



Annual Report of the
Cree Board of Health and Social Services of James Bay
2010-2011

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.

Cover image shows the departure of the Mistissini Journey of Wellness, Winter 2011.

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Establishments



REGIONAL ESTABLISHMENTS

Regional Hospital Centre
Chisasibi, Quebec J0M 1E0
(819) 855-2844

Weesapou Group Home
Chisasibi, Quebec J0M 1E0
(819) 855-2681

Upaahchikush Group Home
Mistissini, Quebec G0W 1C0
(418) 923-2260

**Youth Healing Services
Readaptation Centre**
139 Mistissini Boulevard
Mistissini, Quebec G0W 1C0
(418) 923-3600

COMMUNITY MIYUPIMAATISHIUN CENTRES (CMCs)

Chisasibi CMC
Box 250
Chisasibi, Quebec J0M 1E0
(819) 855-9025
MSDC Chisasibi 855-2660
Social Services 855-9006

Eastmain CMC
Eastmain, QC J0M 1W0
(819) 977-0241
MSDC Eastmain 977-2650
Youth Protection/social services/
NNADAP 977-0282

Mistissini CMC
Mistissini, QC G0W 1C0
(418) 923-3376
MSDC Mistissini 923-4010
Youth Protection/social services/
NNADAP 923-2334

Nemaska CMC
Nemaska, QC J0Y 3B0
(819) 673-2511
MSDC Nemaska 673-2050
Youth Protection/social services/
NNADAP 673-2516

Oujé-Bougoumou CMC
PO Box 37
Oujé-Bougoumou, QC G0W 3C0
(418) 745-3901
MSDC Oujé-Bougoumou 745-4070
Youth Protection/social services/
NNADAP 745-3901

Waskaganish CMC
Waskaganish, QC J0M 1R0
(819) 895-8833
MSDC Waskaganish 895-2300
Youth Protection/social services/
NNADAP 895-8662

Waswanipi CMC
Waswanipi, QC J0Y 3C0
(819) 753-2511
MSDC Waswanipi 753-4010
Youth Protection/social services/
NNADAP 753-2324

Wemindji CMC
Wemindji, QC J0M 1L0
(819) 978-0225
MSDC Wemindji 978-3500
Youth Protection/social services/
NNADAP 978-0349

Whapmagoostui CMC
Whapmagoostui, QC J0M 1G0
(819) 929-3307
MSDC Whapmagoostui 929-3372
Youth Protection/social services/
NNADAP 929-3467

OTHER

Cree Patient Services
Val d'Or (819) 825-5818
Chibougamau (418) 748-4450
Montreal (514) 989-1393

Public Health Department
200 Sam Awashish
Mistissini, QC G0W 1C0
(418) 923-3355
Montreal Office (514) 861-2352

Human Resources Recruitment Centre
277 Duke Street
Montreal, QC H3C 2M2
(877) 562-2733



Cree Board of Health and Social Services of James Bay

Organization Chart - By Management Positions, Three Levels

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

Board of Directors

EXECUTIVE DIRECTOR

COMMISSIONER OF COMPLAINTS & QUAL SERV
 Administrative Assistant to Chair

ASSISTANT EXECUTIVE DIRECTOR

ADVISOR to EXECUTIVE DIR - SPECIAL PROJECTS

DIRECTOR - CORPORATE SERVICES
 Coord - Communications

Advisor - Crisis Succession Planning

Advisor - Human Resources

ASSISTANT EXECUTIVE DIR - PIMUITEHEU

ASSISTANT EXECUTIVE DIR - NISHIYU MIYUPIMAATSIUN

ASSISTANT EXECUTIVE DIR - MIYUPIMAATSIUN

ASSISTANT EXECUTIVE DIR - ADMINISTRATION

DIRECTOR - PUBLIC HEALTH

ASST DIR PH - AWASH MIYUPIMAATSIUN

ASST DIR PH - USCHINICHISU MIYUPIMAATSIUN

ASST DIR PH - CHISHAAYYU MIYUPIMAATSIUN

ASST DIR PH - RES. SURV. EVAL. RES. COMMUNICATIONS

DIR - PSYCO SOCIAL PROF SERV & QUALITY ASSURANCE

DIR - NURSING PROF SERV & QUALITY ASSURANCE

DIR - ALLIED HEALTH PROF SERV & QUALITY ASSURANCE

DIRECTOR - CLIENT SERVICES

Head - V & C OPS Centre

Head - MI&Chib OPS Centres

DIRECTOR - YOUTH SERVICES

Coord - Resources

DIRECTOR - NURSING SERVICES

Coord - Nursing Services Unit

Coord - Clinical Services Unit

Coord - Head Administrative Unit

DIRECTOR - PROTECTION

ASST DIR - YOUTH PROTECTION

ASST to AED - REGIONAL SERV & PROG LIAISON

Head - Special Needs Programs

ASST to AED - OPERATIONS

Head - Myupimaatsiun Administrative Unit

DIRECTOR - HUMAN RESOURCES

Coord - Staffing

Coord - Employee & Labor Relations

Coord - HR Development

DIRECTOR - FINANCIAL RESOURCES

ASST DIR - FINANCIAL MGMT UNITS

Coord - Purchasing

DIRECTOR - INFORMATION RESOURCES

Coord - Information Services

DIRECTOR - MATERIAL RESOURCES

Coord - Facilities

DIRECTOR - JUSTICE MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Chishayyuu Myupimaatsiun

Coord - Current Services

DIRECTOR - WISKAIP MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - BOGOUIMOU MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - NENASKA MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - WASHKAMSH MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - EUSKAM MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - WENKAM MIYUPIMAATSIUN CENTRE

Coord - Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services

DIRECTOR - CHISASIBI MIYUPIMAATSIUN CENTRE

Coord - Awash Myupimaatsiun

Coord - Uashin & Family Preserv Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun

DIRECTOR - WHAPWASTOUI MIYUPIMAATSIUN CENTRE

Coord - Centre Administrative Unit

Coord - Awashkushonichisuu Myupimaatsiun

Coord - Chishayyuu Myupimaatsiun & Current Services



Elders of Eastmain

1 Office of the Chairman

Message from the Chairman of the CBHSSJB

The past year has been a busy one for the Cree Health Board and the work that we do.

In addition to its day-to-day provision of services according to its mandate, the Cree Health Board, through the office of the Chair, is involved in several areas of activities that are initiatives of the Grand Council of the Crees/Cree Regional Authority of which issues involve the Cree Nation as a whole.

The Chairman and two persons from the Public Health Department serve as the Cree representatives on the **CHB-HQ-SEJB Joint Committee on Health** with Hydro-Québec and the *Société d'énergie de la Baie James* (SEJB). The Committee was set up in 2008 as a condition of authorization of the EM 1A-Rupert River diversion project. Hydro Quebec is required to work with the Cree Board of Health to develop a program to follow the impact of the project on health determinants of the Cree, as well as to provide resources and expertise to the Cree Health Board to understand impacts of the developments on mercury levels in fish. These activities represent extensive work for the Public Health Department, but no resources have yet been identified for it. However, budgets have been provided by the 2001 Mercury Agreement (channeled through the Niskamoon Corporation) for work related to mercury levels in fish and public health action. Details of our progress on this file can be found in the Pimuchtehu chapter of this report.

As Chair of the Cree Board of Health I joined the Chairs of the Cree School Board, Creco (Cree Regional Economic Enterprises Company) and Cree Trappers Association, as well as four Chiefs and the Grand Chief, on the **Cree Nation Governance Working Group**, which had solicited consultations earlier in the year to gain ideas from the Cree communities and entities for the Governance Model that will be proposed to the Federal government, as per the New Relationship Agreement signed in 2008. The Cree Health Board, like other Cree entities, will need to review its mandate and position in preparing for the Cree Nation's self-government.

This year saw the formation of the **Cree Task Force on Social Wellness**, with representatives from the Grand Council, Cree Health Board, Cree School Board, Youth Council, Elders' Council and Creco. The Task Force consulted with several Cree entities to determine what social issues were most important to communities and Cree entities, and to discuss how these issues might best be addressed in developing a Cree Social Policy in later phases of this multi-year, multi-entity project.

A Cree Working Group was formed to address eleven sectors of concern regarding the Quebec government's **Plan Nord** resource development projects and their impact in Eeyou Istchee. Within the Health and Housing sector, the Cree Health Board contributed to defining a process by which projects can be assessed in order to minimize their negative social, health and, to a certain extent, environmental impacts. The Cree Health Board will need to collaborate with several other Cree entities, communities and the government to put an assessment process in place before future projects are launched. The document "Cree Vision of Plan Nord – February 2011" contains the various steps proposed by the Cree Health Board for assessing projects.

The issue of **Customary Adoption** is facing the Cree on two fronts: there is currently a case in court regarding the customary adoption of a Cree child; and the Cree are



participating in a Working Group involving the other First Nations of Quebec, the Inuit, and Quebec Native Women to propose a change in the Civil Code of Quebec to have the effects of Traditional or Customary adoption recognized. The Working Group's proceedings are carried out in conjunction with the Quebec departments of Health and Justice, as the government is tabling changes to the Adoption Act and the First Nations and Inuit are proposing additional changes regarding Customary Adoption. The Chair of the Cree Health Board works closely with the Grand Council of the Crees on these matters, and the CHB's Youth Protection department is especially engaged in the matter of the court case. The First Nations group has tabled the final segment of the First Nations report, which includes a section on the Cree position on Customary Adoption and a Brief tabled by the Grand Council of the Crees addressing the intended changes to the Adoption Act.

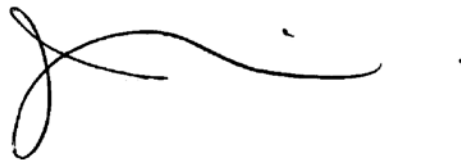
The new **Eeyou Communications Network** Board of Directors includes the Chair of the Cree Health Board, along with representatives of the Cree School Board, Grand Council of the Crees/Cree Regional Authority, James Bay Cree Communications Society and the *Comité de développement social de la Baie-James – Jamesiens*. The ECN Board is responsible for deliberating on the Network's objectives and organization. The benefits we anticipate from this very important initiative include the development of communications projects to improve links and services in various sectors, operations that are more cost effective and provide a better service, telehealth services that reduce patient travel and thereby the associated costs, and day-to-day operations that are more efficient and effective.

These are among the major projects involving the participation of the Cree Health Board. Even as we work directly on individual and public health concerns, social issues and environmental issues, we realize our further obligations as a Cree Nation entity and look forward to participating in Cree Nation governance.

I would like to thank all of the staff of the Cree Health Board and its management for their daily work and the many deliverables that they provide, as well as the commitment they express daily to the development and administration of the Cree Health Board. These efforts will not be lost on our future generations.

I thank the Board of Directors of the Cree Health Board for its efforts in deliberating and making decisions on many matters related to its mandate.

I would like to thank the Grand Council and other Cree entities for their collaboration with the Cree Health Board on many matters and we look forward to these continued collaborations.

A handwritten signature in black ink, appearing to read 'James Bobbish', with a long horizontal flourish extending to the right.

James Bobbish
Chairman, CBHSSJB
July 17, 2011

Board of Directors

April 1, 2010 to March 31, 2011

The Board of Directors membership is composed as follows:

Following the legislative amendments regarding the composition of the Board of Directors and as a result of the general elections that took place for the office of the chairperson of the CBHSSJB, the elected Chair also becomes the Cree Regional Authority (CRA) Representative for a four year term.

One representative for each of the distinct Cree communities of the region is elected from among and by the members of the community that she or he represents. Each community representative is elected to a three year term.

One representative is elected for three years among and by the members of the Clinical Staff of any establishment of the Region. One representative is elected for three years among and by the members of the non-clinical Staff of any establishment of the Region.

The Executive Director of the Cree Board of Health and Social Services of James Bay is also a member of the Board of Directors.

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

MEMBERSHIP

CREE REGIONAL AUTHORITY REPRESENTATIVE

James Bobbish, Chairman

EXECUTIVE DIRECTOR OF THE CBHSSJB

Mabel Herodier

COMMUNITY REPRESENTATIVES

Denise Brown	Eastmain
Susan Esau	Waskaganish
Angus Georgekish	Wemindji
Marcel Happyjack (interim)	Waswanipi
Lawrence House	Chisasibi
Thomas Jolly, Vice-Chairman	Nemaska
Maria Kawapit	Whapmagoostui
Edna Kitchen Kistabish	Observer for Washaw-Sibi
Daisy Shecapio	Oujé-Bougoumou
Linda Shecapio	Mistissini

CLINICAL STAFF REPRESENTATIVES

François Lavoie Council of Physicians,
Dentists and Pharmacists

NON-CLINICAL STAFF REPRESENTATIVE

Vacant

ADMINISTRATIVE COMMITTEE

James Bobbish
Mabel Herodier
François Lavoie
Denise Brown
Linda Shecapio
Daisy Shecapio

There have been five meetings of the Administrative Committee during the period covered by this report.

AUDIT COMMITTEE

Denise Brown
Susan Esau
Linda Shecapio

The Audit Committee met once during the period covered by this report.

Commissioner of Complaints and Quality of Services



The Commissioner of Complaints and Quality of Services reports directly to the Board of Directors through the Chair, and works at local and regional levels to address complaints and assure 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 received to ensure that the user's rights are 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 in her jurisdiction, intervenes on her own initiative regarding problematic situations of which she is made aware, and ensures that recommendations are followed up.

The Commissioner is responsible for helping clients throughout all stages of the complaint process. If necessary, she will also put them in contact with a person better able to meet their needs.

Currently the Board of Directors is in the process of searching for a permanent Commissioner of Complaints and Quality of Services. The interim placement position ended on March 31, 2011, although the interim Commissioner continued to address any remaining cases.

SUMMARY OF ACTIVITIES

The Commissioner received fifteen complaints in 2010-2011; in addition to six complaints still in the process of treatment from the previous year, the commissioner dealt with 21 complaints in this year. Eighteen were concluded, while three were still in the process as of April 1, 2011.

Of those files concluded in the fiscal year, ten complaints regarded the quality of intervention, one concerned access to services, three concerned attitudes of health professionals, and one was related to policies and protocols. Three others were referred to the Medical Examiner.

OTHER ACTIVITIES

On September 15, 2010, the Board of Directors approved a new Complaints Policy designed to reflect its endorsement of the Code of Ethics and Users' Rights and its review of the roles and responsibilities of the Commissioner of Complaints and Quality of Services and the Medical Examiner.

As part of the communications plan regarding the Code of Ethics and Users' Rights, in September 2010 the Commissioner visited Wemindji, Waskaganish, Oujé-Bougoumou, Waswanipi, and Whapmagoostui to share information with managers, employees and users.

The Commissioner also participated in three meetings 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* has not yet been established, the Commissioner is monitoring recommendations and corrective measures to ensure the commitment to quality improvement, especially as the implementation of recommendations is often postponed or neglected by the management.

OBJECTIVES FOR 2011-2012

Plans for the coming year include the hiring of a permanent Commissioner of Complaints and Quality of Service and providing training and orientation to this new Commissioner, supporting the nomination of a *Comité de vigilance*, managing all outstanding and new complaints, monitoring recommendations and corrective measures, and visiting Chisasibi, Eastmain, Mistissini and Nemaska to complete the Code of Ethics communication plan.

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. The analysis of complaints allows us to review situations that may be problematic and to make recommendations for improving our quality of services.

In the 2010-2011 period the Medical Examiner reviewed and analyzed only three complaints, a significant drop from the nine complaints reviewed in the previous period. This may be explained by the fact that several of the complaints in that previous period had been waiting to be examined for a long time, from months to years before the current Medical Examiner was appointed.

One complaint, a complex case that the plaintiff also presented to the *Collège des médecins du Québec*, concerned a treatment that resulted in a complication in February 2007. After much analysis of the events and meetings with the concerned parties and experts, the Medical Examiner concluded that this complication was an unfortunate event that could not be blamed directly upon the physician. This finding matched the Collège's conclusion. Although much effort was put in helping the plaintiff to understand what had occurred by the Medical Examiner, the Director of Professional Services, and the Collège, in the end, the plaintiff was not fully satisfied.

In a second complaint, a physician was alleged to have had harsh words with a patient after the patient expressed doubt about his expertise and requested a different physician. This is an acceptable request from a patient and should be respected as much as possible.

A third complaint, lodged by an employee, arose primarily from a conflict of different beliefs about how a clinic should operate. Discussion with the Head of the relevant department and an administrator shed light on the issues. The Medical Examiner recommended that the Administrator hold meetings with the clinic's entire team to discuss how it could best function.

While the low number of complaints this year could lead to the conclusion that people are finding few reasons to complain, another possibility is that the process is simply not well known and understood.



Overview of the Health of the Population of Region 18

For more information concerning the sources of the facts and figures cited here, contact the Assistant Director of Public Health for Surveillance, Evaluation, Research and Communications (SERC).

In mid 2010, the official population of beneficiaries served by the CBHSSJB in Eeyou Istchee was 15,444 with almost 60% living in the five coastal communities and 40% in the four inland ones. The population continues to grow at a rate of around 1.75%. An infant born in Eeyou Istchee between 2003 and 2007 is expected to live 76.7 years, compared to 80.3 for the rest of Quebec. In contrast to patterns elsewhere, men in Eeyou Istchee continue to outnumber women, and women continue to have more diabetes, and at younger ages, although that gap is closing somewhat. Men and women have less cancer than people in Quebec in general, but only men have significantly less cancer.

Although the birth rate in the region has gone down slightly over the past 35 years, it remains almost triple the Quebec average. Despite a level or decreasing birth rate, the actual number of births in the region continues to rise as of 2010 because the number of women in the peak years for childbirth is still increasing. The number of births in each community varies from an average of 100 per year in Chisasibi, down to 13 in Nemaska.

Between 2003 and 2007, Eeyou died from cardiovascular diseases (19.7% of all deaths), cancer (19.3%) and external causes (mainly injuries) (17.4%). This contrasts with the rest of Quebec where the top-3 causes of death are respectively cancer (33%), circulatory diseases (27.5%) and respiratory diseases (18.7%). Infant mortality rates in Eeyou Istchee have fallen from 50 per 1,000 live births in 1976 to 9 per 1,000 in the 2000–2006 period, which is an average of three infant deaths per year. While there has been improvement, the region's rate remains two or three times that of Quebec's. Incurable genetic conditions account for one-third of deaths in excess of the Quebec rate.

