





Conseil Cré 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

# CBHSSJB 2011•2012

## **Annual Report of the Cree Board of Health and Social Services of James Bay**

Under provincial legislation in place since 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) is responsible for the administration of health and social services for all persons residing either permanently or temporarily in Region 18, the administrative region of the Ministry of Health and Social Services of Quebec corresponding to the Cree territory of James Bay.

**Photo credits:**

Cover: This mural in the waiting room of the Mistissini community health centre was designed and painted in the fall of 2011 by over one hundred Mistissini community members. The painting expresses the theme of Miyupimaatisiun – the holistic concept of health that is at the heart of our mission at the CBHSSJB. Thanks to Sophie and Fanny at Murales des Peupliers, [www.soart.ca](http://www.soart.ca). Pictured (left to right) are Julie Linton, Jared Linton and Minnie Awashish.

Thanks to the talented photographers of the Voyageur Memorial School in Mistissini and Alex Johnson of Youth Fusion Québec for contributing many of the photos in this Report.

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# 1 Introduction

## Message from the Chairman



In 2011-2012, the Cree Health Board and the Grand Council of the Crees of Eeyou Istchee negotiated the next several years' worth of provincial funding for our organization with the Ministry of Health and Social Services of Quebec (MSSS). The agreement was ratified by the Board of Directors of the CBHSSJB and the Cree Regional Authority/Grand Council of the Crees in the spring of 2012. At the time of writing, the Agreement is in the Cabinet process, and if ratified by Quebec, implementation will begin in 2013-2014.

In April 2012, the Cree Health Board was disappointed to learn that the Quebec Court (Youth Division) granted a Motion for Declaration of Eligibility to Adoption for a Cree child who had been placed in Montreal. The case exemplifies the failure of the Quebec Civil Code to recognize the validity of customary adoption practices, an issue we share with Inuit and other First Nations of Quebec.

To prevent this situation from arising in the future, the Working Group on Customary Adoption, made up of representatives from Quebec, Inuit and First Nations organizations including the Grand Council of the Crees, helped to facilitate discussions and consultations on the issue of customary adoption. These efforts met with success when, in June 2012, the Minister of Justice of Quebec tabled Bill 81 ("An Act to amend the Civil Code and other legislative provisions as regards adoption and parental authority"), which would harmonize provincial adoption legislation with Cree Aboriginal and treaty rights in relation to adoption matters. The Bill is now making its way through the Provincial Legislature, and we are optimistic that it will soon become law.

Development of a Cree Policy on Social Wellness is progressing. The team is analyzing results of the community consultations and will soon begin to assess existing services and programs. Many Cree entities will be called upon to collaborate with us to produce the final draft of a concrete outline by the spring of 2013.

At the Cree Health Board we are working on innovations and improvements in all aspects of our work, from governance to frontline services, and the continued collaboration of communities and partner organizations is very important to make this happen. I commend the CBHSSJB executive, managers, staff and other professionals involved in arriving at a deal with government that will allow us to make the necessary improvements in providing health, social and public health services to the Cree population in years to come. I would like to thank the leadership of the Cree Nation, both at the regional and local levels, for the support and collaboration we have received. We wish to build on this for a stronger and healthier Cree Nation.

**James Bobbish**  
Chairman, CBHSSJB

## Message from the Executive Director

This year was a very special year - extra challenging is what best describes it. In late 2011, back-to-back crises seriously disrupted our regional administration in Chisasibi, and it was in the midst of dealing with this situation that our organization began the intensive task of negotiating our next round of funding with the Ministry of Health and Social Services of Quebec (MSSS), a process that will be concluded early in 2012-2013.

Hazardous conditions in our main building in Chisasibi made it necessary to relocate the offices of General Administration – including my own office and many core support services such as Finance, IT and Human Resources – to temporary quarters in various buildings around the community. Faced with the lack of suitable alternatives, the CBHSSJB tabled a project to the MSSS for the construction of a permanent facility for the Regional Administration Centre. This unforeseen project has now become the first priority for capital projects. Progress is going well to complete this project by the 2013-2014 fiscal year.

Immediately after this extensive operation, from December 5-13, 2011, there was a major power failure that affected both Chisasibi and Wemindji. Using backup generators and working tirelessly to maintain the safety and security of our patients and our communities, the CBHSSJB maintained essential medical services in the two affected communities and maintained regional support services, including IT and payroll.

Negotiating the next funding agreement with the province of Quebec consumed much of the Executive's energy in the last quarter of the fiscal year. All executive level managers needed to prioritize the negotiation and delegate most of their administrative responsibilities to the appropriate senior managers under their supervision. Thanks to the commitment of everyone involved, we are confident that the negotiation will be completed successfully and on schedule.

Construction work on the Eastmain and Nemaska CMCs, as well as on the extension to the Waswanipi CMC, continued on schedule. There continue to be obstacles to the construction of the Mistissini CMC. Remedial measures began in July 2011 and continued until the end of March 2012. The construction of the extension to the CMC in Waskaganish was delayed indefinitely, and a new project will be tabled to the MSSS. The reason for this is that efforts to secure an acceptable bid with the general contractors selected by the community were unsuccessful.

Members of the Executive embrace the daily challenges they face. Every challenge provides an opportunity for these young individuals to learn, and to be better prepared for the future. We have to find the means as a Nation to acknowledge and recognize their continued efforts and achievements.



**Mabel Herodier**

Executive Director



# Establishments

## Regional Services

### Head Office

PO Box 250  
Chisasibi, QC J0M 1E0  
Phone (819) 855-9001  
Fax (819) 855-2147  
cbhssjb-ccssbj@ssss.gouv.qc.ca

### Chisasibi Hospital

Mamuu Road  
Chisasibi, QC J0M 1E0  
Phone (819) 855-2844

### Cree Patient Services

Chisasibi (819) 855-9019  
Val d'Or (819) 925-5818  
Chibougamau (418) 748-4450  
Montreal (514) 989-1393

### Public Health Department

200 Sam Awashish Street  
Mistissini, QC G0W 1C0  
Phone (418) 923-3355  
Fax (418) 923-2564  
Chisasibi (819) 855-9031  
Montreal (514) 861-2352

### Human Resources Recruitment Centre

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

### Weesapou Group Home

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

### Upaahchikush Group Home

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

### Youth Healing Services

Reception Centre  
139 Mistissini Boulevard  
Mistissini, QC G0W 1C0  
Phone (418) 923-3600

## Community

## Miyupimaatisiun Centres (CMCs)

### Chisasibi CMC

Chisasibi, QC J0M 1E0  
Phone (819) 855-9025  
Medical Emergency (819) 855-9011

### Eastmain CMC

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

### Mistissini CMC

Mistissini, QC G0W 1C0  
Phone (418) 923-3376  
Inland CLSC Administration 923-2332

### Nemaska CMC

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

### Oujé-Bougoumou CMC

PO Box 1170  
Oujé-Bougoumou, QC G0W 1C0  
Phone (418) 745-3901

### Waskaganish CMC

2 Tahktachun Meskanu  
PO Box 390  
Waskaganish, QC J0M 1R0  
Phone (819) 895-8833

### Waswanipi CMC

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

### Wemindji CMC

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

### Whapmagoostui CMC

Whapmagoostui, QC J0Y 3C0  
Phone (819) 929-3307







## Population Health: The quality of how we live together in Eeyou Istchee

Usually translated as “harmony” or “peace of mind”, *chiyaameihtamuun* focuses on the quality of how we live together.

This year, our report on the health of the population concerns *chiyaameihtamuun* and how it becomes disrupted in Eeyou Istchee. How do we measure the presence – or absence – of *chiyaameihtamuun* in our families, communities and territories of Eeyou Istchee? Usually translated as “harmony” or “peace of mind”, *chiyaameihtamuun* focuses on the quality of how we live together. *Chiyaameihtamuun* is closely related with *miyuupimaatisiwin*: the one has to do with the quality of how we live together, while the other is the encompassing Eeyou concept for health and well-being.

We know that some of the conditions for *chiyaameihtamuun* are strong in our communities. People like being with one another, they feel secure, enjoy their lives, value closeness in their families and find strength and peace being on the land. But these conditions become disrupted in the presence of *ekaa chihkaarwaateyihthaakuhch* or the chaos which can happen when some do not act with respect towards others.

People act disrespectfully for various reasons. Their thinking may be disturbed. They may be intoxicated. They may be angry. Or they may never have learned how to respect. These episodes of *ekaa chihkaarwaateyihthaakuhch* may be dealt with inside the family, but often they go beyond the family and become cases for Eeyou entities such as the police, the court, the clinic and youth protection. Once these episodes become ‘cases’, an official record exists and can be counted. In their sum, these records become a measure of the absence of *chiyaameihtamuun* and the presence of *ekaa chihkaarwaateyihthaakuhch* in our collective life as Eeyouch.

As Eeyouch have always known, the conditions for having *chiyaameihtamuun* develop from our environment. To grow, babies’ brains need food and physical security with consistent spiritual and emotional nurturing. As adults, our need for nutrition and physical security is obvious, but we sometimes neglect to recognize that our autonomy is part and parcel of our continuing need for significant, supportive, spiritual and emotional linkages with others. It is through this spiritual and emotional nurturing as infants, and our life-long connections as adults that we become skilled at managing the anxieties and stresses of life and having *chiyaameihtamuun* in our lives.

Feeling part of the community, which also means knowing that one can find support from others, is a part of *chiyaameihtamuun*. In our 2003 general health survey, more than eight out of ten Eeyouch, including youth, reported a strong sense of community belonging. This was also found in Hydro Québec opinion surveys in 2005, 2008 and 2010 where seven participants in ten were confident about the future of the Eeyou Nation; were very or extremely satisfied with their lives; and believed that social issues in the communities can be resolved. About the same number – seven people in every ten – said that families were not as close as before, which shows family togetherness is valued.

In surveys carried out since 1991, when community members are asked to name what they consider serious community problems, alcohol and drug abuse are always at the top of the list. The reason for this becomes clear when we look at the presence of *ekaa chihkaarwaateyihthaakuhch* associated with intoxication from alcohol and drugs which lead to hospitalisations. People in our region are admitted to hospital for “mental and behavioural disorders due to psychoactive substance use” at dramatically high rates. Female youths are more than ten times more likely to be hospitalised than young females elsewhere in Quebec; adult females are about four times more likely; male youths about three times more likely; and adult males about twice as likely. When we turn to hospitalisations for suicide attempts or expressing ideas about suicide, our people are hospitalised eight times more than we would expect, and half of these are young females aged 10 to 19. In the rest of Quebec,

half of those hospitalised for expressing ideas about suicide are males. In our region, males only account for one-third as the majority are young females.

This same type of chaotic behaviour occupies the police and is reported in their 2011 statistics. Looking at all offences, including traffic related criminal cases which covers situations when the car is used like a loaded weapon, the regional rate per 100 residents is just over 20, with communities varying from 10 at the lowest to over 50. The community with the lowest rate of offences also had the lowest rate of assaults as a proportion of those. This was similar in the community with the second lowest rate of offences. But in the community with the highest rate of offences, almost 4 in 10 of them were for personal assaults on others. Why do we have this great variation?

In the region, 44% of men and 50% of women have reported being physically abused in their lifetime, and 23% of men and 35% of women have reported being sexually abused. What we are seeing in hospital, police and later court records are cumulative documents of chaotic events in our communities that become part of our negative collective memory. What is the long-term damage to the conditions for future *chiyaameihtamuun*?

The Youth Protection system records child neglect, abandonment and abuse. Youths under the age of 18 make up about 40% of our population. Between 2003-04 and 2005-06, over one youth in five in the region was involved with youth protection. Since 2007-08 this has decreased to just under one in five. For the past nine years, the number of cases signalled has remained relatively stable. In the past year, 1,218 Youth at Risk reports were made, of which 72% were retained. Although, when the rising proportion of youth in the population is taken into account, there has been a gradual slowing in the rate, it remains the highest in Quebec. We know that children exposed to abuse and neglect are more likely to be *ekaa chihkaarwaateyimuu* and, hence, have difficulty in finding balance in their lives.

Eeyouch have always known that illness can appear because *chiyaameihtamuun* is absent or unbalanced; and illness itself can disrupt the social relations at the heart of *chiyaameihtamuun* in the family. For the past decade, Eeyouch have been living an epidemic of diabetes. In 2012, more than one adult in every five is living with the disease and many more are at risk. It is possible to live well with diabetes and not develop complications, but it takes consistent effort and the support of one's loved ones and community. *Chiyaameihtamuun* is at the heart of living well with diabetes. People over 50, and people from two communities are living better with diabetes than others. There is also a group of 300 people across the territory who have been living successfully with pre-diabetes for many years and have not gone on to develop diabetes. All of these people with pre-diabetes and diabetes have been able to find the balance which leads to living well with diabetes.

Recently, we have begun to see younger people becoming diagnosed with diabetes and for a number of years, more than half the people diagnosed have been under the age of 40. In 2012, we know that the majority of people with diabetes and under the age of 30 are having a great deal of difficulty in finding a balance with the disease. Unless we find ways to help them, this means they may soon be developing irreversible complications from diabetes at a very young age.

This report provides a glimpse of the power of *chiyaameihtamuun* and the cumulative disruption caused by *ekaa chihkaarwaateyimubiiwaanuuahch* on our youth, our families and communities. People in the communities are living the experience. We are left with the question: is the overall impact being hidden by our efficient Eeyou entities, which are set up to address only specific manifestations of *ekaa chihkaarwaateyimubiiwaanuuahch* and therefore only report on that part? The Regional Summit on Addictions in October 2012 will be an occasion to reflect on these issues.

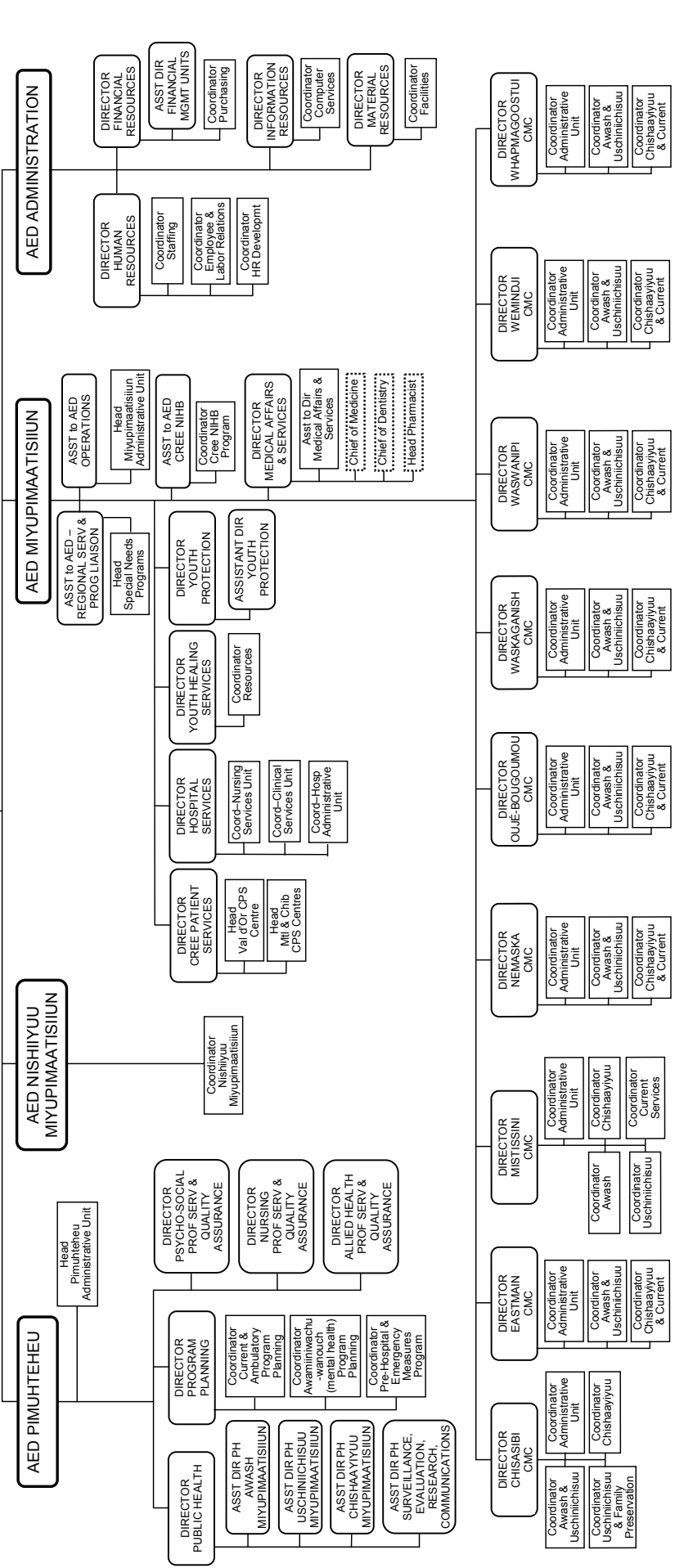
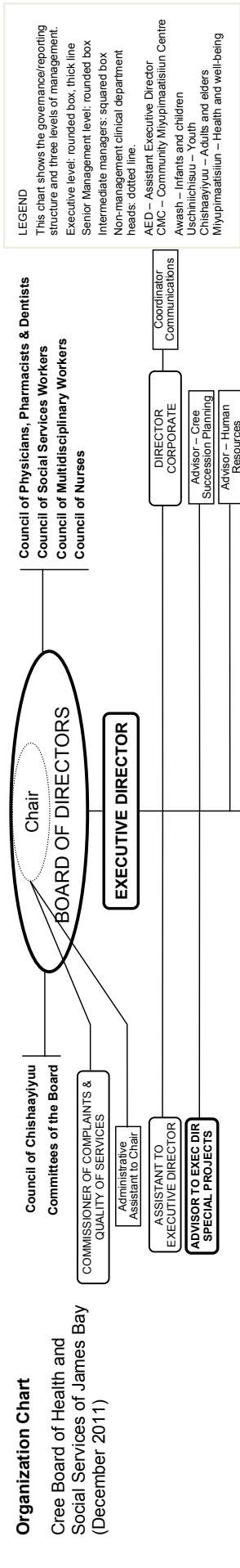
*Ekaa  
chihkaarwaateyihtaakuhch  
is the chaos which can  
happen when some do not  
act with respect  
towards others.*

### Organization Chart

Cree Board of Health and Social Services of James Bay (December 2011)

Council of Chishaayiyuu Committees of the Board

Council of Physicians, Pharmacists & Dentists  
 Council of Multidisciplinary Workers  
 Council of Nurses



**LEGEND**  
 This chart shows the governance/reporting structure and three levels of management.  
 Executive level: rounded box, thick line  
 Senior Management level: rounded box  
 Non-management clinical department heads: dotted line.  
 AED - Assistant Executive Director  
 CMC - Community Miyupimaatsiisuiun Centre  
 Awash - Infants and children  
 Uschnichisuu - Youth  
 Chishaayiyuu - Adults and elders  
 Miyupimaatsiisuiun - Health and well-being

# Board of Directors

*April 1, 2011 to March 31, 2012*

The Board of Directors membership is composed as follows:

- The Chair is elected to a four-year term from among and by the population of Cree Beneficiaries of the Region. During his term, the Chair also serves as the Representative of the Cree Regional Authority (CRA) on the Board of Directors of the CBHSSJB.
- Each Cree community of the Region elects one Representative to the Board of Directors for a three year term.
- Clinical staff and non-clinical staff of the Region each elect one member from among themselves. Clinical and Non-Clinical Staff Representatives serve a three year term.
- The Executive Director of the CBHSSJB is also a member of the Board of Directors for the duration of her service as Executive Director of the organization.

*There were four regular meetings and two special meetings of the Board of Directors during the period covered by the present report.*

## Members

### Cree Regional Authority Representative

James Bobbish, Chairman

### Executive Director of the CBHSSJB

Mabel Herodier

### Community Representatives

Eva Louttit, Eastmain

Lawrence House, Chisasibi

Thomas Jolly, Nemaska (Vice-Chairman)

Noah Coonishish, Mistissini

Daisy Shecapio, Oujé-Bougoumou

Shirley Hester Diamond, Waskaganish

Jonathan Sutherland, Waswanipi

Maria Kawapit, Whapmagoostui

Angus Georgekish, Wemindji

Gloria Polson, Observer for Washaw-Sibi

### Clinical Staff Representative

François Lavoie, Council of Physicians, Dentists  
and Pharmacists

### Non-Clinical Staff Representative

Vacant

## Administrative Committee

James Bobbish

Mabel Herodier

François Lavoie

Eva Louttit

Lawrence House

Daisy Shecapio

*The Administrative Committee met four times during the period covered by this report.*

## Audit Committee

Eva Louttit

Lawrence House

Daisy Shecapio

*The previous Audit Committee met twice during the period covered by this report.*

# Complaints and Quality of Services

## Mandate

*The Commissioner of Complaints and Quality of Services reports directly to the Board of Directors through the Chair. She works at local and regional levels to address complaints and ensure a high quality of service for all of the Cree Health Board's programs and services, as well as associated administrative and managerial functions.*

*The Commissioner examines each complaint to ensure that the user's rights were respected and to identify measures to improve quality of the services. She also promotes the program and the means to access it, supports and communicates with complainants, and develops reports and recommendations. She redirects complaints to the Medical Examiner for issues within his jurisdiction, intervenes on her own initiative regarding problematic situations of which she is made aware, and ensures that recommendations are followed up.*

*From the client's perspective, the complaints process is straightforward and confidential, and there are safeguards in place to protect the complainant. The Commissioner is responsible for helping clients throughout all stages of the process. If necessary, she will put them in contact with a person better able to meet their needs.*

## Message from the Interim Commissioner

In August 2011, I replaced Camille Rhéaume as Interim Commissioner of Complaints and Quality of Services for the CBHSSJB. Mme Rhéaume did remarkable work during her term and was very supportive during the handover process. The Board of Directors is still seeking a permanent Commissioner.

To ensure that the community members obtain high quality and accessible services, it is important to inform our population of the existence and the role of the Commissioner of Complaints and Quality of Services. All users of our services should be aware that the process of pointing out a problem or making a complaint is simple and confidential, and users of our services should feel confident that they will not experience any negative consequences from expressing their concerns.

We sincerely thank the Board of Directors and the staff for their support.

**Louise Valiquette**

Interim Commissioner of Complaints and of Quality

## Summary of Activities

In 2011-2012, the Commissioner received 11 new complaints. Of these, 7 were concluded, while 4 were still in the process as of March 31, 2012. One file was referred to the Medical Examiner.

Fourteen complaints were carried over from 2010-2011, of which 6 are resolved but not closed.

The Commissioner has intervened three times for assistance. However, no complaint was filed thereafter.

The Commissioner participated in one meeting of the Table ministérielle des commissaires régionaux du Québec de la Direction de la Performance et de la qualité du Ministère de la Santé et des Services sociaux in Québec City.

As the Comité de vigilance (Users' Committee) has not yet been established, the Commissioner must monitor recommendations and corrective measures to ensure the commitment to quality improvement. There should be more emphasis put on that aspect of the role of the Commissioner for the year to come.

## Objectives for 2012-2013

Plans for the coming year include the hiring and training of a permanent Commissioner of Complaints and Quality of Service, supporting the nomination of a Users' Committee, managing all outstanding and new complaints, and monitoring recommendations and corrective measures.

The role of the Commissioner and the Code of Ethics are poorly understood by the personnel and the community members. The CBHSSJB should carry out an awareness campaign for both internal and external audiences to address this issue.

## Report of the Medical Examiner

The Medical Examiner is responsible for managing cases in which a complaint involves a member of the Council of Physicians, Dentists and Pharmacists. In 2011-2012 I reviewed and analyzed two complaints through the formal process. One concerned disagreement between patient and physician, and the other concerned an issue between a pharmacist and the physicians about medical authorization for changing a prescription. I agree with the Commissioner that the complaints process needs more visibility within the Cree communities. The process exists not to assign blame, but to discover issues in a spirit of quality and to improve the way patients are treated.

**François Charette, MD**

Medical Examiner

## Council of Physicians, Dentists and Pharmacists, Region 18

Reporting to the Board of Directors, the Council of Physicians, Dentists and Pharmacists (CPDP) serves to ensure the quality of medical, dental and pharmaceutical services for the CBHSSJB, and oversees the competencies of these professionals. The Council works with the Board to address issues affecting medical, dental and pharmacy services and care of the population of the Cree Territory. During this past year, the CPDP has undergone several changes that have resulted in a productive year.

In 2011-2012, the CPDP by-laws were revised to optimize functioning of the Executive and its obligatory committees. The Therapeutic Guide (*Guide thérapeutique*) for assessment and treatment of simple medical conditions by community nurses was updated, and the Collective Prescriptions (*Ordonnances collectives*) for medications related to these conditions is being developed. For Evaluation of the Act, the medical committee addressed issues related to the Inland corridors and colon cancer screening. An evaluation of the Dental Act was held this year, which led to recommendations regarding the delivery of dental services. The Pharmacotherapeutics Committee updated medical protocols for myocardial infarction (heart attack), asthma, and resuscitation medications, including those used in intubation of critically-ill patients. The availability of antibiotics as a standard treatment for specific infections was addressed. Posting of medical protocols on a secure, easily accessible website for physicians and nurses is currently being organized. Pharmaceutical services are currently under review.

