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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

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Cover by Joshua Loon — Return from Mistissini Journey of Wellness led by Kenny Loon, March 20, 2015

Rodolphe Beaulieu — pages 11, 12 (bottom left), 14, 16, 52

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Maggie Etapp — page 58

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Katherine Morrow — page 41

Dr. Danielle Perreault — pages 32, 81

Tatiana Philpitschenko — pages 9, 10, 18, 20, 21, 24, 26, 32 (bottom right), 34, 35, 36, 39, 40, 42, 46, 48, 50, 54, 56, 60, 62, 66, 67, 69, 70, 73, 76, 78, 79, 88, 91

Sherry Ann Spencer — page 12 (top right)

Dr. Nadia Waterman — page 17

Marsha Wysote — pages 29, 85

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 Cree Board of Health and Social Services of James Bay



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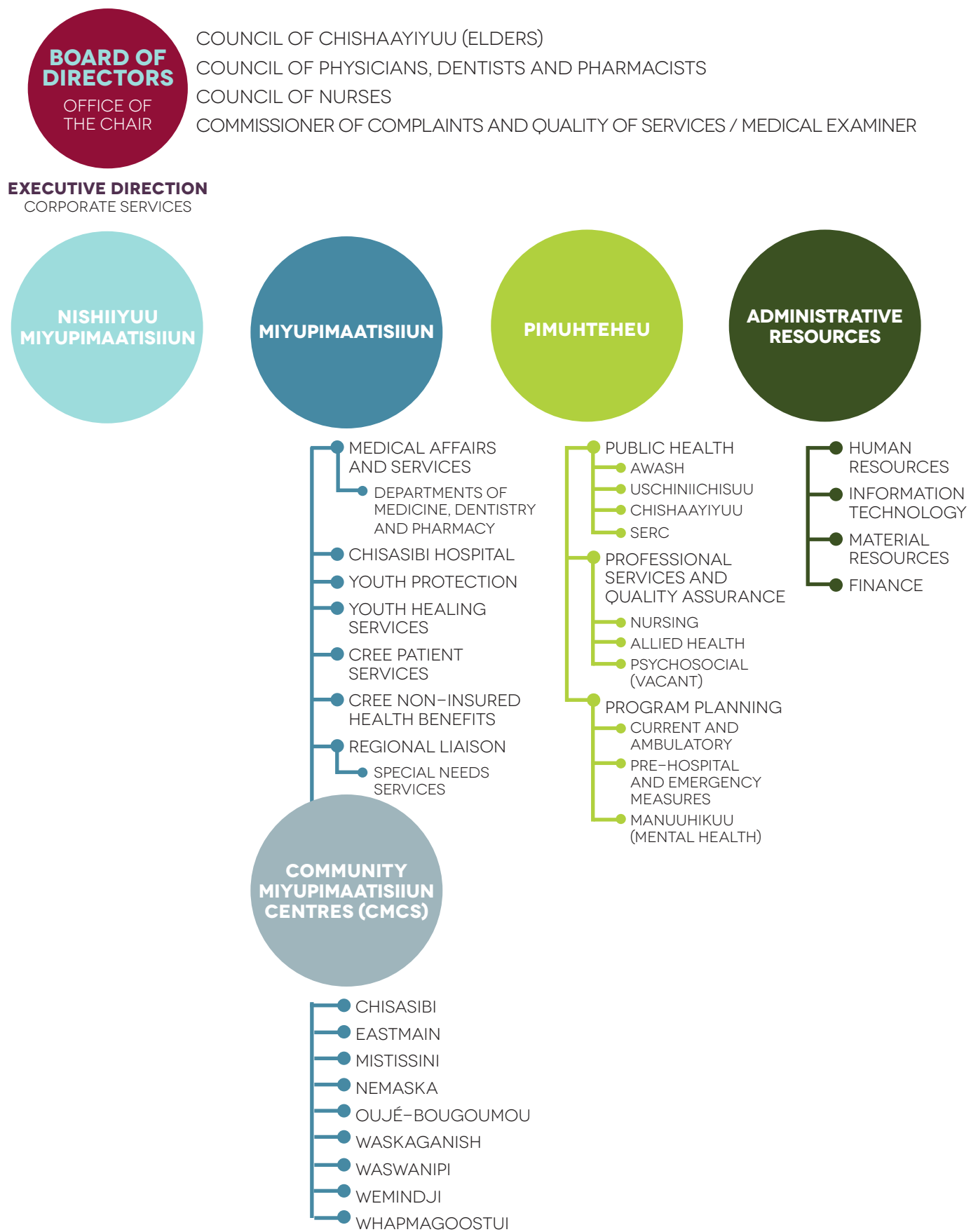
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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

**ANNUAL
REPORT**

CBHSSJB ORGANIGRAM



◁ ΠΑΡΕΛΘΟΝ. ΔΕΞΑΜΕΝ

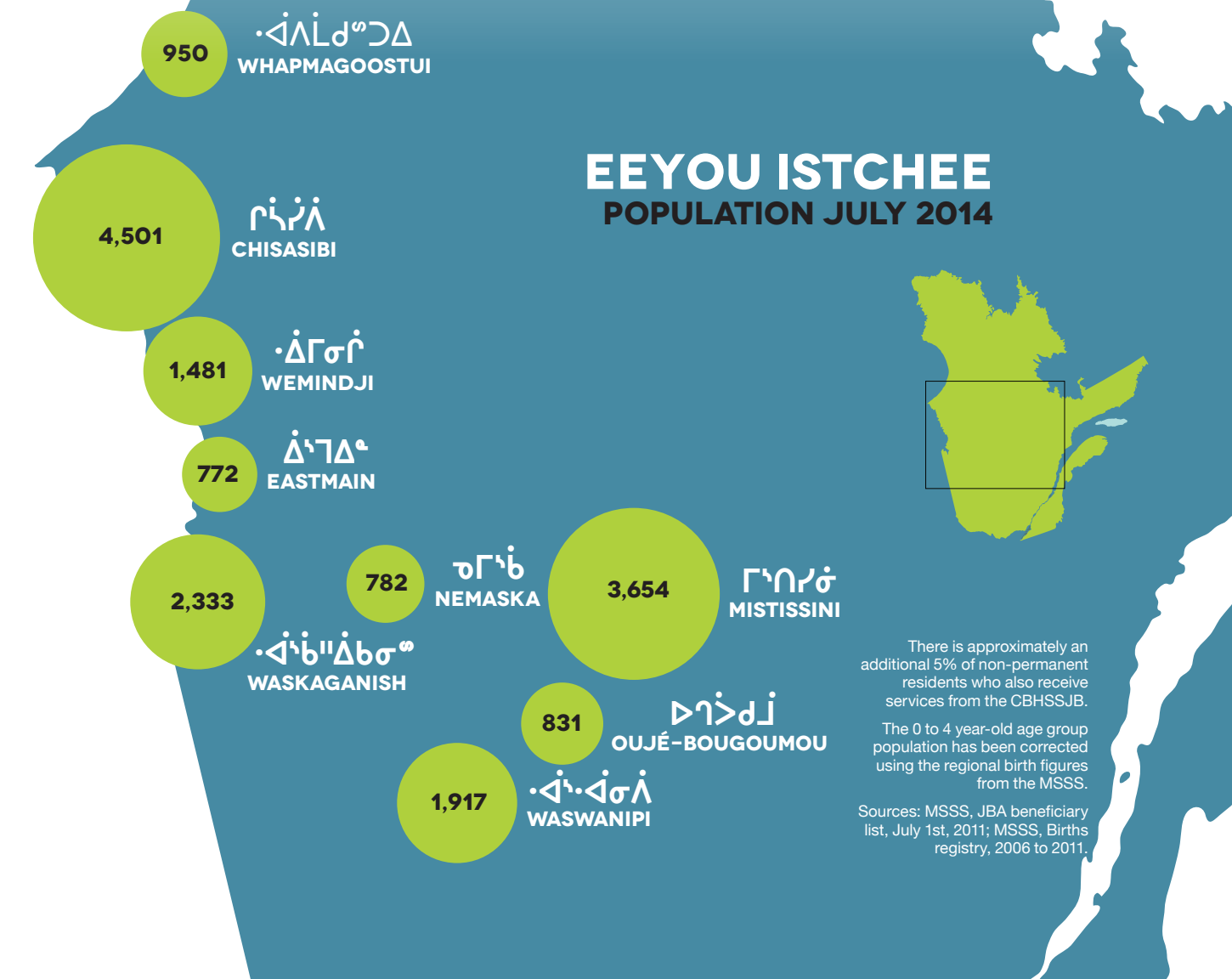
ABOUT THE CBHSSJB

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

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

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

The CBHSSJB is governed by an elected Board of Directors whose Chairperson is Bella M. Petawabano. Advisory Committees and Councils report directly to the Office of the Chair, as do the Commissioner of Complaints and Quality of Services and the Medical Examiner. The Executive Director is Mrs. Mabel Herodier. Mrs. Herodier retired in March, 2015. Daniel St-Amour is the Interim Executive Director.