The region has historically had high proportions of teen mothers (under age 20). The proportion has fallen in recent years, but it is still the case that one birth in five is to a teenage mother—a figure that translates to about 70 births each year across the territory, of which about 40%, or just under 20 births, might be to mothers aged 17 or younger. This age group has high rates of sexually transmitted infections and, in the 2003 health survey, one in four younger mothers reported drinking during her pregnancy.

Data for 2006-7 and 2007-8 for caesarean sections suggest for the first time that rates in the region might be slightly above the general Quebec rate. Eeyou Istchee compares well to Quebec on almost all the indicators related to fetal growth retardation and prematurity. Unlike Quebec, the region has few low-birth-weight infants, and many high-birth-weight ones and these figures have remained relatively constant since at least 1987 in proportion to the number of births, despite changes in diet, lifestyle, and obesity rates.

Children under the age of six are growing up in households with an average size of 6.2 people—including 3 children. About 30% of children under the age of six are living in three-generation households with parents and grandparents present in the home, compared to 5% in Canada as a whole. While one young child in five is being raised in a lone-parent family, these children are the most likely to be living in three-generation households. (From another perspective, these figures also indicate the housing shortage in some communities which is generating other issues.) And, most young children have extended family members, whether living in the household or not, involved in their upbringing. These young children aged 0 to 9 include 218 who have been identified with special needs.

Over a 4-year period from 2006–2007 to 2009–2010, there were 12,337 hospitalizations in Eeyou Istchee, or on average, 3,084 per year. Rates are higher in Eeyou Istchee

for almost all health conditions. Main reasons for hospitalization are problems in pregnancy and childbirth and diseases of the respiratory and digestive systems.

While Eeyouch report strong social supports and identify with their communities, social issues are a major concern. Statistics are sketchy. On a survey, just over 3% of all gamblers were identified as certifiable 'problem' gamblers, while another 20% were classified as moderate to high risk gamblers. However, more surprisingly, among all the people surveyed, 44% of men and 50% of women had been physically abused in their lifetime, and 23% of men and 35% of women had been sexually abused.

Two concerns involving primarily youth and young adults up to age 29 and linked to social issues are the high rates of violence against self and others and the continuing and even increasing rates of sexually transmitted infections (STIs). The rise in STIs is linked to the decrease in the age at which young people become sexually active, and the risky behaviours in which they engage (multiple partners and no use of protection). Since 2000, chlamydia infection rates have been increasing. For 2006 through 2008, the region would have expected 25 to 30 cases had regional rates been the same as those of the province. Instead, the average number of cases observed was 215. And, in 2009, there were 241 declared cases. The situation with gonorrhoea infection is similar. Most communities had at least one declared case of gonorrhoea during each year between 2006 and 2008. About 3 cases per year would be expected in the region had the regional rate been the same as that of the province from 2008. However, the average, annual number of gonorrhoea cases observed between the 2005 and 2009 period was 20. Women also accounted for the majority of declared infections overall during the same time period (67%) with almost half of these cases occurring in women less than 20 years of age. There have been sporadic cases of hepatitis B and C declared in the region, and also several HIV infections reported with the introduction of a provincial surveillance program in 2002.

Young men, but also young women, have been increasingly hospitalised for assaults, at rates far above those of Quebec and the Nord du Quebec. And a related statistic is the above average rate of hospitalisations of young women for attempted suicide, usually involving drug overdoses. In fact, in females, suicide attempts are the top cause of injury hospitalization—ahead of falls and motor vehicle crashes, but since 2006-07 the rate may have been slowing. However, mortality due to injuries shows that the rate of completed suicide in Eeyou Istchee is at or even slightly below the Quebec average, and except for the sudden "cluster" of female suicides in 2004 and 2005, has involved mostly young men.

In 1983, 2.4% of Eeyouch had diabetes and this jumped to 21.4% in 2009. In the years 2007 to 2009, 339 Cree adults were newly diagnosed with diabetes. As of the end of 2009, a total of 1,910 Eeyouch had been diagnosed with diabetes. More than one adult in five has diabetes, almost four times the rate of Québec. Diabetes continues to affect more women than men. Babies born to women who have diabetes during pregnancy (either gestational diabetes or Type 2 diabetes) are at much higher risk of becoming obese during childhood and developing diabetes at a young age. Eeyouch are being diagnosed at younger ages, which puts them at greater risk of developing diabetes complications over time. Half the people with diabetes have some level of kidney disease. However, heart disease is also increasing, both with and without diabetes. This is not surprising since the lifestyle risks for diabetes are the same as those for heart disease and cancer: poor diet, lack of a physically active lifestyle, smoking, and obesity. The statistics for diabetes show the importance of mobilizing the communities to halt or slow the diabetes epidemic, and this will also have an impact on the heart disease epidemic. As of 2010, Eeyouch were not dying from cancer more than would be expected. However, the poor diet of youth may be the hidden time bomb. Overall, it is not clear how the health care system will be able to manage the growing numbers of people with serious chronic diseases, and the trend in chronic diseases is unlikely to change unless the underlying social issues are first addressed.



2 General Management Department

Message from the Executive Director

Over the 2010-2011 fiscal year our team concentrated on two sets of objectives, both connected to the fact that the extension to the Health Agreement 2004-2009 with the MSSSQ officially ended March 31st, 2011. The first set of objectives was to continue the work needed for the plan for implementing structural changes and improvements, and the second was to ensure that the organization was readied for the upcoming discussions with the MSSSQ. The workload generated to meet the requirements for these objectives required all of the focus and energy of some of our most senior managers.

Of course, we had other responsibilities as well. We continue to seek ways of improving the current status of operations; this process involves General Administration as well as the administrative units of the Miyupimaatisiun Group (the services delivery unit responsible for 75% percent of the requirements and obligations of the organization) and the Pimuhtheu Group (the planning, programming and Public Health sector of the organization).

Work has begun in earnest on the planning, organizing and implementation of the new Nishiiyu Miyupimaatisiun unit's responsibilities and obligations. This unit will be responsible for planning and programming, as well as some of the services delivery requirements, for Cree helping and healing methods. Some of the delivery requirements it will oversee will parallel those of Public Health, but with an emphasis upon Cree as opposed to "western" approaches.

Among our other mandates and obligations, we have overseen improvements to our organizational structure. We welcomed Sam Gull, the new Assistant Executive Director for Nishiiyu Miyupimaatisiun in early January 2011, and the Board of Directors approved the re-organization of the Cree Non-Insured Health Benefits operations. We continue to make other efforts to improve operations, and will implement the reorganized structure once these improvements have been substantially completed.

In addition, we are working to complete the capital projects plan. The construction of the Mistissini CMC continues and the full operations of this Centre are scheduled to begin in late September or, at the latest, the end of October 2011. Construction also began in late September 2010 on new CMCs for Eastmain and Nemaska, and on the new extension for the Waswanipi CMC. The construction of the extension to the CMC in Waskaganish was delayed to the next fiscal year.

Finally, the Human Resources Development Plan, under the responsibility of the Advisor for Human Resources, is nearly complete. The immediate capacity-building requirements for managers will be implemented within the coming fiscal year. All other requirements to support the completion of this initial plan fall under the responsibilities of various executive level and senior managers.

The Executive Committee remains committed to maintaining budget parameters that will lead to the increase and the improvement of direct (front-line) services for our communities. All our units are now structured; next we must hire new personnel and ensure that operations are in place to allow each unit to be functional, effective, and capable of meeting its obligations.

In closing I commend the Assistant Executive Directors for all their successes, and the Directors of Finance and Human Resources Services for their achievements within my term as the Executive Director. Each of these individuals has made profound commitments to ensure that our sectors are efficient and effective, even when challenges and workload have been at the greatest levels possible. They are all exceptional leaders.



Mabel Herodier

Executive Director



Managerial Personnel

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 (leave)	Advisor – Special Projects (NIHB) – Caroline Mark (replacement)

OFFICE OF THE CHAIRMAN

James Bobbish	Chairman
Camille Rhéaume	Commissioner of Complaints & Quality of Services

CORPORATE SERVICES

Laura Moses	Director of Corporate Services
Vacant	Coordinator of Communications

PIMUHTEHEU

Laura Bearskin	Assistant Executive Director (AED) – Pimuhtheu
Rachel J. Martin	Head of Pimuhtheu Administrative Unit
Dr. Richard Lessard	Director of Public Health
Bella M. Petawabano	Assistant Director of Public Health – Awash Miyupimaatisiun
Taria Coon	Assistant Director of Public Health – Ushiniichisuu Miyupimaatisiun
Paul Linton	Assistant Director of Public Health – Chishaayiyuu Miyupimaatisiun
Jill Torrie	Assistant Director of Public Health – Surveillance, Evaluation, Research and Communications (SERC)
Louise Carrier	Coordinator of Current & Ambulatory Programming
Mary Louise Snowboy	Coordinator of Awamiiniwachunanouch Programming (Mental Health)
Jason Coonishish	Coordinator of Pre-Hospital & Emergency Measures Programming
Maria McLeod	Interim Director of Psycho-Social Professional Services & Quality Assurance
Eric Naud	Interim Director of Nursing Professional Services & Quality Assurance
Adelina Feo	Interim Director of Allied Health Professional Services & Quality Assurance

ADMINISTRATION

Clarence Snowboy	AED – Administration
Nancy Bobbish (leave)	Director of Human Resources – Yolande Buisson (replacement)
Anne Marie Leblanc	Coordinator of Staffing
Gertie Shem	Coordinator of Employee & Labour Relations
Vacant	Coordinator of Human Resources Development
Nora Bobbish	Coordinator – Non-Insured Health Benefits (NIHB)
Martin Meilleur	Director of Financial Resources
Alexander Burns	Assistant Director Financial Resources
Gordon Matthew	Coordinator of Purchasing
Bilal Sirhan	Interim Director of Information Resources
Mabel Napash	Interim Coordinator of Computer Services
Richard Hamel	Interim Director of Material Resources
André Fortin	Coordinator of Facilities Unit

MIYUPIMAATISHIUN

Lisa Petagumskum	AED – Miyupimaatisiun
Gloria Ann Cozier	Assistant to AED – Regional Services & Program Liaison
Janie Moar	Assistant to AED – Operations
Evike Goudreault	Head of Special Needs Program
Bessie House	Interim Head of Miyupimaatisiun Administrative Unit

CREE PATIENT SERVICES

Caroline Rosa (leave)	Director of Cree Patient Services – Gloria Ann Gozier (replacement)
Jasmine St-Cyr	Head – Val d’Or Cree Patient Services Centre
Josée Audet	Head – Montreal & Chibougamau Cree Patient Services Centre

CHISASIBI HOSPITAL

Daniel St-Amour	Director of Hospital Services
Michelle Audy	Interim Coordinator of Ambulatory Unit
Audrey Beauchesne	Interim Coordinator of Medicine Unit (Hospital Services)
Gary Chewanish	Interim Coordinator of Auxiliary Unit

YOUTH HEALING SERVICES (YHS)

Gordon Hudson	Director of Youth Healing Services
Maria McLeod	Coordinator of Resources (YHS) (until March 5, 2011)

YOUTH PROTECTION

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

DSP MEDICAL

Vacant	Director – Medical Affairs and Services
Vacant	Assistant Director – Medical Affairs and Services

COMMUNITY MIYUPIMAATISHIUN CENTRES (CMCs)

CHISASIBI CMC

Jules Quachequan	Director – Chisasibi CMC
Yionna Wesley	Coordinator of Administrative Unit
Jeannie Pelletier	Coordinator of Awash Miyupimaatisiun
Jane Cromarty	Coordinator of Uschiniichisuu & Family Preservation Miyupimaatisiun
Frederick Roy	Interim Coordinator of Chishaayiyuu Miyupimaatisiun

EASTMAIN CMC

Rita Gilpin	Director – Eastmain CMC
Emily Whiskeychan	Coordinator of Administrative Unit
Leslie Tomatuk	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Priscilla Weapenicappo	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

MISTISSINI CMC

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

NEMASKA CMC

Beatrice Trapper	Director – Nemaska CMC
Vacant	Coordinator of Administrative Unit
Kathleen Neeposh	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Sarah Cowboy	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

Oujé-BOUGOUMOU CMC

Susan Mark	Director – Oujé-Bougoumou CMC
Aline Blacksmith	Coordinator of Administrative Unit
Janie Wapachee	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Pierre Larivière	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

WASKAGANISH CMC

Bert Blackned	Director – Waskaganish CMC
Louis Rene Kanatewat	Coordinator of Administrative Unit
Bertha Dixon	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Vacant	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

WASWANAPI CMC

Alan Moar	Director – Waswanipi CMC
Marco Bisailon	Coordinator of Administrative Unit
Marlene Etapp Dixon	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Luc Lamarche	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

WEMINDJI CMC

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

WHAPMAGOOSTUI CMC

John George	Director – Whapmagoostui CMC
Vacant	Coordinator of Administrative Unit
Vacant	Coordinator of Awash & Uschiniichisuu Miyupimaatisiun
Ivan McComb	Coordinator of Chishaayiyuu Miyupimaatisiun & Current Services

Permanent Doctors (as of March 31, 2011)

CHISASIBI

Dr. Darlene Kitty, full-time
Dr. Michael Lefson, full-time
Dr. Jimmy Deschesnes, full time (died March 10, 2011)
Dr. Olivier Sabella, half-time
Dr. Anne-France Talbot-Bolduc, full-time
Dr. Joey Podavin, full-time
Dr. Catherine Beauce, half-time

EASTMAIN

No permanent doctor

MISTISSINI

Dr. Gerald Dion, full-time
Dr. Raffi Adjemian, full-time
Dr. Rosy Khurana, full-time
Dr. Julian Carrasco, full-time

NEMASKA

Dr. Guy Paquet, half-time

OUJÉ-BOUGOUMOU

Dr. France Morin, half-time

WASKAGANISH

No permanent doctor, but has good coverage with a stable team of replacement doctors

WASWANIPI

Dr. Toby Fainsilber, half-time

WEMINDJI

Dr. Roxana Bellido, full-time

WHAPMAGOOSTUI

Dr. Tinh Van Duong, full-time
Dr. Carole Laforest, half-time
Dr. H el ene Perreault, half-time

Note: In July 2011, 2 new doctors were hired in Chisasibi (Dr. Vanessa Gervais and Dr. Adrien Selin).



Corporate Services



Corporate Services oversees CHB translation services, communications services, and archives management. Through the Corporate Secretary to the Board, it is responsible for providing support 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.

In the past year much effort was put into recruiting a Specialist in Administrative Processes and a Coordinator of Communications. These two key positions, required to support the work of the Director of Corporate Services, should be filled by early summer 2011.

We have been successful in implementing a new documentation centre, which has been fully functional since December 2010. The corporate archives have also been reorganized in compliance with the norms and regulations of archival procedures, and a retention schedule of archival documents has been put in place.

Corporate Services continues to provide English/French and French/English translation services to the organization, and we hope to have measures in place to ensure the monitoring and quality control of these services. Cree translation is done by out-sourcing.

With the Coordinator of Communications in place, we will finally see the long awaited and much needed website for the organization. One of the Coordinator's major responsibilities will include taking

measures to improve internal Cree Health Board communications, along with providing advice and support to help us communicate more effectively with our clients and the public.

Much work remains for 2010-2011, including the review and updating of the Board of Directors' by-laws, on-going policy management, and the implementation and maintenance of an administrative project management system.



*Council of Chishaayiyuu and staff of Nishiiyuu Miyupimaatisiin.
Back row (left to right): Sam W. Gull, AED Nishiiyuu Miyupimaatisiin, Abraham Bearskin,
Coordinator for Nishiiyuu Miyupimaatisiin, Abel Kitchen, Robbie Dick, Earl Danyluk,
Roderick Pachano. Seated (left to right): Elma Moses (PhD student), Jane Kitchen, Laurie
Petawabano, Nancy Danyluk, Janie Pachano (consultant for Nishiiyuu Miyupimaatisiin).
Not shown: Elizabeth Dick, Robbie Matthew.*

3 Nishiiyuu Miyupimaatisiun Department

Message from the Assistant Executive Director

In 2010-2011, Janie Pachano and Abraham Bearskin, working closely with the Council of Chishaaiyuu, performed many of the tasks necessary to help set up this new Department. In 2009, on the recommendation of the Council of Chishaaiyuu, the name of the program “Cree Helping Methods” was changed to “Nishiiyuu Miyupimaatisiun.” Many Cree legends speak of “Nishiiyuu,” referring to future generations of Cree. As we are the future generations referred to in these ancient Cree legends, the Elders thought it would be a more appropriate word to use instead of Cree or Eeyou/Eenou.

Our main activity during 2010-2011 was to build awareness of Nishiiyuu Miyupimaatisiun and to discuss sources of many of our social problems, and this goal appears to have been met. The multimedia presentation, The Cree and Social Impacts of Historic Events in James Bay, was shown many times to audiences that included local and regional bodies as well as groups within the Cree Health Board. Each presentation was an opportunity to discuss Nishiiyuu Miyupimaatisiun and its broader objectives. The document will be printed and disseminated in 2011.

As we work to define the work program of Nishiiyuu Miyupimaatisiun, we are guided in everything we do by the Council of Chishaaiyuu. In the coming year we will continue the process of awareness raising and consultation to ensure that Nishiiyuu Miyupimaatisiun meets the needs of all community members.

As I shared with the Elders when I took on this position, “consider me your ‘shoe-boy’ who fetches the water from the river and brings it to you.”



A handwritten signature in black ink, appearing to be 'S. W. Gull' with a stylized flourish at the end.

Sam W. Gull
Assistant Executive Director
Nishiiyuu Miyupimaatisiun

Council of Chishaayiyuu

The Council of Chishaayiyuu attends the meetings of the Board of Directors of the CBHSSJB, where it provides guidance and support in areas such as social policy, customary adoption, social services, and research in traditional medicine and Cree knowledge.

The Council, which had consisted of 6 Elders and 2 helpers at the start of the 2010-2011 period, suffered tragic losses during 2010 as two members, Sally Matthew and Smally Petawabano, passed away: Sally on August 24 and Smally on December 3. These are profound losses of two important elders and the knowledge and wisdom they carried with them.