Together, these efforts will help to improve patient care with regards to medical, dental and pharmaceutical services, in collaboration with the Director of Professional Services – Medical, Dr. Laurent Marcoux, and the Board of Directors.

**Darlene Kitty, MD**

President of the CPDP



*Dr. Darlene Kitty*

# Cree Health Board negotiates new funding agreement with the province

Under Section 14 of the James Bay and Northern Quebec Agreement (JBNQA), the Cree of Eeyou Istchee negotiate their healthcare budget allocation directly with the province, in a special process that takes place every five years. The negotiation between the CBHSSJB and the Ministry of Health and Social Services of Quebec (MSSS) is chaired by the Grand Council of the Crees/Cree Regional Authority.



2011-2012 saw the start of the current round of talks, which will result in a funding agreement that will last until 2018. Since December 2011, the Executive have been working intensively on the complex task of projecting the cost of every aspect of Cree Health Board operations for the next five to seven years.

The first part of the challenge involved reviewing in detail where the money has been spent since 2004, the year of the last negotiation. (The usual five year period was extended to accommodate a major restructuring in 2007.)

As the negotiation team painstakingly reviewed expenditures, they also found it necessary to adjust the funding framework to reflect the current organizational structure and other changes, such as the increased role (and cost) of information technology in healthcare. Once the main funding envelopes were defined, managers and program staff across the CBHSSJB identified the resources they will need to meet their targets, and these plans were brought together into a comprehensive budget document for consideration by the MSSS.

The strategic direction of the CBHSSJB has not changed. The organization is

still engaged in the realization of the Strategic Regional Plan that has been in place since 2004. The focus of the first seven years of SRP implementation was on frontline services in the communities, with many new buildings and the training and recruitment of larger teams of healthcare workers in each community. As this project is realized, the focus will shift towards strengthening regional services.

New facilities identified in the budget request include CMC buildings for Whapmagoostui, Chisasibi, Waskaganish, and Oujé-Bougoumou, a Traditional Healing Lodge, a Regional Administration Centre in Chisasibi, a new Regional Hospital building in Chisasibi, a long-term care facility, birthing centres in Mistissini, Chisasibi (within the Regional Hospital), and Waskaganish (within the CMC), and homes for haemodialysis patients.

New services will include support for people with intellectual disabilities and services associated with projects envisaged by Regional Cree Justice: women's shelters and a land-based closed custody facility.

The feedback from the Ministry so far has been positive. They acknowledged that the CBHSSJB has done its homework and presented a realistic and well-documented proposal, and the negotiation team is confident that the Cree Health Board will be able to secure the resources it needs to meet the health and social service needs of the Cree people until 2018 and beyond.

The negotiation highlighted the fact that the provincial Act S-5, the JBNQA and the Paix des Braves agreement no longer reflect the current structure of the CBHSSJB and the changing political landscape of the James Bay region. Once the negotiation is complete, the Cree Health Board, with its partners, will turn its attention to the question of legislative review.

## 2 General Management Department

### Corporate Services

Corporate Services oversees translation services, communication services and archives management. Through the Corporate Secretary to the Board, it is responsible for the proper functioning of the Board of Directors operations and meetings. It also serves to link the Office of the Chairman with the Office of the Executive Director and the Assistant Executive Directors.

We are happy to report that the Coordinator of Communications has been in place since June 2011. On her arrival, the Coordinator took over the responsibility for the editing and production of this Annual Report. Associated with this task, she updated the Annual Report Policy and Procedures for the CBHSSJB with the goal of strengthening and streamlining the Report, and aligning its structure more closely with the Quebec model. Mastermind Groups within the Miyupimaatisiun Department provided essential input to this process.

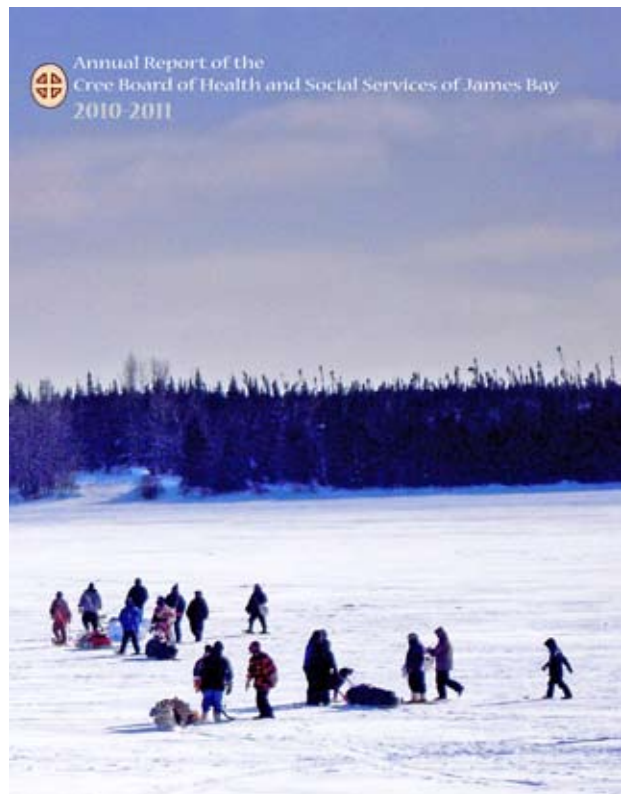
In late fall, invitations were sent to ten firms to submit proposals for the development of the CBHSSJB corporate website. Three firms submitted proposals and Fenix Solutions, an Ottawa-based firm, was retained. The corporate website project is guided by an Advisory Group with representation from all the Departments as well as the Board of Directors. We are looking at the end of July 2012 as the target date for the launching of the website.

The position of the Administrative Processes Specialist has also been filled since July 2011. This person oversees and contributes to the effective and efficient daily operations and general administration of the Corporate Services Department. She also contributes to the role and duties of Corporate Secretary, thus alleviating much the work of the Director of Corporate Services.

A two-day workshop on Governance was provided to some members of the Board of Directors by Organizational Development Services in Kahnawake. Training activities will be provided to new Audit Committee members early in the 2012 fiscal year.

The process was initiated to hold elections for Clinical and Non-Clinical Staff representatives on the CBHSSJB Board of Directors. These are three-year mandates. By-law number 8, which governs the role and functions of the Board of Directors, is currently in revision. The by-law development on the working conditions of Chairman, Executive Director and AEDs will be completed by July. The policy on "Conflict of Interest Applicable to Board Members, Senior Administrators, Senior Officers, Intermediate Officers and Officers of the CBHSSJB" has been completed and requires approval by the Board of Directors. Consequently, the Policy Manual will be revised to include these By-laws including Policies and Procedures.

For 2012-2013, a priority will be to have measures in place to ensure the monitoring and quality control of translation services. We also hope to see the development and implementation of an administrative project management system for the planning and tracking of mandates and Board decisions.





# Managerial Personnel

## Office of the Chairman

James Bobbish	Chairman
Louise Valiquette	Commissioner of Complaints & Quality Services (Interim)
Sherry Ann Spencer	Administrative Assistant to the Chairman

## General Management

Mabel Herodier	Executive Director
Richard St-Jean	Assistant to Executive Director
Vacant	Advisor to Executive Director - Special Projects
Annie Bobbish	Advisor - Cree Succession Planning
Peter Atkinson	Advisor - Human Resources
Helen Atkinson	Advisor - Special Projects (CNIHB)

## Corporate Services

Laura Moses	Director of Corporate Services
Katherine Morrow	Coordinator of Communications

## Nishiiyuu Miyupimaatsiium

Sam W. Gull	Assistant Executive Director of Nishiiyuu Miyupimaatsiium
Abraham Bearskin	Coordinator of Nishiiyuu Miyupimaatsiium

## Miyupimaatsiium

Lisa Petagumskum	Assistant Executive Director (AED) of Miyupimaatsiium
Gloria Ann Cozier	Assistant to AED - Regional Services and Program Liaison
Janie Moar	Assistant to AED - Operations
Evike Goudreault	Head of Special Needs Programs
Demerise Coon	Head of Miyupimaatsiium Administrative Unit

## Cree Patient Services

Caroline Rosa	Director of Cree Patient Services
Jasmine St-Cyr	Head of Val d'Or Cree Patient Services Centre
Amanda Isaac	Head of Montréal and Chibougamau Cree Patient Services Centres

## Chisasibi Hospital

Daniel St-Amour	Director of Hospital Services
Michelle Audy	Coordinator of Nursing Services Unit
Audrey Beauchesne	Coordinator of Clinical Services Unit (Interim)
Gary Chewanish	Coordinator of Hospital Administrative Unit

## Youth Healing Services

Gordon Hudson	Director of Youth Healing Services
Maria McLeod	Coordinator of Resources

## YOUTH PROTECTION

Robert Auclair	Director of Youth Protection
Mary Bearskin	Assistant Director of Youth Protection

## Medical Affairs and Services

Vacant	Director of Medical Affairs and Services
Vacant	Assistant Director of Medical Affairs and Services
François Lavoie	Head of Pharmacy
Lucie Papineau	Head of Dentistry

## Chisasibi CMC

Jules Quachequan	Director of Chisasibi CMC
Yionna Wesley	Coordinator of Administrative Unit
Jeannie Pelletier	Coordinator of Awash
Jane Cromarty	Coordinator of Uschiniichisuu and Family Preservation
Frederick Roy	Coordinator of Chishaaiyuu

## Eastmain CMC

Rita Gilpin	Director of Eastmain CMC
Emily Whiskeychan	Coordinator of Administrative Unit
Leslie Tomatuk	Coordinator of Awash and Uschiniichisuu
Priscilla Weapenicappo	Coordinator of Current Services and Chishaaiyuu

## Mistissini CMC

Annie Trapper	Director of Mistissini CMC
Paul Iserhoff	Coordinator of Administrative Unit
Louella Meilleur	Coordinator of Awash
Kitty Blacksmith	Coordinator of Uschiniichisuu (Interim)
Agathe Moar	Coordinator of Chishaaiyuu
Nyles Martin	Coordinator of Current Services

## Nemaska CMC

Beatrice Trapper	Director of Nemaska CMC
Jane Voyageur	Coordinator of Administrative Unit
Kathleen Neeposh	Coordinator of Awash and Uschiniichisuu
Sarah Cowboy	Coordinator of Current Services and Chishaaiyuu

## Oujé-Bougoumou CMC

Susan Mark	Director of Oujé-Bougoumou CMC
Aline Blacksmith	Coordinator of Administrative Unit

Janie Wapachee Coordinator of Awash and Uschiniichisuu  
 Pierre Larivière Coordinator of Current Services and Chishaayiyuu

### Waskaganish CMC

Bert Blackned Director of Waskaganish CMC  
 Louis René Kanatewat Coordinator of Administrative Unit  
 Bertha Dixon Coordinator of Awash and Uschiniichisuu  
 Vacant Coordinator of Current Services and Chishaayiyuu

### Waswanipi CMC

Alan Moar Director of Waswanipi CMC  
 Marco Bisailon Coordinator of Administrative Unit  
 Marlene Etapp Dixon Coordinator of Awash and Uschiniichisuu  
 Edith Bobbish Coordinator of Current Services and Chishaayiyuu

### Wemindji CMC

Greta Visitor Director of Wemindji CMC  
 Mary Shashaweskum Coordinator of Administrative Unit  
 Josephine Sheshamush Coordinator of Awash and Uschiniichisuu  
 Shirley Blackned Coordinator of Current Services and Chishaayiyuu

### Whapmagoostui CMC

John George Director of Whapmagoostui CMC  
 Roger Sandy Coordinator of Administrative Unit  
 Martha McKenzie Coordinator of Awash and Uschiniichisuu  
 Ivan McComb Coordinator of Current Services and Chishaayiyuu

### Pimuhteheu

Laura Bearskin Assistant Executive Director (AED) of Pimuhteheu  
 Rachel J. Martin Head of Pimuhteheu Administrative Unit (parental leave – Bessie House, replacement)  
 Dr. Elizabeth Robinson Director of Public Health (Interim)  
 Bella M. Petawabano Assistant Director of Public Health – Awash  
 Taria Matoush Assistant Director of Public Health – Uschiniichisuu  
 Paul Linton Assistant Director of Public Health – Chishaayiyuu

Jill Torrie Assistant Director of Public Health – Surveillance, Evaluation, Research, Communications (SERC)  
 Vacant Director of Planning and Programming  
 Louise Carrier Coordinator of Current and Ambulatory Programming  
 Anny Tremblay Coordinator of Awamiiniwachunanouch Programming (Mental Health)  
 Jason Coonishish Coordinator of Pre-Hospital & Emergency Measures Programming  
 Maria McLeod Director of Psycho-Social Professional Services and Quality Assurance (Interim)  
 Vacant Director of Nursing Professional Services and Quality Assurance  
 Adelina Feo Director of Allied Health Professional Services and Quality Assurance (Interim)

### Administrative Services

Clarence Snowboy Assistant Executive Director (AED) of Administrative Services  
 Nancy Bobbish Director of Human Resources  
 Anne Marie Leblanc Coordinator of Staffing  
 Gertie Shem Coordinator of Employee and Labour Relations  
 George Oblin Coordinator of Human Resources Development  
 Vacant Assistant to AED for Cree Non-Insured Health Benefits  
 Nora Bobbish Coordinator of Cree Non-Insured Health Benefits  
 Martin Meilleur Director of Financial Resources  
 Vacant Assistant Director of Financial Resources  
 Reggie Neacappo Coordinator of Purchasing  
 Martin Meilleur Interim Director of Information Technology Resources  
 Saïd Azzi Interim Coordinator of Computer Services  
 Richard Hamel Interim Director of Material Resources  
 André Fortin Coordinator of Facilities Unit



*Nishiiyuu Life Skills and Train the Trainer Program, 2011*

*Back Row: Sylvia Bearskin, Maria Macleod, Mary-Louise Snowboy, Patricia Menarick, Judy Washipabano, Linda Shecapio, Stella Bearskin.*

*Second row from the back: Diane George, Jeremiah Mistacheesick, Karen Napash, Samantha Awashish, Charlie Louttit, Margaret Louttit, Mary Macleod, Pamela Innes, Paula Napash, Janet Napash, Larry House, Wayne Rabbitskin, Brenda St. Pierre, Lucas Bear, Solomon Awashish.*

*Front row (seated): Nancy Danyluk, Earl Danyluk, Jane Kitchen, Abel Kitchen, Laurie Petawabano, Tulshi Sen, Robbie Matthew, Elizabeth Dick, Robbie Dick, Janie Pachano, Roderick Pachano.*

*Kneeling: Neil Thompson, Abraham Bearskin*

# 3 Nishiiyuu Miyupimaatsiium Department

## Message from the Assistant Executive Director

The Cree Board of Health and Social Services of James Bay created the Nishiiyuu Miyupimaatsiium Department to bring back traditional land-based healing and helping methods as a health service to the people.

The goal of the department is to create traditional healing and helping models to be implemented in the Cree Nation's territory.

We work closely with the Council of Chishaayiyuu and the Elders in each community, as well as with youth and women, to create healing programs that are culturally appropriate for each community.

At the heart of these programs is the “Nishiiyuu way”—the way of our ancestors to healthy living, personal development and self-empowerment. This ancient way, which helps us find our cultural identity, tells us:

- Everything on Mother Earth is alive, has the Spirit within, and is made with the Spirit of the Creator.
- Our Ancestors knew this by living it and by seeing, hearing, feeling and knowing their surroundings, and by knowing that every part of the self is part of Creation.

In our first year, we focused on helping our youth with our Life Skills and Train the Trainer Program. Our goal was to help young people find the Nishiiyuu way within themselves, to awaken the Spirit within them through the knowledge of our Elders, and to let the Spirit guide them in their lives. We wanted to empower the youth by helping them find their cultural roots, self-identity and confidence—the Nishiiyuu way.

Participants start by asking themselves “Who am I?” and talking about the Nishiiyuu way. They then talk about living a life of purpose—setting goals and visions using the Nishiiyuu way. Next, they discuss making their goals, visions and dreams a reality in their daily lives, including in their family life and work. They learn how to build healthy relationships by fostering a bond with our culture and our Elders.

The participants learn that each stage of life has its rituals to help in our personal growth. These are known as “rites of passage,” and they are universal in every culture.

In celebration of each of these passages, the immediate family, extended family and the whole community become involved, so that every person develops power and is strengthened spiritually, mentally and physically. In this way, everybody grows equally and strengthens the collective. This happens at each stage of life, from birth to the finality of life on Earth.

In the training program, the participants talk about these rites of passage, why they are important in our lives, how they help us grow, and how we honour our lives in the different stages of our time on Earth.

We were excited to see how the program helped participants. They found within themselves empowerment that they didn't know they had. They worked to find their



*Ronnie Loon*



purpose, learned life skills to manage their day-to-day lives, set a vision for their future and planned to make their dreams come true.

The program helped them see that all the power that ever was and will be is inside each one of us. Seeing this truth became the tipping point for growth and success.

We will now bring the Nishiiyuu Life Skills and Train the Trainers Program to all the communities.

We are also planning a community tour to meet the Elders to hear what other healing and helping programs we can create based on our traditional Nishiiyuu way. We want to gather knowledge about traditional Cree healing and helping methods so that they can be offered as a health service, and we plan to create protocols for doing this with the help of our Elders and traditional healers.

We believe this program represents a new frontier. Honouring our ancient Nishiiyuu way will help us recognize our cultural strengths in providing traditional healing and will guide us to a better lifestyle, both mentally and physically. I am looking forward to working with all community members and entities of the Cree Nation.

Meegwetch.

**Sam W. Gull**  
Assistant Executive Director  
Nishiiyuu Miyupimaatisiun

# Council of Chishaaiyuu

The Council of Chishaaiyuu is an advisory body to the Board of Directors that shares traditional Eeyou knowledge, values, beliefs, philosophy and principles. The Council of Chishaaiyuu also acts as a governance steering body, advising the Assistant Executive Director.

## Members

Robbie Matthew Sr. (Chisasibi)  
Laurie Petawabano (Mistissini)  
Abel and Jane Kitchen (Waswanipi)

## Helpers

Robbie Dick Sr. (Whapmagoostui)  
Elizabeth Dick (Whapmagoostui)  
Earl Danyluk Sr. (Wemindji)  
Nancy Danyluk (Wemindji)  
Roderick Pachano (Chisasibi)

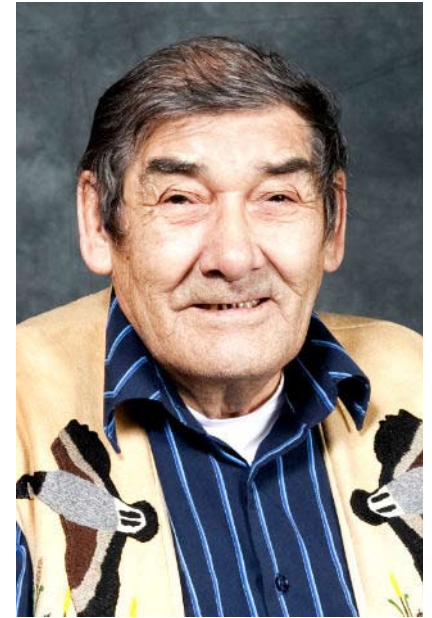
## Activities of the Nishiiyuu Miyupimaatsiisun Department

The Nishiiyuu Miyupimaatsiisun Department's mandate is to develop Cree approaches in health care and social services, using Cree helping and healing methods.

The department emerged from the Strategic Regional Plan developed in 2004 through a funding agreement signed between the Grand Council of Crees of Eeyou Istchee, the Cree Board of Health and Social Services of James Bay, and the Ministry of Health and Social Services of Quebec.

What does "Nishiiyuu" mean? "Nishiiyuu" is a term that predates Eeyou/Eenou. It refers to the generations of people who have lived on Mother Earth in the past and present, as well as those future generations yet to be born.

This past year has been spent planning the tasks and priorities of Nishiiyuu Miyupimaatsiisun by working closely with the Council of Chishaaiyuu of the CBHSSJB. Nishiiyuu Miyupimaatsiisun has also established working relationships and partnerships with the Cree Nation Youth Council, Cree Women of Eeyou Istchee Association, Niskamoon and the Miyupimaatsiisun Committees.



*"... Understand and put it in your heart where nobody can take it away from you. ....I want to share this... I want to make people understand where do we come from, what was offered – everything was offered free to us from the Great Spirit. How we should look after our life, our children – everything was there for us. And no one in his right mind will think that our ways are no longer needed. No. We want this life to start again."*

**Robbie Matthew,**  
Chief Elder of the  
Council of Chishaaiyuu.

## Life Skills and Train the Trainer Program



*“This training program has brought meaning to my life. The grounds, the rocks, the strongholds I was looking for – I found here. They were already within me. I just needed to be reminded.”*

**Samantha Awashish,**  
Mistissini

Our core activity this year was the Life Skills and Train the Trainer Program. This program was created after consultations with the Council of Chishaayiyuu and hearing their concerns about youth suicide. The program’s goal is to help the youth improve their self-identity and promote a healthy lifestyle.

Three training sessions, held between January and March 2012, focused on developing life skills based on the Nishiiyuu Way and on training youth to train other youth in these life skills. Here is what some of the participants said about the program:

- “A journey of a thousand miles begins with a single step.’... Nishiiyuu has empowered me to take that step.” Brenda St-Pierre (Oujé-Bougoumou)
- “This Life Skills Training gave me more insight of who I am. I am proud to be a Cree woman who has the same determination and potential as my ancestors did. I feel more confident and willing to help make the world a better place. I want my great-grandchildren to live in harmony with Creation, and the time is now to prepare for them. I am Nishiiyuu.” Irene Rupert (Chisasibi)
- “This is my second time attending this seminar, and the depth of what we already know flourishes and gives each and every one of the attendee’s purpose. We are Nishiiyuu, the ones who were foretold or prophesized. Collectively we have a great resource we need to tap into, to really begin the healing in our nation. This is a timely initiative and well planned, and very much needed! Mistahii Idnanaskoomin, nii Nishiiyuu.” Larry House (Chisasibi)
- “This Training Program has brought meaning to my life. The grounds, the rocks, the strongholds I was looking for I found here. They were already within me. I just needed to be reminded.” Samantha Awashish (Mistissini)
- “Nishiiyuu: This training is medicine for the mind. It is a journey of hope, healing and reality. A journey of our ancestor roots of Nishiiyuu. A journey leading to meet ‘my Creator.’ I give thanks.” Abraham Bearskin (Chisasibi)
- “The concept of Nishiiyuu Way was already inside of me, it was just never explained to me in our native language. It was a confirmation that we needed.” Mary MacLeod (Mistissini)

The second phase of the Train the Trainer Program will take place in the coming 2012-13 fiscal year.

For more information, see the website: [www.nishiiyuways.com](http://www.nishiiyuways.com).

## Other Activities

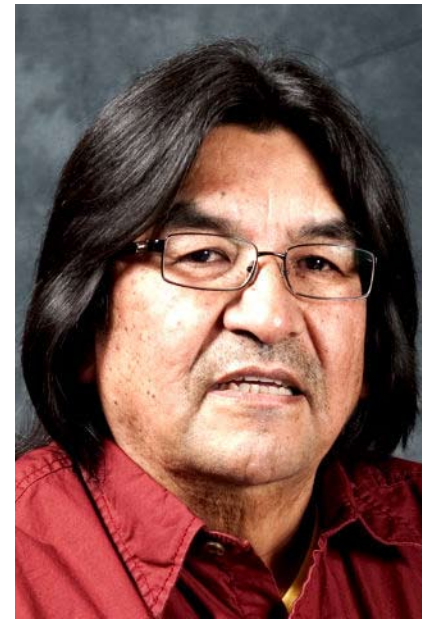
Nishiiyu Miyupimaatsiium co-funded the Regional Elders Cultural Gathering from September 13 to 17, 2011, in Chisasibi, Quebec. Focus groups were also held to get feedback and recommendations from the Elders on midwives and birthing to assist in the planning of the midwife program. Cree Women of Eeyou Istchee (CWEIA) will collaborate with Nishiiyu Miyupimaatsiium to coordinate and develop activities, and the midwife program itself, from the Nishiiyu perspective.

Nishiiyu Miyupimaatsiium wants to work closely with the Council of Chishaaiyuu of each community. The Councils are our guides as we research and gather information about our practices, customs and values, and use this information as part of our activities and in delivering health care services. Nishiiyu Miyupimaatsiium hopes to learn about our traditional medicines and to look for ways to transfer that knowledge to individuals. We are also looking at land-based healing models, including taking youth on the land and providing healing services within the communities.

Chisasibi and Waswanipi are in the process of developing five-year Action Plans for culturally based pilot programs to be carried out in collaboration with Nishiiyu Miyupimaatsiium. Whapmagoostui and Mistissini will develop action plans next, and the remaining communities will follow.

We are in the process of hiring PPROs in Chisasibi, Mistissini and Waswanipi to design and plan programs to be delivered in the communities.