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

The 0 to 4 year-old age group population has been corrected using the regional birth figures from the MSSS.

Sources: MSSS, JBA beneficiary list, July 1st, 2011; MSSS, Births registry, 2006 to 2011.

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 ΛΓΛΖΠΣ

 BOARD AND

 EXECUTIVE



MESSAGE FROM THE CHAIR

CBHSSJB Chair Bella M. Petawabano delivered a statement to the Bureau d'audiences publiques sur l'environnement (BAPE) on uranium mining in Quebec. Montreal, December 2014.

This has been a very active year in terms of the CBHSSJB's engagement in policy issues. In December I made a formal statement to the public hearing of the BAPE on uranium mining in Quebec. This was the culmination of several years of participation in the BAPE process by the Public Health Department under Dr. Robert Carlin. Examining the issue from the perspective of Miyupimaatisiun, the CBHSSJB sided with the Cree Nation Government and the Cree Nation of Mistissini in calling for a permanent moratorium on uranium mining in Quebec.

In March, I was joined by our CPDP President Dr. Darlene Kitty as we presented a brief to the National Assembly concerning the potential impacts of Law 20 on medical staffing in our region. The Minister, Dr. Barrette, who was present at the hearing, stated that the changes proposed by the government will not target the incentives that exist for Quebec doctors to serve in the North.

The inauguration of dialysis services in Mistissini in October 2014 was a major milestone. For many patients, this was their first Christmas at home with their families after years of exile in Montreal. I am gratified to see that this year, the telemedicine program has matured and we are now seeing many tangible benefits to patients. Women in Chisasibi are spared a 2,000 km journey to Val d'Or for routine ultrasound, and the retinopathy screening program is a resounding success. This is just the beginning of what I am confident will be a cornerstone of our services in years to come. The telemedicine team is to be congratulated.

Mabel Herodier retired in March, at the end of her second term as Executive Director. Mabel commands our respect as a strong Eeyou leader with an incredible work ethic. Her tenure will be defined by the 2012 funding agreement with the province that included \$280 million in capital investments and the construction of new Community Miyupimaatisiuun Centres in Wemindji, Mistissini, Eastmain and Nemaska, and a clinic extension in Waswanipi.

In April 2015 our Nation lost five men in the prime of life in a cabin fire north of Mistissini. These young hunters lived in harmony with their culture and traditions. The dignity, spiritual depth and resilience shown by the families in the days and months since the tragedy took place showed the world who we are as a community. We honour the memory of these men.

The 2004 Strategic Regional Plan has defined the vision and major targets of the Cree Health Board for the last 10 years. In the coming year I will initiate a process to renew the SRP. This is an exciting turning point in the life of our organization.

Bella M. Petawabano

Bella Petawabano



MESSAGE FROM THE EXECUTIVE DIRECTOR

Mrs. Mabel Herodier retired at the end of her second term as Executive Director of the CBHSSJB. Chisasibi, March 2014.

Operational and tactical plans for each unit are necessary in order to ensure correct allocation of current resources and accurate planning for the future. Lisa Petagumskum, the Assistant Executive Director of Miyupimaatisiun Group, met with the local CMC management teams to work on these plans. Related to this, proposed changes to the organizational structure will reduce duplication and rebalance workload among the Executive team.

Telehealth has the potential to generate savings in the non-insured health benefits program by reducing the need for patients to travel south to receive services in centres such as Montreal and Val d'Or. To ensure adequate funding of information technology, a detailed addendum to the current funding agreement was submitted to the Ministry of Health and Social Services of Quebec. Negotiations are ongoing regarding funding for non-insured health benefits. This file is currently in the hands of the Chair, legal counsel and the Cree Nation Government.

Questions regarding who should fund the infrastructure necessary to support new facilities have delayed most of the capital projects that were planned for 2013-2021, including the new Chisasibi Hospital. Different approaches are being discussed with regional partners and the communities concerned. Meanwhile, other planning steps associated with these projects, such as the development of clinical plans, are proceeding.

First Response is another issue being discussed at a high level, as it involves multiple jurisdictions. Improvement of mental health services remains a top priority for the organization.

Regions 10, 17 and 18 were not directly impacted by Bill 10, under which many regional agencies were abolished, but we are not sheltered from some of the downstream impacts of these measures. The Cree Nation has always developed great strategies to protect and safeguard the rights and interests of the Cree Nation of Eeyou Istchee.

As this is my final year as the Executive Director of the CBHSSJB, I would like to acknowledge all those that I had a chance to work with throughout my years as Executive Director and to thank everyone for making my two mandates the most memorable and meaningful of my career.

Mabel Herodier

Mabel Herodier



EXECUTIVE AND SENIOR MANAGEMENT

OFFICE OF THE CHAIR

Bella M. Petawabano,
Chair of the Board of Directors
Louise Valiquette,
Commissioner of Complaints (Interim)

Senior Management

EXECUTIVE DIRECTORATE

Mabel Herodier, Executive Director
Paula Rickard, Assistant to ED (Interim)
Laura Moses, Director of Corporate Services

NISHIIYUU MIYUPIMAATISIUN GROUP

Sam W. Gull, Assistant Executive Director (AED)

MIYUPIMAATISIUN GROUP

Lisa Petagumskum, Assistant Executive Director (AED)
Dr. Laurent Marcoux, Director of Medical Affairs and Services
Gary Chewanish, Director of Hospital Services (interim)
Robert Auclair, Director of Youth Protection (DYP)
Lillian Angatookaluk, Assistant Director of Youth Protection (Interim)
Marlene Kapashesit, Assistant Director of Youth Protection – Youth Criminal Justice Act and Foster Homes
Nathalie Lalonde, Director of Youth Healing Services (Interim)
Caroline Rosa, Director of Cree Patient Services
Gloria Ann Cozier, Assistant to AED, Services
Janie Moar, Assistant to AED, Operations (Vacant, not implemented), Assistant to AED - Cree NIHB

DIRECTORS - COMMUNITY MIYUPIMAATISIUN CENTRES (CMCs)

Jane Sam Cromarty, Chisasibi (Interim)
Rita Gilpin, Eastmain
Annie Trapper, Mistissini
Beatrice Trapper, Nemaska
Susan Mark, Oujé-Bougoumou
Alan Moar, Waswanipi
Bert Blackned, Waskaganish
Greta Visitor, Wemindji
John George, Whapmagoostui

PIMUHTHEHU GROUP

Laura Bearskin, Assistant Executive Director (AED)
Louise Carrier, Director of Professional Services and Quality Assurance (DPSQA) Nursing
Adelina Feo, DPSQA Allied Health (Vacant), DPSQA Psychosocial
Anne Foro, Director of Planning and Programming

Public Health Department

Dr. Robert Carlin, Director of Public Health (Interim)
Taria Coon, Assistant Director of Public Health - Awash Miyupimaatisiun (Interim) and Uchiniichisuu Miyupimaatisiun
Paul Linton, Assistant Director of Public Health - Chishaayiyuu Miyupimaatisiun
Jill Torrie, Assistant Director of Public Health - Surveillance, Evaluation, Research and Communications (SERC)

ADMINISTRATIVE RESOURCES GROUP

Daniel St-Amour, Assistant Executive Director (AED)
Denis Tremblay, Director of Finance (Interim)
Liliane Groleau, Director of Human Resources
Thérèse Lortie, Assistant Director of Human Resources (Interim)
Thomas Ro, Director of Information Technology Resources
Luc Laforest, Director of Material Resources

CORPORATE SERVICES

The Department of Corporate Services ensures the proper functioning of the Board, acts as a link between the office of the Executive Director and the AEDs, provides support to the Office of the Chair, and oversees corporate communications and translation for the organization.