The Regional Council of Elders held its meeting in November 2010 in Mistissini, at the request of the late Smally Petawabano, who attended all but the final day of meetings. One important issue was the question of membership on the Council of Chishaayiyuu, as the terms of the previous members had lapsed; in addition, Sally's death left a vacancy, and Smally had requested that a replacement be found for him. As the Elders did not deem it appropriate to replace Smally at that time, they decided that the composition of the Council of Chishaayiyuu as of November 27, 2010 would be:

Robbie Matthew from Chisasibi, as senior spokesperson for the Elders
Smally and Laurie Petawabano from Mistissini
Earl and Nancy Danyluk from Wemindji
Robbie and Elizabeth Dick from Whapmagoostui (helpers)
Abel and Jane Kitchen from Waswanipi
Roderick Pachano from Chisasibi

The Council is currently engaged in several projects. One, aimed at providing the Cree terminology for the various body parts, had been delayed after its initial launch during the 2009-2010 fiscal year, but work on it began during the 2010-2011 fiscal year and will continue into the 2011-2012 fiscal year.

In addition, the "Circle of Cree Knowledge/Life" project, which began in the fall of 2009 and was described in last year's annual report, continues; it will take several years to complete. The knowledge generated by this project will become a central part of the programs under Nishiyuu and will be shared with all departments of the CHB so that they may also incorporate it into their programs.



Sally Matthew died on August 24, 2010. She was a gentle and humble woman who dedicated her life to the children and youth and to the preservation of Cree culture and language. She and her husband Robbie took many troubled youth out on the land to teach them about their history, respect (especially self-respect), life on the land and survival, and the Cree culture and language. It did not matter who the youth were, Cree or non-Cree, relatives or complete strangers. She had a powerful connection and attachment to the land and her culture. The Council of Chishaayiyuu and the Cree Health Board have lost a wonderful and strong woman.

On December 3, 2010, the Council of Chishaayiyuu and the Cree Nation lost another great man, Mr. Smally Petawabano. Former Chief of Mistissini and one of the signatories of the James Bay and Northern Quebec Agreement, he is pictured here with his wife Laurie, who is also a member of the Council of Chishaayiyuu.



4 Miyupimaatisiun Department

Message from the Assistant Executive Director

The past year has been filled with numerous changes and opportunities to learn. The sudden departure of the Director of Medical Affairs and Services brought new challenges, but also opportunities. This past year also saw us re-align and re-affirm our relationship with RUIS McGill.

The increase of Human Resources in the communities, especially with the hiring of almost all the mid-managers at the local level, required that we provide more direction and orientation to our employees. All but one community received orientation training this past year. The creation of the Mastermind Groups comprised of front-line managers from the communities has channeled direct input from the grassroots to ensure community-based needs were addressed in a culturally appropriate manner.

Community needs guide our new initiatives. At the beginning of the year, we were awaiting the construction of two new CMCs in Nemaska and Eastmain, and the extensions of existing buildings in Waswanipi and Waskaganish. All went on as planned, with the exception of some delays in the Waskaganish project.

Our services are growing increasingly integrated and collaborative. This shift in how we work, along with the introduction of new programs and services, represents a very challenging transition. In some departments and communities, this transition is going very well; in others, the difficulty has been greater. While awaiting all the policies, procedures and protocols related to each program, some groups took measures to deliver integrated services “in the absence of” these crucial tools and still made wonderful headway. We would like to thank those who took the time and invested great effort in taking these imaginative and important initiatives.

Lastly, I want to welcome the new staff who joined our teams during the past year in departments and services under our direction in all nine communities. Furthermore, I also would like to thank those who have been and continue to be committed to the vision of providing more new and improved services for the CBHSSJB. Your time and efforts are greatly welcomed and appreciated.



Lisa Petagumskum
Assistant Executive Director
Miyupimaatisiun

JIMMY (DIMITRIOS) DESCHESNES

November 28, 1964-March 10, 2011



The Cree Health Board suffered a tremendous loss this year, with the untimely passing of Jimmy Deschesnes on March 10, 2011.

Jimmy was born Dimitrios Deschesnes in Montreal on November 28, 1964, to Gilles and Caterina Deschesnes, and grew up with his family in Laval. At the age of 17, Jimmy – as he was known to all – was diagnosed with cancer, which had spread to his spine. With the support of his family during his intensive treatment with chemo and radiotherapy, he overcame the odds and survived. The experience helped make him more committed to helping others to face medical challenges.

Jimmy began working as a physician in Chisasibi in August 1992, after completing his residency program. He intended to stay only “a couple of years,” but his love for the people and the land rooted him in Chisasibi for the rest of his life. From 1992-1997 he served as the physician travelling to the communities of Whapmagoostui, Nemaska and Wemindji, and for many of these years he also held the position of Chief of the Department of Medicine for the region.

Jimmy always led an active life. He played many sports as a teenager but particularly excelled in tennis, where he was ranked as one of the top players in Quebec in his age category. As an adult, lured by the opportunity to fish in remote locations, he became a canoe enthusiast, quickly developing into an expert whitewater paddler. He canoed and fished many river systems in Northern Quebec, Labrador, and Nunavut, including the Corvette-Pontois, Corbin-Roggan, Nastapoka, Clearwater, and Koroc. The stunning scenery of these wild areas also allowed him to fulfill his passion for photography. Some of his best works can be seen lining the corridors of the Chisasibi Hospital and in the south reception centre in LaVerendrye Park. Jimmy was also an avid inventor, and he worked tirelessly to develop a variety of sports-related devices that would improve one’s speed and power.

Jimmy died of multiple sclerosis on March 10, 2011, at the far-too-young age of 46. He is survived by his mother Caterina, his father Gilles, his brother Alcide, sisters Nadine and Lila, his nephews, his uncle, his cousins, and many loving friends. Jimmy was loved and admired throughout his life; he will be deeply missed, and his memory cherished, by all who knew him.

Chisasibi Regional Hospital Centre

At the **Management** level, 2010-2011 witnessed new hires in the positions of Coordinator of Hospital Services, Coordinator of Ambulatory Services, and Assistant Head Nurse in Medicine/Clinic.

The **Laboratory** has experienced a significant increase of 23% in the number of tests performed since 2005-2006. However, a personnel shortage in summer 2010 almost caused it to be closed. The Hospital engaged a consultant in August 2010 to evaluate this precarious state of affairs and to develop a plan to prevent future crises of this sort. With the hiring of a new Coordinator of Ambulatory Services, responsible for diagnostic services in the hospital, the first phase of this plan is now in place. The recruiting problem has also been resolved: all full time positions are filled and two positions are on the recall list. The laboratory's new team stresses a collaborative approach and promotes the systemic use of quality controls in daily work, which will improve effectiveness and efficiency.

Because of a radiologist shortage in Quebec, no films were read in the **Radiology Department** from May 2009 to Sept 2010, resulting in a backlog of 4000 unread films. The *Fédération des médecins spécialistes du Québec* offered to help us resolve this problem and, in addition, in **March 2011** the Centre hospitalier Hôtel-Dieu d'Amos agreed to read films until we are linked to the Abitibi-Temiscamingue PACS system. As a result, the backlog has been eliminated.

In the **Archive Department**, the archivist position remains unfilled despite the increased activity in the department caused by the extremely successful H1N1 vaccination campaign and the radiology film backlog. The Hospital plans to hire a full time archivist this summer.

The **Outpatient Clinic** is performing at maximum capacity; the number of visits has increased by 19% since 2005-2006 and the number of observation hours has increased six-fold. Hospitalisation days have increased by 35% since 2005-2006. In addition, visits by specialists have increased 21% over last year, and visits by the general surgeon increased to four this year from three the previous year. Ophthalmology and optometrist services have resumed.

The **Infection Prevention and Control Program** has been successfully implemented, and its committee met three times in 2010-2011. The total number of positive nosocomial cases reported has reduced sharply since the introduction of the program. Even with increased surveillance, no case was reported during the 2010-2011 period.

Treatments in the **Hemodialysis Department** went up by 13% last year and by 46% since 2005-2006. The number of patients this year peaked at 21; we had 20 patients at the end of this fiscal year, compared to 18 last year. As treatments continue to increase, two nursing positions have been added to the hospital's personnel.



STATISTICS FOR CHISASIBI REGIONAL HOSPITAL CENTRE

	2008-2009	2009-2010	2010-2011
Admissions	654	663	751
Hospitalisation days	3,269	3,631	3,472
Bed occupation rates	70%	67%	67%
Transfers to other health centers	48	50	59
Average stay acute care patients	5.15	5	4.56
Departures	635	665	742
Deaths	11	11	10
Clinic visits	17,495	18,389	18,838
Specialist visits	1,305	920	1,160
Observation hours	1,888.13	3,564.50	4,644.23
Radiology technical units	165,594	N/A	116,155
Total laboratory test completed	205,278	226,917	232,280
Dialysis treatments	2,123	2,405	2,781
Pre-dialysis	32	52	55



Pharmacy

The costs for pharmaceutical services continue to rise, thanks to the increasing costs of medication. In addition, we face challenges in recruiting sufficient pharmacists to serve the needs of Eeyou Istchee.

The 2010-2011 budget for the regional pharmacy was reduced for medications and human resources over the previous year, but other costs were higher. In total, the budget for 2010-2011 was \$9,117,084, over \$1 million less than the previous year's total of \$10,282,382.

Year	Human resources	Other costs	Medications real cost
2009-2010	\$3 275 529	\$815 528	\$6 191 285
2010-2011	\$2 649 899	\$1 137 681	\$5 329 504
Difference	(\$625630) down 19.1%	\$322 153 up 39.5%	(\$861 781) down 13.9%

Statistics on pharmacy workload measurement are based on the number of prescriptions filled and the total value of medication purchased for a financial year.

Medication costs usually increase each year because of inflation and an increased number of prescriptions. Thanks to these factors, the total cost of medications in Eeyou Istchee rose by more than 75% between 03-04 and 09-10. In 2010-2011, medication costs dropped slightly to \$5,263,755 (with a total of just over \$3 million for coastal communities served through Chisasibi, and almost \$2.2 million for inland communities served through Mistissini). Two factors explain this unusual decrease: the arrival of a new generic drug for a popular prescription and the MSSS's agreement to match Ontario's lower price for the generic drug.

The Pharmacy department served more patients in 2010-2011 than in the previous year; there was also a substantial increase in recall services, in which a pharmacist on call had to be brought back to work to fill an order.

2010-2011 recall statistics showing percentage change since 2009-2010

Number of patients	Number of prescriptions	Number of requisitions
405 (up 17.4%)	11,408 (up 10%)	1,614 (up 12.6%)

Human resources remain a major issue for the pharmacy department. Of 31.1 positions allocated in the budget for 2010-2011, only 13.3 were staffed. Currently, many pharmaceutical needs are met by a group of "dépanneurs". Mistissini does not yet have a full-time pharmacist.

Dentistry



The year 2010-11 brought unexpected challenges to the Dental Department. The December 20th, 2010 closure due to short staffing of the clinics in Mistissini and Eastmain greatly affected access to dental services for these two communities. However, other communities benefited from an enhanced input of services, and many administrative projects were completed.

Between 1 April 2010 and 31 March 2011, the Cree Health Board provided dental care to at least 5751 different clients. The department staff treated patients on 16,086 occasions, including 3,399 treatments of children nine years old and under (including emergency visits as well as scheduled appointments). A total of 151 children were seen for procedures demanding general anesthesia; the waiting time for these treatments, which are carried out in Montreal, is about six months.

The department's productivity decreased 11% this year, primarily because two clinics (Mistissini and Eastmain) were closed on December 20, 2010, due to sick leaves by dentists. Unfortunately, these dentists were impossible to replace on short notice, and transferring duties to the support staff demanded time-consuming planning and preparation. As a result, we lost hours that cannot recuperated due to the terms of our agreement with the MSSSQ. This has an impact on service delivery, and we must work with the Ministry to find a practical solution allowing us to recuperate these lost hours.

We are evaluating the possibility of increasing the specialized services we provide, and we anticipate that offering these services will reduce costs while increasing patient satisfaction and attendance. We have received offers from specialists who are interested in providing services in the region.

This past year we introduced a protocol for managing amalgam waste in accordance with the federal environmental requirement, and each clinic was provided with an amalgam separator.

In 2010-2011 the Public Health Department worked with the Dental department to implement important dental preventive services in the communities. Details of this work can be found in the Pimuhtheu chapter of this report.

Youth Healing Services (YHS)

Youth Healing Services (YHS) supported 309 youth between the ages of 11 and 18 years in 2010-2011, 301 of whom were referred by the Youth Protection Act; the other eight were referred through the Youth Criminal Justice Act. YHS contributes to the well-being of these youth through compassionate and effective family-oriented programs that provide safety, security, and, most importantly, treatment. We have been developing a community-based, holistic approach to care that introduces youth and their families to healthy lifestyles and focuses on family preservation.

In **Case Management**, the introduction of a new **case management tool**, and ongoing training for staff to use this tool, will ensure proper development of Healing Path Plans.

YHS works to maintain support and guidance in **staff training and development**. Child care workers are trained in **therapeutic crisis management** with ongoing refresher sessions to ensure the safety of the youth, their peers and the staff. In addition, a child care worker manual was developed as an orientation and reference tool outlining the procedures to take in different crises (including accidents, suicide attempts, verbal or gestural threats, self-mutilation activities, and unauthorised absences). Whenever a critical incident occurs, YHS staff debriefs the situation as a team, and provides individual counselling if needed.

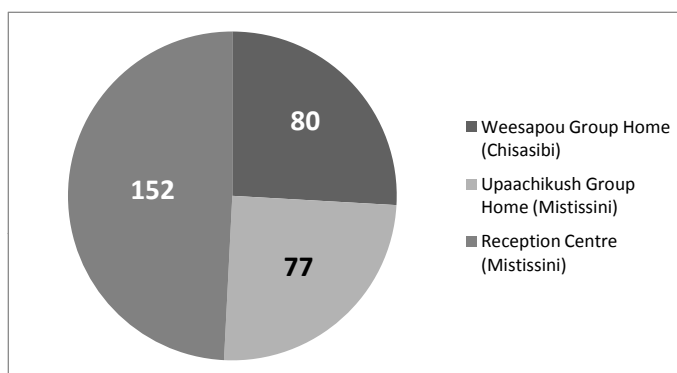
YHS continues to de-institutionalize the **Weesapou and Upaachikush group homes** and the **Reception Center** to create more effective and comfortable therapeutic environments. We also consult directly with youth in our programs so they can voice their concerns and ideas on program development.

The Bush Program has grown to include aboriginal role models, invited guests who provide spiritual counselling or survival skill knowledge, and others who want to learn more about Cree culture. In 2010-2011 the Sam Awashish Journey changed locations, so now YHS is able to provide all youth of Eeyou Istchee with access to its activities supporting a Cree way of life.

The **Northern Wellness Camps** extended to six communities in summer 2010, with some 900 youth attending over a six-week period. The camps included programs in drug awareness and prevention, bullying prevention, first aid and CPR training, and nutrition counselling with our Public Health partners.



TOTAL FOR ALL ESTABLISHMENTS	
Youth Protection Act	301
Youth Criminal Justice Act	8
Total placements	309
“Jours de presence”	4,377
Discharges	64
Bush Program days	382
Home leaves	992
Unauthorized absences (AWOLs)	60



YOUTH IN PLACEMENT, PER ESTABLISHMENT

Youth Protection



The work carried out by the Youth Protection Department (YPD) is directly linked to the laws and provisions of the Youth Protection Act (YPA) and Youth Criminal Justice Act (YCJA). It aims to secure the safety and security of all children under 18 years of age in Eeyou Istchee, and to quickly and efficiently re-unite children with their biological parents or guardians. When this is not possible, various processes and services are in place to carry out recommended alternatives, with the primary principle always being to serve the best interest of the child.

The year 2010-2011 saw a slight increase in the number of reports of youth at risk received and those retained for follow-up intervention by the YPD. The regional average workload for YP/YO workers was 34 cases per worker.

Files Received and Retained

Years	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Reported	1141	1169	1121	965	951	1035	1137
Retained	933	1026	918	842	711	858	912

Of the 912 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.

In the Foster Care Program, the Policies and Procedures for the Foster Care Program and the Foster Parent Manual were completed this past year, and workers were trained on Family Group Conferencing in each of the communities. Currently, a number of other projects are being developed, including a Foster Home Workers training proposal in collaboration with Batshaw Youth and Family Centers in Montreal, and a set of protocols for handling child abuse and neglect, a workshop manual for foster home workers, a foster parent orientation handbook, an orientation package for Foster Home Workers, a recruiting strategy for foster care, and a public awareness campaign for foster care. The long-term plan is to have a certification training program for foster parents 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,

- to formalize referral procedures and access to specific services with Batshaw
- to develop policies and procedures for court-ordered Bush Placements
- to finish community tours
- to develop a standardized template for the writing of young offender pre-sentence reports.

We are updating Youth Protection File Management Software so that all manual forms related to Youth Protection will be computerized in a centralized database.

Special Needs Services

Special Needs Services (SNS) assists individuals who require assistance to meet their basic needs due to a long-term, chronic condition which affects their capacity to achieve their full potential intellectually, physically, cognitively and/or socio-emotionally. We use a family-centered, community-based, multi-disciplinary approach to help local CMCs and other agencies and resources to deliver services to clients with special needs.

In 2010-2011 SNS consisted of three full-time staff and a part-time consultant. We are no longer taking on individual cases without involving the communities. In this past year we were involved in fifty-three cases involving multi-disciplinary case management at the community level.

This past year SNS completed a study which will help us to identify individuals with special needs, to acquire a clear picture of the health and well-being of each of these individuals and determine specific needs, to document existing services and programs that address these needs, and to determine what additional services and programs may be required. Fifty-eight main recommendations were made following interpretation of the data. SNS is also piloting a Fetal Alcohol Spectrum Disorder (FASD) Project in Waskaganish, which will screen for special needs and increase community capacity to diagnose FASD.

In the past fiscal year SNS supported 20 individuals who are living outside of their communities due to the complexity of their needs. One individual was successfully reintegrated into her own community of Mistissini, thanks to the support provided by the multi-disciplinary team approach.

SNS has also developed a website (<http://www.creespecialneeds.com>) and created a “system directory” of individuals and resources offering relevant services. Presentations were made at local directors meetings, social service meetings, youth healing service meetings, and community tour presentations in all nine communities. A Cree Advisory Committee for Special Needs has been established to provide advice and direction for agencies and organizations involved in the delivery of services to this population.

During the summer of 2010, a summer student (who had extensive experience of working with youth with special needs) was contracted to work with one of our clients in a “regular” summer camp. This experience was extremely successful for all involved. We hope to integrate and support all youth with special needs in community-based summer camp programs in 2011.



