helped facilitate recent consultation sessions informing the design of a new organizational structure, and will be playing an important role in the implementation of the new structure.

EMPLOYEE AND LABOUR RELATIONS

The Coordinator of Employee and Labour Relations took responsibility for support staff and nurse recall lists, with calls for tenders completed and nursing agency procedures implemented. 370 personnel requests have been treated between August 2015 and March 2016, down by 32 from last year. Meetings with both unions continue alongside ongoing negotiations with the MSSS, and grievances were successfully settled before arbitration. Grievances include disciplinary measures, harassment and the nonpayment of premiums. Strikes by the CSN took place with only minor interruptions.

Twenty-nine new grievances were filed by members of the CSN union, and nine were settled. Two new grievances were filed by nurses belonging to the FIQ, and five were settled.

STATUS OF HUMAN RESOURCES, 2015-2016

	2014-2015	2015-2016	% variation
Full-time managers	88	77	-12.5%
Part-time managers	0	0	0%
Managers in employment stability	0	1	100%
Full-time regular employees	889	979	10%
Part-time regular employees	66	66	0%
Employees in job security	0	0	0%
Occasional workers - # of hours	498,063	440,650	-11.5%
Occasional - equivalent full-time	273	240	-12.1%

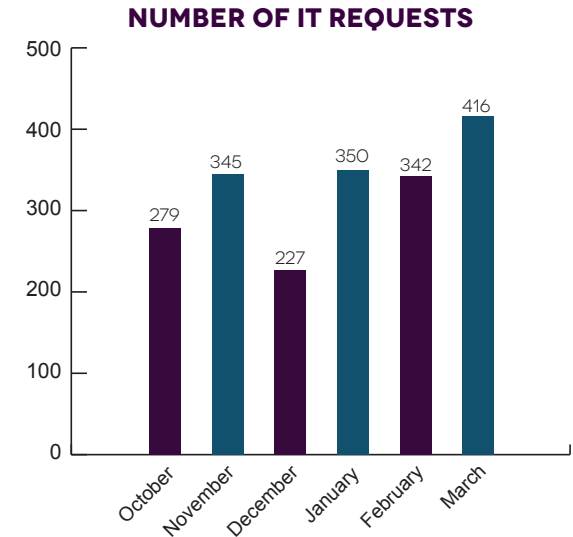
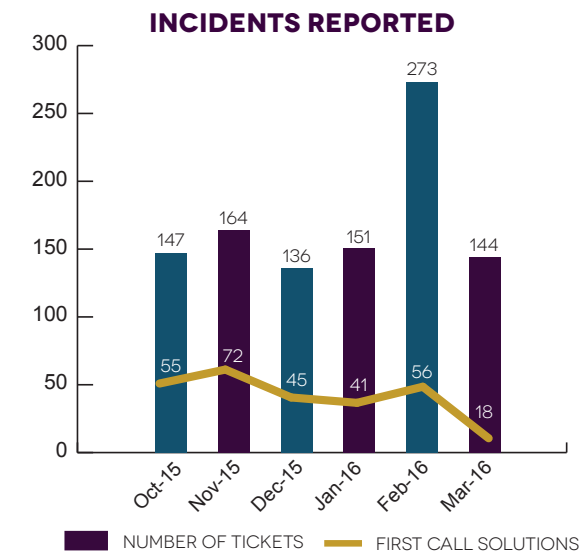
INFORMATION TECHNOLOGY RESOURCES

Though recruiting qualified personnel continues to challenge the department, funding support from senior managers, pending the completion of the MSSS-CBHSSJB funding agreement for the IT Master Plan, has allowed for progress on high priority projects. To resolve decision-making and request processing issues, a review of key policies and procedures was undertaken and outdated governance documents revised. Internal processes and procedures were also revised to improve service delivery and quality.

OPERATIONS

The incident and request management module of Omnitacker was successfully implemented. The software is IT's primary tool to receive and track progress of incidents and requests. The system records transaction information allowing for the development of Key Performance Indicator (KPI) reports, as illustrated below.