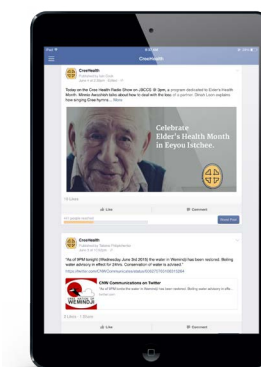
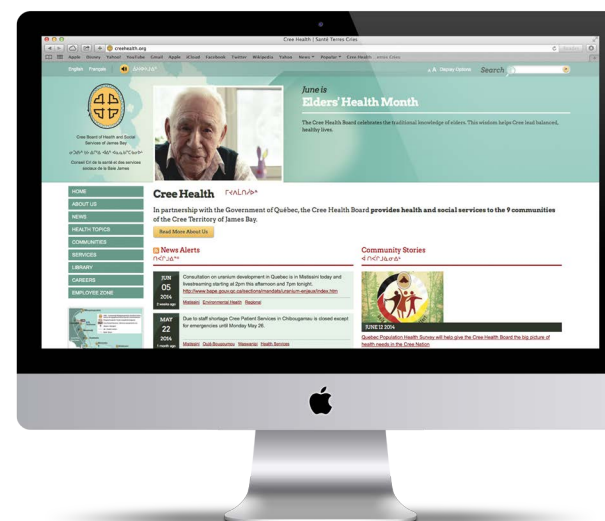
The Department managed logistics for almost 30 official meetings of the Board and its Committees in 2014-2015; we increasingly use tele- and video-conferencing and web-based platforms to reduce travel costs.

The Conflict of Interest Policy came into effect on July 1, 2014 and was disseminated through a Train the Trainer process. Each manager and Board member must sign a disclosure form every year to declare any potential conflicts.

There is increasing demand for communication support and translation as the organization expands. An Information Officer was hired in August, allowing the unit to focus more energy on its social media platforms, and the organization's visibility has measurably increased as a result (see "Social Media Success" for detail). External translation services supplement the work of the in-house translator; a branding update and a call for tenders for external translation services are planned for the coming year.

Social media success

While radio and print remain important tools to share information about services and health matters with the population, social media have become the Cree Health Board's primary communication tool. Thanks to a sustained commitment to create and share useful, original, and culturally appropriate content, in one year the number of Twitter followers increased by 31% to 1,282, and Facebook followers increased 56%, to 1,255. Several posts went viral, reaching 6,000 people each and generating dozens of positive comments. The success of the social media strategy is the main reason for a 44% increase in traffic to the CBHSSJB website, which now receives an average of 140 visitors per day. Other social media platforms gaining followers for Creehealth are Instagram (180 followers, particularly youth), Soundcloud (a platform for Cree language audio recordings), and the professional networking site LinkedIn, which is becoming an important recruitment tool.



COMPLAINTS AND QUALITY OF SERVICES

The Interim Commissioner of Complaints and Quality of Services, Louise Valiquette, opened more than 90 files in 2014-2015, approximately the same number as the previous fiscal year.



The majority of complaints were related to care and services. Many concerning Cree Patient Services could be traced to users not having enough information about what to expect when traveling outside the Territory for medical treatment; the website www.creehealth.org was updated to provide this information, and the Commissioner encourages everyone to consult the site prior to travel.

Other complaints dealt with interpersonal relationships and access to care and services. Users need to understand why they are being sent for an examination or given medication. Some complaints about Youth Protection led the Commissioner to explain some rules to the complainants, and some complaints resulted in improvement in this very important department.

The Commissioner has now met with the local population and Cree Health Board staff in every community as part of the Community Tour, which introduced the Commissioner and her role and explained the complaints process and the Code of Ethics. Attendance was good and we collected many comments on how to improve the quality of services. A report to be issued in 2015 will address every question and recommendation voiced during the tour.

The Commissioner of Complaints and Quality of Services also participated in 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*.

Vigilance Committee

Quality of care is a priority for the Board of Directors, and this is reflected in the strong mandate given to the Vigilance Committee. The Vigilance Committee is now pursuing its mandate in working with the Commissioner to improve quality of services, protect users' rights, and handle every complaint with diligence. The Committee is reflecting on ways to ensure that users can voice their concerns about the quality of care and services, and is especially concerned with keeping this subject an organizational priority. Many systemic issues were dealt with during 2014-2015; in particular, work is being done to improve every aspect of users' medical files.

Medical Examiner

The Medical Examiner, Dr François Charette, reviewed and analyzed nine complaints relating to the acts of doctors. No complaint was rejected, and no complaint required referral to a disciplinary committee. Complaints concerned six physicians (two physicians had respectively three and two complaints each). In resolving these complaints, Dr. Charette developed good relationships with the complainants through phone and written communications and believes that they were satisfied with the results. The reports led to recommendations to the physicians concerned, through collaboration with Drs. Marcoux and Laforest.

Most complaints centred on quality of care, especially a perception that the physician did not do well and that the medical problem should have been resolved in a faster or better way. The patients complained that the physician did not take their situations seriously enough, and that it took a second physician to resolve the problem. Each of these serious concerns was examined carefully, and in general these were found to be issues based in miscommunications, with responsibilities often shared by both patients and physicians. The patient's expectations are often high, and physicians need to take the time to explain medical situations. The Medical Examiner explained to both patients and physicians what occurred in the cases brought forward in order to create a better understanding and avoid recurrences.

The Complaints Tour undertaken by the Commissioner and the Chair was necessary and has had the beneficial effect of surfacing complaints related to events as far back as 1998, which present special challenges because of the amount of time that has passed. There remains a need for a better understanding of the complaints process and the role of the Commissioner and the Medical Examiner, including among physicians themselves. A presentation to the Council of Physicians, Dentists and Pharmacists (CPDP) would be beneficial.

All analyses were sent to the Director of Professional Services, Dr. Marcoux, who holds the professional files of the members of the Council of Physicians, Dentists and Pharmacists. These complaints are important when renewing the privileges of the acting members of the CPDP. Dr. Charette looks forward to continuing to collaborate with the CBHSSJB.

COMPLAINTS

Phone toll free:
1-866-923-2624 (voicemail)

Email:
rr8.complaints@ssss.gouv.qc.ca

Download CBHSSJB Code of Ethics:
creehealth.org/about-us/users-rights

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



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

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS



Annual General Meeting of the CPDP. Val d'Or, November, 2014.

The Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 have had a productive and busy year. We continue to address and advocate for needed health services and resources, aiming to improve the health and social well-being of our patients, their families and the communities of Eeyou Istchee.

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

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

- **Mental Health:** Currently, the needs of our patients, families and communities in Region 18 are complex and resources are limited. However, through program planning, hiring and training of staff, the Mental Health

Department is offering improved services, with psychiatrists, psychologists and therapists providing care to clients and families. The CPDP and the Board of Directors have maintained mental health as a priority to be monitored by the CPDP Mental Health Committee.

- **Telehealth:** This technical service is progressing well. For example, Tele-ophthalmology has been established in most communities, with retinal scans (digital photographs of the blood vessels at the back of the eye) being taken by trained staff and then being read by ophthalmologists down south. Tele-obstetrics has started in Chisasibi, with ultrasounds of pregnant women being conducted by a radiology technician and the tests then read by an obstetrician in Val d'Or.
- **Collective Prescriptions:** These are being developed in partnership with the other remote regions of Northern Quebec, which will enable a unified approach to care by nurses and physicians. Updated treatment protocols and medication prescriptions will benefit all patients in northern Quebec.

- **Dialysis Program Expansion:** A satellite program has opened in the Mistissini clinic, similar to but smaller than the Chisasibi program. Mistissini physicians monitor and support these patients in collaboration with by Dr. Murray Vasilevsky, nephrologist at the Montreal General Hospital.

Some current challenges that the CPDP and the CBHSSJB face include the health care reform in Quebec, shortage of specialist services, and changes in non-insured health benefits. The CPDP aims to advocate and collaborate to ensure needed health services are provided as effectively as possible.

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

The Department of Medicine has been very active in the previously mentioned areas, as well as medical staffing and recruitment. The Department of Pharmacy continues to make improvements in stocking medications and prescription dispensing, although there are still challenges in recruiting permanent pharmacists. The Department of Dentistry provides good quality dental services and some public health initiatives, but similarly needs to recruit more permanent dentists. The training of pharmacy and dental technical staff has been identified as a priority. The CPDP will continue to advocate for the improvement of the quality and capacity of these services.