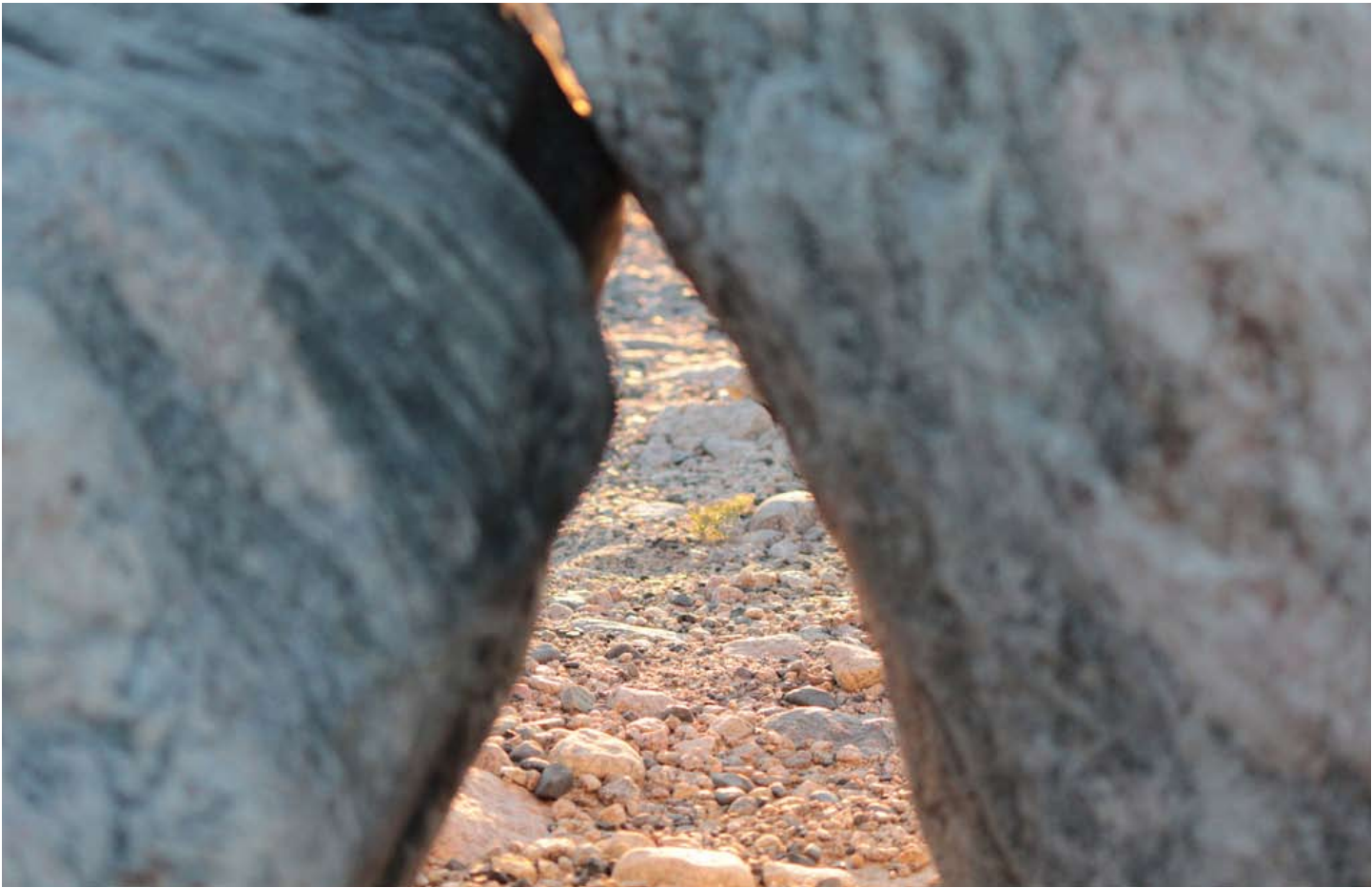
The CBHSSJB is now in final negotiations to establish Nishiiyu Miyupimaatsiium as a permanent department to offer Cree helping and healing services. We will be visiting each community to explain what Nishiiyu is and ask for direction about Nishiiyu helping and healing practices.



*"This training is medicine for the mind. It is a journey of hope, healing and reality. A journey of our ancestor roots of Nishiiyu. A journey leading to 'meet my Creator.' I give thanks."*

**Abraham Bearskin,**  
Chisasibi





## 4 Miyupimaatisiun Department

### Message from the Assistant Executive Director

The CBHSSJB is 34 years old this year and the Miyupimaatisiun Department was created 6 years ago. Justifiably, we look back and we are happy to celebrate hiring a great number of managers, professionals, paraprofessionals and support to build a strong nation, Miyupimaatisiun.

As we have nearly completed our team, we must also look forward. To help us do so, we have developed Miyupimaatisiun Strategy 2012, a strategic plan which aims to bring us maximum efficiency, accountability and success in our mission to better adapt the health services and social services to the needs of the population. To succeed, we must take into account factors such as the geographical, linguistic, socio-cultural and socio-economic characteristics of the region.

As a result of the Strategic Regional Plan, a careful evaluation of our capabilities and our financial and human resources was conducted. This strategy focused our attention on four key areas of excellence: community connectedness, capacity building, health and social programs, and information gathering.

Much of what we have in the plan is to “do what we already do” even better. We will aim to improve and do more of some things, perhaps less of others. We will measure more, share more information and best practices, and engage more partners.

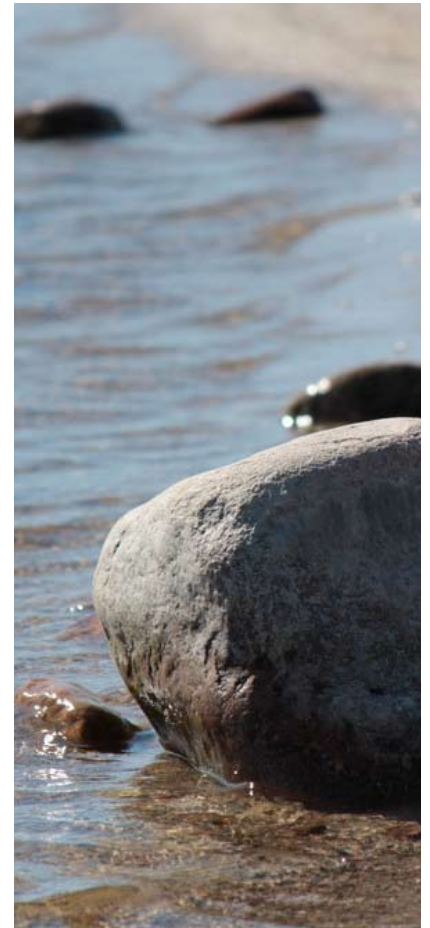
The core strength of the Cree Nation has been our capacity to adapt to new threats and to new challenges. This strategy is intended to be flexible - a living document, subject to on-going review and fine-tuning to meet whatever new needs arise.

What does not and will not change is our commitment to continuously earn the respect and support of the Cree Nation. Faced with external influences our goal is to be there. Miyupimaatisiun Strategy 2012 aims to set the stage for the next years of initiating the power of our managers, staff and community members to do what we do best. The cornerstone is the capacity building at the local level through Mastermind Groups composed of the Local Managers who meet regularly, to use knowledge transfer techniques and assess best practices. Thomas Malone, Professor of Management, MIT Sloan School of Management, summarizes our approach: “Some of the most important innovations of coming decades will not be new technologies, but new ways of working together that are made possible by these new technologies.”

We send our gratitude to everyone whose thoughtful comments and ideas were the inspiration of this Strategy. Praise also for our outstanding staff whose dedication and talents will help ensure we execute it.



**Lisa Petagumskum**  
Assistant Executive Director  
Miyupimaatisiun



# Training Cree Nurses

Eeyou Istchee needs nurses. At least 100 nurses are required to provide health care in the nine Cree communities, and the demand continues to grow. As a result, four years ago the Cree Health Board, along with the Cree School Board, Cree Human Resources Development, the Chibougamau Centre for Collegial Studies (affiliated with CÉGEP de St-Félicien), launched a nursing program specially designed for Cree students.

The program, based in Chibougamau, took in its first group of students in 2008, and as of June 2012 the eleven students who completed the program are proud bearers of Diplomas of Collegial Studies in Nursing. In the coming months they will write their finalexams for the Ordre des infirmières et infirmiers du Québec (OIIQ) to acquire their Quebec licenses, and then the new nurses will put in two years working in a hospital, becoming familiar with a wide range of health care challenges.

The Chibougamau program is especially designed to prepare the Cree students for the special professional demands they will face. In addition to course work and training in the Centre's new state-of-the-art nursing lab, the only one in northern Quebec, the students also learn through experience in the Chibougamau Hospital, where several have worked, and internships with hospitals in the McGill University Health Centre (for instance, members of this spring's graduating class had interned at the Montreal Jewish Hospital and Saint Mary's Hospital). At Chibougamau, the nursing students have offered Cree patients medical care in their own language. Indeed, as some Cree communities have no resident physician, nurses need to be ready for anything. Small communities pose other challenges as well: everybody knows everyone else, and caring for



*Cree nursing student Maggie Matoush and Mireille Fortier Pedagogical Counsellor of Cegep St-Felicien (Chibougamau)*

relatives, friends and acquaintances brings its own set of concerns.

The program is also built to reduce some of the difficulties resulting from displacement from home communities or, in some cases, the challenges of being a full-time student while also caring for a family. One distinction is that this program extends over four years, instead of the regular three-year nursing program. The adapted pace eases demands on students who may also be caring for children, and in the first term they can also fill any gaps in their pre-requisite Secondary 5 courses, including chemistry and physical science. In addition, the program's counselors and teachers offer support not only with academic issues but also such personal concerns as helping students find apartments, babysitters, and daycares.

The nursing program welcomed its second group of students in 2010, and a third is planned for the near future. And as the nurses graduate and enter into the health care system, they will bring a genuinely Cree approach to health care.

## CBHSSJB nurse wins top Quebec nursing award

*Ghislaine Télémaque is one of eight recipients of the 2012 Florence Prize given by the OIIQ, recognizing her extraordinary contribution to the nursing profession. Télémaque is well known to many Cree Health Board employees, as she has practiced nursing in Eeyou Istchee since 1992. But Télémaque*

*has two other identities: she's a nurse on board Coast Guard ships in the high arctic, and she serves on medical teams deployed to war zones and disaster areas*



*around the world. Ms Télémaque won the prize for the category Rayonnement international. The prize is a testimony to the excellence and dedication of nurses who come from all over Quebec to work in the communities of Eeyou Istchee.*

## Regional Department of Medicine

Physicians working for the CBHSSJB are organized into a Regional Department of Medicine. The mandate of the Department is the organization and coordination of medical services, including chronic care and mental health services. The focus is on quality and safety of patient care.

In the Department of Medicine, the main achievements since April 1, 2011 have been:

- The restructuring of the Regional Department of Medicine.
- Regular monthly teleconference meetings and an annual meeting in Chibougamau in November 2011.
- Establishment of close relationship with the new Director of Professional Services Dr Laurent Marcoux.
- Publication of a new version of the *Guide Thérapeutique* (Therapeutic Guide)
- Under a Government mandate, develop an implementation plan to convert much of the *Guide Thérapeutique* to collective prescriptions (*Ordonnances collectives*), and the establishment of an Editorial Committee to coordinate this.
- Negotiation with MSSS to increase medical manpower; the outcome of these negotiations will be known in fall 2012.
- Extensive use of project management strategies (including the use of the software TeamworkPM). This has greatly helped us to plan and complete multiple organizational improvements.
- Standardization of medical equipment across all nine communities, and the establishment of a medical equipment committee to coordinate this.
- Mobilization of a mental health team at a regional level to participate in the development of a regional mental health plan.
- Development of corridors of service with the Chibougamau Hospital, Val d'Or Hospital and RUIS McGill.



### Permanent Doctors

(April 1, 2011 to March 31, 2012)

#### Chisasibi

Dr. Vanessa Gervais, full-time  
Dr. Darlene Kitty, full-time  
Dr. Michael Lefson, full-time  
Dr. Joey Podavin, full-time (until November 2011)  
Dr. Adrien Selim, full-time  
Dr. Anne-France Talbot-Bolduc, full-time  
Dr. Catherine Beauce, half-time  
Dr. Olivier Sabella, half-time  
Dr. Nadia Waterman, half-time

#### Eastmain

No permanent doctor.

#### Mistissini

Dr. Raffi Adjemian, full-time  
Dr. Gerald Dion, full-time  
Dr. Rosy Khurana, full-time  
Dr. Carole Laforest, full-time  
Dr. Hélène Perreault, full-time  
Dr. Julian Carrasco, half-time

#### Nemaska

Dr. Guy Paquet, half-time

#### Oujé-Bougoumou

No permanent doctor.

#### Waskaganish

No permanent doctor.

#### Waswanipi

Dr. Xiao Lei Jiang, full-time  
Dr. Toby Fainsilber, half-time

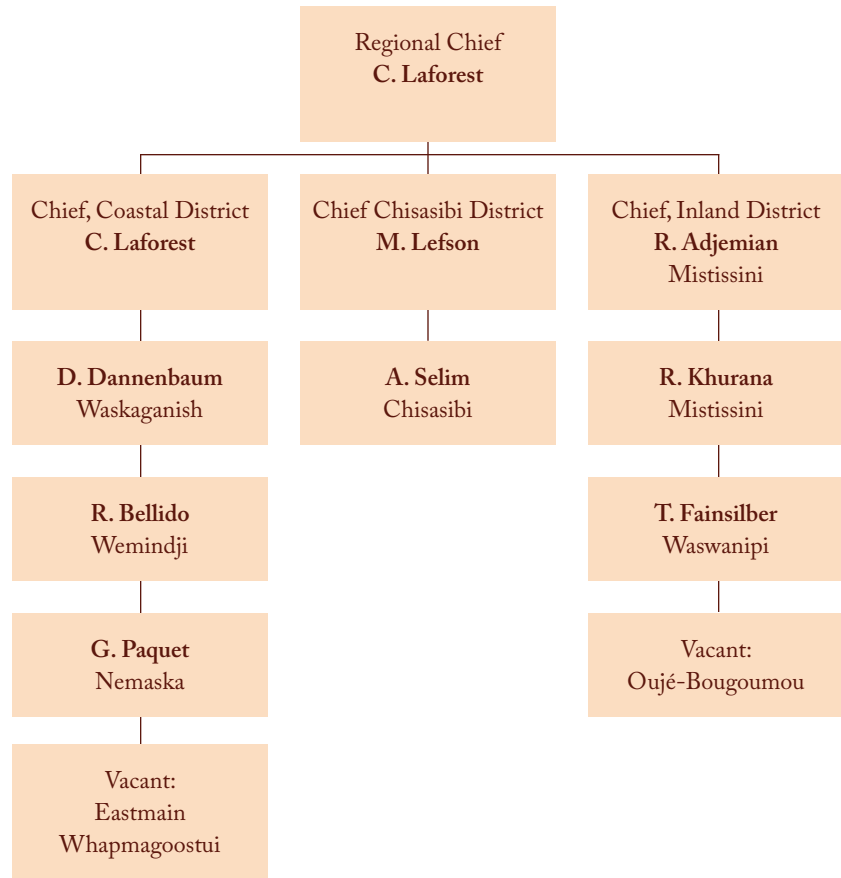
#### Wemindji

Dr. Roxana Bellido, full-time

#### Whapmagoostui

Dr. Tinh Van Duong, full-time

## Structure of the Regional Department of Medicine indicating Coordinators of Medical Services in each community



## Chisasibi Regional Hospital Centre

A major priority this past year has been filling critical positions in management, the laboratory, and archives. Another priority has been the formalization of the agreement with Centre hospitalier Hôtel-Dieu d'Amos to ensure that prompt attention was given to films from the Radiology Department. Finally, the Risk Management Team began operations this past year.

This fiscal year has been a good year for the **Management Team** led by Daniel St-Amour. The team has remained stable, but important positions were filled. Michelle Audit, a manager of considerable experience, became the new Clinical Services Coordinator. Audrey Beauchesne assumed the position of Coordinator of the Nursing Unit. Gary Chewanish was named Coordinator of Hospital Administrative Units. The latter two are interim positions pending review by the Human Resources Department.

All positions have now been filled in the **Laboratory Department**. This stability has enabled the laboratory to assess quality and review processes for many critical areas. We are now ready to implement the analysis questionnaire, which will standardize all laboratory services requests.

In the **Radiology Department**, the contractual agreement with the Centre hospitalier Hôtel-Dieu d'Amos and the implementation of the new PACS (Picture Archiving and Communication System) in December 2011 has been instrumental in ensuring radiological films are read in a timely manner. Improved access to transcriptions has enhanced the quality of care provided by physicians by giving them up-to-date information needed to make clinical decisions.

In the **Archives Department**, the recruitment of an experienced archivist, Sylvie St-Pierre, has been instrumental in moving forward several projects. Notably, the chart loan management module has been implemented, facilitating the tracking of all medical files held by the hospital. She is also leading the Regional Master Patient Index project, a key initiative to ensure that the CBHSSJB can be linked to the Dossier Santé Québec (DSQ). The hospital has also become an authentication centre for the RAMQ medical insurance card.

At **Cree Patient Services (CPS)**, the implementation of Care4 software has enabled the department to improve clients' travel management. Processes are presently being reviewed to optimize CPS services.

In the **Medicine Department**, hospitalization days have decreased by 14% but the average length of stay has increased by 20%. This change is a consequence of the increased complexity of the care provided at the hospital. This year, more than 82% of the nursing staff originated from the Cree Health Board, which is very good news.

At the **External Clinic**, RUIS McGill has provided certified trauma training (TNCC) for 93% of the nursing staff. We saw a significant 66% increase in the number of air medical evacuations for this fiscal year, which illustrates the need for this training. The number of visits to specialists has remained stable: this past year there were 1,141 visits, compared to 1,160 the previous year.

The **Risk Management Committee**, created this past year, has met three times to date. As a result the staff has benefited from training initiatives focusing on such concerns as incident/accident reporting (AH-223), moving patients safely, transporting dangerous goods (TDG) and carrying out emergency measures exercises.



The number of treatments provided by the **Hemodialysis Department** has increased this year by 4%, with a maximum of 22 clients. However, two clients passed away and another patient received a transplant, temporarily reducing the number of clients to 19. There are currently two clients on the waiting list for a foster home in Chisasibi. The pre-dialysis services have also been busy, as the clientele increased by 27% to 70 clients.

The nutritionist initiated a project with the speech language pathologist on a dysphagia in-service presented to the beneficiary attendants. Meal tray tickets for dysphagic patients were put in place following this intervention. She provided a total of 286 direct patient care hours for 352 patient visits (219 new patients and 133 follow-ups).

## Chisasibi Hospital – Key Statistics

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Admissions	494	679	688	654	663	751	602
Hospitalisation days	2,243	2,750	3,389	3,269	3,631	3,472	3,308
Bed occupation rates	53.6%	62%	68%	70%	67%	67%	63%
Transfers to other health centres	55	55	66	48	50	59	175
Average stay acute care patients	4.7	4.0	5.2	5.15	5	4.56	5.8
Departures	478	681	653	635	665	742	742
Deaths	12	14	14	11	11	10	10
Clinic visits	18,245	17,912	18,513	17,495	18,389	18,838	16,614
Specialist visits	1,632	1,439	1,067	1,305	920	1,160	1,141
Observation hours	744.35	701.66	1,827.26	1,888.13	3,564.50	4,644.23	2,009.55
Radiology technical units	86,979	74,058	82,923	165,594	N/A	116,155	85,782
Total laboratory test completed	N/A	209,622	265,397	205,278	226,917	232,280	295,053
Dialysis treatments	1,503	1,574	1,892	2,123	2,405	2,781	2,894
Pre-dialysis	42	58	50	32	52	55	70

## Pharmacy

Pharmacy services in Eeyou Istchee are composed of pharmacies in Chisasibi and Mistissini and ward stocks in place in the remaining seven CMCs.

Two new permanent pharmacists have been on duty since September 2011 in Mistissini. Recruitment is a top priority. The number of hours worked by pharmacists has more than tripled in the last 10 years, from 1,480 in 2001 to a projected 6,598 in 2012. This is a positive result of recruitment efforts.

The cost of medication continued to decrease this year thanks to access to generic drugs and the constant efforts of the pharmacy team. Despite an overall increase in the cost of medication in the province of Quebec, the CBHSSJB's costs decreased by 3% in 2011-2012.

Our objective for 2012-2013 is to continue pharmacist recruitment, implement telepharmacy for communities with ward stock only, and also to address concerns of the Ordre des pharmaciens du Québec.

## Telehealth

The telehealth program was revisited in 2011 and identified as a priority. The program objective is to provide specialized care in the community while enabling the patient to remain in the community. In collaboration with the *Centre virtuel de santé et de services sociaux* (CVSSS), nine specialized services have been identified: mental health, dermatology, women's health, obstetrics, diabetes, oncology, ophthalmology and hemodialysis. This wide range of services will be made possible in the near future by the fibreoptic network that is being installed in communities and by its integration into the CBHSSJB network. Deployment of telehealth is well underway for files where the current network can support the bandwidth requirements, for example teleophthalmology. The year 2012 should see more telehealth services coming onstream.





# Dentistry

## Clinical activities

In August 2011, the dental clinic of Mistissini reopened after nine months of closure; Eastmain's dental clinic opened in December 2011 after being closed for one year. The difficulties encountered with the transition period and implementation of IT equipment left Waswanipi's dental clinic closed from August 2011 to May 2012. These situations affected productivity and accessibility of services for these three communities, despite the efforts of nearby communities to support emergency services.

An additional dental hygienist was finally added in Oujé-Bougoumou, but sick leave among the dental hygienists has affected both access to services and the implementation of the public health program.

## Statistics

Between April 1, 2011 and March 31, 2012, the Cree Health Board's Dentistry Department provided dental care to more than 6,252 different clients. Counting both emergency visits and scheduled appointments, Dentistry had a total of 13,226 patient visits, including 2,706 children nine years old and under. A total of 125 children were seen in Montreal for general anesthesia. The waiting time to access these treatments is about six months.

## Residency program

Supplementing the clinical work of our dentists and dental hygienists, seven post-graduate resident dentists from three different university programs visited Chisasibi and Wemindji this year. Each year, the universities request more time slots for their residents, and consequently a framework between the CBHSSJB and the three universities is required to identify each party's roles and responsibilities. A proposal has been made to allocate funds to compensate those dentists who assume the added responsibilities of supervising these students.

## Specialized services

Dental specialists, including an orthodontist, a maxillofacial surgeon, a denturologist and an endodontist (root canal specialist), provided specialized services in Chisasibi, Mistissini, Waswanipi and Oujé-Bougoumou in 2011-12. An additional two endodontist visits have been organized to support the increasing needs in Chisasibi. Some additional contracts are in the process of being signed in order to increase accessibility to specialized services in Eeyou Istchee.

## Department affairs and training

Department meetings that include both dentists and dental hygienists have been held regularly. The James Bay Study Club, which continues its training activities, has invited dental hygienists to join the group so they too can benefit from dental training given by their peers.

Dentists continue to be involved in the local training and management of staff in their respective clinics, but increasingly most of the clerical and management duties are being assigned to the secretary and support staff, freeing the dentist for clinical duties. This major shift will have to be sustained by an organized training program if we want to achieve our goals of increasing productivity and accessibility.

It continues to prove difficult to support the need to replace dentists with less than two months' notice because of the limited availability of replacement dentists.

The department supported the revision of the Therapeutic Guide by reviewing the dental section.

The head of the department spent much of her time coordinating dental elements of the construction projects in Mistissini, Waswanipi, Nemaska and Eastmain. She was actively involved in the working group on the revision of the NIHB dental policies and the development of the Care4 program for the dental department. Involvement with the IT department has also demanded a significant effort, especially with the challenges of establishing fully digital dental clinics in the new CMCs.

## Challenges

Despite the hard work of the dental professionals, many challenges must be overcome to significantly reduce the waiting lists in our biggest communities:

- The increased demand for services, without an increase in professionals to provide them;
- The management of services delivery according to the needs of the population, taking into account respective local demands;
- The maximizing of available scheduling while ensuring attendance for appointments;
- The chronic difficulties related to staff turnover, such as the difficulties related to predictable replacement coordination as well as providing sufficient training before hiring;
- The chronic lack of recall list staff availability;
- The lack of permanent resources allocated to support orientation and annual training of all dental staff.



## General objectives for 2012-2013

The department is committed to continuing to provide excellent dental services to the population, with a particular emphasis on prevention. To achieve this, we will work on:

- Training: We will continue training on Abeldent and Virtuo dental management software and on the transfer of administrative responsibilities from the dentist to the support staff; this transfer will involve developing a training program for support staff as well as continuing our peer training sessions.
- NIHB: We will move towards implementing the NIHB dental management software and will transfer case management and billing to the NIHB; recommendations to the NIHB committee mandated by the Board should be presented and finalized in the coming months.
- Human Resources: We intend to finalize the implementation of the regional position of the Dental Admin. Officer C1.1.
- Specialists Visits: With the dental department's implementation of Care4, we will be able to more accurately evaluate the needs for different visiting specialists, and subsequently contracts will need to be signed with these specialists to support these needs.
- MSSS: We plan to explore the possibility of allocating a bank of extra hours of replacements for the territory, or to develop an agreement to recuperate

unused replacement hours.