Total Incidents Reported (10/2015-5/2016): **1234**
 Requests Received (10/2015-5/2016): **2341**
 Average % of calls resolved during first call: **29.19%**



The asset management process has been reviewed, revised, and entered into the Omnitacker system and is now ready to go into production. The Network Operations Centre (NOC), now monitoring the network and servers, will be instrumental in providing early notifications of equipment failures and capacity problems.

Completed projects include:

- TeleNST (Fetal monitor) deployed in all communities except Whapmagoostui;
- Waskaganish network and telephone system replacement;
- Video conference – Montreal HRD, Chisasibi HR & Admin;
- ITIL – Incident and Request management;
- Laboratory – Interface to MUHC laboratory system;
- HR system (Virtuo RH) upgrade.

Ongoing projects include:

- Network Operations Centre – Server and Application Monitoring;
- Microsoft Active Directory – Architecture;
- NIHB – Benefits application upgrade;
- Dentistry – Abeldent upgrade;
- ITIL – Asset management;
- Master Patient Index Phase 2;
- CBHSSJB Portal development.

OBJECTIVES

In 2015, the MSSS implemented sweeping IT integration measures to ensure all healthcare institutions conform to provincial standards. Coupled with a stronger, more open relationship between the MSSS and CBHSSJB, this initiative offers an opportunity for IT to integrate with network partners and the province. The signing of the MSSS-CBHSSJB funding agreement for the IT Master Plan is nearing completion. Once signed, the capital required to fortify infrastructure and replace aging computers, as well as the projects in the plan, will be available. The department will continue to focus on technology and architecture, service organization, and governance.

“Access to video-conferencing bridges our professional isolation and allows us to participate in case discussions.”

– Louise Roy, Physical Rehabilitation Therapist, Mistissini

Projects for 2016-2017 include:

- Whapmagoostui cabling and infrastructure;
- Oujé-Bougoumou infrastructure and telephony;
- Chisasibi infrastructure and telephony;
- CBHSSJB Portal development;
- Mistissini Public Health move;
- Nemaska infrastructure;
- Chibougamau infrastructure;
- Master Patient Index Phase 2 completion;
- Video Conference (5 units);
- Womens' Shelters (Waswanipi & Waskaganish) infrastructure implementation.



MATERIAL RESOURCES

The Material Resources Department implements a preventive maintenance program for 90,600 square metres of assets (CMCs, MS-DCs, administration buildings and housing units) in all nine Eeyou Istchee communities.

Accomplishments for the past year include:

- Purchase of 15 new vehicles and two ambulances;
- Analysis of methods for implementing the Ministry framework for health & hygiene, with a report due May 2016;
- Training for the preventive maintenance specialist to ensure continuity of the preventive maintenance program and training of employees in Cree;
- Auditing of 30% of CBH institutional and administrative buildings;
- Tenders for new office space for HR, HRD, CPS and PH departments and new lodging arrangement for CPS;
- Fire evacuation plans for all CBH buildings;
- Re-negotiation of building leases for 42 and 20 Fort George;
- Demolition of the old Wemindji CMC;
- Transfer of title for Eastmain's old CMC from CBH to CNE;
- Move of regional DYP department from 20 Fort George to the CCI building;
- Renovation of 12 housing units in Chisasibi.

The department corrected attic condensation problems in the Oujé-Bougoumou CMC, and in the Chisasibi Hospital installed the radiology room, new air conditioning in the laboratory, and a new 600kw generator and transfer switch. The back retaining wall of the Waswanipi MSDC was solidified, and the roofs renewed on C6-9 units in Chisasibi.

Ongoing projects include:

- Refurbishing the dentistry department and installing a new chair;
- Adjusting the loading dock height at Chisasibi Hospital;
- Finishing corrective work on the roof of Oujé-Bougoumou's healing centre;
- Refurbishing transit unit 13 Porcupine in Wemindji;
- Renovating Opemiska units in Oujé-Bougoumou;
- Rearranging the laboratory in Chisasibi Hospital;
- Replacing suspended ceilings in critical areas;
- Performing corrective work on ventilation units at the Mistissini Reception Centre;
- Moving the Pimuchteheu & PH department to their new offices in Mistissini.