The CPDP's primary objective is to provide and improve medical, dental and pharmaceutical care for patients in Cree Territory, working in partnership with the departments, the Director of Medical Affairs and Services and the Board of Directors of the CBHSSJB. We look forward to collaborating on new initiatives such as planning for the new Chisasibi Hospital and clinical services in the Territory.



CPDP President Dr. Darlene Kitty won the Dreamcatcher Award for Health in October 2014. Dr. Kitty is President of the Indigenous Physicians Association of Canada. Hamilton, Ontario, October 2014.

CPDP EXECUTIVE COMMITTEE

MEMBERS

- Dr. Darlene Kitty - President
 - Dr. Michael Lefson - Vice-President
 - Dr. Helen Smeja - Secretary
 - Dr. Danie Bouchard - Treasurer
 - Dr. Carole Laforest - Chief of Medicine
 - Dr. Lucie Papineau - Chief of Dentistry
 - Mr. Pierre Caouette - Chief of Pharmacy (Interim)
 - Mr. Marc-André Coursol-Tellier - Pharmacist
 - Dr. Laurent Marcoux - Director of Medical Affairs and Services
- The Executive Director or the AED Miyupimaati-siun, if delegated, is also a member of the CPDP Executive Committee.

POPULATION HEALTH PROFILE

In mid-2014, the corrected population* of Cree Beneficiaries of the James Bay and Northern Québec Agreement who were resident in Eeyou Istchee was 17,221. Up to 2014, the five-year average rate of growth of the beneficiary population was close to 2% per year, but a recent drop in births could affect the trend in the future. Life expectancy between 2009 and 2013 was 75.9 for men (Quebec: 80.2) and 79.3 for women (Quebec: 84.3). Female life expectancy has declined compared to previous periods.

The Eeyou/Eenou** population of Eeyou Istchee is comparable demographically to other First Nations in Canada. The population is young: 50% are under 25. Many of these youth are still dependent on families because they lack effective education and training. One in five babies is born to a teenage mother, and 34.8% of mothers aged 20 years or more have less than 11 years of schooling (Quebec: 6.4%). This is considered a risk factor for optimum maternal and infant health. The situation of the youth contributes to the social challenges faced in the communities.

With a few exceptions, such as cancer and vaccine-preventable illness, the health status of the population is poor compared with the rest of Quebec. There is high demand for clinical services, especially for diabetes and other chronic diseases, as well as for dependency issues, which are often associated with traumas and psychosocial issues. These traumas can be traced in many cases to the intergenerational impacts of residential school experiences.

*Some newborns are registered very late in the JBNQA beneficiary list (sometimes up to two years after their birthdate), resulting in an underestimation of the 0 to 4 years old age group size. This has been corrected using the birth figures reported by the MSSS for the region.

**In the Cree language the Indigenous people of Eeyou Istchee are called Eeyou (plural: Eeyouch) or Eenou (plural: Eeyouch). Spellings vary.

Eenou communities that are closer to southern centres have higher rates of diabetes. These rates have been doubling every ten years since the 1980s, reaching 22.1 by 2011. Mortality from endocrine and metabolic diseases is over two times higher than the Quebec average. Among pregnant women, 40% suffer from either type 2 or gestational diabetes, adding greatly to the complexity of these pregnancies. Gestational diabetes rose from 12.8% of pregnancies in 1995-1996 to 27.5% in 2010-2011.

Diabetes poses very long-term challenges, as the complications set in after many years of living with the disease. Roughly half of all patients with diabetes have kidney disease, making it the most prevalent complication among Eeyouch with diabetes. Further, poor control of blood sugar accelerates the onset of complications. Among Eeyouch, diabetes is not a disease of old age. Between 1989 and 2011, the age of diagnosis fell from 48 to just under 40. Reports show that two-thirds of patients, including many younger patients, did not have good control of their blood sugar.

Rates of kidney disease are high in the region with half the cases linked to diabetes. In November 2014, 293 patients were in the pre-dialysis program; 53 were receiving haemodialysis and five were receiving peritoneal dialysis. As well, 19 were receiving haemodialysis in Chibougamau but living in their communities.

Diabetes poses very long-term challenges, as complications set in after many years of living with the disease.

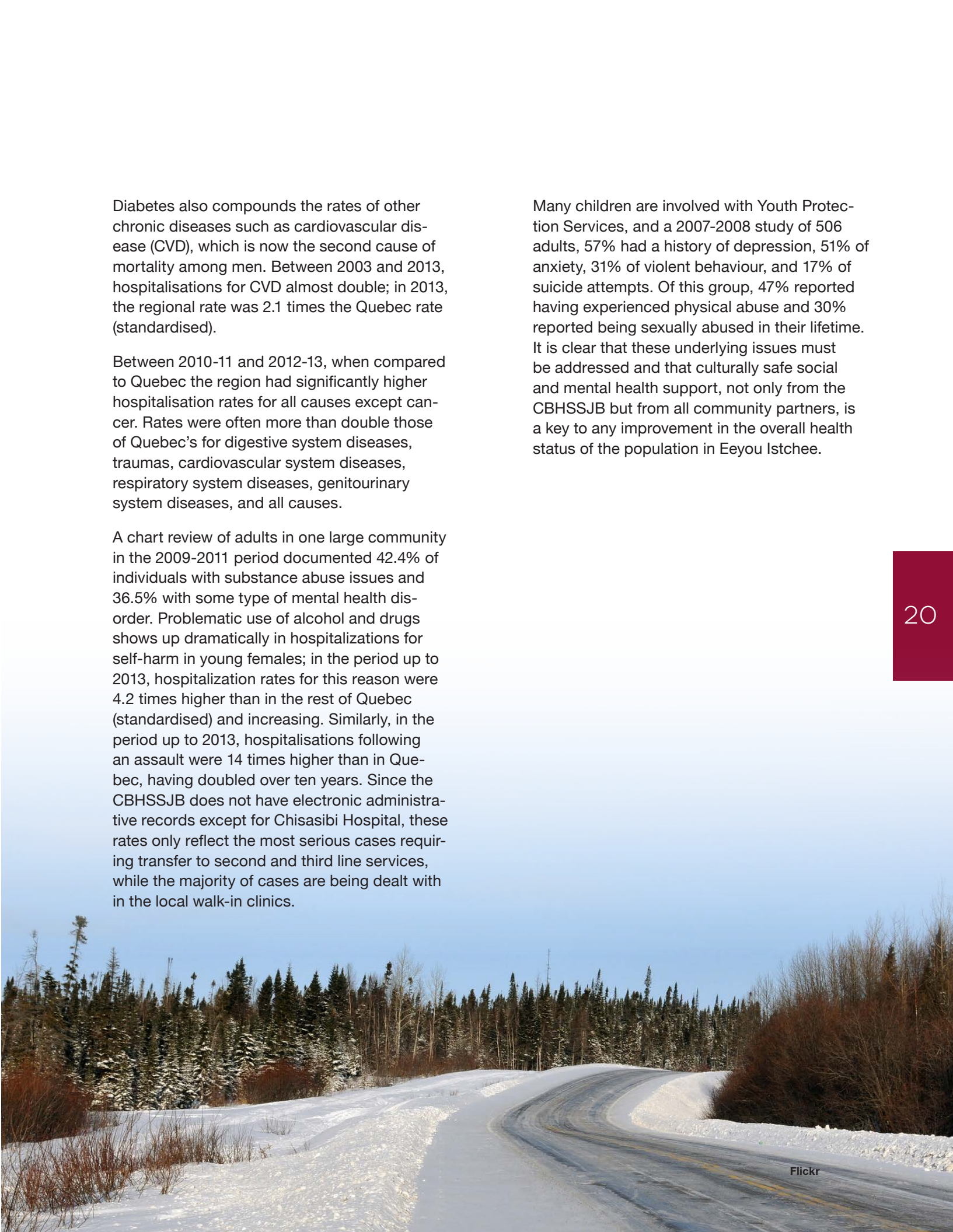


Diabetes also compounds the rates of other chronic diseases such as cardiovascular disease (CVD), which is now the second cause of mortality among men. Between 2003 and 2013, hospitalisations for CVD almost double; in 2013, the regional rate was 2.1 times the Quebec rate (standardised).

Between 2010-11 and 2012-13, when compared to Quebec the region had significantly higher hospitalisation rates for all causes except cancer. Rates were often more than double those of Quebec's for digestive system diseases, traumas, cardiovascular system diseases, respiratory system diseases, genitourinary system diseases, and all causes.