- New CMCs: We will continue consulting to provide all necessary information to the interested parties.
- Prevention: We will continue to develop and implement the dental prevention program.

### Dental Services by community, 2011-2012



	All visits	Individual patients	Children under 10
Chisasibi	4,795	1,944	1,281
Eastmain	324	126	82
Mistissini	2,375	867	296
Nemaska	490	202	59
Oujé-Bougoumou	1,077	392	282
Waskaganish	1,777	890	248
Waswanipi	855	319	191
Wemindji	778	1,025	171
Whapmagoostui	755	1,025	96
<b>Total</b>	<b>13,226</b>	<b>6,252</b>	<b>2,706</b>

### Conclusion

The dental department is at a crossroads. At the end of the 2012-13 fiscal year, we will have established five new dental clinics with digital technology. These facilities will require well-trained staff in order to function at their maximum capabilities. However, the months lost in services this year have created a significant backlog on the dental waiting list, which could take months, *perhaps years*, to work through without the adequate support (including sufficient staff training) to local teams.

*Dental Team, Eastmain*

# Youth Protection

## Mission

The work carried out by the Youth Protection Department is directly linked to the laws and provisions of the Youth Protection Act (YPA) and Youth Criminal Justice Act (YCJA). Youth Protection aims to secure the safety and security of all children under 18 years of age in Eeyou Istchee, with the ultimate goal of re-uniting children with their biological parents or caregivers. When this is not possible, various processes and services are in place to carry out legally mandated alternatives, always with the fundamental principle of legally intervening to serve the best interest of children in Eeyou Istchee.

The year 2011-2012 saw a slight decrease in the number of reports of youth at risk retained for follow-up intervention/orientation by the Department. The regional average workload for Youth Protection workers was 35 files per worker, based on 19 workers. There are 12 files per Young Offender Worker, with a higher number of Young Offender files in the larger communities of Chisasibi and Mistissini.

## Files Received and Retained

Years	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Reported	1,121	965	951	1,035	1,137	<b>1,218</b>
Retained	918	842	711	858	912	<b>881</b>

Of the 881 cases retained this past year, almost 80% were related to negligence due to lifestyle factors, such as continuous alcohol and drug abuse by the youth's parents.

Currently, a number of other projects are being developed, including: a foster home workers training proposal and a set of protocols for handling child abuse and neglect; a workshop manual for foster home workers; an orientation package for foster home workers; a foster parent orientation handbook; a recruiting strategy for foster care; and a public awareness campaign for foster care.

The long-term plan is to establish a certification program for foster families and a training program for foster home workers, along with policies and procedures for family group conferencing and a training proposal for performing investigative interviews of children who disclose sexual abuse.

In the Young Offenders Program, the Young Offenders Policies and Procedures Manual is moving towards a final draft. The priorities for the upcoming fiscal year are to have the Board of Directors approve this manual as well as the policies and procedures developed with emergency workers and Youth Healing Services. Specifically, we must formalize referral procedures and access to specific services with Batshaw, and develop policies and procedures for court-ordered bush placements.

The Youth Protection File Management System will be implemented in all communities. All Youth Protection workers will be able to access this system to manage their files and to search for resources, such as policies and procedures and reference manuals related to their work. All workers will receive training on this user-friendly system, which will be networked and centralized at the Department level.



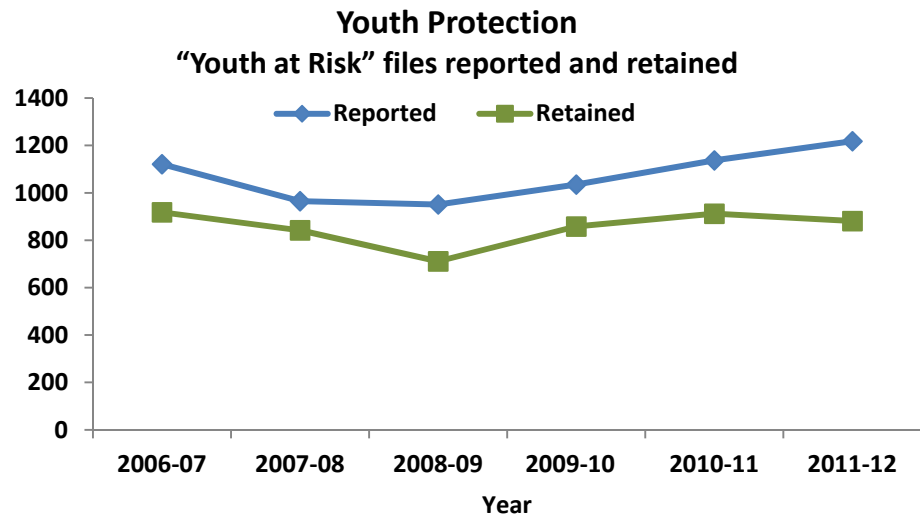
In the coming weeks and months, Youth Protection will be working with a MSSS-appointed expert in Youth Protection Intervention to develop an action plan to improve services in a number of areas:

- Training
- File management
- Youth Protection structure
- Regular supervision
- Follow-up/orientation monitoring and tracking
- Intake process, centralized with an 800 number for workers and signalers
- Local numbers with on-call local Emergency Workers.

### Priorities for the next year

The major priorities include:

- Improving training
- Enhancing support services to workers in the communities
- Developing strong collaborations with partners
- Implementing tools such as a supervision protocol
- Evaluating (and amending, if need be) existing policies and procedures as well as all forms involved in youth healing path plans, processes and recommendations that are to be programmed into the new file management system.



# Youth Healing Services (YHS)

## Mandate

Youth Healing Services (YHS) serves youth between the ages of 11 and 18 years of age who are experiencing a variety of difficulties at home or in the community. YHS contributes to their well being through a program of accountable care that provides safety, security, and treatment. YHS mentors youth in a highly structured setting, teaching appropriate skills that enable youth to achieve success outside the facility, and is committed to providing a compassionate and effective family-oriented program. The teachings of Elders on traditional cultural values and ideas guide our services.

## Priorities

YHS consulted directly with youth to solicit their concerns and ideas on program development, as well as how to implement a more positive consequences structure. We also sought to establish partnership links with other agency services and with local and other community entities, and we furthered our plans to support our staff in developing professional skills, knowledge and experience. We continued to promote YHS and Cree Native Childcare through workshops and conferences.

## Case Management

YHS continues to update and implement case management strategies in order to achieve desirable outcomes for youth in their reintegration process. We are also continuing the development of the Healing Path plans and YLS/ CMI tool to give youth the best opportunity to gain the knowledge and skills they need to reintegrate into their communities.

## Crisis Management and Certification

With the new Law 25 coming into effect, all individuals having direct contact with youth through YHS need certification. In conjunction with Cornell University, YHS will soon embark on a three-year certification program and Train the Trainers module in order to become self sufficient within the framework of the CHB.

## Planning and Programming

The YHS Planning and Programming Officer continues to oversee the cultural day-to-day programming and staff training for each unit, as well as the development of a healthy diet that includes traditional food. The officer also contributes to the daily implementation of programming and ensures that training methods are kept up-to-date, following the field's best practices.

The YHS operates through two group homes, Weesapou Group Home and Upaachikush Group Home, as well as a Reception Centre.

## Bush Program

We continue to build our Bush Program, which is an important component of YHS. The Holistic Land-Based Program is now fully operational on both the Coast and Inland. Staff has been assigned to develop and maintain a constant traditional way of life to engage the youth of Eeyou Istchee. Elders from across the nine communities participate to ensure the proper delivery of traditional programming.

When the Bush Program is not in the bush, it operates in the communities to provide cultural programming, including teaching respect for the land, the environment and each other, teaching cultural moral values and traditional Cree skills and knowledge (e.g. trapping beaver; hunting moose, caribou, and bear; cleaning and preserving



wild meat; canoeing techniques; surviving in the wilderness; and participating in traditional gatherings).



## Northern Wellness Camps

The summer Northern Wellness Camp program for 2011 involved well over 1,000 youth from eight communities. This project has now come to an end after eight years of operation, and responsibility for the camps has been transferred to the local communities.

The benefits of recreation activities offered through the Wellness Camps cannot be underestimated. They include improved personal health, reduced health care costs, enhanced community social cohesion and community pride, reduced stress and anti-social behaviours, and stronger families and neighbourhoods, for an overall improved quality of life. In addition, youth are educated about the dangers of drugs and alcohol, as well as the benefits of health, wellness and fitness, through seminars, role-playing and other teaching strategies.

## Mentoring

A Mentoring program helps youth develop leadership capacity, empowering them to be leaders in their communities. Cree leaders will mentor youth to help them develop skills, health and safety awareness and traditional values.

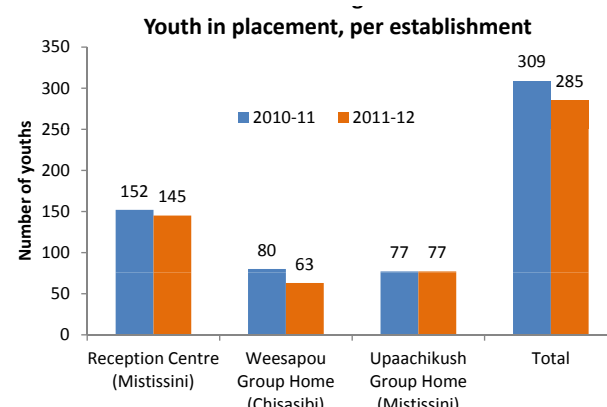
## Priorities for the coming year

The YHS will continue to support Cree youth in acquiring and maintaining those skills necessary for coping effectively with the demands of their own person as well as those of family and environment. To this end, YHS is developing a more community-based service that uses a holistic approach to care focusing on family preservation in order to introduce healthy lifestyles to youth and their families.

YHS will continue to ensure contact with and seek advice from the CHB's Elders Council, the Council of Chishaayiyuu, to ensure program integrity.

## Key statistics - Youth Healing Services

TOTAL FOR ALL ESTABLISHMENTS	2010-11	2011-12
Youth Protection Act	301	<b>274</b>
Youth Criminal Justice Act	8	<b>11</b>
Total placements	309	<b>285</b>
« Jours de présence »	4,377	<b>4,007</b>
Discharges	64	<b>71</b>
Bush Program days	382	<b>219</b>
Home leaves	992	<b>885</b>
Unauthorized absences (AWOLs)	60	<b>84</b>



## Special Needs Services

Regional Special Needs Services (RSNS) supports individuals who require assistance to meet their basic needs due to a long-term, chronic condition that affects their capacity to achieve their full potential intellectually, physically, cognitively or socio-emotionally. We encourage and support local CMCs and other agencies in using a family-centered, community-based, multi-disciplinary approach to delivering services to clients with special needs.

In 2011-2012 RSNS consisted of one full-time staff and two consultants. Working with the local CMCs, we were involved in forty-eight cases involving multi-disciplinary case management. We also supported seventeen individuals who are living outside of their communities due to the complexity of their needs.

Our family support worker provides support to the families by acting as the liaison person and linking the families to the community services available to help. We also maintain a website pertaining to special needs [<http://www.creespecialneeds.com>] and have created a Facebook page for families. We have provided the families and communities with a directory listing the names, titles, and contact information of members of a network providing services regarding special needs.

We continue to provide presentations outlining regional special needs services, including the referral and support process, case management, and ways of working together to support clients with special needs. The presentations have been made at local directors meetings, a social service meeting, and through meetings of Current Services and the Awash, Ushiniichisuu, and Chishaayiyuu programs.

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

During the summer of 2011, eight communities participated in summer camps offered through Youth Healing Services in collaboration with Thunderbird Sports Management Inc. RSNS worked collaboratively in supporting the integration and participation of approximately 80 children with special needs, aged 6-18, in the summer camps, which lasted six weeks. This experience was extremely beneficial for all involved, and especially for the children and their families. During the summer of 2012, the communities expressed the desire to continue offering the summer camps through community-based services and will be making all efforts to integrate children and youth with special needs into the camps.

RSNS continues to work on the Fetal Alcohol Spectrum Disorder (FASD) pilot project in Waskaganish, which is screening for special needs and increasing community capacity to diagnose FASD.

Our priority in the coming years will be to expand the FASD project into all of the communities, making FASD a priority in terms of awareness, prevention and intervention.





## Cree Patient Services (CPS)



Cree Patient Services (CPS) facilitate the provision of a number of the non-insured health benefits – specifically, transportation, lodging accommodations and interpretation services – to Cree beneficiaries requiring specialized health care not provided locally.

CPS offices are located in Chibougamau, Montreal, Val d'Or (managed by the director of Patients Services) and Chisasibi (managed by the Chisasibi hospital director). The three offices managed outside the Cree region employ 44 permanent full-time and six permanent part-time approved positions. There are 12 full-time and 3 part-time positions in place for “occasional” status to manage extra workloads, totalling 56 full-time and 9 part-time employees for these three CPS offices.

In October 2011, Caroline Rosa returned to her position as director after an absence of two years. The Head of CPS Chibougamau-Montreal, Josée Audet, was on sick leave from January to May 2011 and was temporarily replaced. She resigned in September 2011, and Natalie Beauchemin was nominated to the Head position March 2012. In every department we have employees on long term sick leave and replacements have been difficult to find. Nursing and Medical Secretary Agencies were enlisted to temporarily fill some positions.

The Care4 software system was implemented December 2010 in the four CPS offices and is functioning well. By October 2011, it was implemented as “view only” in all CMCs except Whapmagoostui, which is not linked because their CMC's bandwidth does not yet support the system. The next phase will be to have all CMCs use the system to input information for medical requests outside the community.

### CPS Chibougamau

The CPS Chibougamau office is situated in the Chibougamau Hospital, and has six full-time positions: one administrative agent, three northern establishment attendants, and two liaison nurses. The Head of CPS Montreal - Chibougamau covers this unit at a distance. Because of departures, sick leaves and resignations, the number of employees was increased by two this past year: one northern establishment attendant and one liaison nurse. They received 37% of all CPS beneficiaries, totalling 7,495 clients, 15% lower than last year (7% fewer patients and 50% fewer escorts).

### CPS Chisasibi

CPS Chisasibi (administered by the Chisasibi Hospital) received 371 clients, totalling 2% of all CPS arrivals. This was a 37% increase from last year, with patients increasing by 63% and escorts decreasing by 18%. This increase in patients could be explained by more visits to the hospital by specialists.

### CPS Montreal

This office is situated in the Faubourg Ste-Catherine in downtown Montreal, close to several of the region's hospitals. The office includes the CPS director, one head, one administrative technician, four liaison nurses, one social worker, two medical secretaries, one receptionist, two northern establishment attendants, two dispatchers, three full-time drivers, three part-time drivers, and a few occasional employees. Because of the increase of clients, the increased workload and many long-term sick leaves, extra temporary full-time and occasional employees were added: one liaison nurse team leader, one liaison nurse, one social worker, two medical secretaries, one northern establishment attendant, one day time driver and three part-time drivers.

In the last year, we needed the services of five different agency nurses, for a total of 4,151 hours.

This unit received 5,392 clients, or 27% of the all CPS arrivals, for a 13% increase from last year (up 8% for patients and 22% for escorts). The increase can be credited to the absence of specialist services closer to the region, new medical corridors, and possibly an increase in certain illnesses.

CPS Montreal is in the process of expanding the office to accommodate the increase of employees and clientele. Presently we have 15 rooms/areas for 26 employees. The extension has been rented from the summer 2011. The conference room was occupied 38% of the time by employees from throughout the Cree Health Board.

We purchased three new vehicles in 2011 and kept one 2007 vehicle to accommodate increased local transport needs. We also use the services of taxis and adapted taxis. Boarding homes were closed and new ones were opened.

### CPS Val d'Or

The office is situated in the hospital Val d'Or and has one head, one executive secretary, one administration technician, seven liaison nurses, one social worker, three medical secretaries, one receptionist, three northern establishment attendants, one administrative technician - Care4, one part time secretary, two full-time drivers, two part-time drivers, and some occasional employees. Because of long-term sick leaves, we hired one agency nurse for 351 hours and one agency medical secretary for 104 hours.

This unit received 6,872 clients, or 34% of all arrivals, down 1% from last year (5% fewer patients and 10% fewer escorts).

The three northern establishment attendants also perform secretarial tasks, interpret and visit the patients. They interpreted on 678 occasions with patients during their medical appointments or hospitalization.

Last year one more boarding home was added, bringing the total to four. We still frequently use the Friendship Centre. Two 2007 vehicles were traded in for 2011 vehicles.

### Key statistics – Cree Patient Services

The total arrivals of patients and familial escorts to the four CPS centres was 20,130, representing a 3% decrease from last year (3% fewer patients and 4% fewer escorts).

Note: The request "Circumstance others" is filled out when a client requires a familial escort for medical reasons but does not conform to the approved circumstances of the NIHB transport policy. The number of requests from the last two years is not available. This year we received 233 such requests, out of which 195 were approved and 38 were refused.



## Number of arrivals patients and escorts per year

### All CPS

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
17,026	15,930	16,370	16,473	15,496	17,581	19,197	20,759	<b>20,130</b>
Increase per year								
5%	(-6%)	3%	1%	(-6%)	13%	9%	8%	<b>(-3%)</b>

### CPS Chibougamau

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
9,002	7,814	7,571	7,586	7,119	8,240	8,575	8,425	<b>7,495</b>
Increase per year								
9%	(-13%)	(-3%)	0.2%	(-6%)	9%	4%	(-2%)	<b>(-15%)</b>

### CPS Chisasibi

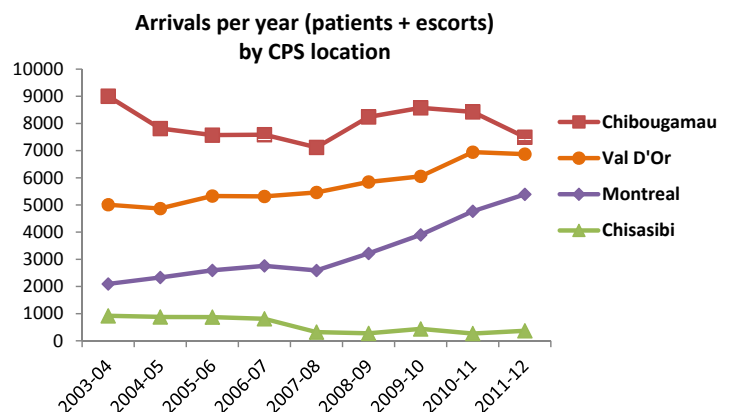
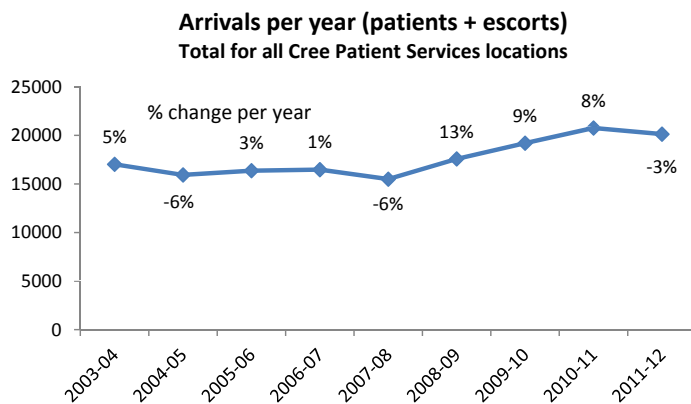
2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
921	879	875	813	324	276	440	270	<b>371</b>
Increase per year								
(-29%)	(-5%)	(-0.5%)	(-7%)	(-60%)	(-15%)	59%	(-39%)	<b>37%</b>

### CPS Montreal

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
2,093	2,333	2,594	2,760	2,591	3,218	3,902	4,769	<b>5,392</b>
Increase per year								
2%	12%	11%	6%	(-6%)	24%	21%	22%	<b>13%</b>

### CPS Val d'Or

2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
5,010	4,868	5,330	5,314	5,462	5,847	6,054	6,943	<b>6,872</b>
Increase per year								
10%	(-3%)	10%	(-0.3%)	3%	7%	4%	15%	<b>(-1%)</b>



# Community Miyupimaatsiun Centres (CMCs)

## Chisasibi CMC

Population: 4,091

### Priorities

Priorities for this past year involved securing office space and maintaining services following our relocation in November 2011.

### Highlights

Chisasibi Community Miyupimaatsiun Centre has encountered many challenges in the past year. In November 2011, we had to relocate our services and disperse our personnel throughout our existing facilities, as a crucial part of our infrastructure was needed to accommodate a regional body of the CHB. The rerouting of the flow of social work and clinical services was physically and mentally challenging for our staff. A new facility (to be formed from a merger of Chisasibi Hospital and CMC) is in the planning stages, but this is a long-term project. In the short term, we are seeking alternatives in infrastructure supports so that we can continue to develop our services, especially those offered by our Chishaaiyuu program. Currently our Community Health nursing and support team is providing our elderly population with health care, as we strive to develop Chishaaiyuu further.

### Priorities for next year

We are searching for office space so that we can develop our Chishaaiyuu program, especially in the areas of chronic disease management and clinical services. Office space for other units also remains a challenge to be addressed. In Awash Services, we look forward to hiring more staff and establishing a stable management team.

### Awash

The Community Health team remains actively involved in delivering care for the Awash clientele, as some services have not been separated according to age group. With birth rates between 110-124 in recent years, the nurses, CHRs and support staff have faced a difficult challenge in keeping up with the demands of the population. In addition to helping the growing list of clients with chronic diseases to meet their health goals, we have had to be creative and strategic in planning how we can address those needs with limited space and resources. The Awash CHRs launched support groups to help increase the rate of breastfeeding and to assist mothers in continuing this practice. For 2012-2013 we look forward to having more space and hiring more staff, and having a stable management team to be able to meet the growing needs of the population.

### Uschiniichisuu

Uschiniichisuu Services continues to develop its clinical, nutrition and social program activities. The healthy school program for the elementary school continues, with one of its main activities being the Breakfast Club. Two community workers have an ongoing train-the-trainer program, provided under the direction of the Nishiiyuu Miyupimaatsiun Department. Uschiniichisuu also added a new nutritionist, who works in collaboration with the Awash program. The move of Chishaaiyuu Services to the MSDC, site of Uschiniichisuu as well as Chishaaiyuu activities, was a major event that disrupted some services.

### Chishaaiyuu

The MSDC has seen attendance increase by 25% over the last year. Much work has been invested to improve the quality of mental health services, and the psychiatrist



is now very satisfied with how we are structuring her interactions with patients during her visits. Identifying a mental health nurse to provide active follow-up in the community is a priority. Following the hiring of two Occupational Therapists and one Physical Therapist, Rehabilitation Services increased by 106%. Unfortunately, the Speech and Language Therapist left because of the unrealistic workload involved in serving the five coastal communities. The main challenge remains the lack of office space, which restricts our ability to increase services, especially clinical services and those for the management of chronic diseases.

### Administration

Administrative services have been developing tools for frontline workers in order to minimize paperwork and increase time available for client care. The greatest challenge faced in the past year was the relocation of all offices in November 2011, which demanded much time and energy. The space issue continues to pose challenges for our staff. Among other objectives, we are looking forward to establishing ways to help all staff feel comfortable with working on computers.

### Eastmain CMC

Population: 683

#### Awash and Ushiniichisuu

The Awash clinic has been in operation since January 2012 with the full support of the Current Clinical team. The Awash team has two permanent nurses.

The Awash team continues to provide addictions counselling and support through the NNADAP program and the Community Worker. This year there was increase in suicide ideations among young teens; the Awash team, in collaboration with Youth Protection and Current Services, has begun exploring possible strategies to address this increase.

The Awash Team has taken ownership in its programs, and is awaiting the hiring of seven additional staff to establish its full team.

#### Current and Chishaayiyuu

Current Services has two permanent full-time and two temporary full-time nursing positions, all sharing the responsibilities of the head nurse position. The number of patients seen at the clinic slightly decreased from last year.

The Community's Medical/Specialist Services program featured visits by general practice physicians, a pediatrician, a psychiatrist, a psychologist, a foot care nurse, an ophthalmologist, and a physiotherapist. The staff for the clinic remains the same, with the addition of a CHR hired in September.

The Cree Home and Community Care Program (HCCP) has a full staff, as a Home Care Nurse, Community Worker and Rehabilitation Monitor were hired in June 2011. We have 16 home care clients receiving services; three of those clients require fulltime support due to a loss of autonomy caused by chronic diseases.

Last year Eastmain's Dental Services were based outside of the community until October 24, 2011, when the Dental Services team began seeing patients in a temporary setting. The dental clinic re-opened February 1 after renovations were completed, and has resumed business as usual.

The Multi-Service Day Centre currently has 16 clients, two fewer than last year, with one death and one withdrawal from the program. On November 28, 2011, a replacement physiotherapist visited to provide services for the community and at the MSDC, and was able to see all beneficiaries who required this service, in



addition to drawing up a schedule of exercises for the clients at the MSDC and giving training to our new Rehabilitation Monitor in the HCCP.

### **Administration**

The Head of Administration has hired a permanent Administrative Officer for the MSDC; another 1.5 positions will be filled in the near future.