Cree Patient Services (CPS)



The Director was on leave for the year and the Coordinator for Val d'Or and Montreal was on leave for the last quarter. These vacancies had an impact on service delivery and the ability of Cree Patient Services (CPS) to report on activities. Gloria Ann Cozier is the current Interim Director since March 2011.

CPS is implementing a software system to track travel arrangements, accommodations and appointments of its clients and escorts. During the year, staff were trained in the use of the new system, called Care 4.

Val d'Or lost the use of one boarding home and opened a new one. Val d'Or hospital discontinued nephrology services in 2009. The clients are now followed in Montreal. Val d'Or has had no permanent or visiting dermatologist since 2008. Caretaker Mr. Roby Tomatuk passed away, which was a great loss for the Val d'Or team.

CPS Chibougamau experienced acute staff shortages and high turnover, issues which are still unresolved in 2011.

In Montreal, the CHBSSJB Executive and Board of Directors endorsed a plan to develop a location to accommodate patients, escorts, and CPS administration in that city. In March 2011, the Interim Director began restructuring the administrative and clinical functions of CPS Montreal in order to improve the quality of service delivery.

Cree Patient Services admissions, April 1, 2010 to March 31, 2011

	Montreal	Val d'Or	Chibougamau	Total
Patients	2,988	5,145	7,299	15,432
Escorts	1,781	1,798	1,478	5,057
Total	4,769	6,943	8,777	20,489

Community Miyupimaatisiun Centres (CMCs)

CHISASIBI CMC

AWASH

Chisasibi continues to have a thriving birth rate, with 108 babies born during the past year: this represents approximately a third of the babies born in Eeyou Istchee and also creates challenges for service delivery. Consequently, the implementation of the Mashkûpimâtsî Program for strong and healthy children and the effective integration of services is a priority for the coming year. The Awash team currently offers the Well Baby Clinic, pre-natal care, and other programs, in addition to providing care for Chishaayiyuu clients.

USCHINIICHISUU

In the past year Uschiniichisuu has been able to extend its field of services to include clinical, nutritional and social initiatives. The Healthy School program, which placed a full-time nurse and social worker at the school, is one of its major accomplishments of 2010-2011. Since opening their files in January, the Uschiniichisuu community workers have been doing regular counseling with the community members; their Addictions Awareness week initiative was a great success, with radio shows featuring people sharing their experiences. The main difficulty facing the Uschiniichisuu team on a daily basis is the lack of office space: the three community workers all share the same working space, thus making it difficult to provide confidential counseling to their clients.

CHISHAAYIYUU

In the past year, the Cree Home and Community Care Program (CHCCP) implemented a Home Care Worker Services Care plan and is currently putting the Multi-Clientele Evaluation Tool into place. The program now has speech and language therapies that respect Cree cultural and linguistic realities. The Occupational and Physical Therapy department hosted a successful wheelchair clinic in Chisasibi, treating twenty-one clients; this department has also launched weekly multidisciplinary meetings to better organize services for hospitalized patients. The Social Services department is treating many clients suffering from persistent mental health issues, including many diagnoses of fetal alcohol spectrum disorder (FASD) and fetal alcohol effects (FAE).

Some challenges confront the Chishaayiyuu program, often involving staff training and workload. None of the Home Care Workers meet the provincial norms of training of 960 hours; similarly, Education and Rehabilitation monitors at the Multi Services Day Center also lack proper training. The Home Care Nurses in the CHCCP and the physiotherapist, who is based at the hospital, are experiencing significant workload increases. Additionally, in Social Services difficulties have arisen due to a lack of communication between service providers and resource allocators. Finally, there have been challenges coordinating the division of Community Health into Awash and Chishaayiyuu programs.

ADMINISTRATION

A major role of the administration is to ensure that managers follow their budgets, and this year the CMC was within its budget of \$6.3 million. However, the budgetary parameters defined for the Chisasibi Residential Resource Center and its services do not meet actual needs. While the Center and its services are budgeted at \$200,000, in reality it must spend \$500,000 annually. Furthermore, this building is still not insured by the CHB and is a liability. As the needs and requests coming from this service take about 25% of administrator's time, we recommend hiring a full-time Coordinator to handle this responsibility. At this time, measures are being taken to close this building and its services.



Staff also requires proper training for the Virtuo purchasing program, which becomes more critical as we continue to build the administrative team in 2011-2012 until it is complete and fully functioning.

EASTMAIN CMC

CURRENT/CHISHAAYIYUU

The Current Services Nursing staff remains the same as last year but has seen more patients this year than previous years. Medical Services decreased from last year due to fewer visits from the doctors.

A Homecare Nurse/Community Worker, added under Federal funding in October 2010, has begun to implement programs to increase the quality of our services to the elderly and to render them more efficient and effective.

A Dental Technician Assistant was hired in August 2010. However, since mid-December 2010 the Dental Department has been closed due to recommendations from the Public Health and Material Resources Departments. Since the end of December, dental clients have been sent to Wemindji, Chisasibi and Waskaganish for treatment.

The Multi-Service Day Centre currently has 18 clients; however, staffing numbers are the same as last year. Attempts to hire individuals to fill vacant positions proved unsuccessful.

AWASH/USCHINIICHISUU

Awash/Uschiniichisuu Services currently administers programs and services through the Social Services and Clinical Staff. To date the Awash/Uschiniichisuu team consists of an NNADAP worker, a Community Worker, and the Coordinator of Awash/Uschiniichisuu. Until all positions are filled, the Awash/Uschiniichisuu team will work closely with Current/Chishaayiyuu services. This past year has seen a focus on the provision of services to individuals with special needs. Awash/Uschiniichisuu team and Special Needs Services are collaborating in this area. The main challenge has been the lack of personnel to ensure the full implementation of services and programs. The recent addition of temporary office space provides us the opportunity to expand our services.

ADMINISTRATION

To date the Eastmain Administration team consists of the Coordinator of Administration and ten employees, with two more to be hired in the near future.

We have fourteen houses, with five being used as temporary transits (however, one requires major renovations). In the coming year we plan to add a fourplex to serve as temporary accommodation for visiting professionals.

A number of challenges face the administrative team. Currently the clinic has an antiquated telephone system, which is insufficient for current needs, and other facilities are in need of maintenance and repairs. Finally, important positions in Awash, Current Services and Administration must be filled.



MISTISSINI CMC

During the 2010-2011 fiscal year the Mistissini CMC concentrated on working towards implementing integrated services for its clientele and developing a plan for the move to the new clinic building.

The Coordinators of Chishaaiyuu, Awash, and Uschiniichisuu work closely with the Public Health Department of the CBHSSJB to ensure that its vision and mission are achieved. Partnerships with entities under the Cree Nation of Mistissini are helping the Mistissini CMC deal effectively with issues that affect the community as a whole.

CURRENT SERVICES

The Current Services team carried out a total of 23,128 interventions this past year. The Current Services clinic nurse treated clients on 21,186 occasions, and the doctor treated 553 clients. The CHRs dealt with 743 clients. Other relevant indicators include:

- Foot Care: 411
- Pediatrician: 167
- Psychiatrist: 68
- Ambulance transfers (urgent): 280
- Elective Transfers: 2,536

CHISHAAYIYUU

Chishaaiyuu Miyupimaatisiun reorganized its services in 2010-2011 and is still in the process of developing and integrating practices. One major change is that two nurses and two CHRs from the Community Health team have joined the Chishaaiyuu department. In addition, psycho-social services interventions have seen a major increase, with 1,125 interventions this year compared to 773 last year. The integration of psycho-social personnel into the age groups is in process.

The Multi-Service Day Centre (MSDC) continues to participate in community events such as the annual Wellness Week. As a result of such activities, MSDC participation has increased to 39 clients, accessing programs focusing on healthy and active living, recreation and leisure, community integration, physiotherapy, occupational therapy and nutritional counselling.

Home and Community Care Services provides services to an average of 67 clients per month, with 20 home visits and 60 hours of services per client.

AWASH

Mistissini had 84 new pregnancies this past year, with 68 newborns (including four sets of twins). Of these, 23 deliveries were high-risk. The total number of interventions in the Awash sector for this year is 5,008.

USCHINIICHISUU

The Uschiniichisuu Program has begun providing health and social services for clientele between 10 and 29 years old, raising awareness of healthy nutrition, physical activity, diabetes, STIs and other health issues. The most active element is NNADAP, which saw 566 interventions for 344 beneficiaries last year. The community worker performed 257 interventions. The school-based Youth Clinic is ongoing, offering services such as vaccinations (169 last year), STI screening, contraception and follow-up, and first aid, among others.





NEMASKA CMC

In summer 2010 Current services moved to the MSDC building and Awash/Uschiniichisuu and Chishaaiyuu moved to a temporary mobile facility. This temporary arrangement allowed us to better accommodate existing and new staff, and, as a result, we were able to hire most of the positions required to meet the CHB's Strategic Regional Plan.

The move from the old facilities and the demolition of the old clinic had an emotional impact for staff and community members alike, so a special memorial service was held on September 24, 2010, to invite the community to take part in the transition process. It was a successful and memorable event.

CHISHAAYYUU/CURRENT SERVICES

In the Current services program, physicians treated clientele 630 times, with another 308 meetings as a part of health care programs; nurses had 6,215 curative visits, and another 566 as a part of programs. Services were hampered by the lack of an optometrist or ophthalmologist, and so there are lengthy waiting lists of 67 and 12 patients respectively for these specialists. The psychiatrist visited three times, seeing 26 patients; the pediatrician also visited three times, treating 66 patients. The foot care nurse treated 121 patients over four visits.

The Chishaaiyuu community worker had 364 active files, 240 semi-active, and three out-of-town. In the Home Community Care Program, the nurse provided 498 hours of home visits and performed 168 hours of administration; the home care worker provided 79 hours of personal care and 2,252 hours of home making and management. The CHR performed a total of 822 visits: 728 within the clinic, 49 to people's homes and 45 in the school. The nutritionist worked with 79 clients over the year, including 51 out-patients, 6 home care clients, and 22 clients in the Canadian Prenatal Nutrition Program.

AWASH/USCHINIICHISUU SERVICES

The Awash/Uschiniichisuu program supported a number of preventive, aftercare and awareness programs, including sweat lodge sessions, a bullying campaign, AA meetings, music classes in schools, Sun Dance and Goose Dance activities, field work and other workshops.

In addition, Awash/Uschiniichisuu workers made school and home visits, offered counseling sessions, and referred clients to other services, including rehab services, when necessary.

AWASH/USCHINIICHISUU/SOCIAL SERVICES	
Referrals	161
Rehab Centers	39
Counseling Sessions	1,350
Aftercares	174
Suicide Attempt, threats, ideations	55
Home Visits	106
School Visits	85
Follow-ups	359

AWARENESS, AFTERCARE & PREVENTION	
Sweatlodge Sessions	36
School Music Classes	30
Field Work	150
AA Meetings	42
Sun Dance Participations	4
Goose Dance Participation	3
Bullying Campaign	4
Workshopss	4

Several areas need to be addressed in the coming year:

- We must enhance our MSDC services
- We must continue to meet and adapt to any challenges or changes as a result of the office relocation and transition
- We must ensure all professional, support, and replacement staff are given the necessary training to provide the best quality of services for the community
- We must undertake greater collaboration with other community services and groups.

As all Local Coordinators are now in place, we look forward to developing a cohesive team in the coming fiscal year and to implementing the Strategic Regional Plan.

OIJÉ-BOUGOUMOU CMC

CURRENT/CHISHAAYIYUU

We must hire six more people to fulfill our Strategic Regional Plan, but we are facing a shortage of office space and are negotiating with the band office to rent six more units to accommodate personnel.

The Community Health program provides nutrition education and diabetes prevention to primary and secondary students at Waapihtiwewan School, as well as at the child care centre and other venues, when requested. This past year the Current/Chishaayiyuu program experienced a high turnover of nursing staff, and have consequently turned to nursing agencies for replacements, costing us \$164,996. In addition, it will cost \$33,230 to replace the Current Services nurse and \$44,968 to replace the Awash Nurse. Long term replacements are projected to require \$86,797.

This past year the MSDC had eleven participants taking part in a range of activities, including sewing and knitting, art, group exercises, weekly food workshops and nature walks. Staff received training in non-violent conflict resolution and participated in a team-building workshop. We developed therapeutic programs and services to address challenges faced by individuals concerning intellectual, physical and social disability and loss of autonomy.



Oujé-Bougoumou Health Team Statistics

	Total
Nurse (curative)	4,200
Nurse (programs)	552
Awash nurse	56
CHR	182
Labs	814
Refills	2,293
Doctor	615
Psychologist	125
Paediatrician	72
Psychiatrist	19
Flu shots	247
Foot Care	48
Medical evacuations	833
Births	23
Deaths	5

AWASH & USCHINIICHISUU PROGRAM

A total of 931 clients were seen under the Awash Program, which currently has four full-time employees in addition to the program Coordinator. Six more employees must be hired before the full team is in place. The School Nurse and Social Worker positions, both playing essential roles in service provision, have yet to be filled. The Board of Directors has been asked to approve a new facility (a trailer) to accommodate all workers in one location.

The Awash Team is currently facing challenges as it attempts to integrate services with Current Services, in part because the entire Awash team is not yet in place and thus integration is increasing the workload carried by the small team that we do have. The À Mashkûpimâtsît Awâsh program still hasn't begun due to a shortage of office space and a lack of personnel.

The National Native Alcohol Drugs Awareness Program (NNADAP) case worker provided counselling for 274 clients. The case worker also collaborates with the Community Worker, and received support in holistic healing from visiting Aboriginal Therapist Denis Wendigo. Inner child Workshops are held twice a year and are open to community members. The members who attend these support groups have already completed a five-day workshop.

There has been a high turnover in CMC community workers this past year; we have had two postings and the new worker has been with us since March 2011.

While there have been some notable improvements in the Oujé-Bougoumou CMC, some areas still need to be addressed. The integration of services will be especially challenging in our social services; our community workers and social workers must be in place in order to assist our clients effectively. We need to recruit a school social worker, a school nurse and an Awash team case manager in order to continue integrating services effectively.

WASKAGANISH CMC

CURRENT AND CHISHAAYIYUU SERVICES

The medical and support staff has stabilized somewhat in 2010-2011, with the exception that the Head of Current and Chishaayiyuu Services resigned in October. Waskaganish has been chosen to implement a pilot project called Bonjour-Santé, a web-based appointment system, which has resulted in some noticeable improvements, notably in reducing the number of no-shows.

The extension of the Community Miyupimaatisiun Centre began in 2010, so we transferred the Youth Protection staff along with CLSC workers to the former Waskaganish First Nation Administration building; nine offices were rented until we move back in the new extension in 2012-2013. The staff and the medical team have been fully involved in developing the future transition plan of the CMC extension.

MSDC has seen an improvement in the recruitment of personnel, an improvement of the participants in their daily activities and an increase of participants, especially among the elderly population.

One problem confronting us is that we do not offer all of the services needed by the population, while the needs of the population are constantly increasing. We are challenged to provide all the necessary specialities, and an inability to do so will have inevitable health consequences for the population. We also face difficulties regarding supplies for the clinic, as they are frequently delayed and we have no control over shipping.

To increase the number of replacements visiting Waskaganish and to ensure their well being, we need to provide proper access to each transit; additionally, some replacement staff members have requested independent living residences.

Finally, attempts since October 2010 to recruit a Head of Current and Chishaayiyuu Services have not yielded a candidate, which increases the workload for other CMC staff members.

Statistical Information pertaining to the clientele workload for departments and services:

	Total
Nurse	14,013 clients
Doctors	2,252
CHR's	1,050
Eye doctors	121
Ear nose and throat	65
Rehab clinic / HCCP	661
Psychiatrist	0
Nutritionist	103
Pediatrician	139
Foot Care	291
NNADAP	44
MSDC	10
CLSC	142
HCCP	31
Patient transfers (elective)	1,252
Patient transfers (emergency)	263



AWASH/USCHINIICHISUU SERVICES

2010-2011 saw the Awash/Uschiniichisuu program hire two new Community Health Representatives and one full-time Community worker; we are sharing one part-time Community worker with the Current/ Chishaaiyuu Services; one shared Community Organizer later resigned. Our team has supported the existing Chiikayeh Iyaakwaamiih (healthy relationships) program, Paahpihkwei (oral health) program, and Maternal Child and Health Program. More importantly, we have been working with community partners to develop strategies for improving the wellbeing of children and families. We are looking forward to having more employees in our team in 2011-12.

The Strategic Regional Plan is now in its final stages, and we are almost at our full complement of personnel, with the exception of a School Nurse, a School Social worker and four CHRs. While overall community services have improved, some barriers remain: we are in the process of developing some programs and more office spaces are still required.

Throughout the year our workers have been able to provide crisis intervention services, but they cannot implement prevention programs because of limited time and a lack of human resources. Our prevention programming is slowly progressing, as the CHRs have launched the bi-weekly Radio Health broadcast.

ADMINISTRATION

This past year the Administrative Unit filled all vacant positions and is now fully staffed. Summer Employment and Career Enrichment programs yielded several new replacements for our recall list. Finally, new office space was acquired for the transitional phase for the upcoming expansion of the clinic.

However, we still face a lack of storage space, we require an adopted policy for an adaptive transportation vehicle, and Virtuo General Ledger training must still be provided to a number of personnel.

WASWANAPI CMC

The Waswanipi CMC's mission for the past year has been to continue to provide quality services and programs for the people of Waswanipi. Fifteen local projects were realized in Waswanipi, often in collaboration with the Waswanipi First Nation administration. Projects included those focusing on healing with traditional medicine, suicide prevention, nutrition and community building.

The extension and renovation of the main building, which began in the past year, poses a challenge for all employees working around this site, especially as a significant percentage of the staff is still in transitional phases because of this construction. All are eagerly anticipating the completion of the new clinic in early 2012. In collaboration with representatives of the Waswanipi First Nation, Richard St-Jean, Assistant to the Executive Director, worked on a feasibility study for the Waswanipi Elders Residence. The document is complete and the parties are now working on an agreement between the CBHSSJB and the Band concerning this project.

CHISHAAYYUU MIYUPIMAATISIIUN & CURRENT SERVICES

Chishaaiyuu Miyupimaatisiun & Current Services have focused on observing and implementing changes to integrate services. As there are many new staff members, including a new manager, orientation and training are critical. Chishaaiyuu files have been moved to one nurse, and a system is being developed to support the delivery of services. There remains a high turnover among nurses. Efforts have been made to have nurses, CHRs, community workers, social workers and the HRO work more collaboratively, but more training is needed.