A chart review of adults in one large community in the 2009-2011 period documented 42.4% of individuals with substance abuse issues and 36.5% with some type of mental health disorder. Problematic use of alcohol and drugs shows up dramatically in hospitalizations for self-harm in young females; in the period up to 2013, hospitalization rates for this reason were 4.2 times higher than in the rest of Quebec (standardised) and increasing. Similarly, in the period up to 2013, hospitalisations following an assault were 14 times higher than in Quebec, having doubled over ten years. Since the CBHSSJB does not have electronic administrative records except for Chisasibi Hospital, these rates only reflect the most serious cases requiring transfer to second and third line services, while the majority of cases are being dealt with in the local walk-in clinics.

Many children are involved with Youth Protection Services, and a 2007-2008 study of 506 adults, 57% had a history of depression, 51% of anxiety, 31% of violent behaviour, and 17% of suicide attempts. Of this group, 47% reported having experienced physical abuse and 30% reported being sexually abused in their lifetime. It is clear that these underlying issues must be addressed and that culturally safe social and mental health support, not only from the CBHSSJB but from all community partners, is a key to any improvement in the overall health status of the population in Eeyou Istchee.



Flickr



NISHIIYUU
MIYUPIMAATISIUN
GROUP

NISHIIYUU MIYUPIMAATISIUN

Nishiiyuu Miyupimaatsiun’s mission is to promote holistic health, healing and wellness in Eeyou Istchee by encompassing physical, emotional, mental, spiritual, environment, economic, social and cultural aspects of well-being. Cree elders have always stressed that Nature is the ultimate healer, and this is the guiding principle behind the Nishiiyuu approach. This growing department has eight members, and plans to add four more next year.



The Iiyuu Ahtaawin Miyupimaatsiun Planning (IAMP) initiative met to discuss strategies for creating healthy communities. Former CHBSSJB Chair James Bobbish (front row, centre) was among the trainers. Laval, October 2014.

The Nishiiyuu team continues to consult with Council of Chishaayiyuu by seeking their guidance and their expertise in the development of Nitahuu Aschii Ihtuun (Land-Based Healing) and Waapmaasuun (Traditional Birthing Knowledge) programs, as well as in Rites of Passage and Traditional Medicine programs. Nishiiyuu staff monitor program progress quarterly and will review and update the plan annually as needed.

A pamphlet outlining the different pilot projects/ programs developed by the team was produced in both English and Cree.

Nishiiyuu assisted in a collaborative effort with Public Health on the Iiyuu Ahtaawin Miyupimaatsiun project, planning and establishing local Miyuupimatsiun Groups in each of the communities. Community profiles have been developed to be used as a tool to prioritize the community needs.

NITAHUU ASCHII IHTUUN (LAND BASED HEALING)
Land-Based Healing Pilot Programs utilize elders’ teachings that the land heals and that culture is therapy. Land-based healing programs that combine outdoor settings and traditional knowledge provide positive life-changing experiences for people seeking personal healing. Evidence supports the “culture as treatment and healing” approach and shows that First Nations land-based healing programs are an effective means for healing and decolonization.

The programs are delivered by local elders and healers in collaboration with partners, and are developed based on local needs, history, priorities and healing ways and methods. Nishiiyuu recognizes that each community is unique and aims to provide support by identifying key concepts and needs.

PROGRAM DEVELOPMENT

The Nishiiyuu Miyupimaatsiun Strategic Plan 2013-2018, developed in close collaboration with the Regional Council of Chishaayiyuu, was completed in March 2015 and is under review by Council of Chishaayiyuu. This document and the program operations manual aim to provide all Nishiiyuu Miyupimaatsiun staff, partners and Cree entities with reference tools containing general guidelines to structure their program policies and program services. The strategic plan grows out of the knowledge, advice and leadership of Cree elders, as well as knowledge and experience gained from Nishiiyuu pilot projects implemented by Cree communities.

In addition, staff, elders and entities in Waswanipi, Chisasibi, Whapmagoostui and Mistisini helped coordinate the planning process and provided important support and analysis to complete this strategic plan.

The Land-Based Healing Program Manual was developed for Eeyou/Eenou people and others searching for healing by experiencing the land and outdoor life. They will become confident in leading healthy lifestyles, learning new skills and gaining knowledge about the Eeyou way of life and traditional practices.

In September 2014 Nishiiyuu Miyupimaatsiun was invited to the Regional Elders Gathering in Mistissini, which offered an opportunity to further interview elders for our Land-Based Healing and Birthing Knowledge Projects. We showed a video on the March 2013 Nishiiyuu Walkers Journey which was sponsored by the Nishiiyuu Department.

The Birthing Knowledge and Land-Based Healing Program Manuals were complete as of March 2014, but we continue to update and enhance them to respond to needs identified in the pilots and in program evaluations.

In Whapmagoostui, Nishiiyuu began planning and developing the Land-Based Healing pilot in collaboration with the Whapmagoostui Justice Department, the Whapmagoostui Elders Council, Cree Trappers Association and Youth Council. The planning process involved interviews with 35 male and female elders. Clientele were taught to prepare and apply various Traditional Medicines, using mountain ash, tamarack, beaver castors, and Labrador tea. Traditional teachings also focused on canoe and water safety, portage techniques, canoe paddles and paddling, traditional navigation methods, map reading, fire teachings, tree identification, traditional dwellings and shelters, sacredness of food, fishing and setting of fish nets and tracking of animals and humans. A journey from Whapmagoostui to Awaschaadaaukac in late October 2014 was video-taped and documented, and is being integrated into the Whapmagoostui Land Based-Healing Program Manual. Spring, winter and summer programs will also be developed and integrated into the Whapmagoostui Land-Based Healing Manual.

Finally, Nishiiyuu supported the community of Chisasibi for Community Addictions training offered by the Nechi Institute. Nishiiyu will also play a role with the Chisasibi Mental Health Team’s initiative in their Land-Based Healing Program, and is putting in place certified addictions counselors to serve the clientele of its Land-Based Healing Programs and other initiatives taken by the communities.



Chisasibi elders involved in the Waapimaasuun program.
Front: Betsy Snowboy, Beulah Crowe, Connie Bearskin, Margaret Bearskin, Jane Matthew, Juliet Bearskin Sr., Mina Fireman, Annie Tapiatic.
Back: Minnie Shem, Janie Pepabano, Daniel Snowboy, John Crowe, Harry Bearskin, Stephen Pepabano, Samuel Bearskin, Lawrence Matthew, Clifford Bearskin, William Fireman.
Missing from picture: Martha Pachano, Charlie Pepabano, Samuel and Sarah Tapiatic.

WAAPIMAAUSUUN (BIRTHING KNOWLEDGE) AND RITES OF PASSAGE

Passing on of birthing knowledge is crucial to the health and well-being of Cree mothers and babies, families and communities. The **Waswanipi Waapimaasuun pilot** is based on elders’ knowledge, as acquired and expressed through teachings, stories, and lived experience. This past year pregnant mothers and families benefitted from the passing on of Nishiiyuu birthing knowledge by elders in collaboration with several community partners, representing all aspects of health, social services, and education.

This initiative utilized knowledge shared from the Cree Birthing Knowledge research and documentation initiatives. Nishiiyuu recorded 135 video interviews with elders and midwives from the ten communities to acquire traditional knowledge on birthing. These interviews contain stories, experiences and teachings; all will be reviewed at the beginning of 2015 - 2016 to identify gaps in the information required to complete this process, and further interviews will be carried out over the coming year. The videos of all interviews are being transcribed, documented and stored for future reference.

The community of Waswanipi initiated the first Nishiiyuu pilot project with its Waapimaasuun (Birthing Project), consisting of two parts: the Nishiiyuu Miiyuut (Gift Bag) Project and a Birthing Manual. 22 Miiwat Gift Bags of traditional baby care items were given to young parents, and elders shared teachings explaining each item contained in the bag. The Birthing Knowledge Program Manual is completed in draft form, and contains 41 teachings identified by elders.

Waswanipi will be conducting its evaluation of the pilot project this year. The communities of Chisasibi and Mistissini have begun planning for their own Waapimaasuun pilot projects; both communities have set up local birthing teams that have met during the year. Chisasibi elders completed 15 Miiyuut, while Mistissini elders have prepared 20 Miiyuut. Nishiiyuu Miiyuut pilot programs will be initiated in these two communities this coming year.