Objectives for the coming year include establishing a project management department and renovating and maintaining transit and housing units.



New Wemindji CMC under construction, June 2015

FINANCIAL RESOURCES

The Financial Resources Department strives to improve services to internal and external clients. This past year, one objective was to establish an experienced and stable in-house team with the capacity to produce financial information, monitor budgets and spending, and carry out financial analysis. Consequently, the department reduced its reliance on external consultants by 20%, with an even greater reduction expected next year.

The department continues to work towards increasing the use of electronic payments over cheques, given it is faster, less expensive, and more environmentally friendly. In 2015-2016 67% of payments were made by cheque, compared to 72% in the previous year. A significant change will be made in 2017 to further this objective.

Efforts to improve procurement and inventory management continued with the hiring of a Coordinator of Purchasing. The establishment of an inventory management system in December 2015 will significantly reduce the risk of stock shortages. In addition, the Purchasing Unit is continuing its efforts to maximize the use of group purchasing to reduce costs.



Director of Finance Denis Tremblay

2015–2016 HIGHLIGHTS



Nurses are the pillar of patient care in remote northern communities, and the cost of nursing services is a major budget item. Reducing dependence on nursing agencies makes financial sense and also leads to more stable and culturally safe care for patients. 30 nurses were recruited during a three-month period last year, and longterm efforts to support Eeyou nurses through training, licensing exam preparation, and on-the-job skills acquisition has brought more Eeyou nurses than ever to work in their home communities. A call for tender for nursing agency services will stabilize costs in this area.

Investments in telehealth are starting to generate tangible savings for the CBHSSJB and thus the health network of Quebec. For example, since Chisasibi Hospital began offering remote ultrasound in partnership with Val-d'Or, over \$65,000 was saved in patient transportation and lodging. Meanwhile, pregnant women and their families from Chisasibi and other coastal communities are spared an exhausting and disruptive three-day trip to Val-d'Or.

The CBHSSJB is saving a substantial amount per passenger on the cost of air transportation between Chisasibi, Val-d'Or and Montreal since the implementation of the coastal air charter service in partnership with Air Creebec. Millions of dollars will be saved over the longterm. A public tender process to identify suppliers and lock in prices for emergency air ambulance service will also be more cost effective for the CBHSSJB. Both of these aviation initiatives have also resulted in faster, safer, and more comfortable transportation for the patients.

FINANCIAL STATEMENTS ANNEX



CBHSSJB
OPERATION FUND
BALANCE SHEET
AS OF 31 MARCH 2016

	2016	2015
	\$	\$
Financial assets		
Cash	7,859,204	10,643,098
Accounts receivable – MSSS	124,961,799	77,333,533
Accounts receivable – Other	3,777,053	4,840,602
Due from Long-term Assets Fund	8,002,025	8,098,314
	144,600,081	100,915,547
Liabilities		
Short-term loan	67,000,000	30,000,000
Accounts payable and accrued charges	18,286,574	12,445,204
Wages and fringe benefits payable	12,774,345	11,647,084
Reserved funds – New residential facilities	4,661,673	3,571,143
Reserved funds – Strategic Regional Plan	2,276,500	2,276,500
Deferred revenue	2,087,986	4,930,084
	107,087,078	64,870,015
Net financial assets	37,513,003	36,045,532
Non-financial assets		
Prepaid expenditure	586,091	740,389
Inventories	1,271,114	1,226,976
	1,857,205	1,967,365
Fund balance		
Surplus	39,370,208	38,012,897

CBHSSJB
OPERATION FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDING 31 MARCH 2016