There has been much construction in Eastmain. The new CMC is scheduled for completion at the end of May 2012, and will be occupied by the end of July 2012; toward this end, the management team has been participating in bi-weekly meetings with the project manager, engineers and contractors. Meanwhile, the fourplex to house our visiting professionals is scheduled for completion at the end of June 2012.

### **Mistissini CMC**

Population: 3,441

#### **Priorities**

All the age group programs (Awash, Uschiniichisuu & Chishaaiyuu) have been launched and are operating with the collaboration and support of Current Services personnel.

We have successfully established partners within the community and are working well with them.

A transitional plan for the new Community Miyupimaatsiisun Centre is being drafted and will be finished soon. This was briefly put on hold due to the delay in moving to the new CMC.

#### **Highlights**

Current Services is collaborating closely with all three age group departments (Awash, Uschiniichisuu & Chishaaiyuu Miyupimaatsiisun), and in 2011-12 Current Services had 25,698 client visits.

The Awash, Uschiniichisuu & Chishaaiyuu Miyupimaatsiisun programs continue to provide integrated services and to improve service quality by reinforcing team building and team work.

Awash Miyupimaatsiisun had a total of 4,441 client visits, compared to 5,008 last year, for a decrease of 11%. This past year saw 75 pregnancies (59% high risk) and 71 deliveries (54% female and 46% male). The turnover of nursing personnel and support staff remains a challenge to service provision.

Uschiniichisuu Miyupimaatsiisun, now in its second year of providing integrated services, is running smoothly.

The community health component of the Chishaaiyuu program, which had been under the direction of the Current Services, was transferred to the Chishaaiyuu Miyupimaatsiisun, and the program has concentrated on reinforcing team building and team work.

In Allied Health services, Occupational Therapy saw 679 clients (all ages), Physiotherapy saw 728 (all ages), and Nutrition saw 1153 (all ages).

#### **Priorities for next year**

We will concentrate on ensuring the proper functioning of the new CMC. We will be opening new units, including the haemodialysis unit, the radiology unit and the laboratory. Clients on dialysis will now be able to receive treatment at home, which



will be a great improvement. Finally, as we will be all under one roof, team building will be a priority.

### **Current Services**

Current Services is collaborating with the age group programs to transfer the community health clients to their age groups. In 2011-12, Current Services' personnel met with a total of 25,698 clients: nursing saw 20,759 clients, physicians 4,223 and specialists (pediatrician, psychiatrist, ophthalmologist and nephrologist) 716.

The challenges faced by Current Services include turnover of nursing personnel, with many moving to the age group programs, thus necessitating the hiring of new personnel.

In preparation for the move to the new CMC, we drafted a transition plan, which is nearing completion. We also worked to ensure the smooth transition of clients to age group programs.

### **Awash**

Awash Miyupimaatisiin is in its third year of providing integrated services. The program adopted harmony, respect, culture, trust and team involvement as key values to be used in each intervention. This past year the program had 4,441 clients; there were 75 new pregnancies, of which 59% were at high risk.

### **Uschiniichisuu**

Uschiniichisuu Miyupimaatisiin is in its second year of providing integrated services to its clientele. Various projects and activities at the school and community level have been developed to promote health and well-being, to raise awareness for the prevention of diabetes, STIs, and obesity, and to address other related health issues. Also, Uschiniichisuu has initiated school-based projects that include families in order to help promote healthy lifestyles for their children. Furthermore, a second edition of the triathlon was implemented with various community partners to promote physical activity. This past year 2,533 clients were seen in this program.

### **Chishaayiyuu**

Chishaayiyuu ensures health care and services through the community health program, the Home and Community Care Program (HCCP), Social Services and the MSDC program for clients 30 years and over. Chishaayiyuu served a total of 5,637 clients in 2011-2012.

The HCCP has multidisciplinary and staff meetings on a regular basis. Sadly, it has seen an increase of hours focused on palliative care and on clientele with multiple diagnoses, for an average caseload of 74 clients per month. The HCCP served a total of 917 clients this past year, from all age groups.

Social Services saw an increase of 2.4 interventions per client, for an accumulated total of 1,235 interventions for 509 clients. This represents a major increase in the workload of the community worker.

The MSDC continues to work on developing tailored services and adapted tools for our special needs clientele. The MSDC served a total of 1,021 clients from all age groups this past year.

Because personnel is scattered across different offices, team building and implementing integrated services are among Chishaayiyuu's greatest challenges.

### **Administration**

This past year has been a challenging one; the move to the new CMC did not happen as planned due to major water damage in the new dental department,

which caused a delay in the occupation schedule. The old clinic also had issues to be corrected. Fortunately, we were able to meet the recommendations from the CSST and the Regional Public Health, and therefore were able to continue providing services to the community.

We successfully completed construction of housing units for new personnel to be hired for 2012: 10 duplexes (20 units) and a 10-unit apartment building were delivered by January 31, 2012.

## Nemaska CMC

Population: 717

### Priorities

Although not all personnel are in place, the Current, Chishaayiyuu, Awash and Uschiniichisuu programs continue to work together to integrate services.

The process of building a working relationship with local community partners continues to be very positive.

A transitional plan for the new Community Miyupimaatisiun Centre has been fully established and teams are ready for the move in June 2012.

### Highlights

The new CMC project has reached the final stage of completion. The CMC's management team has coordinated material, supplies and equipment for the new office in cooperation with direct suppliers.

The Current and Chishaayiyuu programs continue working collaboratively. The Awash and Uschiniichisuu programs had a total of approximately 105 cases last year, which is very high. However, the Awash program is not fully implemented as more personnel must be hired; clinical services for the Awash and Uschiniichisuu programs are still being followed by the Current services until all nurses are hired for these age-group programs.

Although we still need to develop some departments further, we are confident that we will successfully implement the Strategic Regional Plan (SRP).

### Priorities for next year

Much effort will go toward ensuring the proper functioning of the new CMC. As all staff will be in the same building, team building will be a priority. We also aim to fill all positions so that we can fully implement the SRP, and we will continue building on our working relationships with local entities.

### Current Services and Chishaayiyuu

The Current Services and Chishaayiyuu program continues to work toward the SRP implementation, with almost 85% of its positions filled. The program is in the process of hiring three nurses, but continues to hire agency nurses due to the depletion of the nursing recall list.

The Dental department continues to provide oral health care; however, the department is now sending clients to Chibougamau for dentures. The visiting dental hygienist continues to carry out promotional activities at the school and daycare, and across the community in general, with the help of the CHRs and the nutritionist. Local health promotion and disease prevention activities are carried out primarily by the CHR and the nutritionist, and are often combined with community events.





Social Services has one community worker in the psychosocial sector, our most demanding department; more staff is needed here to ensure consistent care for clientele.

There is an excellent working relation among the Awash, Youth Protection and Home Care departments. New staff were hired to help address the needs of Home Care clients.

The MSDC continues to serve clients with minimal space, as the clinic occupies most of the building. It is a struggle to increase the number of participants. The MSDC kitchen remains non-functional due to a delay in the installation of a new propane and ventilation system, and a Shaptuuwan will be set up this spring as alternative for cooking with the clients.

We need to continue to orient new staff and to promote professional development with refresher training in order to provide quality service to the population.

### **Awash and Uschiniichisuu**

The Awash and Uschiniichisuu department continues to work toward SRP implementation with 50% of its positions filled, and commits to delivering services with the available resources. Over the course of the year, the department has engaged a full-time nurse shared between Awash and Current/Chisaayiyuu services; this has allowed the department to take the first steps to implementing its programs for the upcoming fiscal year.

As staff turns over, the overall team has become especially important for ensuring a continual flow of services to the community.

### **Administration**

The administrative services unit continues to work toward SRP implementation, with almost 90% of its positions filled. With much team effort our staff has ensured the continuous flow of daily administrative operations. The administrative team attended regular meetings with the project manager, engineers, contractors and others during the construction of the CMC, taking part in the decision-making and follow-up and observing closely the stages of the project. Although the meetings were held in French, the project manager ensured the translation of important details to allow the CMC administrative team to participate.

Maintenance personnel had several training sessions in the new CMC building in order to become acquainted with the different operating systems in its mechanical room; the training included covered the generator operating systems, intercom sound systems, plumbing systems, fire alarm systems, and fire systems.

## **Oujé-Bougoumou CMC**

Population: 786

### **Priorities**

The priorities this past year have been to enhance our nursing staff and our Social Services program. We now have six permanent nurses and one homecare nurse, a new dental hygienist and a new permanent dentist to better serve our clientele. The doctor serves our community one week, sometimes two weeks, every month.

### **Highlights**

Our main achievement during this past year was to learn on how to work as a team and keep lines of communication open. In the beginning of 2011 we had a three-day Team Building Workshop hosted by Susan Bucanin & Consultants, which helped us understand each other and appreciate our differences.



## Priorities for next year

Our priorities this coming year are to expand our work space to hire seven more workers for our Awash & Uschiiniichisuu Team; we have requested a trailer to be bought and placed on the west side of our existing building. Having this team in one trailer would enable better communication and services, resulting in a healthier working environment to promote healthier lifestyles to our clientele.

## Current and Chishaayiyuu

Current Services' nursing staff is stable. They are active in all fields of practice in each health program, including curative programs and community health promotion (primarily diabetes education). Current Services also deals with refills of medication and blood tests.

We had two visits of an ophthalmologist; the optometrist came once and also did screening exams at school. We had four pediatrician visits and two psychiatrist visits, while a general physician was present 92 days in the community. A dental hygienist was hired in June 2011.

The Women's Health Clinic program raised awareness of women's health issues by mailing birthday cards to women inviting them for their annual visit.

The nutritionist works with all programs and age groups. As prevention is one of the cornerstones of health management, nutrition education was provided at school via a cooking class offered to teens, and during summer camp in the Cultural Village, where nutrition activities were organized and healthy meals prepared.

The physiotherapist was involved with all age groups, spending over 220 hours in direct care and over 301 hours in non-direct care. The Home and Community Care Program has 16 active clients, while our MSDC team is following an average of seven participants.

Our challenge for 2012-13 is to build stronger collaborations among all entities and within services offered to our community.

## Awash and Uschiniichisuu

Our team provides support through integrated services for pregnant women and young families, promoting optimal health for pregnant women and the healthy development of children. The program also aims to improve the quality of life of families by empowering them to take control of their health.

New mothers and families are supported through prenatal and postpartum visits at both the CMC and the client's home, as well as through group activities and assistance in accessing community services.

The Awash program nurse had 357 client visits, while the CHR had 128 (a decrease from last year due to staff turnover).

Team members include 1.5 Awash nurses, three CHRs, a community organizer, two social workers, a school health nurse, a community worker, a NNADAP Worker, as well as a physiotherapist, a nutritionist and a psycho-educator.

Due to a lack of space in the current CMC clinic, only 50% of the required staff have been recruited. As a result, our programs are prioritized based on the resources available to our community, and the Uschiniichisuu programs have not been fully implemented. Upcoming programs will include the school health program (run by the school social worker and school health nurse), a teen clinic, and psycho-social support/aftercare.

## Administration

This past year has seen a significant staff turnover in the Administration Unit. However, the unit has been characterized by strong teamwork, and throughout the year we sought to improve our services within our clinic and the MSDC.

The total numbers of clients seen in the curative programs (3,939) and the number of medication refills (2,092) distributed to the community members indicates that the CMC needs a pharmacist; indeed, the number of refills per year for our population indicates that we are a small community with big needs.

The Awash and Uschiniichisuu Program require complete staff and appropriate working space in order to meet the SRP, and this will be a priority for the Administration Unit.

## Waskaganish CMC

Population: 2,097

### Highlights

Recruitment has been a challenge in Waskaganish. We aimed to have complete and functional program teams for the new year, but haven't met this objective as we have not been able to fill the vacant positions. One of the management positions, the coordinator of Current/Chishaayiyuu, remains to be hired, but a candidate has been recommended and will be available soon. Two nurses have been recruited for the Awash program; one was hired in September and the other in March.

School programs yet have to be implemented, awaiting the hiring of a school nurse and a school social worker. However, we have been able to carry out some programs, such as vaccinations, with the regular nurses, and the CHR and NNADAP have visited schools. We have also promoted health care through the radio broadcast of a health program.

Four two-bedroom units have been built by the Waskaganish First Nation and leased to the Cree Health Board, for use by visiting professionals or CHB employees.

In the first week of March, 44 permanent employees participated in a very successful team building session.

### Priorities for next year

We will have a full management team this coming year, with the hiring of the Coordinator of Current and Chishaayiyuu programs. One of the on-going files of the Waskaganish CMC concerns whether we will have a new extension or a new building to serve the community.

Our Cree HCCP, which experienced a challenging year due to staff turnovers, must be strengthened by stable employees and leadership.

We must hire a School Social Worker and School Nurse, as these positions are needed to implement newly developed Awash programs.

The MSDC must promote its services in the community as there are many potential clients who could benefit from this program; it also needs to launch other programs, such as meals on wheels for the elderly and disabled.

Training requests have been numerous, so we will be looking for more training opportunities in administration and community work.



## Current Services

Current Services aims to provide multifaceted health services, including care, prevention, education, and support for access to medical specialists and treatments.

We also strive to implement better case follow-up and management, and to improve our time efficiency by ensuring better patient attendance at appointments. The new Care4 software program will help track appointments; another appointment program, Bonjour Santé, has been in place over a year and showed a significant decrease in missed appointments.

The absence of a coordinator of Current and Chishaaiyuu services adversely affected some services, as it had an impact on staff management issues and even the ordering of medical supplies. This position will be filled in the coming year.

The nursing team is very strong and stable. However, a general physician is needed for about 35 more days than are currently covered, and a foot care nurse is also required.

The return of ophthalmology and optometrist services has been appreciated, especially with the increasing numbers of diabetes patients.

## Awash and Uschiniichisuu

Waskaganish First Nation welcomed 62 babies between April 1, 2011 and March 31, 2012. Awash/Uschiniichisuu has eight employees, and in the last six months a second Awash nurse and a community organizer have been hired. In addition to supporting the pregnant women and new moms, our team members work together to provide assistance to the other programs: teaching elementary students how to effectively brush teeth; teaching summer camp participants how to make simple nutritious snacks; teaching secondary three students on topics relating to the Chii Kayeh Iyaakwaamiih Program on Relationships and Sexual Health; and airing a bi-weekly community radio show.

The Awash CHR works closely with the two Awash nurses and doctors. Regular follow-ups are done with the clientele, which also includes scheduling, ensuring follow-up sheets are updated, carrying out home visits, and organizing programs and workshops. For this coming year, we will be recruiting four additional Awash CHRs to concentrate on reaching out to parents through home visits.

The Waskaganish First Nation hosted the 15<sup>th</sup> Annual Regional Addictions Conference on August 1 to 5, 2011, organized by our nine NNADAP Prevention workers. The workshops were great, although some suffered from low attendance.

The Awash team has requested training in numerous areas, including first aid, computer training and maternal/child health programs.

## Chishaaiyuu

The Chishaaiyuu Program has not been functioning normally this past fiscal year. We have been unable to recruit a Coordinator for Chishaaiyuu/Current for the last two years, although this position has been posted five times. Recruitment for personnel has been inadequate, and employee turnover has been high.

## Administration

Highlights for the Administration Unit of the Waskaganish CMC include the acquisition of two large maritime containers to help alleviate storage space problems, and the completion of a new four-unit transit apartment to accommodate replacement nurses who come to Waskaganish for long-term assignments. Some of the challenges include the recruitment of recall workers, and a lack of office space resulting from the delay of the clinic extension project. Priorities for next year will be to acquire more office space (external or from the extension) so that we can hire more personnel.



## Waswanipi CMC

Population: 1,685

### Priorities

The past year we had two main priorities: completing the construction of the extension of the main building and hiring professional staff. This latter priority continues to be a challenge. To address space issues, we placed a mobile office for the administration and youth protection units next to the clinic.

### Highlights

We were able to deliver effective social and health services and programs to the community, even as construction continued on the extension. We worked well with the construction company and we have a good working relationship with all the Cree entities in Waswanipi, particularly with the Waswanipi First Nation. The lines of communication are open, enabling us to work together on many issues and projects.

It has been challenging to fill all permanent nursing and professional staff positions. We have two doctors and one regular “depanneur” doctor, but it is proving difficult to deliver and support programs without the necessary professionals.

We could not provide dentistry services for three-quarters of the year, but offered alternative services in Oujé-Bougoumou, Mistissini and Chibougamau.

Training was given to support the staff, and the Coordinators (Heads) continued their Mind Manager software training. We are continuing to implement technology (both software and hardware) to help our staff schedule clients, manage finances, gather statistics and prepare reports.

### Priorities for next year

The main priority for this coming year is to continue the effort to hire the necessary professional staff for all the age group programs. We will work in a new building, which should make it easier to work together to implement integrated services.

### Chishaaiyuu and Current Services

This year the team worked on developing and implementing an integrated approach to providing client care. The Chishaaiyuu files are now divided according to family names and have been assigned to the four permanent nurses, who are now responsible for health care for individuals assigned to them. The feedback has been positive. This system allows for better follow-up and has allowed us to catch those patients who sometimes fall through the cracks.

Ensuring a full staff of nurses has been a challenge, however, and Current has supported the Awash sector in this area. Since October 2011 we have had a replacement homecare nurse, who has been responsible for all the client assessments to date. Three CHR students had three-week placements in Waswanipi and were able to perform some nursing tasks, including taking blood pressure, recording weight, and so forth.

In Social Services, one secretary was hired in February 2012. There are regular staff meetings to update and revise cases with the Awash team. The Social Services unit has a total of 338 clients (153 male and 185 female).

In conclusion, we have made a concerted effort to work collaboratively with the community and the Band on community issues and events.

## Awash and Uschiniichisuu

This has been a challenging year. Efforts continue to fill the four Awash nurse positions. Current Services has supported the Pre-Natal Programs, and Public Health assisted for measles and MMR11 vaccinations. We were able to provide all necessary school vaccinations.

The team organized five projects: a Special Needs Summer Camp (5-18); a Youth Outreach Worker Program in summer and at Christmas; NNADAP Awareness Week; the Chii Kayeh Iyaakwaamiih Project; and the Chiiwetauu Healthy Living Promotion.

Awash CHRs, working with Current Services, organized sixteen primary prevention activities. These included workshops and activities focusing on breastfeeding, quitting smoking, healthy eating (including “Drop the Pop,” nutrition awareness, and healthy eating during pregnancy), food hygiene, dental hygiene, awareness about vaccinations and prenatal visits, FASD workshops, and baby food making. Other projects included yoga classes, school diabetes screening, an After School Cooking Program and a Healthy Snacking program.

Five staff training sessions were offered: Bully-Proofing Our Schools (for the school social worker); Computer Training; Recordkeeping and Case Management; Basic Crisis Intervention; and Suicide Help. Three information sessions were provided by Public Health on Awash Programs, Cocaine and Meth, and Sexually Transmitted Infections. The NNADAP worker was sent to the Dialogue for Life Suicide Prevention Conference in Montreal.

The team also participated in local community awareness activities such as the Suicide and Diabetes Prevention Walks.

## Administration

2011-2012 was a challenging year, with the extension of the Waswanipi clinic, the move to the new section and finally the renovation of the old section. Our group did tremendous work in reviewing and improving processes in archiving, housekeeping, administration, maintenance and finance services – work which we will continue next year. These improvements have enhanced the delivery of quality health services in Waswanipi.

## Wemindji CMC

Population: 1,374

### Highlights

Within our organization, the Willie Matches Memorial Miyupimaatisiuun Centre, cohesive and collective management approaches have created opportunities to develop strong teamwork principles and injected a spirit of determination to complete tasks.

The innovative and collaborative approaches on display during December’s 10-day power failure assist us to ensure greater accountability measures being implemented for programs and services to maintain quality service delivery for the population. The statistical data included in this report attests to the high participation rates within each of our programs. The milestones our CMC accomplished are only possible because of dedicated staff, the strong leadership skills demonstrated by our managers, and our CMC moving much closer to its full implementation phase.



## Response to the power failure

We encountered many challenges throughout this fiscal year; most notably, Wemindji experienced a ten-day blackout in early December, 2011. Although a state of emergency was declared in our community, our management team used innovative strategies to respond to the crisis, which enhanced our strong community linkages and heightened our profile by demonstrating our commitment to quality service delivery.

All Program Coordinators (Shirley Blackned, Christina Biron, Mary Shashaweskum) and the MSDC Activity Team Leader (Lee-Ann Gilpin) undertook countless tasks, faced numerous challenges, and worked together to ensure the safety and well-being of our clientele by establishing an emergency shelter and meal station at the local MSDC. During this crisis, our nursing staff continued to deliver curative services despite the near absence of support staff, while maintenance staff conducted regular surveys of our buildings to ensure their functioning. After this incident our organization created a working group that developed internal protocols to guarantee a smooth transition and continuity of services during a state of emergency.

## Awash

Since the inception of the Awash program in 2009 we have increased the number of consultations per year from 559 to 2,126. However, this number does not include the Nipissing Ages & Stages screening questionnaires (ASQ's). The ASQ screening tool determines a child's developmental stage. For 49 children 0-5 years old who are unmonitored by Childcare Centres or the Head Start program, we completed 69 ASQs to help us observe their developmental progress. This year one of our program priorities is to improve services that integrate interventions in the overall maternal health program concerning service delivery for children 0 to 9 years old. This will happen incrementally, as we expand our services to encompass 6 year olds this year; in 2015 we propose to incorporate all age groups.

## Ushiniichisuu

This year the Ushiniichisuu program completed 1,714 consultations, mainly through group activities. Among these, though, the CHR's implemented consultations with individuals, primarily regarding pre-diabetes and diabetes counselling, with the goal of increasing individual interventions for next reporting period.

The main highlights under this new program consist of group interventions conducted in the school and community, with a total of 1,301 youth reached. Prevention activities focus on issues such as dental hygiene, infectious disease, vaccinations, STI/ HIV and anti-bullying.

Maintaining strong community partnerships has helped us develop projects such as the following: the Healthy School Project, the Maaskinaachaataau Mentorship Program, the School Breakfast Program, the Special Needs Summer Camp and the Chii Kayeh Iyaakwaamiih Program.

## Current and Chishaayiyuu

The main challenge we face within this sector is the retention of permanent staff. Since the departure of the Home and Community Care Program (HCCP) nurse we have used agency nurses in continuous rotation on a monthly basis, but we look forward to welcoming a permanent HCCP nurse in the near future. We continue to work closely with Human Resources in Chisasibi to address our need for replacement nurses from the recall list and/or agency nurses. We recently hired a full-time nurse to cover the holidays for all the permanent nurses; this position began shortly after the new fiscal year, as two permanent staff nurses are on maternity leave.

The nursing team within our curative services sector completed 11,604 consultations and medication refills, which averages 14 patients per nurse daily during a regular work week. This number represents one aspect of Current/Chishaayiyuu Services.

### **Administration**

The Administrative Department has experienced numerous improvements in recent years. This year, the administrative department is now operating at full capacity, with 20 full-time staff in food services, housekeeping, maintenance and various administrative positions. Our greatest challenge involves finding reliable replacements, issues of absenteeism and punctuality, and lack of personnel in some departments. Measures such as using sign-in sheets have been put in place to address some of these issues.

Administrative Unit priorities for the coming year consist of landscaping ten residences on Visitor Drive and securing funds to pave the driveways of these units. We plan to continue working with Material Resources on the new Preventative Maintenance Software (SAM FM), and now meet monthly on this issue. Our departmental meetings, which promote teamwork, accountability and strong work ethics, will continue through the new fiscal year.

### **Whapmagoostui CMC**

Population: 871

#### **Highlights**

The Whapmagoostui CMC faces challenges in fully implementing the Strategic Regional Plan (SRP) due to a lack of workspaces and residential units, which has led to difficulties in hiring the staff needed to provide our clientele with high-quality essential services and programs.

Sixty out of seventy positions identified in the local organizational chart have been filled. The Administration team had identified local buildings that do not meet the current building norms and require total rebuilding.

#### **Priorities for next year**

Priorities for the coming year include hiring for the positions needed to meet the SRP and extending the CMC workspace to accommodate present and newly recruited staff.

### **Current Services and Chishaayiyuu**

Current Services assumes the responsibility of providing health care to meet the needs of Cree beneficiaries and non-resident individuals.

The CHR participates in programs, provides information through the radio station, and distributes pamphlets containing essential information on issues such as diabetes, dental health, nutrition, the Bush Kit program, and HIV/AIDS prevention.

The NNADAP worker helps clients of various ages who require assistance with substance abuse, providing both preventive and crisis interventions, along with follow-ups. The NNADAP worker also identifies resources available within or outside the community, and may provide group or individual counselling.

Services offered by the Home and Community Care Program (HCCP) are meant to promote, restore and/or maximize the levels of independence. These services support and supplement the care provided by family members, and are not meant to replace the natural family-member caregivers. The services are targeted to clients dealing with physical and cognitive challenges.





The MSDC (Nanaahkuu Wiichiiweukamikw) provides an integrated approach to supporting people and helping them stay in their communities as long as possible without resorting to external resources. The MSDC helps participants maintain a connection to cultural activities related to their Cree way of life. Clients with physical and cognitive challenges are also welcomed to participate in the Centre's activities.