Miiyuut Cree traditional baby care items are given to pregnant women as part of the Waapimaasuun program. Through these items, the elders share teachings about pregnancy, childbirth and parenting.

The Nishiiyuu Birthing Team started working with Public Health Regional Awash Team on cultural validation of the AMA maternal and child health program. As part of the initiative, the Nishiiyuu team was invited to attend a 5-day Traditional Parenting training provided by Janet Fox, held in Wemindji in February 2015. The Nishiiyuu team video-recorded the session for the Nishiiyuu Birthing Program initiative.

The Birthing team was also asked to develop a Land-Based Healing Program Manual specifically for women. This pilot program will be initiated in one of the communities, with the aim of completing a healing program for women’s shelters planned in three of the Cree communities.

As part of the five-year strategic plan, the Nishiiyuu Department also supported a pilot **Walking Out Ceremony** in Waswanipi, collaborating with the Head Start Program in developing and planning this event. The elders explained the ceremony’s purpose to the parents, and taught them why it is important to conduct these ceremonies as traditional rites of passage.

CREE MEDICINE

George Blacksmith has been taken on as consultant to Nishiiyuu's mandate to develop a comprehensive seven-year plan **Nishiiyuu Traditional Medicine and Healing Practices**. His responsibilities include defining the mission and its principles, structure, mandate, policies and procedures, guidelines, code of conduct, safety standards, criteria and indicators, and related protocols. The mandate also includes developing a questionnaire and planning a regional conference on Traditional Medicine and healing.

The overall strategy is to identify emergent themes in Cree Traditional Medicine and wellness, including intervention and prevention strategies. Following a literature review of Cree Knowledge and experience on Traditional Medicine, it is proposed that wellness of Eeyou can only be adequately measured through collaborative approaches. Nishiiyuu Miyupimaatisiun hopes to partner with various groups presently doing research on Traditional Medicine in Eeyou communities. In connection with this work by George Blacksmith, University of Montreal researcher Dr. Pierre Haddad made several presentations this year on his team's work on the **"Best of Both Worlds" Diabetes Research Project** in Mistissini. The project aims to develop strategies to provide safe and culturally appropriate access to Traditional Medicine for diabetes.

The Nishiiyuu Team visited the Cancer Centre in Ottawa and received training on different tools the centre uses in dealing with its clientele such as diabetes prevention, healthy eating habits, and related topics. The center focuses on evidence-based approaches using naturopathic medicine and whole-person integrative care. According to Dr. Dugald Seely, "Historically, the First Nations people's eating habits have been right all along."

A planning document on research and program development for Traditional Medicine and healing practices has been drafted, and is being continually updated as part of a five-year project.

Goals for next two years

In the coming two years, the Nishiiyuu team aims to implement Waapimaasuun (Birthing Knowledge) pilots in six more communities, and make Miiyuut newborn gift package pilots available in seven more communities.

The Nishiiyuu team also plans to interview 120 elders from all of the Cree communities for the Land-Based Healing and Birthing Knowledge Programs, and to complete the transcription and documentation of the 135 interviews already carried out.

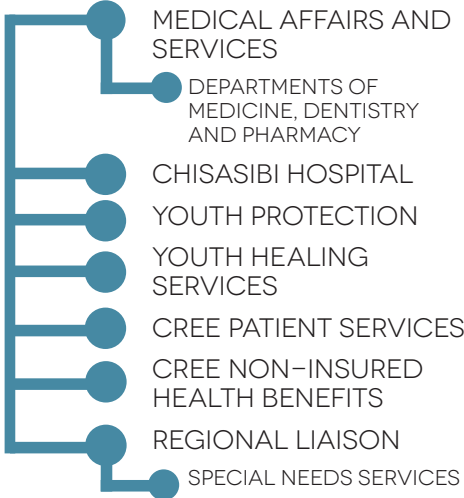
Finally, the Nishiiyuu team will evaluate these pilot programs and develop its plan for years six to ten.

Kachichepukw (Labrador tea) is one of the traditional medicinal plants being studied by the "Best of Both Worlds" diabetes research project.

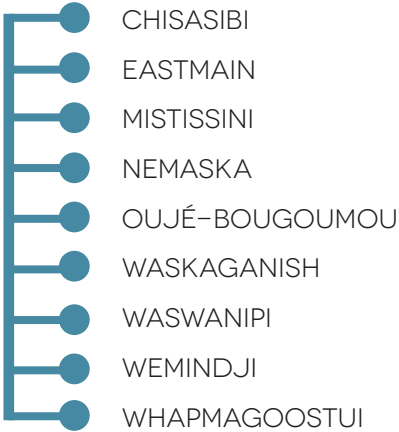


MIYUPIMAATISIIUN
GROUP

MIYUPIMAATISIIUN



COMMUNITY MIYUPIMAATISIIUN CENTRES (CMCS)



A senior delegation from the Fédération des médecins omnipraticiens du Québec visited Chisasibi in order to better understand the reality of health and social services delivery in the Cree territory. Chisasibi, May 2014.

Medical Affairs and Services

The role of Dr. Laurent Marcoux, the Director of Medical Affairs and Services (DMAS), is to support the three clinical departments (medicine, pharmacy and dentistry) in giving the population a quality of services as high as that available in the rest of Quebec. The challenge is to adapt these services to the cultural reality and special needs of our Cree population. With respect to medical services, we have to take under consideration the traditional medical knowledge of the Cree as we link with western medicine in a safe cultural manner. We must do our part to preserve the richness of the tradition that is the heart of the Cree identification and wellbeing.

TELEHEALTH

The implementation of telehealth is a challenge which involves a variety of departments and disciplines. This is one of the reasons the Director of Medical Affairs and Services oversees this exciting and far-reaching project. Secure and stable broadband internet is an important condition for the successful implementation of telemedicine.

Real-time ultrasound images are beamed from Chisasibi Hospital to the obstetrician in Val d'Or, saving pregnant women from having to travel almost 2000 km for this routine procedure.

Telehealth highlights:

- Tele-Ophthalmology has now screened the majority of diabetic patients for diabetic retinopathy, a common complication of diabetes which it is essential to catch early.
- Tele-Obstetric consultation, including real-time obstetric ultrasound, was introduced in Chisasibi, a huge breakthrough which will save many women from unnecessary travel during pregnancy.
- The Telehealth team participated in the successful establishment of the Hemodialysis unit in Mistissini through Telenephrology services.

The upcoming year will see expansion and development of more telehealth services, with a focus on mental health and greater availability throughout the Territory.



Regional Department of Medicine

The Regional Department of General and Specialized Medicine includes all the family physicians and specialists working in the clinical services offered by the CBHSSJB. The Department Head, Dr. Carole Laforest, is supported by Deputy Heads in each of the nine communities of Eeyou Istchee.

The highlights of the past year include:

- Improvements to the recruitment, hiring and orientation of new doctors and increased levels of permanent doctors in the communities.
- Continued negotiations with the MSSS and the Fédération des médecins omnipraticiens du Québec (FMOQ) regarding the need to increase the level of medical staffing in our region.
- A historic visit by the FMOQ to the Territory in May, 2014.
- Development of departmental regulations, leading to a fine-tuning of the departmental structure and clarification of roles and responsibilities.
- Fruitful collaboration in regional projects including telemedicine, implementation of integrated services in the CMCs, and harmonization of laboratory procedures.
- Continued development of the Therapeutic Guide and associated Collective Prescrip-

- tions and clinical protocols and guidelines. The Ear, Nose and Throat chapter of the Therapeutic Guide was approved, and Collective Prescriptions for x-ray, folic acid, and Vitamin D will be issued early in 2015-2016.
- Addition of Waswanipi and Whapmagoostui to Mistissini and Chisasibi as rural training sites for qualified Quebec medical students and residents; this year 80 students benefited from this program, and we are proud of the quality of teaching and coaching provided by our organization.
 - Acquisition of seven new video-laryngoscopes.
 - Elaboration of a Tactical Plan that will help track progress in achieving the major strategic objectives of the Department.
- Priorities for 2015-2016:**
- Begin work on the implementation of electronic medical records.
 - Improve mental health services.
 - Increase the availability of specialized services on the Territory through telemedicine and by improving the functioning of the corridor of services.
 - Negotiate for the creation of liaison positions to coordinate access to specialized services in key areas such as pediatrics, child and adult psychiatry, internal medicine, gynecology and ophthalmology.