In collaboration with representatives of the Waswanipi First Nation, a Functional and Technical Program document has been developed for the Waswanipi Elders Residence; the next stage is an agreement between the CBHSSJB and Waswanipi First Nation, which should be finalized for year 2011-2012.

The MSDC continues to improve its services and programs by holding regular team meetings and working with the participants to reflect Waswanipi's cultural values. A regular newsletter is being produced and distributed in Waswanipi to inform people of the MSDC's activities, programs and services (which include a growing emphasis on programs for people with special needs).

The Homecare Program has 23 active clients, with a significant number of elders passing away in the last year. The homecare nurse left in February 2011, and a Current Services nurse is temporary filling this role until a new homecare nurse is hired. The physiotherapist officially left in June 2010 and has yet to be replaced.

The nutritionist, who only arrived in Waswanipi in late January 2011, had 20 clients referred in February and 25 in March.

Waswanipi's six haemodialysis clients are transported to the Chibougamau hospital every Monday, Wednesday and Friday for haemodialysis.

Unfortunately, the lack of health professionals has a major impact on service delivery; we must recruit professionals to support front-line staff. Previously, professionals have provided valuable training for staff on issues such as self-care, Alzheimer's disease and vision impairment.

AWASH USCHINIICHISUU MIYUPIMAATISIIUN

The Coordinator of Awash Uschiniichisuu, previously based in a temporary office at the MSDC, moved into the main clinic in December 2010. Four workers have been hired, with eight more to be recruited.

Community Health (Current Services) continued to provide pre-natal and Well Baby clinics, and transition plans are being developed to implement integrated services. One major effort has been to get the entire staff to work more closely together, and to this end Current and Chishaayiyuu personnel have been drawn upon to help improve services and programs.

Primary prevention activities include (among others) Breastfeeding Week, National Addictions Awareness Week, Diabetes and Awareness workshops, and a Suicide Prevention Workshop. Frontline workers also took part in 13 training courses and conferences. The School Social Worker served 255 clients and made 339 interventions. Seven Youth Outreach Workers were hired to work closely with Social services and to assist in providing services for youth. NNADAP served 154 clients, made 288 interventions, and referred eight clients to treatment centers. The two Awash and Uschiniichisuu community workers share a caseload of 75 cases.

ADMINISTRATION

A consultant was hired this past year to improve the efficiency of the archives using computerization, with a second phase is planned for this year. New office management systems like Virtuo are helping us to manage better our systems, and basic computer training on Lotus, Office and Excel was provided for 19 employees.

All our housing and transits have been inventoried to 80%, and new equipment and furniture have been installed. Our housing is occupied at 54%, with transits occupied at 44%.

At the beginning of the year we had 28 vacant positions; since then three have been filled. Recruitment remains a challenge.

WEMINDJI CMC



Wemindji's Willie Matches Memorial CMC experienced many challenges in the past year, especially in the area of leadership, as we underwent several changes within senior management positions. However, we look forward to a more stable period, greater staff solidarity, and improved focus on long-term organizational goals and mandates with the hiring of a new Local Director, expected to take place shortly. Overall we have experienced substantial growth, with staff positions at close to full implementation phase.

CURRENT/CHISHAYIYUU

We continue to search for a human resources officer for the MSDC program, an Occupational Therapist who will be shared with Eastmain, and a mixture of other support staff within the administrative sector. In addition, over the course of the year the MSDC experienced several closures due to foul smells from the drains or the grease pit, despite attempts to clean these areas. Material Resources in Chisasibi is looking into options to address the situation.

Current/Chishaiyuu Services

	Beneficiaries	Nurse		CHR			Transport		Specialists	
		Curative	Program	Clinic	Home	School	Urgent	Elective	Footcare	Pediatrician
		11,962	289	276	27	1				
Totals	605	12,251		304			30	699	129	76

The physiotherapy program had 234 patient visits, including 89 new patients. The physiotherapist also made 105 visits to participants in the MSDC program, and another 67 to those of the Home Community Care Program. The nutritionist saw 92 patients in the Chishaaiyuu program.

AWASH/USCHINIICHISUU

The nurse and CHR in the Awash and Uschiniichisuu program had 1793 client visits over the past year, including 256 home visits, 1533 clinic visits (this latter also including those for the Well-Baby program), and four other consultations. Oral health treatment was provided for 153 clients, including 81 new patients, and the physiotherapist made 189 visits to Awash and Uschiniichisuu clients. The nutritionist met with 60 clients.

Two permanent community worker positions and a school social worker position have yet to be filled in Awash/Uschiniichisuu.

ADMINISTRATION

Recent efforts to create a more cohesive work environment focused on a two-day teambuilding session. Staff members strongly recommended that we continue with bi-annual workshops that center on bringing the whole team together. A permanent Activity Team Leader (ATL) was hired before the end of the fiscal year and started work in late May to oversee program functioning and delivery of our MSDC services. We also plan to hire three full time Status 2 nurses (two for Current/Chishaaiyuu and one for Awash/Uschiniichisuu programs).

As we are relatively new in terms of service delivery, some of our programs and services are experiencing gaps in the reporting process.

WHAPMAGOOSTUI CMC

The number of clients and patients seen by the medical, dental and social services at Whapmagoostui CMC has increased over the past five years.

The medical and nursing staff in **Community Health Services** evaluates clients, provides medical care and cooperates in the administration of preventive, diagnostic and therapeutic care. In some cases, patients were referred to other specialized establishments for further medical evaluation. Last year the clinic had over 12,000 visits. Local CHRs were also active in supporting clients at the clinic as well as in school and individual visits.

Statistical data April 2010 – March 2011

Clinic	Curative	Program	Doctor	Psychiatrist	Pediatrician	Ear Nose Throat	X-ray	Transfers
12,099	11,666	961	539	19	21	49	290	248



Community Health Representative (CHR)

Statistical data April 2010 – March 2011

Clinic	School	Groups	Individual visits	Follow-up	Curative	Program
507	84	5	507	433	4	516

This past year the dental services building was renovated to accommodate more working stations, improving the quality of services. The dental program served 134 clients last year.

The **Home and Community Care Program** services promote, restore and maximize the levels of independence of physically and cognitively challenged individuals by supporting and augmenting the care provided by family members. They are not meant to displace family members as the natural caregivers. This past year the program served 22 clients, and totaled 9,679 hours of homecare services.

The **Multi-Service Day Center**, which takes an integrated approach to supporting and maintaining people in their communities, enabled numerous clients to remain connected to cultural activities related to the Cree way of life. Participation rates were high, with 222 clients in February and most months seeing over 100 clients. Individuals with physical or mental disabilities are also welcome to participate in MSDC activities.

The most significant health challenge we encounter within the community is alcohol and drug abuse. The NNADP worker is responsible for supporting clients who require assistance for alcohol, drug and/or substance abuse, identifying resources providing counseling, carrying out interventions with individuals in crisis, and performing follow-ups. The NNADP worker participated in a number of training sessions over the past year.

The **Social Services** community worker offers individual, family and marital counseling where needed, and works with the medical community in cases where illnesses have created or aggravated a client's social issues. The community worker had 126 active files at the end of the 2010-2011 year.

At a Local Annual General Assembly held in August 2010, concerns were expressed over the high cost of medical evacuations and the impact this cost has on the community.



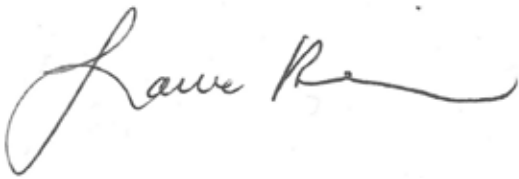
5 Pimuchteheu Department

Message from the Assistant Executive Director

I am pleased to present the 2010-2011 annual report of Pimuchteheu. This report will mark my first as Assistant Executive Director. I replaced Paula Rickard in August 2010 and formally accepted the position on January 24, 2011.

In July 2008, the CBHSSJB mandated a new organizational structure to support our work. The implementation of this change continues through the research and development of programs and services aimed at improving services to achieve optimum health and well-being for the people of Eeyou Istchee. This chapter describes the work undertaken this past year in this regard.

While there continues to be much work to be done to ensure that services to the population are developed and delivered, our staff members need to be commended for their accomplishments based on available resources.



Laura Bearskin
Pimuchteheu Assistant Executive Director



Professional Services and Quality Assurance

NURSING



Hélène Nadeau resigned in May, 2010 and was replaced in February 2011 by Eric Naud, currently Interim DPSQA Nursing. One nurse counsellor position is still vacant. The Executive Committee of the Council of Nurses currently has one active member and three vacancies.

In Eeyou Istchee, where there are fewer doctors, nurses take on an enlarged role compared to other parts of Quebec. Nine new nurses were trained for the enlarged role this year. Future training for the enlarged role will continue to be assessed to best meet the needs of the Cree Health Board. The annual 2-week nurses' training was coordinated by Louise Carrier, Coordinator of Current and Ambulatory Services.

Since the Cegep St. Félicien in Chibougamau joined the RUIS McGill last year, sixteen third year Cree nursing students attending the Cegep have had the opportunity to participate in clinical learning internships with hospitals in Montreal. A second cohort of Cree nursing students began on October 4, 2010, which is going well. A training plan was developed with

McGill University Health Centre for three Cree nurses, and a similar training plan along with a budget needs to be worked out for the St. Félicien students, to ensure our new nurses have the necessary skills and knowledge to provide quality care in Eeyou Istchee.

Educational videoconferences are held bi-weekly through a partnership with the Native and Northern Program at Montreal Children's Hospital, part of RUIS McGill. The videoconferences continue to receive positive feedback.

The Therapeutic Guide still needs revision to meet the standards outlined in Law 90. The document is being reviewed by the Council of Physicians, Dentists and Pharmacists.

PSYCHOSOCIAL

On March 7, 2011 Maria McLeod replaced Laura Bearskin as Interim DPSQA Psychosocial (Laura Bearskin is the new AED for Pimuhtheu). The Board of Directors approved the Foster Care Placement Policy by resolution #01/157/10 at their December 14 to 16, 2010 meeting. The Social Services Committee met once, May 25 to 27, 2010 in Gatineau.

MEDICAL

Information was not available at the time of publication. – Editor

ALLIED

Next year will see the creation of DPSQA for Allied Health.

Public Health Department

Public health is about prevention. Like the rest of the health care system, Public health carries out diagnosis and treatment, but this is done at the population or community level, not at the individual level. Surveillance and research enable us to understand the diseases and social problems which make people suffer and cause people, in some cases, to die prematurely. Then we look for the causes of these problems and put in place effective and proven interventions, developed in contexts as similar as possible to ours. We intervene through services like vaccination, preventive dental care or family services like the Mashkûpimâtsît Awâsh Program, through the schools, as in the Chii kayeh iyaakwaamiih Program, or within the communities, as in the Maamuu Nakaahetaau project. Public health also supports health services, especially for chronic diseases such as diabetes. For example, the Chishaayiyuu Miyupimaatisiun Integrated Program aims to make sure that patients with diabetes are being cared for in the most effective way to prevent complications. Finally, public health measures what is going on and evaluates interventions to make sure we are making progress.

Diabetes is a very important health problem in our region, something which is closely related to the transition from the traditional to the modern day life. As we showed at the General Assembly last August in Nemaska, slightly over 21% of the adult population of Eeyou Istchee, rising to 25% in the inland communities, is living with diabetes. We see the complications of this disease like hypertension, heart, renal and eye diseases affecting more and more people and putting our health services under stress. Of course treatment is being offered and more services will be needed, but science and our own experience tell us that diabetes can be prevented. What can we do about it? Maamuu Nakaahetaau is a project to work with the Cree communities to come to grips with diabetes and its causes. Please, participate as the Public Health Department will meet with you in your Community to listen to your ideas. Help us all work together to build healthier communities.

In addition to the physical health problems, many social problems are affecting individuals, families and communities. In this field, the solutions are even less obvious. Therefore, to help us look for the causes as well as for the solutions, we will be working even more closely with the Elders, and other community members and groups, to find ways to decrease suffering and improve well-being.

Over the next year, we will start working on what is called the Public Health Action Plan for Eeyou Istchee. We would like it to be the Cree way toward prevention.



A handwritten signature in black ink, which appears to read "Richard Lessard". The signature is fluid and cursive.

Richard Lessard, MD
Interim Director of Public Health

Awash Children 0-9



The Awash team is responsible for supporting children 0-9 years of age and their families. This year's biggest challenge was the high turnover within the team. Of nine full-time positions, one and a half remained unstaffed, two were on extended leave, and two out of three medical advisors were on leave for periods of several months. Despite these challenges, the Awash team continued to implement its operational plans.

GENETIC DISEASE EDUCATION AND SCREENING

This program seeks to increase awareness about two genetic diseases, Cree leukoencephalopathy (CLE) and Cree encephalitis (CE) and offers counselling and screening to people of childbearing age. 114 people sought counselling and screening. Links have been established with the Sainte-Justine Hospital so that service is available even when the counsellor is absent. A school-based program for students over 14 is in place in all communities, and was expanded this year to include Cree students in Chibougamau. All told, 354 students took the training this year.

Much effort was devoted to ensuring that health professionals in the region know about the genetic counselling service and can inform their clients. For example, genetic diseases have been included on the "Prenatal checklists" routinely used in the clinics.

Ongoing liaison has helped to foster links between the Eeyou Aawash Foundation and other groups that are involved with research on rare genetic diseases. With the support of the Cree Health Board, Dr. Anne-Marie Laberge of Sainte-Justine Hospital has submitted a proposal to the Canadian Institutes of Health Research seeking funding to evaluate the program.

PRENATAL NUTRITION

This year, the Awash team gave advanced training on paediatric nutrition to CHRs and community nutritionists. Also, work began in order to update the nutrition content of the Maternal and Child Health Program. Awash provided funding for community workshops and activities, and supplied promotional items such as breastfeeding T-shirts, baby carriers, and blenders for preparing baby foods. The team produced a calendar to promote the benefits of breastfeeding. Communities were given funding and advice to allow them to provide emergency food for mothers and families in crisis.

BREASTFEEDING

Implementation of the Baby-Friendly Initiative is the main priority of the breastfeeding support program. The team worked to ensure that members of the Â Mashkûpimâtsît Awash Integrated Services Teams in Mistissini, Oujé-Bougoumou, and Wemindji had the tools to assist mothers and babies. Now that these workers have all completed their basic 18-hour training on breastfeeding, the program developed a newsletter, telephone hotline, blog and other tools to provide ongoing support. For mothers, breastfeeding support groups are up and running

in Mistissini, Oujé-Bougoumou and Wemindji. A Blog (<http://creebreastfeeding.com>) exists to address many issues faced by breastfeeding women. Breastfeeding Week was celebrated with the popular open-line radio show, which attracted even more listeners and participants than last year.

Â MASHKÛPIMÂTSÎT AWÂSH (AMA)

AMA provides family-centred and culturally-competent services that involve home visits and Cree community health workers working in an interdisciplinary team. The CBHSSJB and the Cree Regional Authority have signed agreements to share responsibility for services and funding in this area. Mistissini is the pilot site for implementation of the program. This year, the pace of implementation had to be slowed to address some of the challenges identified in the previous year. The groundwork to introduce AMA in Wemindji and Oujé-Bougoumou was initiated. Two Health Canada initiatives (the Maternal and Child Health Program and the Aboriginal Health Transition Fund) provided funds to develop partnerships and to hire trainers, coaches, and clinicians.

DENTAL PREVENTIVE SERVICES

These 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, CHRs, and a Public Health Dental Officer.

PREVENTION PROGRAMS FOR CHILDREN

In the past year, the dental program dramatically increased its preventive activities in schools and daycare centres. The top priority was to continue the School-Based Dental Sealant Program for children age 6–7 in Chisasibi and Mistissini. A School-based Dental Follow-up Program was also provided for children age 4–8 in Chisasibi, Whapmagoostui, Wemindji, Waskaganish, and Mistissini. Finally, hygienists supported daily tooth-brushing sessions in daycare centres and schools, helping educators take charge of this routine. To support these school-based activities, the program developed a new referral system, and the CHRs and hygienists worked together on activities such as radio broadcasts to reach parents and the public. In some communities, hygienists also provided counselling and fluoride applications in the context of the Maternal and Child Health Program.

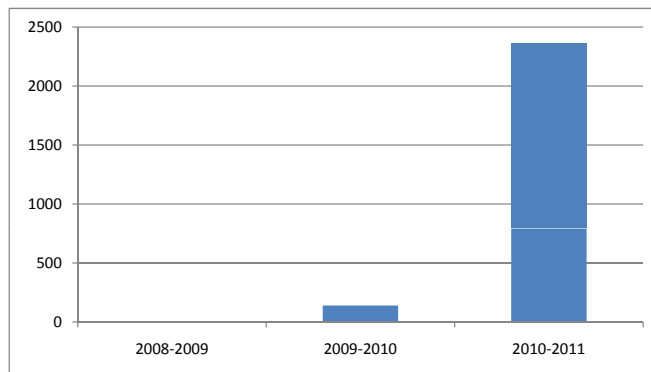
All told, program staff saw 1906 children in the schools, and a further 462 as part of the Maternal and Child Health program.

COMMUNITY-BASED ORAL HEALTH ACTIVITIES

Public Health staff provided educational materials and worked with nutritionists, the Maternal and Child Health program, and the CHRs to ensure that dental hygiene and good nutrition were promoted as part of various programs. (An example is the “Drop the Pop” campaign carried out in collaboration with nutritionists during Oral Health and Nutrition Month.)

MONITORING PROGRAM DIRECTION

This year, the program conducted a brief survey of people’s expectations for the dental services. More broadly, the program needs to develop useful evaluation tools, and to periodically monitor dental health outcomes; the last dental health survey was in 2001.



NUMBER OF VISITS – MATERNAL AND CHILD HEALTH, AND SCHOOL-BASED DENTAL HYGIENE PREVENTION ACTIVITIES.

To expand, the program will require both more staff and portable dental equipment. The biggest challenge is to recruit enough trained people, and to get the existing dental hygienists more deeply involved in Community Health activities.

OBJECTIVES FOR 2011-2012

Plans for the upcoming year include

- Training hygienists on the Oral Health Action Plan, and continuing to offer training in dental hygiene as part of the CHRs' training program
- Maintaining the school-based programs, and integrating dental activities into the Maternal and Child Health programs offered in the Awash clinics wherever possible
- Updating educational material, especially the reference documents for the Maternal and Child Health program
- Promoting best practices in dental prevention among all health care staff (dental and non-dental)
- Raising leadership awareness of the benefits of fluoridated drinking water
- Analyzing the survey of public expectations of the dental services
- Working with Human Resources Management to recruit more hygienists for the territory.