The Social Services community worker offers individual, family and/or marital counselling to help clients maintain healthy relationships and improve quality of life. The community worker also serves as a resource person identifying specialized resources outside the community, and works with the medical community where illnesses have created or aggravated a person's social issues.

### **Awash and Uschiniichisuu**

The Awash and Uschiniichisuu programs provide services to clients from zero to thirty years of age. The team consists of community workers, nurses, CHRs and other professionals, including an occupational therapist, a physiotherapist and specialized medical doctors. The medical staff members provide and evaluate preventive, diagnostic and therapeutic health care. The CHR participates in community and school programs and provides health prevention and promotion information. This past year, the Uschiniichisuu nurse had 2,659 client visits; the Awash nurse had 2,154 client visits; the CHR had 76, and the community worker 53.

### **Administration**

The administrative unit collaborates the planning and evaluation of CMC programs, and contributes to the organization, coordination, implementation, control and reporting of the CMC's human resources, facilities and operations, and technology systems.

The administration's priority for next year is to extend the clinic building, which would alleviate the frustrations caused by restricted workspace. This initiative would follow the postings of positions required to fully implement the SRP.

Communities	Chisasibi	Mistissini	Waskaganish	Waswanipi	Wemindji	Whapmagoostui	Oujé-Bougourou	Nemaska	Eastmain	TOTAL
Population (2011)	4,091	3,441	2,097	1,685	1,374	871	786	717	683	15,745
<b>Clients seen by MDs and specialists</b>										
Doctors	0	5,414	1,981	640	1,397	32	624	899	578	11,565
Pediatrician	0	298	87	53	119	78	58	66	90	849
Psychiatrist	122	53	0	0	40	29	22	27	0	293
Ophthalmologist	0	325	451	0	58	26	91	0	54	1,005
ENT (Ear-Nose-Throat)	0	0	69	0	0	0	0	0	65	134
Optometrist	0	0	0	0	143	0	112	0	0	255
Other specialists	0	40	0	0	87	305	0	34	0	466
<b>Visits in Current Services (6307)</b>										
For nurse in walk-in clinic	0	21,059	14,348	8,630	11,173	10,152	3,939	7,061	8,567	84,929
For medication refills	0	0	1,193	4,861	3,307	3,611	2,092	0	0	15,064
For clinical lab tests	0	3,563	581	1,638	1,884	1,880	748	0	0	10,294
Total of nursing acts	0	24,622	16,122	15,129	16,364	15,643	6,779	7,061	8,567	110,287
<b>Client transport</b>										
Emergency Medivacs (7401)	N/A	274	84	114	53	N/A	98	45	40	708
Transport (elective) (7404)	N/A	3,188	1,407	2,221	695	N/A	688	614	536	9,349
<b>Visits in Awash Program (6307)</b>										
Nurse (including vaccination)	8,182	1,576	529	2,922	1,221	2,124	283	338	440	17,615
CHR (individual visits)	1,513	473	497	176	881	76	123	408	0	4,147
CHR (group interventions)	168	0	0	0	263	19	0	0	0	450
Community worker (individual visits)	0	82	764	111	65	10	0	114	145	1,291
Social worker (individual visits)	0	0	0	0	0	0	0	0	0	0
<b>Visits in Uschiniichisuu Program (6307)</b>										
Nurse (including vaccination)	400	453	0	0	155	2,659	250	0	0	3,917
Nurse curative	267	526	0	0	42	0	0	0	0	835
School nurse	0	526	0	0	0	0	0	0	0	526
Total of nursing acts	667	1,505	0	0	197	2,659	250	0	0	5,278
CHR (individual visits)	0	657	0	0	111	15	64	0	0	847
CHR (group interventions)	0	119	0	0	1,301	5	0	0	0	1,425
Community worker (individual visits)	335	778	396	132	105	53	0	0	0	1,799
Social worker (individual visits)	0	0	0	0	0	0	0	0	0	0
School Social worker (individual visits)	0	0	0	123	0	0	0	0	0	123
<b>Visits in Chishaayiyuu Program (6307)</b>										
Nurse (incl. vaccination and women's health)	221	2,293	0	923	1,118	737	564	338	382	6,576
Footcare nurse	316	573	76	112	54	0	34	0	77	1,242
Total of nursing acts	537	2,866	76	1,035	1,172	737	598	338	459	7,818
CHR (individual visits)	0	1,514	1,297	844	282	340	214	7	459	4,957
CHR (group interventions)	0	22	0	0	30	0	0	0	35	87
Community worker (individual visits)	303	1,235	1,099	93	55	0	236	10	144	3,175
Social worker (individual visits)	0	0	0	0	0	0	0	0	0	0
<b>Allied Health</b>										
Physiotherapist (hrs. of service)	1,168	679	114	0	902	150	220	N/A	169	3,402
Occupational Therapist (hrs. of service)	1,686	728	455	0	0	50	0	0	0	2,919
Psycho-educator (hrs. of service)	900	0	N/A	0	201	0	0	0	0	1,101
Nutritionist (hrs. of service)	6	406	0	243	169	0	547	N/A	0	1,371
Speech Therapist (hrs. of service)	N/A	0	0	0	0	0	0	0	0	0
Psychologist (total consultations)	486	236	545	161	224	0	0	194	0	1,846
<b>Multi Service Day Centre (MSDC)</b>										
Number of participants	26	18	21	56	35	24	11	17	13	221
Meals	1,203	1,021	1,437	2,223	66	192	768	0	2,158	9,068

Notes:

1. Numbers in brackets refer to the measuring unit of the activity centre of the MSSS "Manuel de gestion financière".
2. N/A indicates that services were given but statistics were not provided.
3. "0" indicates that either there is no position filled in this community or no services were provided.
4. In Chisasibi, current services are provided by the Hospital.
5. Chisasibi and Mistissini are the only communities with a Pharmacy.
6. Nemaska and Eastmain: no data available for refills of medications, labs and vaccinations.



# 5 Pimuhtheu Department

## Message from the Assistant Executive Director

The 2011-2012 year has been a time filled with creating and implementing changes within the Pimuhtheu Department. A planning and programming group has been created, which includes a Director of Planning and Programming along with other professional staff. Plans to fully staff this new department are underway. Our team in Chisasibi was faced with office relocations and in this process they demonstrated patience, understanding and continued commitment to their work. Another notable change occurred within our Public Health team when Dr. Richard Lessard retired as interim Director of Public Health in December 2011. His guidance and support for the Public Health team is missed and we wish him good health and prosperity in the days ahead. We are grateful to Dr. Elizabeth Robinson for stepping in as interim Director of Public Health.



Developing programs and services remains a priority for us and we continue to work with others to develop quality programming in an effort to improve services to the population. In some cases, it is also time to reflect on our previous accomplishments by organizing this work into meaningful programs for delivery at the local level.

*Walk Your Talk, Eastmain*

The coming year provides us with the exciting challenge of planning for a new Strategic Regional Plan. This work began in late fall 2011, and since then it has been a time of reflection and vision for more improved programs and services for the Cree Territory.

I want to thank all the staff within the Pimuhtheu Department who continue to work hard and demonstrate professionalism and support to one another. I commend your commitment and dedication to your work to help the people of Eeyou Istchee achieve optimal health and wellbeing. It is a privilege to work alongside you.

A handwritten signature in black ink, which appears to read "Laura Bearskin".

**Laura Bearskin**  
Pimuhtheu Department Assistant Executive Director

# Professional Services and Quality Assurance



## Allied Health

Allied Health services promote wellness by working on prevention of disease, active lifestyle and social and psychological adjustment. As such, these services are an essential part of 'being alive well'. Allied Health professions include nutrition, occupational therapy, physical therapy, psychoeducation and speech-language pathology. Over 9,000 hours of Allied Health services were given on the territory for the year 2011-2012.

2011 saw the hiring of Adelina Feo, the first Director of Professional Services and Quality Assurance (interim) for Allied Health professions of the CBHSSJB. The mission of the DPSQA for Allied Health is to ensure the quality of services of Allied Health professionals.

Much of the initial work of the DPSQA for Allied Health was spent in assessing the situation of Allied Health services on the territory. A formal report was deposited in November 2011 with thirty-two recommendations to improve service delivery. Staffing remains a predominant concern, with a position vacancy hovering at 50% in most professions as of March 31, 2012 and a crying need for more services. Staffing in psychoeducation is at 20% and there is a total absence of speech-language pathology services on the territory since July 2011. Much work was done, together with the Human Resources Department, to increase the visibility of the CBHSSJB so as to attract these much sought-after professionals.

The DPSQA for Allied Health offers support to professionals and to local managers to provide services that are steeped in best-practice. This was done through the calibration of the rehabilitation equipment, support for continuing education and preliminary work for the establishment of the Multi-disciplinary Council.

Another mandate of the DPSQA for Allied Health is to promote a better understanding of Allied Health services and its crucial role in the clinical landscape of Eeyou Istchee. Allied Health contributed to the development of better screening tools for children seen in the Maternal Child Health Program, communication tools to facilitate multi-disciplinary work and participated in various committees, both local and regional.

Mindful of the quality aspect of the mandate, several risk management activities were supported. The Interim Director participated in the risk management committee of the Chisasibi Hospital, with the aim of bringing the work to a regional level at all sites of the CBHSSJB. The management of incidents and accidents and their disclosure is being looked at. Policies and procedures on high-risk practices that relate to Allied Health are in the process of being finalized and should become implemented in the next year, such as the policy and procedure for the management of means of control and the fall prevention strategy. Other such policies will also be addressed in the next year.

Priorities for the next year include the establishment of a Committee for multi-disciplinary workers, the continuation of the work done in risk management for all sites of the CBHSSJB as well as the continued efforts in recruitment and retention of Allied Health professionals on the territory.

# Program Planning

## Current and Ambulatory Services / Nursing

Support provided in managing nursing schedules is now minimal due to the Coordinators of Chishaayiyuu and Current Services being in place in the communities. This past year, support was provided to Waskaganish CMC, as their Coordinator of Chishaayiyuu and Current Services position was vacant. Additional support is provided to the Coordinators in the application of administrative policies and procedures, as well as in the interpretation of the FIQ (nurses' union) Collective Agreement.

In addition, work continued with a committee on the development of collective prescriptions stemming from the Therapeutic Guide. Louise Carrier, Head of Current and Ambulatory Services Planning, coordinated the Annual Nurses Training in November 2011 in Val d'Or. Ninety nurses attended the training. Training sessions included diabetes, paediatrics, and vaccination, traumatology, SDAM-C (the new protocol and Automated External Defibrillator), as well as a progress report from the Genetic Diseases Screening Program, which included information on Cree Leukoencephalopathy.

## Mental Health – Awamiiniwachuwanoouch

### Psychosocial services

There are six visiting psychologists, one counselor, one therapist and one traditional healer retained on service contracts coordinated by the regional Mental Health Program. Together, they provided 1,450 psychosocial consultations in 2011-2012, spread over 157 days and all Cree communities. In addition, there were 161 cases of emergency psychosocial services provided outside of the Cree territory. The leading reasons for psychosocial services in the past year were conjugal difficulties, single family issues, parent-child relational issues, depression, parenting skills, anxiety, alcoholism, stress, insomnia, and stress related to work.

### Psychiatric services

Through an agreement with the Douglas Hospital in Montreal, psychiatrist Dr. Janique Harvey travels to the region to provide services in the communities. One psychiatrist covering the vast territory of the Cree Nation is very inadequate. On the coast, Waskaganish and Whapmagoostui, which have the least access to these services due to their geographic location, are the communities with the greatest need. Patients who require emergency psychiatric services are referred to Dr. Harvey at the Douglas Hospital in Montreal. In addition to negotiating for more psychiatric services in the communities, telehealth could be one way to help address the need.

Our clinical nurse provides support to Dr. Harvey in carrying out consultations in the communities. To ensure immediate response for psychiatric services and to ensure continuity of service, there is a need for liaison nurses in Chibougamau and Montreal.

## Suicide Prevention, Intervention and Postvention

The Shaakaashtiwaau Gathering in Amos in June 2011 was a resounding success. This opportunity to explore Suicide Prevention, Intervention and Postvention (intervention after a suicide) resulted in working toward a better understanding of the impact of suicide and the support needed by communities. It has become evident that commitment from leadership in each community is needed to ensure that community members gain awareness and tools to respond to suicide ideation and attempts. Recently, Deputy Grand Chief Ashley Iserhoff consented to act as a spokesperson to support our work.





The Regional Working Group will be providing support to communities on the issue of suicide. Consistently, the communities express the need for a program to train frontline workers. The process of finding a training program to adequately address this need is underway.

The need for postvention is paramount to healing those impacted by suicide. Families who live through this devastating experience are often left without support once the crisis has passed. The work continues as communities voice their needs and concerns.

### **Sexual Abuse**

The Sexual Abuse Working Group has been working on a Protocol for Frontline Workers to respond to children who have been sexually abused. The planning process must take into consideration the physical, emotional, mental and psychological impact on the individual and family. It is also crucial to take into account the existing laws and cultural norms in developing an intervention strategy for the Cree Nation. Therefore, it is not unusual for such projects to take several years of research before implementation.

Recently, a survey was used to gather information on existing services in each community to ensure their input into the development of the protocol. Work has also been done on a training package to ensure a user friendly protocol and process.

This important and sensitive file must include a comprehensive response by taking into account both the victim (child and adult) and the victimizer. Healing of individuals, families and communities is the ultimate goal.

### **Indian Residential School Resolution Health Support Program**

Reliving the residential school experience is traumatic and Resolution Health Support Workers provide a critical service for those individuals going through the Independent Assessment Process (IAP). Two communities lack Resolution Health Support Workers, and this is being addressed.

Pierre Brascoupe from the Assembly of First Nations recently met with our team and he will be visiting Cree Communities in June 2012 as a Form Filler. This is to ensure all former residential school students who are eligible have their forms filled out before the September 19, 2012 deadline. A schedule of visits has been made and notification is being provided through regional radio. The Resolution Health Support Workers in each community will be providing support to Pierre Brascoupe and the applicants.

A Cree Regional Conference on Residential Schools is being planned for fall 2012. The conference will provide a forum for those who attended Indian Residential Schools to share their experiences, gain understanding and break the silence of their experiences. Healing from this inter-generational trauma will take time, but we strive to complete the journey.

## Pre-Hospital Services

### Training and Certification

The Quebec MSSS requires First Responders to be certified. Service Agreements for First Responders were drafted and signed by the majority of the nine communities. The following allocations were made upon signing of the agreements and include retro payments between 2008 and 2011.

	Allocation (\$)
Chisasibi	242,562
Eastmain	214,623
Oujé-Bougoumou	219,138
Waskaganish	219,033
Waswanipi	444,264
Wemindji	222,876
Whapmagoostui	213,471

Upon successful completion of 72 hours of MSSS training, First Responders are certified for three years.

	Number of First Responders	Date Certified
Chisasibi	24	August 2009
Eastmain	10	St-John Ambulance program
Mistissini	14	April 2012
Nemaska	8	April 2012
Oujé-Bougoumou	9	August 2010
Waskaganish	10	August 2010
Waswanipi	7	August 2010
Wemindji	9	March 2011
Whapmagoostui	23	March 2011

First Interveners training for community sports complex employees on cardio-pulmonary resuscitation (CPR) and the use of the Automated External Defibrillators was arranged with the following results:

	Sports complex employees trained
Mistissini	20
Waskaganish	15
Waswanipi	9
Whapmagoostui	7

### Ambulances

Ambulances meeting MSSS requirements and with 4X4 capability were purchased for all coastal and inland communities except for Waswanipi. CBHSSJB provided the necessary medical equipment including an ambulance cot and diagnostic equipment to ensure the ambulance was ready for immediate use upon delivery. Since there are no active ambulance technicians in Eeyou Istchee, First Responders receive instruction on ambulance-driving as part of their MSSS certification course.





*A defibrillator is a device that sends electrical signals to the heart to resuscitate those experiencing cardiac arrest. Defibrillators have been proven to save lives. Defibrillation improves survival rates by up to 30 per cent if delivered in the first few minutes, according to the Heart and Stroke Foundation of Canada.*

## **Defibrillators**

The CBHSSJB replaced ten Lifepack automated external defibrillators with eleven ZOLL “E -Series” Automated External Defibrillators, which were placed in each CMC and hospital. The larger communities, Chisasibi and Mistissini have two defibrillators each. All CHB Nurses were trained on the use of the new defibrillators at the Annual Nurses Training in November 2011 in Val d’Or.

## **Emergency Measures**

### **Mandate**

The CBHSSJB is the coordinating regional agency that enters into service agreements with communities in Eeyou Istchee to provide emergency health services. The CBHSSJB is involved in civil security matters as it relates to emergency measures involving vulnerable populations. Otherwise civil security falls under the responsibility of the Cree Regional Authority (CRA). In times of civil emergencies both agencies and departments coordinate efforts to address the situation.

### **Regional Coordination**

The Coordinator participates in the MSSS Civil Security Mission Santé meetings that take place every 6 weeks. As a member of the Organisation Régionale Sécurité Civile (ORSC), he also participates in the ORSC monthly conference calls. The Coordinator attends and acts as liaison with Eeyou Istchee Fire Chiefs who meet twice yearly. In addition, he ensures that the Executive members of the CBHSSJB are informed and updated on civil security matters.

### **Civil Security On-Call Service and Coordination Centre**

Calls to the Civil Security On-Call Service are covered 24/7. The on-call service helps ensure civil security in Eeyou Istchee. The role of the Coordination Centre, located in Mistissini, is to act as a liaison with local partners such as band councils, local clinics and hospitals in crisis situations such as missing persons, road closures, forest fires, insufficient beds in a southern hospital, ambulance breakdown, etc. In addition, the Coordination Centre works to establish and maintain collaborative networks within the MSSS and distributes information to each of the Emergency Preparedness Lists. The key role is to ensure, in advance, that the necessary support, resources and mechanisms are in place to coordinate a regional emergency response.

In December 2011, there were power outages in Chisasibi and Wemindji and the CBHSSJB responded accordingly to ensure essential services were maintained and shelter and hot meals were available to those who needed them. However, the communities also used their own resources to assist each other during the power outages.

## Public Health Department

Public health is about protecting and improving well-being, and preventing physical and mental illness as well as injuries. Public health program activities are carried out at the regional and local levels, in the clinics, the schools, the workplace and in communities. Public health stories are told on Cree radio, on the Creehealth Facebook page, on the website [www.creehealth.org](http://www.creehealth.org) and in the regional print media like *The Nation*.

The regional public health department works in collaboration with the local directors and staff of the CMCs, providing tools and training to implement local public health programs and services, such as:

- Dental cavities prevention activities in the schools
- Regular check-ups for young children
- Vaccination for infants, school-aged children, adults and elders
- Breastfeeding promotion
- Control of sexually transmitted infections and promotion of healthy relationships
- Promoting healthy nutrition, regular physical activity and quitting smoking,
- Supporting diabetes care in the clinics aimed at preventing complications such as eye, feet and kidney disease
- Screening for breast cancer through mammography

During 2011-2012 our department was particularly active in the following areas:

- Creating community partnerships to strengthen support for families with young children, as part of the *Â Mashkûpimâtsît Awâsh* program
- Participation in planning for a regional forum on dependencies (to take place in October 2012) following the creation of a regional working group on dependencies after the August 2011 AGA
- The Maamuu Nakaahehtaa project to assist communities to come to grips with diabetes and its causes
- Reviewing measles vaccination status and ensuring a high level of vaccination, following an outbreak of measles elsewhere in Quebec
- Responding to problems of mold and indoor air quality in buildings belonging to the CHB and other entities
- Responding to impact assessments for development projects which are part of the Plan Nord

Surveillance and research enable us to understand the health and social problems which are making people suffer most. Evaluation of programs is essential to ensure we are making progress.

The Public Health Action Plan for Eeyou Istchee needs to be updated; this project may take several years. For a start, a presentation was made to the CHB's Board of Directors in September 2011 of a comprehensive health portrait of the most recent figures on diseases, social problems and injuries. We would also like to encourage the development of a local Public Health Action Plan in each community.

*Elizabeth Robinson*

**Elizabeth Robinson, MD**  
Interim Director of Public Health



*Dr. Elizabeth Robinson replaced Dr. Richard Lessard, who retired this year, as interim Director of Public Health for the CBHSSJB.*

## Awash Miyupimaatsiun

The Awash team is responsible for supporting children 0-9 years of age and their families through programs that include health protection, preventive healthcare, and health promotion activities.

### Maternal and Child Health

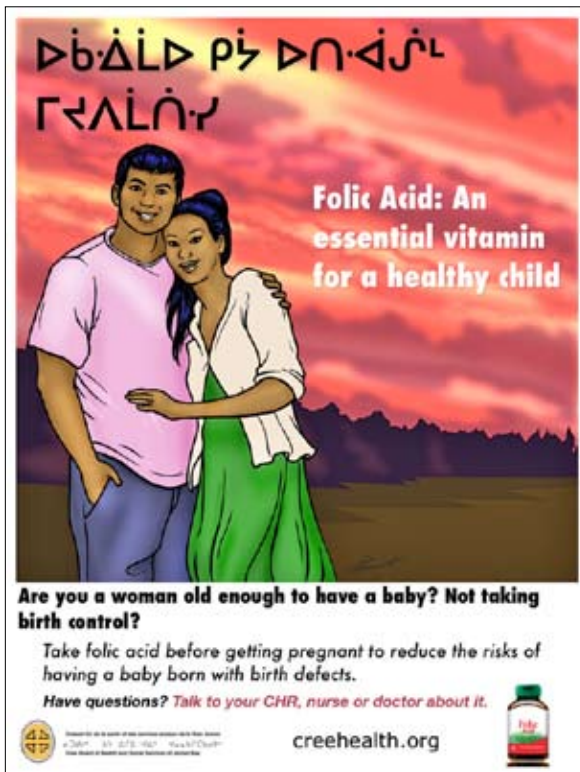
#### *Ukâwimâu Kiyâ Utiwâshimh Miyupimâtsiwin*

The mission of the maternal and child health program (MCHP) is to provide preventive healthcare to mothers, babies and their families. It is implemented in the CMCs by the local staff, while the Public Health department provides training, tools and onsite support through regular visits to each community.

The priorities are to provide culturally appropriate and evidence-based care, with special attention to women's psychosocial environments, health counselling and education, and health assessment in order to optimize health and prevent developmental problems.

This year MCHP implementation was being assessed. Home visits by professionals and paraprofessionals for newborns and their mothers are presently being carried out in three communities, and we have now begun revising and updating the program based on these activities. Support for the interveners in the communities is available.

Priorities for 2012-2013 include continuing to develop training programs for nurses and to assist in training CHRs. In addition, we will continue revising and updating the program, assisting in the evaluation process as the program evolves. We will also support the implementation of home visits in the remaining communities.



*Poster from the regional awareness campaign on folic acid*

### Prenatal Nutrition

The mandate of Canada Prenatal Nutrition Program is to help communities improve birth outcomes by improving the nutritional health of pregnant women and to boost the overall health of mothers and children through proper nutrition.

The priorities for 2011-2012 were to reduce the number of babies born with unhealthy birth weights, to promote exclusive breastfeeding for the first 6 months of life, and to increase access to services for pregnant teens and high-risk women

This can be achieved through nutrition screening, counselling and education, and maternal nourishment and breastfeeding education, promotion and support. Local health care workers are supported through training programs, effective educational materials and tools, and the financial resources to organize activities and/or to assist pregnant women and new mothers facing food insecurity. Other regional supports are also in place.

The objectives for 2012-2013 include the creation and the delivery of hands-on training on maternal nutrition, with a focus on iron-rich foods and folic acid supplementation.

### Breastfeeding Program

#### *Â Nûshânihâusunânûch*

The mission of the Breastfeeding program remains the implementation of the Baby-Friendly Initiative in all communities of Eeyou Istchee.

The priority for 2011-2012 is to increase the rate of exclusive breastfeeding to six months and the rate of total breastfeeding with added complementary foods up to two years and beyond.

This past year the focus was two-fold: specialized support for the health care workers and support for breastfeeding mothers. The [creebreastfeeding.com](http://creebreastfeeding.com) blog was continued, and the peer-to-peer community support groups in three communities were followed up. The Breastfeeding Index Cards and the Guide to the Breastfeeding Flip Chart are now available to give health care workers guidelines concerning breastfeeding management matters.

For 2012-2013 the creation of web-based trainings on breastfeeding management matters will be the focus, as well as the development of breastfeeding peer-to-peer support groups in more communities.

## Â Mashkûpimâtsit Awâsh (AMA)

Â Mashkûpimâtsit Awâsh is an enhanced maternal and child health program, delivering culturally competent services to families during pregnancy and early childhood. AMA also includes an important community component that aims to create “family-friendly” communities. It is presently being piloted in three communities.

Efforts this year focused on offering regular and consistent clinical support to the Awash team members of three communities. The aim was to support the implementation of the program by offering training and coaching to the workers and by reinforcing collaboration with other sectors. Permanent committees of community partners were created in most of the communities. Action plans reflecting the priorities of the communities were developed and new projects are on their way.