MEDICAL STAFF 2014-2015

	DEPUTY HEAD	FULL TIME	PART TIME	HALF TIME
CHISASIBI	DR MICHAEL LEFSON	8	7	2
EASTMAIN	DR PHILIP ZWECKER	0	1	0
MISTISSINI	DR ROSY KHURANA	9	2	0
NEMASKA	DR GUY PAQUET	1	0	0
OUJÉ-BOUGOUMOU	DR DANIEL POPLAWSKI	0	1	0
WASKAGANISH	DR DAVID DANNENBAUM	0	5	0
WASWANIPI	DR TOBY FAINSILBER	0	3	3
WEMINDJI	DR ROXANA BELLIDO	2	2	0
WHAPMAGOOSTUI	DR JULIE SIROIS-LECLERC	1	2	0

*There is one specialist in Montreal.



Dental clinic in Chisasibi. 19% of all dental visits are with children nine and under.

Department of Dentistry

DENTAL CONSULTATIONS

	2014-2015	%CHANGE
CHISASIBI	3,600	▼ 14.9%
EASTMAIN	943	▲ 19.4%
MISTISSINI	5,056	▲ 44.3%
NEMASKA	698	▲ 26.8%
OUJÉ-BOUGOUMOU	1,044	▼ 12.3%
WASKAGANISH	1,931	▼ 30%
WASWANIPI	1,586	▼ 34.7%
WEMINDJI	1,597	▲ 19.0%
WHAPMAGOOSTUI	1,044	▼ 22.0%
EEYOU ISTCHEE	17,499	▲ 8.1%

In 2014-2015, the dental department staff had 17632 patient visits, of which 3315 were children nine years old and under; 5887 different patients were seen. For general anesthesia, a total of 340 children were seen in Montreal. Access to dental services in Mistissini and Chisasibi remains mostly on an emergency basis, and waiting time is still over six months. The continuous turnover in support staff and the lack of proper training for both dental assistants and secretaries makes the workflow less productive than it could be.

Key challenges facing the Department:

- The biggest challenge is the need for training combined with the lack of adequate resources.
- Scheduling, attendance and service delivery must be maximized.
- There are chronic difficulties related to staff turnover (coordination of replacement staff, sufficient training before hiring).
- Recall staff are often unavailable.
- Dentist recruitment is becoming increasingly difficult as new dentists seem less interested in permanent positions.

Plans for 2015-2016 include:

- Supporting all efforts to implement a dental section to the management of the Regional Cree NIHB.
- Renovating the dental clinic in Chisasibi.
- Launching the revision of the Dentistry Policies and Procedures Manual.
- Starting to implement the five-year action plan, once it is approved.
- Planning of new CMC.
- Proposing a training plan for dental assistants.



Chisasibi Hospital Pharmacy

Department of Pharmacy

Under the leadership of Pierre Caouette, the Department is continuing to implement a restructuring plan recommended by the Ordre des Pharmaciens du Quebec. The Department met three times in 2014-2015.

PHARMACY INFORMATION SYSTEM

The acquisition and installation of a computerized, regionally integrated Pharmacy Information System is a critical priority for the Department and for the CBHSSJB as a whole. The Department is defining requirements for a pharmacy information system similar to that used in medical establishments elsewhere in Quebec.

The Pharmacy Information System must be compatible with existing information systems and hardware already in use in the CBHSSJB, as well as future systems such as Electronic Medical Records. It must allow multiple levels of access, depending on the role of the user. System features must include prescription and inventory management, management of narcotics and controlled medications, workload management, barcoding and labelling, and tools to track costs and trends, which will assist in planning and budget management.

Once in place, the Pharmacy Information System will increase the security and efficiency of every step of the circulation of medicine, from the pharmaceutical supplier to the patient receiving his or her prescription medication in a local CMC.

Other ongoing projects of the Department of Pharmacy are the establishment of a training program for Pharmacy Technical Assistants in partnership with Montreal's Lester B. Pearson School Board, and the updating of policies and procedures relating to the cold chain for products that require continuous cold storage, such as certain vaccines.



Medical team, Chisasibi Hospital

Chisasibi Hospital

CHISASIBI HOSPITAL STATISTICS 2014-2015

	2014-2015	%CHANGE
ADMISSIONS	716	▲ 27.0%
HOSPITALIZ. DAYS	4,233	▲ 45.1%
TRANSFERS	N/A	— —
DEATHS	8	▲ 14.3%
AVG STAY (ACUTE CARE)	6	▲ 17.6%
BED OCCUP. RATE	64	▼ 5.9%
CLINIC CONSULT.	19,189	▲ 0.4%
SPEC. CONSULT.	993	▼ 26.1%
OBSERVATION HRS	4,249	▲ 68.5%
RADIOL. TECH. UNITS	112,943	▲ 15.8%
LAB TESTS	227,027	▲ 6.7%
DIALYSIS TREATMENTS	2,396	▼ 1.9%
PRE-DIALYSIS	203	▲ 24.5%

The Chisasibi Regional Hospital Centre has a regional role serving the needs of patients along the James Bay Coast and coordinating several regional programs. In the spirit of our Strategic Regional Plan, our efforts are working toward improving access and continuity of services for the whole Cree population.

In 2014 -2015, there were changes in the hospital management team. Daniel St-Amour was appointed Assistant Executive Director of the Administrative Resources Group, and Gary Chewanish is currently holding two positions: Director of Hospital Services (Interim) and Coordinator of Administrative Unit. The position of Director of Hospital will be posted once approved by the Ministry. Annie Dumontier is Coordinator of the Nursing Unit and Maryse Gionet is Coordinator of Clinical Services.

REPAIR AND MAINTENANCE

The hospital is an older building with ongoing maintenance requirements. Projects currently in progress are:

- renovating the Seclusion Room
- replacing the ambulance door
- fixing problems with water recirculation
- replacing hot water tanks
- modifying the structure for the new Radiology Room
- replacing the generator
- renovating the Microbiology Station
- constructing a Reception Office.

The following are projects planned for the 2015-2016 fiscal year: restructuring the dentistry clinic, replacing exterior doors and upgrading the sealing around all windows and doors, replacing the suspended ceiling in the storage room and repairing the concrete floor at the loading dock.

PREDIALYSIS

The hospital has seen a dramatic rise in pre-dialysis patients from 77 (in 2012-13) to 203 (in 2014-15), which is an increase of 126 new patients who need to be assessed and followed by a medical doctor. Presently, there is only one full time nurse in the predialysis clinic, along with designated MDs who alternate with other departments within our system.

The high prevalence of kidney disease in the Territory makes the implementation of a regional predialysis service essential to prevent kidney failure and improve access in renal care. Pre-dialysis is a clinical situation in which the patient has significant impairment of kidney function that will ultimately lead to either death or inclusion in kidney replacement therapy (dialysis and/or transplantation). Consequently, preservation of kidney function is an important goal of the predialysis chronic kidney diseases (CKD) action plan, even in patients with severe dysfunction. Someday these patients will require hemodialysis, and this service will at least delay the onset of dialysis treatment and, therefore, will help keep patients in their community longer.

The Chisasibi predialysis clinic has seen a workload increase given the rise in local and coastal patients being followed. With only one permanent staff member, addressing this increase has created a work overload at external clinics. In order to resolve the increase in patients, three permanent day positions will need to be created — two nurses and one permanent MD — within the Predialysis Clinic. This will reduce the number of patients sent to the External Clinic MD.

ARCHIVES

The hospital archivist has a regional mandate, and she visited most communities to begin the implementation of the Master Patient Index Project. This project involves the integration of all CBHSSJB users within a unique regional index to ensure that all patients have a unique file with a single identification number.

The Master-Patient-Index implementation in Chisasibi and Mistissini allowed repatriation of laboratory and radiology results for clients in both communities, allowing us to merge nearly 2,000 duplicates, which represented at least two different files for individual patients. More than 16,000 patient names, including parents’ names, were also updated.

The Regional Clinical Archives Committee under the CPDP pursues the harmonization of forms and standardized processes. This ongoing work also aims to reduce the risk of error in clinical records notes.

In the Archives Department of Chisasibi Hospital, the past year saw a 12.8% increase in forms for filing in medical charts, including forms for laboratory results and consultations; over the past two years, this increase is 16%. On average, the archives share 292 charts per day with physicians and other health care professionals.



Artwork created for Youth Protection by Waskaganish artist Tim Whiskeychan.