INFECTIOUS DISEASES

The Infectious Diseases Control Program monitors infectious diseases in the territory, organizes action to deal with outbreaks, and reports on the situation to authorities in the CBHSSJB and the MSSS. The program is coordinated by a Medical Advisor working part-time. The Public Health Department maintained (or participated in) several systems to monitor infectious diseases, including: the provincial *Maladies à déclaration obligatoire* (MADO) and *Éclosion* registries; the International Circumpolar Surveillance system for invasive bacterial infections; ESPRI (a system to report adverse reactions after vaccinations); and clinical surveillance for influenza-like illness. The Medical Advisor reviewed data on a mumps outbreak that began in 2009 and ended in 2010, and shared the findings with the Public Health Department and the Ministry of Health. The region continues to follow Quebec guidelines for vaccination against mumps. The Medical Advisor completed a report on notifiable infections in the region from 1990 to 2009.

The Public Health Department responded to declarations of reportable conditions, including two cases of active tuberculosis in 2010. The Medical Advisor organized a call system so that public health physicians are available to respond to rare, but urgent, requests outside of regular working hours. The Medical Advisor provided reference material about the management of infectious diseases and vaccination for the Creehealth.org website, and supported other public health employees working on infectious disease issues. He also organized meetings of the Clinical Department, and linked with management in Public Health and with counterparts in the provincial system.

The vaccination program faced staffing transitions and focused mainly on influenza vaccination as a priority. 4,496 persons received a flu shot, comparable to vaccination levels in other non-pandemic years.

The main goal for 2011-2012 will be to maintain the current surveillance systems for reportable diseases and develop a surge (mobilization) capacity to deal with outbreaks. Also, clinical reference material will be updated and made available electronically, with particular attention paid to rabies and tuberculosis.

PROMOTION OF HEALTHY SEXUALITY AND PREVENTION OF SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS

This program focuses on promoting healthy sexual behaviour, and preventing the spread of sexually transmitted and blood-borne infections. During the year, 4 youth-oriented workshops were held on sexually transmitted infections (STIs) and HIV/AIDS. The program also provided a two-day training on STIs for 48 nurses working with the CBHSSJB. The program's Medical Advisor continued to provide information and advice as needed to health personnel to carry out investigations of specific cases, and to coordinate with relevant organizations.

INFECTION PREVENTION AND CONTROL

This program's objective is to prevent and control the spread of infections in Chisasibi Hospital. In 2010-2011, a multidisciplinary Infection, Prevention and Control committee was created. Hospital employees, nurses and physicians were trained on infection-control measures and additional precautions. Various tools were developed in response to staff requests, such as information sheets on scabies and Respiratory Syncytial Virus (RSV).

A series of measures made it easier to prevent or control infections, including:

- Installing containers for biomedical waste in the clinic and medical department;
- Buying and installing protective gear for isolation rooms;
- Equipping the lab to test for influenza, RSV, and Clostridium difficile viruses. Previously, these samples had to be sent to Montreal with a wait time of up to two weeks; now, results are available within 45 minutes;
- Making adjustments to the negative pressure room and the sterilization process.
- Revising the protocol on Methicillin-resistant Staphylococcus Aureus (MRSA) to reflect the latest guidelines, and implementing a system for surveillance of MRSA within the hospital.

A patient with active TB was not properly isolated, leading to concerns about TB contamination within the hospital. A complete investigation followed with a written report to the authorities concerned.

Plans for the upcoming year include completing and implementing the protocols for control of MRSA and Vancomycin-resistant enterococcus (VRE).

Uschiniichisuu Youth 10-29

The Uschiniichisuu Program, which focuses on the health and well-being of youth, was without a regular AED since the fall of 2008 and lost many of its full-time staff over the last few years. In October of 2010 Taria Matoush became Assistant Director of Uschiniichisuu. Rebuilding the team continues to be a priority in order to effectively and efficiently respond to our Public Health responsibilities towards the Cree youth. Another major priority is to create a formal partnership with the Cree School Board.

CHII KAYEH IYAAKWAAMIH

Chii kayeh is a Cree program to educate youth about relationships and sexual health. The program is offered in secondary 3 and 4 in seven communities: Waswanipi, Oujé-Bougoumou, Nemaska, Waskaganish, Eastmain, Wemindji and Chisasibi. An information session was given to new teachers in four communities. A training session on the program was given to the CBHSSJB local Uschiniichisuu teams in Chisasibi and Waswanipi.





DEPENDENCIES

The newly hired program officer created a Cree Regional Working Group on Dependencies. Through this partnership she identified the goals and objectives for the Uschiniichisuu dependencies prevention programming as follows:

- Foster/Support a successful transition to a healthy Cree lifestyle, with a primary focus on youth and young parents
- Delay the age of first use of addictive substances for all Cree.

Chishaaiyuu Adults 30+

CHISHAAYIYUU MIYUPIMAATISHIUN INTEGRATED PROGRAM

The Chishaaiyuu Team continued work on the Chishaaiyuu Miyupimaatishiun Integrated Program (CMIP). The team organized monthly conference-calls with the Heads of Chishaaiyuu and local directors to further the development of the program. Tools and material developed by our team, in collaboration with local health workers, were shared with Heads and directors.

NUTRITION

PROMOTING HEALTHY EATING

At the request of Youth Healing Services, the Public Health Department and community nutritionists ran nutrition education activities for over 250 children over a 6 week period in the communities of Waswanipi, Oujé-Bougoumou, Waskaganish, Wemindji, Nemaska and Whapmagoostui. The activities will be repeated in 2011. The theme of Nutrition Month (March) was “Cooking together is a recipe for fun.” Drop the Pop Challenge took place in the different schools of the region, led by community nutritionists and coordinated by Public Health. Placemats explaining the “Plate Method” of healthy eating were distributed to restaurants in every community.

FOOD SAFETY AND HYGIENE

The nutrition team within Public Health is developing a nutrition policy to cover food service in all CBHSSJB establishments and activities. The Public Health Department now offers food handlers the official provincial food safety and hygiene certification. Certifications will begin in June 2011 in Wemindji. The authorization to serve bush meats at the Chisasibi Hospital was extended for another 3 years. Public Health responded to a request of the Wemindji Band to help improve food services for 6 local businesses.

NUTRITION IN CHILD CARE CENTRES

All sixteen childcare centers were visited in 2010. Menus were updated, on-site coaching and recommendations were given and follow-ups were done for all points addressed in the needs assessment reports of 2009. The Regional Childcare Centre Nutrition Policy was adopted for implementation by the Cree Regional Authority in November, 2010. All 9 communities are now using the visual food ordering tool developed by Public Health in 2009.

DIABETES PREVENTION AND CARE

MAAMUU NAKAAHEHTAAU

This year marked the emergence of a major new initiative: Maamuu Nakaahehtaa (working together to prevent diabetes). The goal of Maamuu Nakaahehtaa is to

support a community-driven and partnership-based approach to diabetes prevention. Working with the Band Councils of interested communities, the Maamuu team within Public Health will lead a process of consultations, reflection, networking and planning to help build healthier communities in a way that reflects each community's history, culture and values. A resolution in support of the initiative was passed by the Grand Council in August 2010. The Maamuu process is now active in Eastmain and Whapmagoostui. November's Diabetes Awareness Month activities were connected with the launch of the Maamuu campaign. The Nation did a 2-page story about diabetes in Eeyou Istchee. Both JBCCS and CBC North broadcast special radio programming on diabetes.

HEAL – HEALTHY ENVIRONMENT, ACTIVE LIVING

With funding from Health Canada, the Public Health Department provides small grants to support regional and local initiatives in areas relevant to diabetes primary prevention. In 2010-2011, the communities received a total amount of \$65,000 in grants.

SUPPORT FOR HEALTHCARE WORKERS

Diabetes is a complex disease, and diabetes educators working in Public Health provide essential support to all CBHSSJB healthcare workers in caring for patients with diabetes. Through the telephone helpline they provide an average of 13 interventions per week. This year the educators trained nurses and CHRs in diabetes care, and visited community CMCs to reinforce the training and support healthcare teams and patients. The educators updated the protocol for gestational diabetes and helped with the implementation of the protocol in the clinical setting. A further support to healthcare workers is the Cree Diabetes Network, a regional network of 76 people involved with diabetes awareness, prevention and care from across Eeyou Istchee. In 2010-2011, Public Health hosted over 40 network teleconferences.

PHYSICAL ACTIVITY

Various events throughout the year promote physical activity, particularly among youth. They include: Walk to Work and Walk to School Day, Physical Activity Day, Diabetes Awareness Month, Mistissini Family Challenge, Summer/Winter Active (with Kino Quebec).

SMOKING CESSATION

CHR's were trained in approaches to helping clients to help quit smoking. Anti-smoking promotional activities took place during National Smoke Free Week and National Addictions Awareness Week.

BREAST CANCER SCREENING

In 2010-2011, the MSSS upgraded the equipment of its Mobile Breast Cancer Screening Unit, known as the Clara Bus. This process took the bus out of circulation for the whole year. Breast cancer screening will resume in late 2011.



ENVIRONMENTAL HEALTH

The Chishaayiyuu team's Environmental Health group works in several areas: contaminants (for example, mercury and lead); drinking water safety; moulds in buildings and indoor air quality issues; injury control, and health in the workplace.

CONTAMINANTS

Results of mercury and lead monitoring in the Cree population for 2006-2009 showed that half of all pregnant women in the region were tested for mercury and lead. Less than 2% of these women had abnormal results according to the thresholds we have been using for the past 5 years, but a recent publication suggests the threshold should be lowered. We plan to continue the testing and to consult with expert groups about safe levels of mercury in pregnant women.

The Niskamoon Health and Fisheries committee asked Public Health to assess the mercury levels of volunteers at the Cree Trappers Association's general assembly in August 2010 in Waswanipi. Thirteen people were tested. Results should be available during the summer of 2011.

NITUUCHISCHAAIYIHTITAAU ASCHII

The main goal of this study was to assess seven out of nine Cree communities in terms of contaminants levels and health indicators such as nutrition, physical activity, diabetes, obesity, etc. Whapmagoostui and Waswanipi were the last two communities visited in the summer of 2009 and in the fall of 2010, participants received their individual results by mail. The community results presentations have been postponed until the summer of 2011. The Eastmain and Wemindji technical report is completed and will be printed and distributed electronically.

The 2010-2011 budget was presented to Niskamoon in May and December 2010. From this budget, two complementary studies were accepted: assessment of vitamin D blood levels in wintertime in Mistissini and Chisasibi, and re-assessment of *trans* fatty acid blood levels in youth in Mistissini.

HEALTH IMPACTS OF EASTMAIN 1A-RUPERT RIVER DIVERSION

A Joint CHB-HQ-SEBJ Committee on Cree health was set up in 2008 to follow the implementation of conditions related to health in the Quebec Environment Ministry's Certificate of Authorization for the Rupert River diversion project (issued in November 2006). The authorization for this project required Hydro to collaborate with the CHB in a number of areas. Members of the Joint Committee representing the CHB are James Bobbish, Dr. Elizabeth Robinson and Jill Torrie. Several meetings of the committee and sub-committees were held. We collaborated with Hydro Quebec on a study on the effectiveness and acceptability of various communication tools related to mercury in fish; a final report was produced. Also, after some concessions on both sides, a plan for the follow-up of Cree health was agreed upon and submitted to the Quebec environment ministry (MDDEP), as required in the Certificate of Authorization. An initial document regarding the follow-up of Cree health and its determinants was produced. In summer 2010, the Public Health Department communicated the new mercury levels at EM-1A and Opinaca reservoirs (pamphlets sent to each clinic in Eeyou Istchee and an advertisement and article was published in *The Nation* and broadcast on the radio).



HEALTH IMPACTS OF MINING PROJECTS

Strateco-Matoush advanced uranium exploration: A presentation of the CHB's position was made at a public hearing for this project in Mistissini in November 2010.

Stornoway Diamond Mine: Public Health Department participates in a working group with Stornoway, the Band Office, CTA, local businesses and trapline family members, in order to inform the community of Mistissini about every stage of this project.

Eleonore Gold Mine: At the request of the Ministry of Health, we submitted a document about the potential impacts of this project on the health of the Cree population.

INDOOR AIR QUALITY

The Public Health Department investigated air quality in two CBHSSJB facilities. Reports and recommendations were submitted.

DRINKING WATER SAFETY

Tap water in the Cree communities is tested by the local water operators with direction from the councils. The Public Health Department monitors test results via the website www.envcree.ca provided by the Cree Regional Authority. However, not all communities report their water testing results on this website. This year some communities experienced water advisories due to fire hydrants and seasonal turbidity flows.

We also provided results on fluoride levels in the drinking water systems of 5 communities for the dental department. Knowing the levels of fluoride, our dental department determines how much dietary fluoride supplement can be given to our children to help reduce the high levels of tooth decay in our community.

Drinking water in one community intermittently contained uranium at levels higher than recommended standards between 2001 and 2009. The Public Health Department asked for help from the Institut national de santé publique du Québec (INSPQ) to assess the possible health impact of this situation, and we worked with the band council of that community to ensure regular monitoring of present levels and to encourage attention to the proper functioning of the uranium ion-exchange filters at their pumping station. The PHD also contracted with an expert to assess the exposure of the water operators to radiation.

OCCUPATIONAL HEALTH AND SAFETY

This newly-created unit receives its mandate and funding from the Commission de la santé et de la sécurité du travail du Québec (CSST). Industries were contacted to introduce the services. First Aid training was organized and the team helped develop a protocol for evacuation of injured or sick workers from mining and forestry work sites. The team organized an evaluation of radiation exposure among workers at a water treatment plant (see above).



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 “supportive” functions of evaluation, research, clinical preventive practices, public health competency development, and communications.

SURVEILLANCE OUTPUTS

- Updated profile of maternal and infant health
- Statistics for midwifery planning
- Preliminary update on cancer
- Article on infant anemia
- Comprehensive update on injuries
- Update and validation of the Cree Diabetes Information System (CDIS)
- Annual report on diabetes prevalence
- Report on diabetes clinical management
- Community-specific reports on diabetes

To understand the impact of gestational and Type 2 diabetes on birthing outcomes, a linkage was made between the CDIS and the Aboriginal Birthing Outcomes Study with Saint-Justine Hospital and the INSPQ. SERC provided data for indicators to track the impact of hydro development on health determinants under the Joint CBHSSJB-Hydro Committee.

EVALUATION

The SERC team provided an assessment of the readiness of four CMCs for Chishaayiyuu Miyupimaatisiun Integrated Program (CMIP). It developed an evaluation framework and performance measurement system for CMIP. SERC provided evaluation support to nutritionists, diabetes educators and the Awash team. The SERC team continues to respond to requests for evaluation expertise from across the Public Health Department.

RESEARCH ADMINISTRATION AND RESEARCH COMMITTEE

From the early 2000s, the CBHSSJB has managed research through a Committee of the Board for which public health has been providing the secretariat. This year, the Committee met seven times by teleconference between April and December. The long-planned public health research consultation will happen next year and is expected to lead to a restructuring of CBHSSJB research administration.

ONGOING RESEARCH PROJECTS

The CBHSSJB was involved with five major research projects this year: the Kimaa Miywaapitit Nitawaashiim or CREEC project (since 2004 in all communities with 2 universities) which is an evaluation of dental education for Cree mothers, completed the outcome data collection this year and produced a draft report; the dental varnish project (since 2004) completed its outcome assessments; the Chiya'may'timun a ndu'chischay'tak'nuch Abitsiwin (In Search of Peace of Mind) Project (since 2006 in 4 communities) continued data analysis and produced a draft report; the CIHR Team in Aboriginal Anti-diabetic Medicines (since 2003 with now 6 communities and 3 universities) produced many plain language reports, worked in two new communities, held two large regional meetings, continued the monthly

Steering Committee meetings and applied for new funding; Nituuchischaayihititaa Aschii: Environmental and Health Multi-Community Study (since 2004 with 3 universities) worked to complete the database from the field work which ended in 2009 and produced the Wemindji and Eastmain (2007) report which will be available next year. Associated with these projects: the Putting Traditional Medicines First Project in Mistissini will analyse its findings next year from having volunteers use traditional medicines for diabetes care; the Vitamin D project re-studied levels in Mistissini and Chisasibi; a trans-fat re-study was planned and approved for Mistissini in 2011; and permission was obtained to include data from the Oujé-Bougoumou and Nemaska environment and health study (2002) into the database of the Nituuchischaayihititaa Aschii project.

Information on all the research happening and reporting in 2010-11 in the region through the CBHSSJB can be found in the Annual Research Report at www.creehealth.org.

CLINICAL PREVENTIVE PRACTICES

The part-time Medical Advisor returned to this file half-way through the year and developed a plan for carrying out an inventory of all practices within the clinics.

COMMUNICATIONS

- 12 ads in The Nation and posters corresponding to the monthly health promotion theme
- 9 public service announcements for radio broadcast
- 21 stories about community health published on creehealth.org
- 18 half-hour Cree language radio shows broadcast regionally on JBCCS and archived on creehealth.org and www.creehealthradio.com
- 22 videos online at Cree Health TV (www.creehealth.blip.tv)
- Creehealth.org website page views up 58% from last year
- 268 followers on [Twitter.com/creehealth](https://twitter.com/creehealth) and 212 followers of Creehealth on Facebook
- 2 workshops for health workers on using radio for health promotion, in partnership with CBC Radio North
- Plain language writing workshop for Mistissini health workers
- Cree Health Radio Training Guide updated and published on creehealth.org

Program Planning

MENTAL HEALTH – AWAMIINIWACHUWANOUCH

SUMMARY OF ACTIVITIES

- Karen Napash resigned as Coordinator in October 2010 and was replaced on an interim basis by Daisy Ratt
- Traditional Healer contracted to replace the psychologist for Chisasibi and Whapmagoostui
- Participation on various committees: Social Services Committee, Special Needs Advisory Committee, Sexual Abuse Intervention Working Group, Suicide Prevention, Intervention, and Postvention (SPIPS) Working Group, and Crisis Response Team
- Provided Emergency Crisis Support to communities
- Provided on-going access to psychological services, internal/external





- Coordinated psychiatry services in all nine Cree communities
- Financial Support for ASIST training
- Bi-Annual Mental Health Team meeting (September 2010 and March 2011)
- Planning, Programming and Research Officer hired for Residential School file
- Reactivation of Sexual Abuse Intervention File
- Support for Inner Child Workshops (inland and coastal)

PSYCHOSOCIAL SERVICES

There are six visiting psychologists, one counsellor, one therapist and one traditional healer on contract with CBHSSJB going to the nine communities. The number of visiting days combined for all professionals is 639.5 days, and there were 175 no shows. There were 154 cases of psychosocial emergency services provided outside of Cree territory. Five communities experienced crisis situations: Chisasibi, Wemindji, Waskaganish, Waswanipi and Mistissini. In these cases, debriefing and support sessions were organized for 95 clients, including front line workers, police and first responders.