The main objective for 2012-2013 will be to consolidate and support the three AMA pilot projects and introduce the program in two other communities. A process evaluation of the pilot in Mistissini is planned to guide the gradual extension of the program to other communities. In the interim, the Awash team will help communities to prepare for AMA by fully implementing the basic Maternal and Child Health Program.

## Public Health Dentistry and Oral Health

### Â Miywâpitânûch

The Public Health Dentistry and Oral Health programs aim to improve oral hygiene habits in the region, and to reduce the prevalence of tooth decay and oral health problems. This is done through a combination of public education and prevention activities carried out by dental hygienists and CHRs.

In 2011-2012, the School-Based Dental Sealant Program in Chisasibi and Mistissini continued. A School-Based Dental Follow-up Program was also provided for children aged 4-8 in most communities.

Dental hygienists and CHRs worked together in schools and daycare centres, and also organized radio broadcasts to reach parents and the public. In some communities, they provided counselling and fluoride applications in the context of the Maternal and Child Health Program (MCHP).

Plans for 2012-2012 include integrating evidence-based practices and updating educational-promotional material for the MCHP, working on dental surveys, promoting best practices in dental prevention and raising leadership awareness of the benefits of fluoridated drinking water.



*Breastfeeding promotion, Waswanipi*

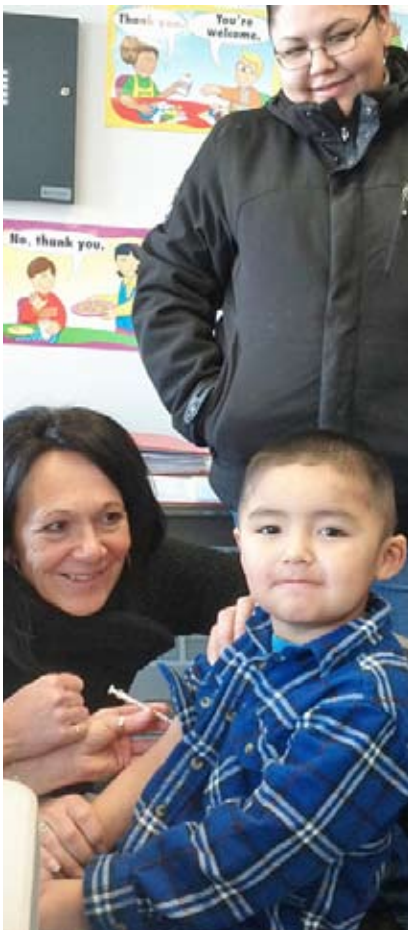
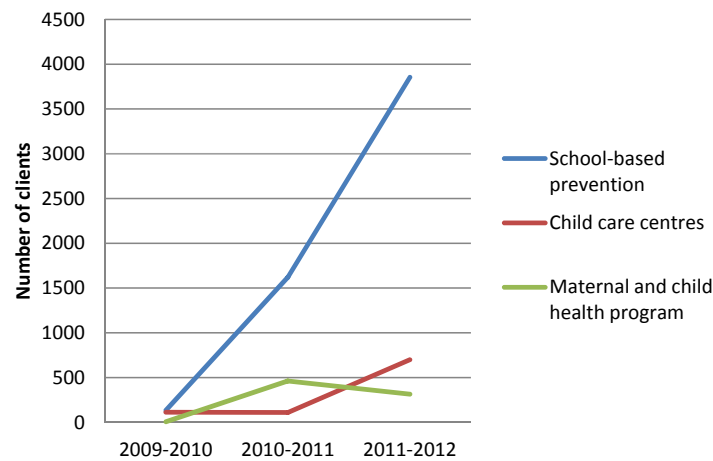


*Oral health education, Mistissini*

## Number of clients (visits) per community in 2011-2012

	School-based prevention	Child care centres	Maternal and child health program
Chisasibi	1,078	404	145
Eastmain	0	0	0
Mistissini	1,336	147	141
Nemaska	138	0	0
Oujé-Bougoumou	168	0	0
Waskaganish	247	47	0
Waswanipi	364	0	0
Wemindji	396	101	28
Whapmagoostui	127	0	0
<b>Total</b>	<b>3,854</b>	<b>699</b>	<b>314</b>

## Public Health Dentistry and Oral Health program, results for the past three years



School-based measles vaccination, Mistissini

## Immunization

### À Nikâhikinûch-h Kâ Misihtâpich-h Àhkusuwinh

The Immunization program aims to reduce or eliminate vaccine-preventable illnesses and ensure that vulnerable groups have access to vaccinations.

The main priority for 2011-2012 was to maintain a high vaccination coverage to the 0-5 year olds and to continue the school vaccination program.

With the outbreak of measles that emerged in some regions of the province, the MSSS launched a school-based vaccination campaign in the fall 2011. A complete chart review of all school-aged children, followed by vaccinations, was carried out. The influenza campaign ended on March 31, 2012, showing a decrease in their number of people vaccinated compared to last year.

The main priorities for 2012-2013 are to continue to maintain our high vaccination coverage in general. Other priorities are to promote and support the settings of standards in the availability and quality of basic and continuous training in immunization and to support the implementation of an electronic system to manage immunization products.

## Surveillance and Protection Program for Infectious Diseases

### *Â Nitûchischâyihhtâkinûch-h Kâ Misihtâpich-h Âhkusuwinh*

The Surveillance and Protection Program for Infectious Diseases aims to protect the population of Eeyou Istchee through the reduction or elimination of infectious diseases.

The main priority for 2011-2012 was to maintain existing infectious disease surveillance systems and ensure that updated reference material was available electronically to respond to the needs of the region.

The Clinical Department of Public Health continues to provide a 24/7 call system. A needs assessment was done to determine tools required to support clinical interventions. Clinical tools for bite exposure management and post-exposure prophylaxis against rabies were reviewed and updated. Reference material on a number of infectious diseases and interventions is currently available electronically through the Department of Medicine web-based project management system.



A complete review of measles vaccination coverage in school-aged children, a school-based vaccination campaign and a registry were all implemented to respond to the provincial measles outbreak.

The priority for 2012-2013 will be to maintain existing infectious disease surveillance systems, develop a mobilization strategy, and support the implementation of an electronic vaccine management system and registry.

## Promotion of healthy sexuality and prevention of sexually transmitted and blood-borne infections

### *Â Nitûchischâyihhtâkinûch-h Kâ Misihtâpich-h Âhkusuwinh*

This program focuses on promoting healthy sexual behaviours and preventing the spread of sexually transmitted and blood-borne infections.

Between 2007-2011 the number of gonorrhoea cases has quadrupled. The frequency of STIs among the youth indicates that a significant proportion of them are at risk to acquire one of these infections.

According to priorities for 2011-2012, training to professionals and non-professionals involved in STI management was provided. We also ensured that every case of gonorrhoea infection was analyzed through an epidemiologic enquiry. In addition, information meetings were held in three communities, as well as meetings with the heads of the regional laboratory and Chibougamau lab and the CUSM-RUIS microbiologist. Updates to health professionals on the contraception collective prescription protocol were given.

The priority for 2012-2013 is to maintain existing STI surveillance systems and continue to develop a mobilization strategy involving health professionals and non-professionals in order to curtail the chlamydia and gonorrhoea epidemic in the young population.

## Infection prevention and control in health care facilities

### *Âkâ Châ Chî Âshûmitunânûch-h Kâ Misihtâpîch-h Âhksuwînh*

This program's objective is to implement infection prevention and control procedures in Chisasibi hospital.

In line with the 2011-2012 goals to develop the IPC program and continue to implement an Infection Prevention and Control (IPC) committee, train staff, and establish basic procedures and policies, the following are the main accomplishments:

- Development of tools for healthcare workers and the adaptation of an assessment audit tools chart
- Adequate use of negative pressure room
- Sterilization process completely reviewed and recommendations made
- MRSA, VRE and Clostridium difficile protocols have been available since September 2011, and MRSA surveillance is ongoing
- Body fluids exposure assessment and follow-up has been completed
- Linen carts have been purchased and utilized.

Monthly "basic measures and additional precautions" trainings were given to all new hospital employees, and nurses and physicians received training about infection prevention in wound care.

## Education and screening for Cree leucoencephalopathy and Cree encephalitis

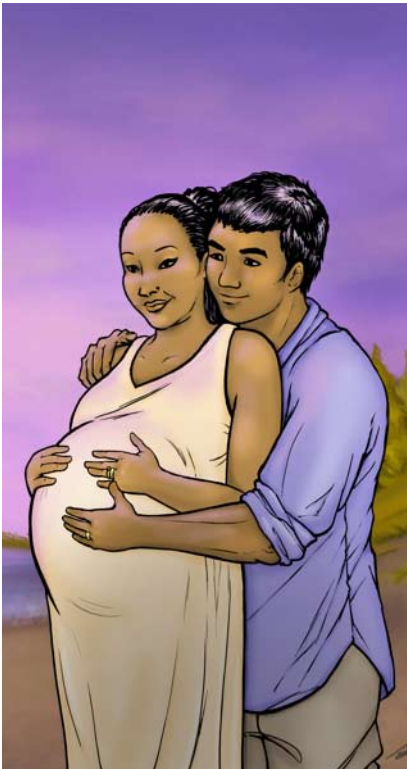
### *Awaash Aahksuwînh Aaka Chî Nitikutaach*

This program seeks to increase awareness about two genetic diseases, Cree leucoencephalopathy (CLE) and Cree encephalitis (CE), and offers counselling and screening to people of childbearing age. It also assists the Eeyou Aawash Foundation (EAF), which is dedicated to addressing CLE/CE issues. As in previous years, ethical questions concerning screening remain a major preoccupation.

The school-based program for students over 14 continued, and other efforts to ensure that people are aware of the program were carried out. Counselling and screening tests continue and the implementation of Quebec's screening program for Trisomy 21 (Down Syndrome) has begun; MCAD deficiency screening will also be included in Quebec's neonatal screening program.

The CLE/CE screening program collects ongoing data on its activities. One research project on 'lived-experiences of carrier and non-carrier couples' was carried out and another re-evaluated the carrier rate, while a CIHR proposal to evaluate the program was finalized.

Priorities for 2012-2013 are to come to an agreement with Cree School Board regarding education and screening, to collaborate on the evaluation of the program, and to increase the program's visibility.



*Artwork from the regional CLE/CE awareness campaign.*

## Uschiniichisuu Miyupimaatsiun

The Uschiniichisuu Miyupimaatsiun team is committed to ensuring the secure and healthy development and well-being of all youth, young adults and their families, by providing quality public health programs and activities that empower young people to improve their physical, mental, emotional and spiritual health.

### Priorities

Rebuilding the Uschiniichisuu team by hiring personnel to fill vacant positions was one of the main priorities this year. We require sufficient staff to develop programs for Cree youth, thus meeting our public health responsibilities towards this population.

It was also important to continue supporting the Chii Kayeh program in the eight communities implementing it, so the main objectives for Chii Kayeh this past year involved training the local Uschiniichisuu teams on how to provide support and training teachers on how to deliver the program. Continuous support is needed over the coming years to ensure the success of this program and the attainment of its goals.

As a majority of the Youth population can be reached in school, it is important to establish and create a formal partnership or memorandum-of-understanding between the Cree Board of Health and the Cree School Board.

We created the Cree Regional Working Group on Dependencies to address the wider range of upstream factors that determine health and to build strategies that will help us maintain and improve the health of Cree youth.



### Chii kayeh iyaakwaamiih

Chii kayeh iyaakwaamiih is a school-based prevention program to educate youth on relationships and sexual health. Now in its fifth year, it is offered in secondary 3 or 4 in eight communities: Whapmagoostui, Chisasibi, Eastmain, Waskaganish, Nemaska, Waswanipi, Mistissini and Oujé-Bougoumou. Teachers have been provided with a complete pedagogical package consisting of a Teacher's Guide, correction key and related game cards, as well as a workbook for each student in the class. These materials can be viewed at [www.creehealth.org](http://www.creehealth.org).

This program aims to help youth develop the skills they need to prevent STIs, HIV/AIDS and unplanned pregnancies. To this end, students participate in various activities that help them connect to Cree values and culture. They learn the importance of self esteem and of having personal goals. They develop important skills for resisting peer pressure, problem solving, and assertive communication; they learn about such things as waiting until later to have sex, or, alternatively, using a condom. An important component to this program is the aashuumiuh, which takes place before Goose Break; here, students share what they have learned with other students in the school through a team project.

### Activities in 2011-2012

A training session was given to the CSHSSJB local Uschiniichisuu teams, the "chii kayeh iyaakwaamiuh" teachers and the Youth Fusion workers in Mistissini and Waskaganish; teachers from Waswanipi, Oujé-Bougoumou and Nemaska also attended. The training allowed participants to gain a deeper understanding of the program, share their experience with others, and problem solve on class management issues or on ways of providing support.



Indeed, for this program to be successful and have the desired impact on the youth, it needs a strong supporting team at the local level. Mistissini, Waswanipi, Waskaganish and Chisasibi now have local Uschiniichisuu team file holders whose role is to ensure teachers receive proper support during the school year.

Finally, some promotional materials were developed this year: a poster, a pamphlet for parents and an Implementation Guide Supplement for Teachers. This 28 page booklet contains a detailed description of the program with a time table, ideas for team projects, and a list of potential partners; possible solutions to some of the challenges they may face in the classroom; helpful hints on sex education in general; and a list of useful web sites.

## Dependencies and Addictions

Throughout the year we have been involved in activities aimed at extending our partnerships and promoting a holistic approach to address issues of dependencies and healthy living. This extended partnership, which involves networking in the communities as well as within regional entities, is necessary for the effective implementation of our strategy.

The Walk your Talk Campaign, which raised the issue of dependencies across Eeyou Istchee, brought us to the Annual General Assembly of the Grand Council of the Crees, where a resolution was adopted asking our leaders to take action in addressing addictions. This resolution also recognized the Cree Regional Working Group on Dependencies as an advisory group on the issues of addiction/dependencies and authorized this group to organize a Regional Summit on Addiction in Eeyou Istchee.

We have continued our awareness and educational projects in the communities, this year focusing on emerging substances at the request of some communities. An information session on amphetamine use, aimed at front line workers, medical staff, emergency workers and police, toured the nine Cree communities and had 151 participants in total. In addition, we prioritized the integration of a parenting skills development program into the addiction prevention strategy; this program must meet best practices criteria while being based in First Nations culture.

We have collaborated with the First Nations National Addiction program to develop new intervention tools in addictions and to define roles and tasks guidelines for addiction prevention workers. A community-based addiction recovery program has also been defined and proposed as part of the Health Services Integration Funds project.

## Priorities for 2012-2013

Having the Uschiniichisuu team personnel in place to develop public health programs for youth will continue to be one of the main priorities this year. Others include:

- To continue supporting the Chii Kayeh program in the communities offering the program, and to find ways to broaden the program to reach the younger generation.
- To gather the Cree leadership of Eeyou Istchee to define an action plan that addresses the issues of addictions in our region. The stakeholders would have an active role in the plan's implementation, and members of the Uschiniichisuu team, along with the Cree Regional Working Group on Dependencies, would ensure its execution.
- To present the CHBSSJB local coordinators with addictions intervention tools and with clearly defined roles and tasks of addiction prevention workers, and to develop and identify appropriate training resources to meet the specific needs of each community.



*Walk Your Talk event, Eastmain*

- To develop and adapt the Parenting Skills Development Program, extending our collaboration to the First Nations of Quebec, the Labrador Health and Social Services Commission, and McGill University in order to identify innovative ways to deliver the program to as many parents as possible.

## Chishaaiyuu Miyupimaatsiun

The mandate of the Chishaaiyuu team is to promote health and well-being and to prevent diseases among persons thirty and older. Its main areas of work are the prevention of chronic diseases such as diabetes, heart disease and cancer through the promotion of healthy eating, physical activity, non-smoking, breast cancer screening, and support for effective care of diabetes in the Community Miyupimaatsiun Centres (CMCs). Since the prevention of chronic diseases must start early in life, many of the health promotion activities are carried out in collaboration with the Uschiniichisuu and Awash teams. Environmental health issues are another focus of the Chishaaiyuu team: the impact of contaminants, the role of indoor air quality, the health impact of development projects, the prevention and control of injuries, and the promotion of healthy, safe communities and workplaces.

### Prevention of chronic diseases

#### Maamuu Nakaahehtaa

The Maamuu Nakaahehtaa initiative was started in 2010 and aims to bring together people in each community to identify possible solutions to the increasing prevalence of diabetes and to propose changes they would like to see in their own communities. The goal is that it will be easy and safe for people of all ages to walk, play and do sports in all communities, and that families will have access to affordable, healthy food, including traditional food. This year, Maamuu Nakaahehtaa was presented to band councils and/or the population during the local general assemblies in seven communities. Community scans were conducted in three communities to identify local key players. The Maamuu Nakaahehtaa team was also invited to present at various regional meetings or assemblies (including Cree Women of Eeyou Istchee Association, Recreation Directors, and the Nishiiyuu Life Skills Training Group).

#### Support to community initiatives - H.E.A.L. (Healthy Environment Active Living)

With funding from the Aboriginal Diabetes Initiative (ADI), Public Health provides small grants to support both regional and local activities in areas related to diabetes primary prevention. These include activities related to diabetes awareness month, healthy cooking in schools, community walks and other physical activity and/or nutrition projects organized in the community by frontline workers and other community organizations.

### Smoking prevention and cessation

A four-day intensive workshop was organized in eight communities, during which 75 youth were trained as peer-educators to reduce the use of tobacco. At the end of the workshops, the youth made presentations to the communities. A large number of youth, teachers, frontline health workers, local elected officials, and families were reached. The overall average evaluation for all eight workshops was 95%, according to the questionnaire that participants completed.

Anti-smoking promotional activities also took place during National Smoke Free Week and National Addictions Awareness Week.



*Maamuu Nakaahehtaa,  
Whapmagoostui*

## Physical activity promotion

Various events were organized throughout the year to promote physical activity, particularly among youth.

- The Active School Project (March-June) encourages schools to submit projects promoting regular physical activity and healthy eating habits. This year three schools submitted projects for their students and staff.
- National Physical Activity Day, in May, is a campaign to encourage communities to be physically active for a day.
- In the summer, a 100 Mile Challenge is launched; pedometers are given to each individual who registers to help them to record the number of miles they walk.
- Walk to School Week is a campaign that encourages parents, students and school staff members to walk to school.
- Winter Active is launched throughout the Cree region every year at the beginning of January to encourage people to take part in any physical activity of their choice at least once a week from January to March.



*Cooking class, Waswanipi*

## Promoting healthy eating

Different nutrition promotion activities were organized throughout the year, including Nutrition Month, Drop the Pop and the Summer Camp activities for youth. Public health involvement in the organization of these activities will continue in the following year. Placemats promoting healthy eating were distributed to the restaurants of Eeyou Istchee.

### CBHSSJB Nutrition Policy

A draft Nutrition Policy for the CHBSSJB is being developed through extensive consultations; these should be completed in 2012 and the Nutrition Policy will be presented to the executive committee and/or Board for adoption.

#### ACCESS TO A NUTRITIOUS FOOD BASKET (NFB) IN EYYOU ISTCHEE

This project aims at establishing the cost of the NFB in the stores of the region and in nearby urban centres where people regularly purchase foods. Public Health nutritionists visited stores to identify the foods available and their prices. The project also aims at enhancing collaboration with the managers of food stores, with the purpose of improving the availability of nutritious foods at a reasonable cost.

## Food safety and hygiene

Over 100 food handlers and administrators of food services were trained and accredited with the MAPAQ provincial food safety certification by a certified instructor. A Traditional Food Safety Workshop that focused on bridging traditional food safety methods with current recommendations was also organized, and 45 participants learned about diseases of wild game commonly eaten in Cree territory. The workshop also featured elders, experts in the skinning and butchering of game animals, who taught the names of body parts in Cree. The participants, including CBHSSJB workers as well as food handlers from other entities, successfully passed the provincial food safety testing required by the MAPAQ.

## Nutrition in child care centres

All childcare centres were visited in the spring, summer and fall in order to follow up on the Childcare Centres' Nutrition Policy implementations, update menus, try new recipes and train new cooks in healthy eating for children (attending to food allergies, food safety and hygiene, and creating a positive environment during mealtimes). Future activities will focus on creating a regional menu using a Visual Order Listing.

## Breast cancer screening

The Québec Breast Cancer Screening Program (QBCSP) offers mammography exams every two years to women between 50 to 69 years of age. The CLARA Bus Mobile Unit visited the five coastal villages and Nemaska in November and December 2011, and Mistissini and Waswanipi in January 2012. The other portable mammography unit, SOPHIE, was sent to Whapmagoostui by cargo. A total of 749 mammograms were done during these visits. Screening for Oujé-Bougoumou is done in Chibougamau Hospital at the request of the community. Overall, the screening participation rate for Eeyou Istchee was 83%.

## Support for diabetes care and chronic disease prevention in the CMCs

Support to nurses and CHRs caring for patients with diabetes is provided through a telephone helpline and by training during visits to the CMCs. Various materials (such as pamphlets and sections of the diabetes manual) were prepared and/or revised this year in order to support the CMC teams. Monthly telephone meetings with the Heads of Chishaayiyuu and local directors were organized to discuss the services provided. The Cree Diabetes Network continued to meet throughout the year to share and discuss local and regional initiatives to promote the prevention of chronic diseases.

## Environmental health

### Nituuchischaayihitaa Aschii Environment and Health Study

The main goal of this study was to assess contaminant levels and health indicators such as nutrition, physical activity, diabetes, and obesity in the Cree communities. It was carried out by a team of researchers from three universities – Laval, McGill and McMaster – in collaboration with the Public Health Department of the CHB, and was funded by the Niskamoon Corporation. The most recent communities studied were Waswanipi and Whapmagoostui, where study results were presented in summer 2011 during their respective Local Annual General Assemblies.

A Technical Report of results from the study in Eastmain and Wemindji was finalized and sent to representatives in both communities as well as to the Niskamoon Corporation and CHB offices. A PDF version is available online ([creehealth.org](http://creehealth.org)). A final report that will include results from all the communities is being prepared, and will be completed in 2012-2013. Forty-six scientists and public health officers attended the 3rd scientific gathering of the Environmental Health Study held in Montreal.

### Contaminants (mercury and lead)

The testing of pregnant women for lead and mercury formed part of the routine prenatal visits held between 2006 and 2011. An interim report showed that four women out of about 1,400 had blood levels of lead requiring further testing and medical follow-up, while three women had hair or blood levels of mercury that required further testing and medical follow-up. In January 2012, a consultant was hired to review the latest scientific reports on mercury, especially with respect to blood and hair levels.

The Quebec toxicology lab notifies public health when a blood test result shows high contaminant levels (usually either lead or mercury in our region). These results are entered into the provincial database, and in some cases the physician who ordered the test is contacted to carry out an investigation.



## Assessing health impacts of development projects and climate change

Quebec's Ministry of Health regularly solicits the opinion of the Public Health Department on the environmental and social impact assessments carried out by the promoters of new projects in Eeyou Istchee. Such requests may be expected more frequently in the future, due to the opening of new mines and other projects that are part of the Quebec government's Plan Nord.

The environmental health team, in partnership with the National Public Health Institute of Quebec and some university researchers, developed a proposal to look at how public health departments can better assess the health and social impacts of development projects in light of climate change. It also participated in a second phase of the CTA's Climate Change Adaptation project on ice monitoring and safety programs for hunters, trappers and communities of Eeyou Istchee.

## Radon

The report *Radon Levels in 4 Cree communities of Eeyou Istchee* was produced. It showed that radon levels were above the Health Canada guideline in two-thirds of dosimeters placed in homes and buildings in one community; subsequently, a radon information session was presented to the representatives of this community.

## Drinking water surveillance

Tap water in the Cree communities is tested by the local water operators, and the quality of water in the community water distribution system is the responsibility of First Nation Councils. The Public Health Department of the CBHSSJB is legally required to respond when an authorized lab sends it a report of water quality not conforming to Quebec regulations. Our department receives a handful of these reports each year; most concern abnormal turbidity or trihalomethane levels. Water advisories (telling people that tap water is temporarily unsafe to drink) were declared in some communities, but to our knowledge, none were due to bacterial contamination shown by testing. Rather, they were preventive advisories, due to opening up of the water mains for construction, the opening of fire hydrants or seasonal turbidity flows. No infectious disease outbreaks linked to community water supply contamination were reported in the region this year.

## Injury prevention

Injury prevention awareness campaigns in local and web-based media included Firearms Safety, Driving and Road Safety, Ice Safety and Seat Belt Use for Children.

## Occupational health and safety program

In 2011, mold in the workplaces was a serious issue. The team worked with employers, employees, and the Commission de Santé et Sécurité du Québec (Quebec Workplace Health and Safety Commission) to evaluate employee exposure to mold and administer respiratory questionnaires.



# Surveillance, Evaluation, Research and Communications (SERC)

The 'SERC' Team is responsible for public health surveillance – one of the core functions of public health – as well as what are known as the “supportive” functions of evaluation, research, communications, clinical preventive practices, and public health competency development.