	2016	2015
	\$	\$
Balance, beginning of year		
Excess (deficiency) of revenue over expenditure	38,012,897	40,290,150
Inter-fund transfer 2015-2016	6,068,209	(2,277,253)
Balance, end of year	(4,710,898)	0
	39,370,208	38,012,897
The fund balance can be detailed as follows:		
Deficiency of revenue over expenditure 2004-2005	(4,717,687)	(4,717,687)
Excess of revenue over expenditure 2005-2006	21,042,033	21,042,033
Excess of revenue over expenditure 2006-2007	7,820,381	7,820,381
Excess of revenue over expenditure 2007-2008	13,972,865	13,972,865
Excess of revenue over expenditure 2008-2009	11,035,286	11,035,286
Excess of revenue over expenditure 2009-2010	4,715,321	4,715,321
Deficiency of revenue over expenditure 2010-2011	(992,496)	(992,496)
Deficiency of revenue over expenditure 2011-2012	(151,332)	(151,332)
Deficiency of revenue over expenditure 2012-2013	(6,311,232)	(6,311,232)
Adjustment MSSS 2004-2011	(883,137)	(883,137)
Deficiency of revenue over expenditure 2013-2014	(5,239,852)	(5,239,852)
Deficiency of revenue over expenditure 2014-2015	(2,277,253)	(2,277,253)
Deficiency of revenue over expenditure 2015-2016	6,068,209	0
Inter-fund transfer 2015-2016	(4,710,898)	0
Accumulated surplus as of March 31, 2016	39,370,208	38,012,897

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DIRECTORY

REGIONAL SERVICES

Regional Administration

PO Box 250
Chisasibi, QC J0M 1E0
819-855-2744 (T)
819-855-2098 (F)
Complaints 1-866-923-2624

Chisasibi Hospital

21 Maamuu Road
Chisasibi, QC J0M 1E0
819-855-2844

Recruitment Centre

1055 René Lévesque Boulevard East
7th floor
Montreal, QC H2L 4S5
1-877-562-2733
jobs.reg18@ssss.gouv.qc.ca

Public Health Department

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

Cree Patient Services Liaison Offices

CPS Chisasibi Hospital
819-855-9019

c/o Centre de santé de Chibougamau
51, 3^e Rue
Chibougamau, QC G8P 1N1
418-748-4450

1055 René Lévesque Boulevard East
6th floor
Montreal, QC H2L 4S5
514-989-1393

c/o Hôpital de Val-d'Or
725, 6^e Rue
Val-d'Or, QC J9P 3Y1
819-825-5818

Youth Healing Services

Reception Centre
282 Main Street
Mistissini, QC G0W 1C0
418-923-3600

Upaahchikush Group Home

Mistissini, QC G0W 1C0
418-923-2260

Weesapou Group Home

Chisasibi, QC J0M 1E0
819-855-2681

Youth Protection Hotline

1-800-409-6884

COMMUNITY

MIYUPIMAATISIUN CENTRES (CMCs)

Chisasibi CMC

21 Maamuu Road
Chisasibi, QC J0M 1E0
819-855-9025

Eastmain CMC

143 Nouchimi Street
Eastmain, QC J0M 1W0
819-977-0241

Mistissini CMC

302 Queen Street
Mistissini, QC G0W 1C0
418-923-3376

Nemaska CMC

7 Lakeshore Road
Nemaska, QC J0Y 3B0
819-673-2511

Oujé-Bougoumou CMC

68 Opataca Meskino
Oujé-Bougoumou, QC G0W 3C0
418-745-3901

Waskaganish CMC

2 Taktachun Meskaneu
Waskaganish, QC J0M 1R0
819-895-8833

Waswanipi CMC

1 Aspen West
Waswanipi, QC J0Y 3C0
819-753-2511

Wemindji CMC

60 Maquatua Road
Wemindji, QC J0M 1L0
819-978-0225

Whapmagoostui CMC

Whapmaku Street
Whapmagoostui, QC J0Y 1G0
819-929-3373



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

Cree Board of Health and Social Services of James Bay
Box 250, Chisasibi, QC J0M 1E0
ccsssbj-cbhssjb@ssss.gouv.qc.ca | www.creehealth.org