The top 10 reasons why people require psychosocial counselling: conjugal difficulties (161); family issues (142); grieving (96); alcoholism (61); parent child relational issues (53); spiritual issues (48); depression (40); anxiety (30); medical problem or disease (29); and Post Traumatic Stress Disorder (20).

SUICIDE PREVENTION, INTERVENTION AND POSTVENTION

The Mental Health Program coordinated the Shaakaashtiwaau Gathering in Amos in June. The purpose of the Gathering was to develop a Suicide Prevention, Intervention, and Postvention Strategy. At the Annual General Assembly of the GCCRA in Nemaska, Cree leaders signed a Declaration on Suicide Prevention, Intervention and Postvention. Financial support was provided to Cree Board of Health frontline workers to receive the Applied Suicide intervention Skills Training (ASIST). To date, there are four qualified ASIST trainers in Eeyou Istchee. This important training is open to all members of the community.

DOUGLAS HOSPITAL/CBHSSJB AGREEMENT

Mental Health continues to provide support to clients in psychiatry. Our clinical nurse provides assistance to the Cree communities and assists Psychiatrist Dr. Janique Harvey in carrying out consultations. A total of 261 consultations were done, including 122 new consults, and 86 no-shows were reported. The Douglas Hospital has provided 12 weeks in-territory per year for psychiatric services. Each community was scheduled to receive 3 visits in 2010-11; however four communities only received two visits due to scheduling difficulties for the psychiatrist.

SEXUAL ABUSE

Mental Health reactivated this important file and work is currently done by the Sexual Abuse Working Group, which is a sub-committee of the Social Services Committee. The Terms of Reference for the committee was developed and needs to go under further review before it can be recommended for approval by the Social Services Committee. Another accomplishment this year was the draft protocol entitled Protocols for Professional Intervention with Families in Difficulty, which is intended for service providers and was done in collaboration with Youth Protection. This document also requires further review. Training opportunities were also provided to members of the Working Group to help members gain more understanding on issues related to abuse.

RESIDENTIAL SCHOOLS

Information sessions on residential schools were held in seven Cree communities. Over 250 people attended the sessions. Sessions for Mistissini and Whapmagoostui

will be held at later dates. A Support Group was formed in Chisasibi. Counselling for former students and their families was made available 24/7 for former students. Fourteen people, including frontline workers and Elders, and one member of our psychosocial team participated in a Health Canada training to improve emotional and mental support for former residential school students.

CHALLENGES

This past year, the Regional Mental Health team has had many challenges, including the decrease of psychosocial services on the territory due to budget constraints, which has led to an increase in demand for outside services. There is also a demand for more psychiatric services.

PRE-HOSPITAL AND EMERGENCY MEASURES

INFO SANTÉ 811

Info Santé, the 811 hotline service that offers advice and information over the telephone by a nurse, is not yet available in Eeyou Istchee. The CBHSSJB has undertaken negotiations with MSSS's Region 02 (Lac-Saint-Jean in Alma) to implement 811 in Eeyou Istchee in the future.

FIRST RESPONDERS

The Quebec MSSS requires First Responders to be certified. Service Agreements for First Responders have been drafted for each of the nine communities. The majority of service agreements have been finalized. CBHSSJB allocated \$70,000 to \$100,000 to each community that signed the First Responders Agreement. Upon successful completion of 75 hours of training, First Responders are certified for 3 years. There are a total of 85 certified first responders in Eeyou Istchee.

DEFIBRILLATORS

Training is being arranged for community sports complex employees on cardio-pulmonary resuscitation (CPR) and the use of the Automated External Defibrillators. Every nurse on call in the Eeyou Istchee has the training to operate a defibrillator and each clinic is in possession of such a device. As First Responders get the defibrillator training, a defibrillator will be placed in their ambulances.

AMBULANCES

All the coastal and inland communities except for Waswanipi are scheduled to receive new ambulances in the near future. Whapmagoostui received their new ambulance in the summer of 2010. There are no active ambulance technicians in Eeyou Istchee. First Responders receive instruction on ambulance-driving as part of their certification training.

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 of the Eeyou Istchee territory. The role of the Coordination Centre is to act as a liaison with local partners such as band councils, local clinics and hospitals in crisis situations such as missing persons. The Coordination Centre was called on for assistance in at least three incidents this past year.

CURRENT AND AMBULATORY SERVICES

Current and ambulatory services involve medical care delivered on an outpatient basis. The Director of this unit, Louise Carrier, also manages the nursing schedules in seven communities and led the annual two-week nurses' training.





6 Administrative Services Department

Message from the Assistant Executive Director

Administrative Services is composed of five departments: Material, Financial, Human, and Information Technology Resources and the Non-Insured Health Benefits Department (NIHB) (In the near future, NIHB will be re-organized and will fall under the direction of Miyupimaatisiun). The Administrative Services group is committed to delivering professional support services and to introducing new technology to improve the delivery of services and contribute to healthier communities in Eeyou Istchee. Implementing the 2004 Strategic Regional Plan brought many challenges, and in this past year we have accomplished key milestones.

One of the key objectives of the SRP was to decentralize as much as possible to empower community-based teams to manage their own administrative functions. Some major steps towards this end were achieved in 2010-2011 with the implementation of a new financial management system. In addition, the new purchasing system, Virtuo, gives managers access to the purchasing system from their communities. Other tools are being developed to digitize key documents used at CHB so that they can also be managed remotely. We have improved cell phone services and made cost saving measures for the whole organization. Another major accomplishment was the completion and fine-tuning of the “maintenance of assets framework,” our main tool for managing the organization’s assets and properties.

The largest ongoing project involving Administrative Services is the construction of the new Mistissini CMC. We are also involved in the construction of new CMCs in Nemaska and Eastmain, and the extensions of the Waswanipi and Waskaganish CMCs.

As the CHB also requires expanded lodging for anticipated increases in personnel, we have acquired 24 units in Chisasibi and 20 units in Mistissini in this past year, and we are considering constructing 39 transit units and 52 additional housing units for non-resident employees. About 50% of our needs have been met and we are seeking ways to address the remainder.

Important objectives for 2011-2012 include:

- Revision and initial implementation of the Information Technology Resources Master Plan;
- Deployment of the mirror back-up IT systems and server recovery plan
- Migration to fiber optic technology
- Deployment of a new system of VOIP telephony
- Improvement of effectiveness and efficiency of operations in each department.

This was my first complete year as AED-Administration, so I am still on the learning curve. Fortunately, my colleagues are very dedicated individuals and we have established a good working relationship that forms the basis of our successes. Our team has changed during the year, as some key personnel have moved on and new people have been added. This blend of new blood and experienced individuals will enable us to accomplish wonders in the coming years.



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

Through recruitment, employee and labour relations, and human resources development (training), Human Resources plays an important role in the implementation of the Strategic Regional Plan.



CBHSSJB EMPLOYEES ON MARCH 31, 2011

Status 1 – Permanent full-time	904
Status 2 – Temporary full-time	291
Status 3 – Permanent part-time	58
Status 4 – Temporary part-time	14
Status 5 – Occasional	1747
Total	3014

Native	83%
Non-native	17%

RECRUITMENT

During the reporting period there were over 300 postings resulting in over 100 new hires. Throughout the year, recruitment staff attended many career fairs, congresses and community events. This year our recruitment activities included developing a brand, updating promotional materials accordingly and starting work on a website which, when launched in 2011, will help promote opportunities and process applications.

EMPLOYEE AND LABOUR RELATIONS

The number of persons on long-term leave due to sickness or car accident rose from 254 last year to 293 in 2010-2011. Long-term leave due to work accidents rose from 3 to 8 in the same period, and cases of suspension and disciplinary measures rose from 7 to 20. There were 32 instances of employees accessing the Employee Assistance Program provided to employees and their families. The service offers free, confidential counseling 24-hours a day.

HR met four times with the CSN union and twice with FIQ to discuss union matters, including the settling of grievances. Advice was given to managers and employees in regards to their respective collective agreements. We visited some communities to meet with the managers and employees about human resources matters.

HUMAN RESOURCES DEVELOPMENT

Human Resources Development has focused on HRD planning and development, and training including that for nurses and Community Health Representatives (CHRs), the National Training Program, computer training and language training.

Funding for various training activities was provided through Cree Human Resources Development (CHRD), the Cree School Board, AHHRI (Health Canada), McGill University's Language Training Project under its Training and Retention of Health Professionals Project, and *Association des centres de jeunesse du Québec* (ACJQ).

Training providers have included the CEGEP de St-Félicien in Chibougamau and *Réseau Universitaire Intégré de Santé* (RUIS) McGill for nursing training, the CEGEP de l'Abitibi-Témiscamingue in Val d'Or for CHR training, trainers contracted by ACJQ for the National Training Program (NTP) courses, and contracted trainers for the computer and language training.

The Executive Director's Human Resources Advisor oversaw several revisions to the organizational structure, which were approved by the Board of Directors in 2010-11. These changes meant that many job descriptions are now being written or revised. This fiscal year also saw the start of a process for the evaluation of management classification. The HR Advisor supports the Masters Degree in Public Administration Program, which will be delivered to 40 managers and staff through a service agreement with the *Ecole nationale d'administration publique* (ENAP).

CREE SUCCESSION PLANNING

The Advisor to the Executive Director on Cree Succession Planning worked on the following challenges: formulating a mission statement, writing policy and procedures, preparing an action plan, and advising managers about Cree succession planning and management in their areas of responsibility.

Material Resources

The Material Resources Department ensures that all facilities available to clients and employees of the CBHSSJB in the nine communities are in good condition; this includes over 300 buildings and 13,000 systems and equipment.

Several major projects were completed this year: we implemented new maintenance software in Chisasibi (regional), performed and followed up on studies on air quality in the Chisasibi administration building and relocated the Wemindji Social Services building to Chisasibi for the local Youth Protection team; we repaired and renovated facilities in Oujé-Bougoumou, Wemindji and Whapmagoostui; and we opened transitional office spaces in Eastmain, Nemaska, Waskaganish and Waswanipi.

General objectives for this coming fiscal year include staffing all positions with status 1 and 3 employees, implementing a Strategic Property Master Plan, continuing our evaluations of existing installations, ensuring the construction of residential and transit units in Chisasibi, Eastmain, Mistissini, Nemaska, Oujé-Bougoumou, Waskaganish, and Whapmagoostui, completing the MSDC landscaping projects, along with other facilities and equipment management, repair and maintenance projects.

In most communities, facilities need more attention. The development of new and expanded CMCs will improve matters, but proper workshops and storage facilities are required for maintenance staff to function efficiently, effectively, safely and with a sense of being respected.



Information Technologies and System Resources



The Information Technologies and System Resources Department manages and maintains all current IT equipment and projects, and analyzes and installs new systems for the Cree Health Board.

The network administration team is involved in many new projects, including setting up IT systems for the new CMCs, managing the transition (85% complete) from the provincial *Réseau de télécommunications sociosanitaire* (RTSS) to the new *Réseau intégré de télécommunication multimédia* (RITM), the new fiber optics network (Eeyou Communication Network), Wi-Fi connections and VOIP telephony. The team also maintains all the current installations, including the RTSS network, wireless installation (antennas between buildings), anti-virus programs, printers, file sharing, and IT infrastructures in new buildings.

The department received over 2100 calls to the IT Helpdesk in 2010-2011 (compared to 2609 last year), which is 53% of the total calls received (the others being directed to the computer technicians, analysts and network administrators).

Objectives for the coming year include completing infrastructures for the new CMCs, installing the internet-based VOIP telephony system for the whole organization, putting wireless internet in conference rooms, ensuring redundancy between Chisasibi and Mistissini systems, integrating and migrating the ECN network, backing up systems and data for all communities, installing new anti-virus solutions, enhancing network security, installing new software, and continuing the Kiwi Hoop Project that produces electronic documents that can be managed and authorized remotely. IT continues to support medical applications.

Cree Non-Insured Health Benefits

This year marks the 10th year anniversary of the Cree Non-Insured Health Benefits Program, responsible for the management of non-insured health benefits for beneficiaries of the James Bay Northern Quebec Agreement (JBNQA). Different sectors within the organization handle the daily operations of these services.

This past year, the Cree NIHB Working Group was created to review, analyze and update policies, to develop new policies, and to perform any other necessary tasks according to the needs of beneficiaries. The Working Group developed a mission statement for the Cree NIHB Program: “The mission of the Cree Non-Insured Health Benefits Program is to ensure that all eligible clientele within the responsibility of the Cree Board of Health and Social Services of James Bay have easy access to specific supplementary services and benefits in a manner that is user friendly, culturally appropriate and equitable, therefore enhancing clients’ quality of life and well-being.”

New NIHB software has been installed, but trainees in some communities are reluctant to use the software, leading to manual authorizations being issued to beneficiaries without respecting the frequency limitations on some services. We are encouraging personnel to familiarize themselves with the software, and throughout the year trained new users from different communities. We have requested that no more manual authorization be produced or distributed.

The newly implemented Virtuo purchasing system and NIHB software have made the department more productive and effective in processing payments to clientele. Other initiatives, such as the interface between Dentistry and NIHB (and perhaps between Pharmacy and NIHB), are still at the planning stage but may be implemented in the next fiscal year.

Financial Resources

The total funding went from \$147,246,663 in 2009/10 to \$155,405,862 this year. The finance department still has the responsibility to secure the surpluses of \$52,875,703 for the development of projects and to maintain the capital envelope for the construction of projects as negotiated in the SRP agreement.

Achievements went from resolving the account receivable of \$45,109,005 with the MSSS, drafting a budgeting policy and having it approved by the Board of Directors, claiming \$865,176 in GST and QST under a full immunity status, recuperating over \$600,000 for the indexation of the recurrent new residential housing specific allocation, claiming \$390,000 from MSSS in relation to AH1N1, producing an "info finance" guide to orient managers, reactivating the asset management MIS system project, deploying electronic forms and implementing decentralized direct requisition for goods and services across the region.

For the upcoming year, the challenges will be:

- To implement bar code scanning technology for on-time re-ordering of medical supplies;
- To comply with Ministry of Revenue of Quebec compensation procedures;
- To implement a standardized electronic budgeting system;
- To implement permanent inventory;
- To negotiate procurement agreements with suppliers;
- To implement data warehouse;
- To reorganize the finance department;
- To establish the link of Virtuo with other MIS software and;
- To integrate unit measures to the AS 471.

These achievements would not have been possible without the trust of the executive management team and the profound commitment of the finance, purchasing and the payroll department employees.

Annex – Financial Statements



Prix d'excellence de l'administration publique du Québec, Mention spéciale 2010

**CREE BOARD OF HEALTH AND SOCIAL
SERVICES OF JAMES BAY**

**SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011**

**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011**

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Raymond Chabot Grant Thornton

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

To the Members of the Board of Directors of
Cree Board of Health and Social Services of James Bay

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The accompanying summary financial statements, which comprise the balance sheets of the Operating, Assigned and Long-term Assets Funds of Cree Board of Health and Social Services of James Bay (CBHSSJB) as at March 31, 2011 and the summary statements of revenue and expenditure of the Operating, Assigned and Long-term Assets Funds, and changes in fund balances of the Operating, Assigned and Long-term Assets Funds for the year then ended, and related notes, are derived from the audited financial statements of CBHSSJB for the year ended March 31, 2011. We expressed a qualified audit opinion on those financial statements in our report dated July 21, 2011 (see below). Those financial statements and the summary financial statements do not reflect the effects of events that occurred subsequently to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of CBHSSJB.

Management's responsibility for the summary financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Appendix 2 of circular 2011-030 (03.01.61.19) published by the ministère de la Santé et des Services sociaux du Québec (MSSS).

Auditor's responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of CBHSSJB for the year ended March 31, 2011 are a fair summary of those financial statements, on the basis described in Appendix 2 of circular 2011-030 (03.01.61.19) published by MSSS. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of CBHSSJB for the year ended March 31, 2011.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated July 21, 2011. Our qualified opinion is based on the fact that liabilities related to the obligations regarding employees on parental leave and receiving disability insurance as well as the severance pay payable to eligible administrators at the end of their engagement are not recognized on the Operating Fund balance sheet, which constitutes a departure from Canadian public sector accounting standards. The monetary impact for the 2011 and 2010 years could not be determined since the related information was not available.

Our qualified opinion is also based on the fact that the Establishment did not fully apply the new accounting rules, enforced since April 1, 2008. Furthermore, the new accounting rules related to salary banks were partially applied since, as of March 31, 2011, the Establishment recorded a first-time liability in the amount of \$3,990,128 which represents the amount of accumulated salary banks. This transaction did not affect the 2010-2011 results, while the portion applicable to 2010-2011 should have been recorded as an expense for the year. This is contrary to the Canadian public sector accounting standards. The monetary impact of the non-application of the new accounting rules could not be evaluated at the time of issuance of the present financial statements.

Our qualified opinion states that, except for the effects of the described matters, those audited financial statements present fairly, in all material respects, the financial position of CBHSSJB as at March 31, 2011 and the results of its activities, the changes in its net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Other matter

The summary financial statements of CBHSSJB for the year ended March 31, 2010 were audited by another auditor (Pratte, Bélanger Chartered Accountants Inc.) who expressed a modified opinion on those statements on May 21, 2010.

Raymond Cholet Grant Thornton LLP

Chartered Accountants

¹ Chartered accountant auditor permit no. 20649



Raymond Chabot Grant Thornton

INDEPENDENT AUDITOR'S REPORT ON THE NON-INSURED HEALTH BENEFITS PROGRAM

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To the Members of the Board of Directors of
Cree Board of Health and Social Services of James Bay

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We have audited the compliance of expenses under the Non-Insured Health Benefits (NIHB) program for Cree beneficiaries of the James Bay and Northern Quebec of the Cree Board of Health and Social Services of James Bay (CBHSSJB) for the year ended March 31, 2011 (hereafter the "CBHSSJB-NIHB expenses") with the list of admissible expenses in Section 8.3.2 e) of the agreement between the CBHSSJB and the ministère de la Santé et Services sociaux du Québec dated March 1, 2001 (hereafter the "criteria"). Compliance of the CBHSSJB-NIHB expenses with the criteria is the responsibility of the management of the CBHSSJB. Our responsibility is to express an opinion on the compliance of the CBHSSJB-NIHB expenses with the criteria based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the CBHSSJB-NIHB expenses complied with the criteria. An audit includes examining, on a test basis, evidence supporting compliance of the CBHSSJB-NIHB expenses with the criteria, and where applicable, assessing the accounting principle used and significant estimates made by management.