## Surveillance

**The Surveillance team produced the following outputs:**

- Produced the Wemindji and Eastmain Technical Report for the Nituuchischaayihititaa Aschii: Environmental and Health Multi-Community Study
- Planned and worked on the Final Report for the Nituuchischaayihititaa Aschii: Environmental and Health Multi-Community Study
- Updated the Maternal and Infant Health Report
- Planned for a comprehensive update of the Maternal and Infant Health Report for 2012-13
- Produced a report on cancer
- Developed a graphic overview and summary of what we know about social distress and problems of living
- Planned for future updates of MADO and CDIS data files
- Participated in a Hydro Québec report on indicators of health determinants and health status in relation to the EM1A and Rupert Diversion project
- Produced a Public Health Department Analysis Paper: Current and Projected Cree Population – 2011-12 revision
- Produced a web-based compilation of data on hospitalizations for respiratory conditions
- Drafted a report from the second joint project with the INSPQ as part of Québec's Diabetes Surveillance Permanent Reporting System, which links CDIS data with the Québec Chronic Disease Surveillance System
- Planned thoroughly to finalise negotiations for obtaining data for the Aboriginal Birthing Outcomes Data Linkage Study with Ste-Justine Hospital and the INSPQ
- Participated extensively in data collection in Chibougamau for the Cree Macrosomia Chart Review Study with Ste-Justine Hospital
- Continued work on a draft public health surveillance plan
- Continued work on drafting a plan for future health surveys
- Planned for the Québec Kindergarten survey of School-readiness
- Planned for the dental health survey in primary schools
- Planned for a mental health chart review
- Performed initial planning to develop the housing and health file

## Evaluation

The SERC team responds to requests for evaluation expertise from across the Public Health Department. This year featured planning for the evaluation of patient perceptions of diabetes services, scheduled to take place in 2012-13. The report assessing the readiness of four CMCs for the Chishaayiyuu Miyupimaatisiun Integrated Program (CMIP) is still being prepared. A list of online evaluation tools, with descriptions and links, was placed on the website.



## Communications



Ad in *The Nation* magazine

In 2011-12, the Communications Program continued to produce monthly themes in multi-media (radio, website, social media, posters, videos etc), despite having reduced staff. The monthly themes involved the production of:

- Twelve monthly themed ads and posters
- Nine PSAs
- Eleven website community stories
- Six half-hour health radio shows

The Communications program is also using social and digital media to distribute messages and share stories.

- The “CreeHealth” Facebook page was viewed 26,838 times, an increase of 64% from the previous year
- The Twitter feed is being followed by 420 individuals and organizations
- Visits to the website ([www.creehealth.org](http://www.creehealth.org)) increased by 6%
- All Cree health radio programming has been made available as podcasts at Cree Health Radio ([www.creehealthradio.com](http://www.creehealthradio.com))
- A total of 22 health videos are online at [youtube.com/creehealth](http://youtube.com/creehealth).
- Social media was a key communications tool during the Chisasibi and Wemindji power outage in the late fall.

Administratively, the Communications program:

- Presented “Cree Health Radio: Taking the ‘Public’ and ‘Health’ Out of Public Health Communications” at the Canadian Public Health Association
- Hosted a workshop in health radio programming in partnership with CBC Radio North
- Posted online resources in program evaluation and for general public health work (<http://creehealth.org/training/evaluation>)
- Continued liaison work between the Department and regional media entities to promote Cree language communications
- Developed an internal communications evaluation and review process, with recommendations for an internal Departmental process.

## Clinical preventive practices

The focus this year was on providing a number of training sessions in Motivational Interviewing at the Annual Nurses Training, to members of the Committee of Physicians, Dentists and Pharmacists, and to clinical staff in some communities. An inventory of tools and practices is being carried out.

## Public Health Competency Development

With no staff resources, the work on this file focused on encouraging professionals to develop public health competency by using resources already available through the INSPQ and Public Health Association of Canada (PHAC). As well, the communications team is preparing ways to offer online access to resources for public health professionals.

## Research

### Research Administration and Research Committee

Because of personnel limitations, the public health research consultation did not take place as planned. However, the anticipated restructuring of Public Health's research administration did occur. Since the Board's Research Committee has neither terms of reference nor a chair for many years, and since the research secretariat was unstaffed for part of the year, the Board Research Committee did not meet. However, planning has begun in Public Health to set up a Public Health Research Advisory Committee.

### Ongoing Research Projects

A great deal of work with the Nituuchischaayihititau Aschii: Environmental and Health Multi-Community Study (running since 2004 with three universities) focused on completing the database from the field work, which ended in 2009, in order to complete and release the Wemindji and Eastmain reports, and to begin the planning and writing of the final report, to be completed in 2012-13. A number of scientific publications were reviewed.

The CIHR Team in Aboriginal Anti-Diabetic Medicines (since 2003 with six communities and three universities) ended its formal funding in April 2011, although it had some continued financing until midsummer. A number of students are still finishing their theses. There was great interest in the project's Research Agreement from the World Intellectual Property Organization (WIPO), and one of the Assistant Directors of Public Health was invited to give a keynote presentation in Geneva, Switzerland.

A report and publication from the Kimaa Miywaapitet Nitawaashim, the evaluation of dental education for Cree mothers (since 2004 in all communities with two universities), showed some impact on dental caries in young children with even limited Motivational Interviewing with mothers.

The dental varnish project (since 2004) completed its data entry and cleaning, and began data analysis.

Chiya'may'timun a ndu'chischay'tak'nuch Abitsiwin (In Search of Peace of Mind) Project (since 2006 in four communities) continued data analysis, producing three draft scientific articles.

The study with people living with cancer in Eeyou Istchee produced a draft report for the Health Board on perceptions of services by people with cancer and their families.

Within the Public Health Program of Québec, research is a supportive function. The CBHSSJB continues as a community partner with three Canadian research networks financed by the Canadian Institutes of Health Research.





## Anti-Diabetic Plant Project a model for the world's indigenous communities

*“This project, and the intellectual property agreement, have put Cree ideas in the forefront of international policy making.”*



Type 2 diabetes afflicts almost 20% of Cree adults in Eeyou Istchee. In 2003, seeking to address this problem, the Cree Health Board, traditional Cree healers, the First Nation of Mistissini and a CIHR-funded research team led by Pierre Haddad of the Université de

Montréal began working together to discover how traditional Cree medicine might combat diabetes. Healers in both coastal and inland communities were involved in the project, and in collaboration with the university researchers they identified seventeen plants with the potential to help treat diabetic and pre-diabetic patients. Research confirmed that many of the plants had properties – and therapeutic effects – comparable to those offered by prescription

drugs administered by CHB clinics. In a further stage of the project, patients who wanted traditional Cree medicine were referred to the healers by the CHB clinics, and then received a collaborative treatment blending traditional and European medicines.

In the recent trial, 28 patients completed six months of traditional Cree healing for diabetes. The trial's outcomes are still being assessed scientifically, but one benefit is immediately clear: a more positive feeling about treatment and about the patient's management of the disease. “All of the participants reported being happier and feeling better about themselves because of following traditional medicine,” says program director Paul Linton.

However, with a lack of funding, the program has been cut to eight months (two months in each season), so patients continuing with traditional treatment will experience difficulties acquiring the traditional medicine during the other

four months unless they are making it themselves. This difficulty points to another challenge. The healers, who bear the traditional knowledge about Cree medicine, are growing older, and each year sees some pass away. How can the CHB work with the community to ensure that this knowledge is not lost with the passing of elders?

The anti-diabetic plant project has also had an international political effect. In April 2012, Linton addressed the World Intellectual Property Organization (WIPO) in Geneva, Switzerland, to explain the agreement reached between the Cree people and the scientific researchers investigating traditional medicines. According to this agreement, the Cree hold a veto on all information to be published, and the Cree and the university researchers share equally any new discoveries arising from the collaboration, with the Cree having the final say in case of disagreements. The agreement, formalized in October 2010, has set a high standard for protecting the stewardship of traditional knowledge in collaborations of aboriginal peoples and scientific researchers, and is serving as a model for WIPO's Indigenous Caucus, which is currently developing its own model research agreement. “This project, and the intellectual property agreement, have put Cree ideas in the forefront of international policy making,” Linton explains. “It is front and centre before the international community.”



# 6 Administrative Services Department

## Message from the Assistant Executive Director

In 2011-2012 much of the Department's energy was absorbed in negotiations for a new multi-year Strategic Regional Plan and the relocation of Regional Head Offices due to health concerns.

The User Fees Working Committee established by Cree Regional Authority (CRA) completed its work and submitted a report to CRA. User Fee payments were presented to the Board of Directors and approved in 2011-2012. This resolved an outstanding irritant between the CBHSSJB and Cree Nations.

While the Administration Group's proposed personnel plan was completed and approved in December 2011, a continuing challenge for all groups is the staffing of approved positions.

2011-2012 saw the beginning of the switchover to Voice over Internet Protocol (VOIP) telephony in the new CMCs and in Chisasibi. A reassessment of the Information Technology Department's master plan is underway. The Eeyou Communications Network (ECN) fibre-optic network is being rolled out in every community except Whapmagoostui, which will require its own solution.

In the years since the 2004 Strategic Regional Plan was signed, the CBHSSJB has become a significant property manager in the region. In 2011-2012, 58 new lodgings opened in Mistissini, Chisasibi and Waskaganish. Four more in Eastmain were nearly completed at year end. New CMCs are under construction in Nemaska, Eastmain and Mistissini. All are expected to be opened in 2012, as will the significantly expanded Waswanipi CMC.

Mold was a major concern for the Material Resources group in 2011-2012. Contamination at the main administration office in Chisasibi required the eventual evacuation of all staff; the dental clinics in Eastmain and Mistissini had to be shut down while remedial work was carried out. Work is continuing at the Waskaganish CMC to avoid the development of mold there, and the hospital in Chisasibi requires constant attention.

Administrative Services staff members are highly dedicated and aware of the roles they play in supporting the rest of the organization for the well being of all people living in our region. I would like to thank them for a job well done in meeting the many challenges they faced this year. Thank you and may God bless you all!



A handwritten signature in black ink, appearing to read 'Clarence Snowboy', written in a cursive style.

**Clarence Snowboy**  
Assistant Executive Director  
Administrative Services

## Human Resources

HR was very active in supporting the Executive Committee in budget negotiations with the MSSS, helping to identify projected personnel, recruitment, training and development and lodging needs for the next five years.

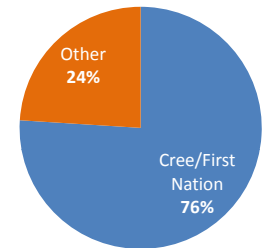


*Regional Career Fair, Waskaganish*

### CBHSSJB employees by status

Status	2010-2011	2011-2012
Status 1 – Permanent full-time	904	721
Status 2 – Temporary full-time	291	277
Status 3 – Permanent part-time	58	64
Status 4 – Temporary part-time	14	14
Status 5 – Occasional	1,747	1,425
Total	3,014	2,501

### Employee cultural background



### Staffing

Recruitment is one of the most important aspects for implementation of the Strategic Regional Plan. While continuing to advertise vacant positions, we participated in a variety of local and regional career fairs in Eeyou Istchee and at colleges and universities in Quebec and Ontario. We supported managers in improving quality and consistency of hiring and promotion. Revised personnel plans were aligned with operational budget and priorities. We completed a web site, which will be launched next year, and advertised vacancies on the Creehealth Facebook page and in other media. We are continuing to improve recruitment policies, tools, questionnaires and tests.

### Employee and labour relations

We made several inquiries concerning work related issues, in the course of which we met with many employees. Ongoing advice was provided to managers and employees regarding their respective collective agreements. There were meetings with the CSN and FIQ unions to discuss union matters, outstanding grievances, and to settle or withdraw grievances. The Quebec government settled with the unions on the new collective agreements and we are now working on the local matters. We worked to ensure pay equity for managers and other employees within the organization.

We also had the first health and safety committee meeting with CSN. Our new Health and Safety Officer, hired in December 2011, joined the Risk Management Committee with the Chisasibi Hospital.

### Human resources development

Training of Cree nurses is a major priority. After more than a year working at the Chisasibi Regional Hospital, three Cree nurses went for their six-week clinical practicum at the McGill University Health Centre in Montreal. MUHC and RUIS-McGill, as well as Cree Human Resources Development (CHRD), were instrumental in making this possible.

We organized work placements at Chisasibi Hospital for seven Cree students from the nursing program at the CEGEP de Chibougamau, and other Cree nursing students did their externships at the Chibougamau Hospital. Most of the nursing students from the latter group found work in their respective communities in various fields.

As a result of this long-term commitment to training Cree nurses, we anticipate that 15 nurses will be entering the work force in 2012, a situation that has been long awaited. The CHBSSJB is currently exploring with our partners how to integrate the new nurses for a period of one or two years while they gain experience. The Chibougamau Hospital is ready to hire students who are able to work in French, and other possibilities are being developed with RUIS-McGill.

We express our sincere gratitude to Chibougamau Hospital, Chisasibi Hospital, MUHC, RUIS-McGill, CHRD and the communities of Nemaska, Chisasibi, Eastmain, Mistissini and Oujé-Bougoumou for the success of this program.

## HR Advisor to the Executive Director

The HR Advisor supported three revisions to the organization chart, which were approved by the Board of Directors in December 2011. Work is on-going in the writing and revision of job descriptions as a result of the revisions. An evaluation of management classification for the executive management has been carried out this past year, with a final recommendation forthcoming.

The HR Advisor supports the organization's planned Masters Degree in Public Administration Program. A Service Agreement was signed in July 2011 with the Ecole nationale d'administration publique (ENAP). The first course is tentatively set for the winter of 2013.

## Material Resources

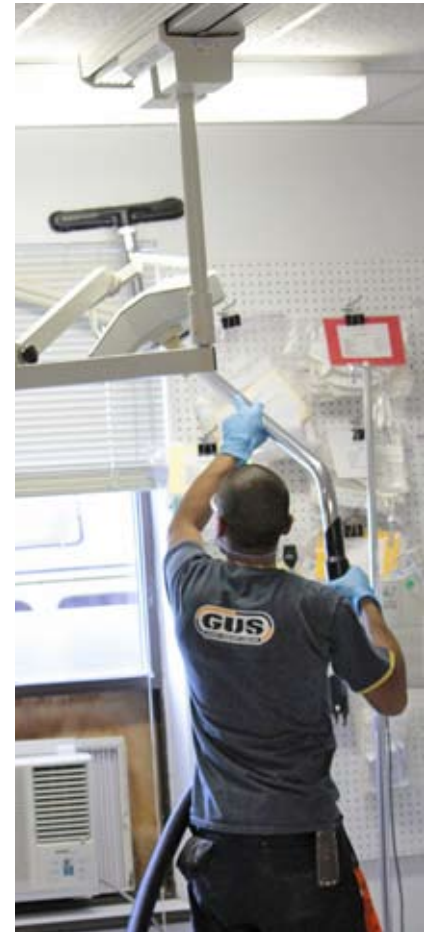
In the years since the 2004 Strategic Regional Plan was signed, the CBHSSJB has become a significant property manager in the Region. Since 2004, it has entered into leases for 254 houses, and has built and now operates nine MSDCs, a new CMC at Wemindji and a newly expanded CMC at Waswanipi. This, of course, is in addition to all the facilities that already existed.

In 2011-2012, 30 new lodgings were brought on stream in Mistissini, 24 in Chisasibi and four in Waskaganish. Four more in Eastmain were nearly completed construction at year end, while brand new CMCs were still under construction in Nemaska, Eastmain and Mistissini. All are expected to be opened in 2012.

Problems with older facilities absorbed a great deal of the Department's time in 2011-2012. Mold problems at the main administration office in Chisasibi required a major investigation and eventually evacuation of all staff to temporary facilities in the community, facilities which in some cases required adjustments. The dental clinics in Eastmain and Mistissini had to be shut down while remedial work was carried out and the facilities are once again operational. Planning began and is continuing for work at the Waskaganish CMC to avoid the development of mold there, where seepage under the building would be a threat if left unattended. The hospital in Chisasibi is at the end of its useful life and requires constant attention to maintain it as a safe and functional facility.

With the growth of the CBHSSJB property inventory and the complexity of new facilities, a satellite office has been opened in Mistissini, with an engineer stationed there, mainly to serve the needs of the Inland communities. Early in 2012-2013 a building technician will join him.

Modernization of the approach to preventive maintenance is being achieved with the customization and introduction of the first networked software for all CBHSSJB properties. The software will be introduced in Wemindji and Whapmagoostui early in 2012-2013, followed by the remaining communities. The approach is evidence



*Mold remediation, Eastmain*

of the changing roles of the Department, shifting from an operational mode to strategic and supporting roles, where it is focused on programs, polices and the provision of specific expertise to operational units.

A continuing challenge for Material Resources is the staffing of approved positions needed to support strategic activities and to provide appropriate support to community staff. The preventive maintenance specialist function was contracted for a period of a year, with the intention of staffing the position in the new fiscal year.

## Financial Resources

In addition to business as usual in managing the finances, payroll and purchasing for an organization as large and complex as the CBHSSJB, the Financial Resources group played a major role in assembling and interpreting data in the service of the negotiation of the new funding agreement with the MSSS.

The User Fees Working Committee established by Cree Regional Authority (CRA) completed its work and submitted a report to CRA. User Fee payments were presented to the Board of Directors and approved in 2011-2012, bringing the organization up to date, except for a few relatively small amounts where some clarifications of community invoices are required. This resolved an outstanding irritant between the CBHSSJB and Cree Nations.

## Information Technology Resources

IT struggled with a large personnel turnover, the challenges of the hasty move and relocation of offices in Chisasibi and the power failure that followed immediately afterward. Nonetheless, significant progress was made on some key files. With the constant expansion of the organization's size and systems requirements, a reassessment of the Information Technology group's Master Plan is underway to identify improved ways to support its mission. There are some potentially large developments that may have an impact on IT needs – including, to name only two, expanding telehealth services and Plan Nord – and these need to be reflected in the Master Plan.

2011-2012 saw the beginning of the switchover to Voice over Internet Protocol (VOIP) telephony in the new CMCs and in Chisasibi. Monitoring of cellular usage continues in order to manage costs.

As of the summer of 2011, the Eeyou Communications Network (ECN) now brings a secure, closed (private) fibre optic network to Eeyou Istchee entities. Waskaganish and Eastmain will be connected within 2 years. Whapmagoostui will require its own solution – either satellite or fibre optic through the Plan Nord. There are local loops in place in all communities, linking all CBHSSJB buildings.



## Cree Non-Insured Health Benefits (CNIHB)

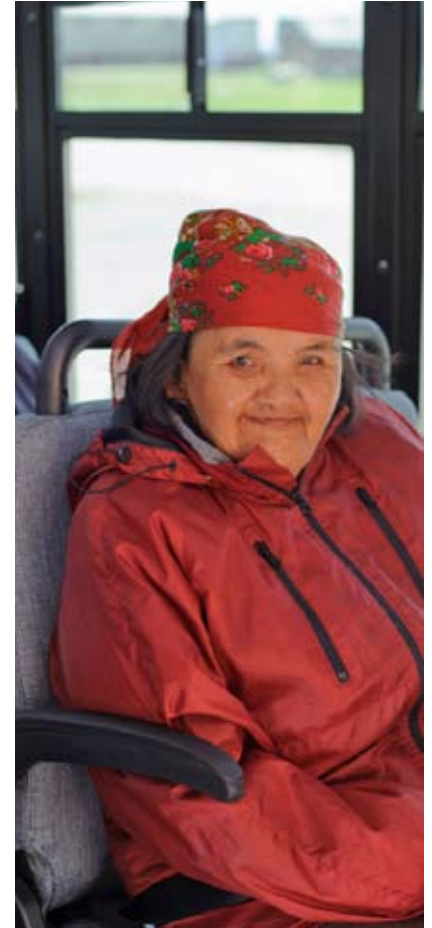
The main responsibility of CNIHB is the management of non-insured health benefits (i.e. benefits outside the scope of RAMQ) for beneficiaries of the JBNQA. Some of the major benefits and services covered by Cree NIHB include: prescription and over the counter drugs, medical supplies, the cost of transportation for health reasons, vision care, dental care and orthodontics, hearing aids, emergency mental health services, and repatriation of the deceased. Other benefits available to Quebec residents will be recognized as benefits under the Cree NIHB Program. CNIHB personnel also help Cree beneficiaries living outside the Territory to access the benefits to which they are entitled under the JBNQA.

### Policy update

The NIHB Advisor took over the mandate that was previously handled by the CNIHB Working Group, namely to review and update CNIHB policies according to the needs of the JBNQA Beneficiaries as well as developing new policies applicable to the program. The aim is to have the revised policies approved by the Board of Directors early in 2013.

### CNIHB software

In some communities, staff are still reluctant to use the CNIHB software, leading to manual authorizations to beneficiaries that may exceed the limitations on some services. Some users still need encouragement and training to use the software. The interface between dentistry and pharmacy and the CNIHB is still in the planning stage and will hopefully be implemented in 2012-2013.



# Annex – Financial Statements



*The information on the following pages is an overview. For a more detailed picture of the financial position of the CBHSSJB in 2011-2012, a 47-page Summary Financial Statement will be published online after this report is tabled in the National Assembly of Quebec in the autumn 2012 parliamentary session. To obtain a copy of the Summary Financial Statement, visit [www.creehealth.org](http://www.creehealth.org) (click on "Library") or contact the Corporate Services department at [cbhssjb-ccssbj@sss.gouv.qc.ca](mailto:cbhssjb-ccssbj@sss.gouv.qc.ca).*

**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY  
OPERATING FUND  
BALANCE SHEET  
AS AT MARCH 31, 2012**

	<b>2012</b>	2011
	<b>\$</b>	<b>\$</b>
<b>FINANCIAL ASSETS</b>		
Cash	<b>22,022,422</b>	43,619,195
Accounts receivable	<b>20,764,680</b>	15,142,208
Due from Assigned Fund	-	297,477
Due from Long-term assets Fund	<b>43,386,488</b>	20,226,919
	<b>86,173,590</b>	79,285,799
<b>LIABILITIES</b>		
Accounts payable and accrued charges	<b>17,810,078</b>	13,673,839
Wages and fringe benefits payable	<b>6,481,374</b>	7,127,738
Due to Assigned Fund	<b>37,091</b>	-
Reserved funds - new residential facilities	<b>3,087,075</b>	-
Deferred revenue	<b>7,374,075</b>	7,356,336
	<b>34,789,693</b>	28,157,913
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>51,383,897</b>	51,127,886
<b>NON-FINANCIAL ASSETS</b>		
Prepaid expenditure	<b>388,866</b>	818,119
Inventories	<b>951,608</b>	929,698
	<b>1,340,474</b>	1,747,817
<b>FUND BALANCE</b>		
<b>SURPLUS</b>	<b>52,724,371</b>	52,875,703



**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY  
OPERATING FUND  
STATEMENT OF CHANGES IN FUND BALANCE  
YEAR ENDED MARCH 31, 2012**

	2012	2011
	\$	\$
<b>BALANCE - BEGINNING OF YEAR</b>	<b>52,875,703</b>	53,868,199
Excess (deficiency) of revenue over expenditure	<b>(151,332)</b>	(992,496)
<b>BALANCE - END OF YEAR</b>	<b>52,724,371</b>	52,875,703

**The fund balance can be detailed as follows:**

Excess (deficiency) of revenue over expenditure 2004-2005	<b>(4,717,687)</b>	(4,717,687)
Excess of revenue over expenditure 2005-2006	<b>21,042,033</b>	21,042,033
Excess of revenue over expenditure 2006-2007	<b>7,820,381</b>	7,820,381
Excess of revenue over expenditure 2007-2008	<b>13,972,865</b>	13,972,865
Excess of revenue over expenditure 2008-2009	<b>11,035,286</b>	11,035,286
Excess of revenue over expenditure 2009-2010	<b>4,715,321</b>	4,715,321
Excess (deficiency) of revenue over expenditure 2010-2011	<b>(992,496)</b>	(992,496)
Excess (deficiency) of revenue over expenditure 2011-2012	<b>(151,332)</b>	-
Accumulated surplus as at March 31, 2012	<b>52,724,371</b>	52,875,703

**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY**  
**OPERATING FUND**  
**STATEMENT OF REVENUE AND EXPENDITURE**  
**YEAR ENDED MARCH 31, 2012**

	<b>Actual</b>	Actual
	<b>2012</b>	2011
	\$	\$
<b>REVENUE</b>		
MSSS - General Base - Operations	<b>106,724,811</b>	104,255,813
MSSS - Specific allocations	<b>49,944,063</b>	43,188,647
MSSS - Special allocations	<b>720,405</b>	1,056,614
Family allowances (Federal Government)	<b>277,425</b>	329,509
Hydro-Québec	<b>50,000</b>	50,000
CRA - CHRD	<b>128,925</b>	128,428
Other	<b>354,861</b>	58,443
	<b>158,200,490</b>	149,067,454
<b>EXPENDITURE</b>		
General Base - Operations	<b>97,528,262</b>	96,662,463
Specific allocations	<b>49,944,063</b>	43,188,647
Special allocations	<b>720,405</b>	766,426
Use of surplus	<b>10,159,092</b>	9,442,414
	<b>158,351,822</b>	150,059,950
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE</b>	<b>(151,332)</b>	(92,496)

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