- In general, it was not always possible to match the names on the beneficiaries list with the names on the invoices and airline tickets. The absence of a reference to the beneficiary number, on almost all the invoices, complicated the matching of names, especially in cases where the family names were missing, cases with similar family names or cases where maiden names were used;
- The charges related to medication are recorded via inventory adjustments. As a result, it was not possible to identify the beneficiary. The related reports are not produced and reconciled on regular periodic basis;
- Due to the absence of the appropriate documentation, it was not possible to verify the renewal frequency for eye glasses, orthosis, prosthesis and medical supplies and equipment of handicapped people;
- In some cases, certain statistic data was collected, however, the Establishment did not pursue periodic and annual compilation of the quantitative data.
- For patients' transportation, the prescribed rates for mileage and lodging were not respected. In addition, it was not always possible to distinguish the escort, especially since the doctors authorization for an escort was not always available;
- Non-insured health benefits provided to Non-Crees, during the last six (6) years, were not claimed to the Federal Government;

In our opinion, except for the matters listed above, the CBHSSJB-NIHB expenses for the year ended March 31, 2011 are, in all material respects, in compliance with the list of admissible expenses in Section 8.3.2 e) of the agreement between the CBHSSJB and the ministère de la Santé et Services sociaux du Québec dated March 1, 2001.

Raymond Chabot Grant Thornton LLP

Chartered Accountants

Montréal

July 21, 2011

¹ Chartered accountant auditor permit no. 20649



Raymond Chabot Grant Thornton

INDEPENDENT AUDITOR'S REPORT ON UNITS OF MEASURE AND HOURS WORKED AND PAID

To the Members of the Board of Directors of
Cree Board of Health and Social Services of James Bay

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We have audited, in accordance with Section 293 of the Act Respecting Health Services and Social Services (Québec) and Appendix 1 of the Institutions and Regional Councils (Financial Management) Regulation, the units of measure and hours worked and paid for the year ended March 31, 2011. This information was compiled by Cree Board of Health and Social Services of James Bay (CBHSSJB) in accordance with the definitions and explanations listed in the *Manuel de gestion financière (MGF)* published by the ministère de la Santé et des Services sociaux du Québec, and is included in the annual financial report on pages 330, 352, 650 and 660. The units of measure and hours worked and paid compiled in accordance with the definitions and explanations listed in the MGF are the responsibility of CBHSSJB's management. Our responsibility is to express an opinion on this information based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the information is free from material misstatement. An audit includes examining, on a test basis, evidence supporting the compilation of the units of measure and hours worked and paid in accordance with the definitions and explanations listed in the MGF. An audit also includes, as necessary, assessing the accounting principles used and significant estimates made by CBHSSJB's management, as well as evaluating the overall information presentation.

CBHSSJB did not pursue periodic and annual compilation of all the quantitative data required to compile the units of measure and hours worked and paid for the year ended March 31, 2011. As a consequence, we were unable to determine whether any adjustments might have been necessary in respect of recorded or unrecorded information.

Because of the significance of the matter described in the preceding paragraph, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the units of measure and hours worked and paid.

Units of measure and hours worked and paid for the year ended March 31, 2010 are unaudited.

Raymond Chabot Grant Thornton LLP

Chartered Accountants

Montréal

July 21, 2011

¹ Chartered accountant auditor permit no. 20649

**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
BALANCE SHEET
MARCH 31, 2011**

	2011	2010
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash	43,619,195	-
Term deposit, maturing in 2010 and bearing interest at 0.15%	-	12,521,319
Accounts receivable (note 2)	15,142,208	48,145,864
Prepaid expenditure (note 3)	818,119	776,049
Inventories (note 4)	929,698	971,250
Due from Assigned Fund (note 5)	297,477	627,609
Due from Long-Term Assets Fund (note 5)	20,226,919	13,078,843
	81,033,616	76,120,934
LIABILITIES		
CURRENT LIABILITIES		
Bank overdraft (note 6)	-	2,026,465
Accounts payable and accrued charges	17,539,929	13,383,950
Wages and fringe benefits payable	3,261,648	2,744,402
Deferred revenue (note 7)	7,356,336	4,097,918
	28,157,913	22,252,735
FUND BALANCE		
SURPLUS	52,875,703	53,868,199
	52,875,703	53,868,199
	81,033,616	76,120,934

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2011

	2011	2010
	\$	\$
BALANCE - BEGINNING OF YEAR	53,868,199	49,152,878
Excess (deficiency) of revenue over expenditure	(992,496)	4,715,321
BALANCE - END OF YEAR	52,875,703	53,868,199

The fund balance can be detailed as follows:

Excess (deficiency) of revenue over expenditure 2004-2005	(4,717,687)	(4,717,687)
Excess of revenue over expenditure 2005-2006	21,042,033	21,042,033
Excess of revenue over expenditure 2006-2007	7,820,381	7,820,381
Excess of revenue over expenditure 2007-2008	13,972,865	13,972,865
Excess of revenue over expenditure 2008-2009	11,035,286	11,035,286
Excess of revenue over expenditure 2009-2010	4,715,321	4,715,321
Excess (deficiency) of revenue over expenditure 2010-2011	(992,496)	-
Accumulated surplus as at March 31, 2011	52,875,703	53,868,199

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2011

	Budget 2011 \$ (note 10)	Actual 2011 \$	Actual 2010 \$
REVENUE			
M.S.S.S. - General Base - Operations	-	104,255,813	100,588,012
M.S.S.S. - Specific allocations	-	43,188,647	37,990,474
M.S.S.S. - Special allocations	-	1,056,614	864,932
Family allowances (Federal Government)	-	329,509	337,430
Hydro-Québec	-	50,000	50,000
CRA - CHRD	-	128,428	107,716
Other	-	58,443	362,067
	-	149,067,454	140,300,631
EXPENDITURE (note 13)			
General Base - Operations	-	96,662,463	88,658,727
Specific allocations	-	43,188,647	37,990,474
Special allocations	-	766,426	864,932
Uses of surplus	-	9,442,414	8,071,177
	-	150,059,950	135,585,310
EXCESS (DEFICIENCY) OF REVENUE OVER			
EXPENDITURE	-	(992,496)	4,715,321

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2011

	2011	2010
	\$	\$
ASSETS		
CURRENT ASSETS		
Grants receivable - M.S.S.S.	10,544,276	40,529,494
Other receivables	208,945	1,242,522
	10,753,221	41,772,016
CAPITAL ASSETS		
LONG-TERM PORTION OF GRANTS RECEIVABLE - M.S.S.S.	-	19,904,332
	146,981,653	170,795,119
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued charges	46,671	26,659
Temporary financing - Corporation d'hébergement du Québec	10,551,802	38,599,477
Due to Operating Fund (note 5)	20,226,919	13,078,843
Short-term loan	16,682,178	-
Current portion of bonds payable	2,834,623	1,930,016
	50,342,193	53,634,995
BONDS PAYABLE		
	43,806,007	19,904,332
	94,148,200	73,539,327
FUND BALANCE		
SURPLUS		
	52,833,453	97,255,792
	52,833,453	97,255,792
	146,981,653	170,795,119

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2011

	2011	2010
	\$	\$
FUND BALANCE - BEGINNING OF YEAR	97,255,792	92,949,837
REVENUE		
Corporation d'hébergement du Québec - Claims	234,276	619,125
Corporation d'hébergement du Québec - Interest	3,648,770	1,442,657
Contribution from Operating Fund - Use of surplus	4,028,702	3,686,830
	7,911,748	5,748,612
EXPENDITURE		
Interest charges	3,648,770	1,442,657
	3,648,770	1,442,657
EXCESS OF REVENUE OVER EXPENDITURE	4,262,978	4,305,955
PREVIOUS YEAR ADJUSTMENT		
Adjustment to previous year grants receivable from M.S.S.S.	(46,640,630)	-
Adjustment to previous year capital assets	(2,044,687)	-
	(48,685,317)	-
FUND BALANCE - END OF YEAR	52,833,453	97,255,792

**CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
BALANCE SHEET
MARCH 31, 2011**

	2011	2010
	\$	\$
ASSETS		
CURRENT ASSETS	-	-
	-	-
LIABILITIES		
CURRENT LIABILITIES		
Due to Operating Fund (note 5)	297,477	627,609
	297,477	627,609
FUND BALANCE		
SURPLUS (DEFICIT)	(297,477)	(627,609)
	(297,477)	(627,609)
	-	-

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
STATEMENT OF REVENUE AND EXPENDITURE
AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2011

	Fund Balance Beginning of year \$	Revenue \$	Expenditure \$	Fund Balance End of year \$
FEDERAL FUNDING				
National Native Alcohol and Drug Abuse Program	(36,844)	765,458	(765,458)	(36,844)
Building Healthy Community - Solvent Abuse Program	(60,783)	147,377	(147,377)	(60,783)
Canada Prenatal Nutrition Program	(16,189)	310,332	(310,332)	(16,189)
Aboriginal Diabetes Initiative	42,263	518,560	(518,560)	42,263
First Nations and Inuit Home and Community Care - Phase 3	(461,052)	2,186,044	(2,186,044)	(461,052)
Aboriginal Health Human Resources Initiatives	(213)	212,133	(212,133)	(213)
Fetal Alcohol Spectrum Disorder Leader	(12,900)	191,321	(191,321)	(12,900)
Aboriginal Health Transition Fund	(30,697)	-	-	(30,697)
Mental Health - Residential schools	(474)	-	-	(474)
First Nations and Inuit Home and Community Care - Capital	-	54,134	(54,134)	-
Tobacco	(616,820)	-	-	(616,820)
Interest related to previous years	(32,744)	-	-	(32,744)
Reversal of old deferred revenue	140,064	-	-	140,064
	173,315	-	-	173,315
	(913,074)	4,385,359	(4,385,359)	(913,074)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
STATEMENT OF REVENUE AND EXPENDITURE
AND OF FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2011

	Fund Balance Beginning of year \$	Revenue \$	Expenditure \$	Fund Balance End of year \$
OTHER FUNDING				
Donations	62,343	-	(62,343)	-
Environmental Health Contaminants	709,049	636,502	(1,329,011)	16,540
Dental Evaluation Project	1,307	-	-	1,307
Haemodialysis Education Fund	8,433	12,504	-	20,937
Chiyiyiyaa Evaluation Study and Program	7,792	-	(811)	6,981
CSST - Health Program	139,538	420,580	(209,907)	350,211
Circle Project	24,564	-	(11,267)	13,297
Dossier Santé Québec (DSQ)	(33,336)	-	-	(33,336)
McGill Teaching Equipment	-	-	1,489	1,489
CRA - Maternity and Child Health Program	63,200	-	(11,067)	52,133
McGill - Medical Orderly Training	19,226	6,663	-	25,889
Recuperation of previous years sales taxes	912,795	-	(912,795)	-
Expenses prior to March 31, 2004 not recognized by M.S.S.S.	(1,970,341)	865,176	912,795	(192,370)
McGill - Interns Training Program	-	11,624	-	11,624
Nutrition Security Program	5,026	-	-	5,026
Gambling Studies	(1,483)	-	-	(1,483)
McGill - English Courses for Nurses	(7,270)	-	-	(7,270)
Breast Cancer	4,458	-	-	4,458
Quit to Win Challenge	3,836	-	-	3,836
Doctors Recruitment	(35,150)	-	-	(35,150)
Salt Fluoridation Study	29,772	-	-	29,772
Influenza Vaccine Program	111,986	-	-	111,986
Mercury Exposure - Coordinator	19,904	-	-	19,904
Health and Services Statistics	34,424	-	-	34,424
Map/Geographic Data Base	26,100	-	-	26,100
CLMB Training - French Immersion	5,583	-	-	5,583
Foster Family Week	1,849	-	-	1,849
Youth Street Project	4,800	-	-	4,800
CRA - Home Care Worker Training	75,345	-	-	75,345
CRA - Dental Assistance Program	61,715	-	-	61,715
	285,465	1,953,049	(1,622,917)	615,597
	(627,609)	6,338,408	(6,008,276)	(297,477)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

1. NATURE OF ACTIVITIES

Cree Board of Health and Social Services of James Bay was incorporated on April 20, 1978 and operates, as authorized by a permit issued by the "ministère de la Santé et des services Sociaux", a multidisciplinary health facility consisting of a regional board, a hospital, a long-term care facility, health dispensaries, a readaptation center and a childhood and youth protection center.

2. ACCOUNTS RECEIVABLE

	2011 \$	2010 \$
a) Operating Fund:		
<i>Unconfirmed - Specific Allocation</i>		
M.S.S.S. - 2010-2011 funding not cashed yet (note 2 b))	8,052,289	-
M.S.S.S. - 2009-2010 funding not cashed yet	-	5,919,809
M.S.S.S. - 2008-2009 funding not cashed yet	-	12,466,340
M.S.S.S. - 2007-2008 funding not cashed yet	-	3,608,592
M.S.S.S. - 2006-2007 funding not cashed yet	-	3,608,592
M.S.S.S. - 2005-2006 funding not cashed yet	-	3,608,592
M.S.S.S. - 2004-2005 funding not cashed yet	-	15,897,080
	8,052,289	45,109,005
<i>Other</i>		
M.S.S.S. - Retro pay - Salary equity (unconfirmed)	495,848	495,848
M.S.S.S. - Salary banks (unconfirmed)	3,990,129	-
M.S.S.S. - H1N1 (confirmed)	290,188	-
M.S.S.S. - (confirmed)	341,687	-
Deferred leave - Employees	156,096	322,773
Employee advances	289,824	198,472
Federal goods and services tax	716,496	360,015
Provincial sales tax	1,022,547	1,249,356
Other	411,279	983,724
	7,714,094	3,610,188
	15,766,383	48,719,193
Provision for doubtful accounts	(624,175)	(573,329)
	15,142,208	48,145,864

b) Specific allocation breakdown:

	Non-Insured Health Benefits \$	User fees and local or municipal taxes \$	Employee outings set out in working conditions \$	Interest on short-term loans \$	Leases previous to April 1, 2004 \$	Total \$
2011	6,537,928	884,922	301,336	-	328,103	8,052,289
	6,537,928	884,922	301,336	-	328,103	8,052,289

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

3. PREPAID EXPENDITURE

	2011	2010
	\$	\$
Anticipated sick days	-	27,304
Service contracts on equipment, and housing and office rent leases	818,119	748,745
	818,119	776,049

4. INVENTORIES

	2011	2010
	\$	\$
Medications	365,708	364,913
Medical supplies	413,048	459,801
Maintenance supplies and office equipment	150,942	146,536
	929,698	971,250

5. INTERFUND ACCOUNTS

The Cree Board of Health operates one bank account that is used for the Operating Fund, the Capital Assets Fund and the Assigned Fund. At year-end, inter-funds transactions are accounted for and presented as "Due to" and "Due from" one fund to the others.

6. BANK OVERDRAFT

The Cree Board of Health has no authorized credit margin as at March 31, 2011 (\$100,000 in 2010) in the Operating Fund.

7. DEFERRED REVENUE

The deferred revenue is detailed as follows:

	2011	2010
	\$	\$
M.S.S.S. - Special allocation - Nutritional improvement hospital	11,955	10,280
M.S.S.S. - Special allocation - Clinical support preceptorial	32,500	-
M.S.S.S. - New residential facilities	6,365,710	3,684,787
Indian and Northern Affairs Canada - Eastmain Clinic	37,800	-
Hydro-Québec	12,500	-
Health Canada	895,871	402,851
	7,356,336	4,097,918

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

8. PREVIOUS YEARS' ANALYSES

The M.S.S.S. analyses of the 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009 and 2009-2010 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analyses will be reflected in the 2011-2012 financial statements.

9. COMMITMENTS

The aggregate payments to be made under operating agreements signed by the Board over the next years are as follows:

	\$
2012	5,668,664
2013	3,443,101
2014	3,317,925
2015	3,230,910
2016	3,230,908
2017 and subsequent years	44,338,828

10. BUDGET

For the financial year 2010-2011, the Board of Directors approved non-detailed expenditures limits for the base operating expenses.

11. USER FEES

The Cree Board of Health is disputing the User Fees charged on its properties and rental units in all nine (9) Cree Communities. In fact, for the years 2004-2005 to 2010-2011, the Cree Board of Health is not in agreement with the amounts charged by the Band Councils with regard to the rates as well as the square footage used to calculate the charges. The amount recorded in the present financial statements (\$3,486,496) is the total of various down payments issued by the Cree Board of Health with regard to the User Fees. It does not represent the actual cost of User Fees for the financial year 2010-2011.

As a consequence, since 2004-2005, the cost related to the new residential housing units does not include the totality of the user fees related to these units.

Management will attempt to communicate with the Band Councils in order to resolve this issue during the financial year 2011-2012.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO SUMMARY FINANCIAL STATEMENTS
MARCH 31, 2011

12. CONTINGENCIES

As at March 31, 2011, the Cree Board of Health is the object of claims from certain employees and ex-employees. As of the date of issuance of the present financial statements, the outcome of these claims is uncertain. Any settlement resulting from the resolution of these contingencies will be reflected in the financial statements of the financial year in which it will occur.

13. EXPENDITURE

The expenditure can also be detailed as per the following:

	2011 \$	2010 \$
General administration	12,127,193	11,414,205
Local services	76,578,740	71,235,887
Public Health	5,450,973	4,090,766
Quality Planning (Pimuh)	560,504	787,693
Pre-hospital (Pimuh)	429,087	232,081
Mental health (Pimuh)	1,569,030	1,236,406
Nishiiyuu Pimaatissiu	184,927	185,875
Surplus general administration	1,574,627	2,071,797
Surplus local services	2,172,214	1,367,924
Surplus public health	838,844	141,534
Surplus capital	3,685,280	3,337,808
Surplus regional projects	933,458	626,903
Specific Allocations	43,188,647	37,990,468
Special Allocations	766,426	865,963
	150,059,950	135,585,310