Youth Protection

TRAINING AND SUPERVISION

A four-year training plan has been initiated for all Youth Protection workers and front line staff. The training process includes the Quebec-standard CHARLIE training for workers who deal with minors, followed by Psychosocial Child and Family Intervention (PCFI). The goal is to provide annual training to keep up to date with best practices. Most of the team leaders and managers have received National Training Program Manager training, and our goal for next year is to implement supervision contracts with all employees. Close supervision of workers and the continuation of the revision of files will again be the priority.

LEGAL SERVICES

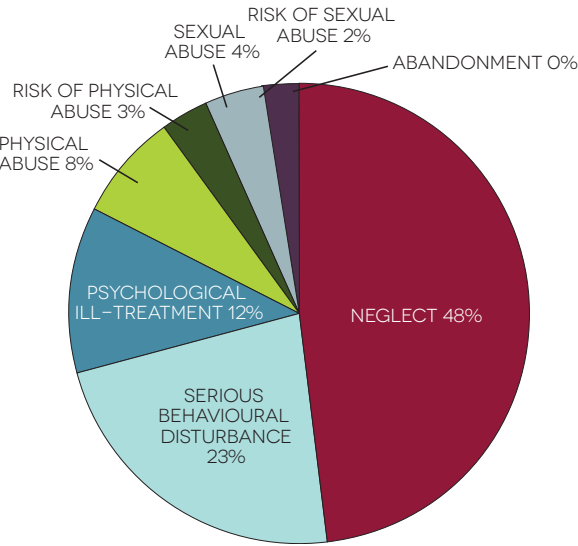
Presently, Youth Protection court hearings lasting three or four days are being held once a month in the communities of Chisasibi, Mistissini and Waskaganish. The situations of 172 children in need of protection were heard before the court, in 413 separate appearances; for each situation, we appeared in court an average of 2.4 times.

Cree Youth Protection respects the rights of all children in Eeyou Istchee to grow up in a safe and peaceful environment in harmony with their culture, language, customs and traditions while respecting child protection laws.

SIGNALEMENTS

A key element of the Youth Protection Action Plan is the centralization of the intake process known as RTS (Retention Treatment Signalement) with a regional toll-free number (1-800-409-6884) provided throughout the Territory enabling any person to make a call reporting a child at risk. A region-wide awareness campaign, combined with more accessible and rigorously monitored systems, led to a marked 86% increase of “signalements.” Consistent with previous findings, almost half of the calls relate to situations of neglect or risk of neglect.

REASONS FOR “SIGNALEMENTS”



“SIGNALEMENTS”

REPORTS TO THE DYP

	2014-2015	%CHANGE
REPORTS RECEIVED	2884	▲ 85.9%
RETAINED	2120	▲ 82.4%
% REPORTS RETAINED	73.5%	▲ 1.9%

The establishment of the Youth Protection Legal Services Department led by Suzanne Arpin, a lawyer with 30 years of experience in youth protection law, and aided by Gabriel Gaudreault, is a great achievement for the protection of the rights of awashish and their families.

Meetings were held with the Ministry of Justice, the Chief Judge of Quebec, Mme Corte, Judge Bedard and Judge Chabot to discuss ways to respect the rights of youth and to improve accessibility to court for youth and their families.

Last year there were 119 video hearings for emergencies, which saved children and families from having to travel to Val d'Or or Amos for a hearing requiring less than an hour; 28.8% of our motions before the court were done using secure video hearings.

The service contract with the Akwesasne Youth Treatment Center has been approved for another year. This year, over 12 Cree youth attended the four-month intensive program adapted to First Nation youth. Approximately 67% of these completed the program.

GOALS FOR 2015-2016:

- Develop a collaboration protocol with the Cree School Board
- Develop a collaboration protocol with the Cree Justice Department and the Eeyou Eenou Police to refer more youth (12 to 17 years old) to extra-judicial measures when appropriate
- Continue to build bridges between Youth Protection and First Line services
- Find ways to retain our personnel and lower the turnover rate of our staff
- Implement the supervision plan for all DYP employees
- Develop an Action Plan for Foster Homes in light of the passing of Law 49 (PL-49) by the Quebec government, a law governing foster homes in Quebec
- Implement supervision contracts with all employees
- Develop modules in the Youth Protection File Management System for YCJA and Foster Home workers

The Human Rights Commission has officially closed their investigation as of June 5, 2014. All situations and observations have been answered to their satisfaction. Marlene Kapashesit has been hired as the new Assistant Director of Youth Protection for Foster Homes and YCJA Services. She is of Cree descent and brings with her 19 years of experience in First Nation child protection services in Ontario.



Youth Healing Services

Under the interim leadership of Nathalie Lalonde, Youth Healing Services is implementing the YHS Action Plan to strengthen and improve the services it offers. YHS staff participated in over 60 training sessions on subjects including mental health first aid and suicide intervention.

Youth Healing Services operates residential programs for youth referred from Youth Protection in all nine communities. The youth in care of YHS experience a wide range of difficulties, often including alcohol and substance use. The majority of the youth are placed under the Youth Protection Act (through ordered or voluntary measures) and a few of them under the Youth Criminal Justice Act (open custody). To these youth, YHS is committed to providing a compassionate and effective family-oriented program with respect for Cree values, cultural teachings and language, and to providing a sense of acceptance and belonging for the youth.

In Mistissini, YHS operates the Upaachikush Group Home (seven places) and the Reception Center (12+3 places). In Chisasibi, YHS operates the Weespou Group Home (nine places). YHS is working with Cree Justice towards building a 12-place Reception Centre in Chisasibi in 2017.

YHS has 71 employees, including 36 childcare workers, 12 residence guards and over 20 occasional workers. The position of psychologist is currently vacant. The Cree School Board provides a teacher for youth residing at the Reception Center in Mistissini. Both Upaachikush and

Weesapou Group Home clients attend the public school. Cree School Board and Youth Healing Services are working on a partnership agreement in order to improve educational services for youth in care.

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

This year, five major activities were held:

- Aboriginal Day Activity in Mistissini, June 17-18, 2014: over 50 workers and youth participated.
- Boating Activity, Noomshoom camp, Mistissini, July 6-16, 2014: 10 youth, 10 workers and two traditional educators participated.
- Canoe Brigade, Mistissini Lake, August 3-13, 2014: 14 youth, 10 workers and two elders participated.
- Moose Hunting, LG-2, Chisasibi, September 26-October 9, 2014: 11 youth, five workers and two elders participated.
- Journey of Wellness, Seal River, Chisasibi, March 7-21, 2015: nine youth, nine workers and two elders participated.

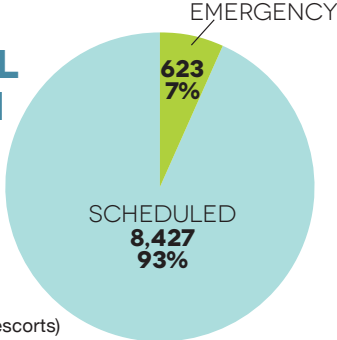


Cree Patient Services



Special Needs Services

REASONS FOR MEDICAL EVACUATION



Clients only (does not include escorts)

Cree Patient Services (CPS) coordinates transportation, accommodation, and medical appointments for patients who must travel outside Eeyou Istchee for medical and social services not available in the communities. CPS has offices in Chisasibi (managed by the Hospital), Val d’Or, Chibougamau and Montreal, and a staff of 64 full-time and 13 part-time employees.

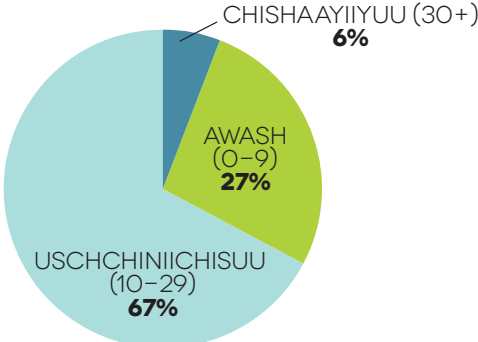
The CPS philosophy is one of respect and equity. CPS aims to provide an excellent quality care and service to our clients. We promote autonomy for all clients, and we know that an important step towards achieving that goal is to provide information to clients.

Year after year, demand for Cree Patient Services increases at a very high rate. This, combined with difficulty recruiting and coping with staff turnover, places CPS under great pressure.

In Chibougamau, sick leaves and difficulty in recruiting had the team understaffed most of the year. Two agency nurses served a total of 401 hours. Arrivals in Chisasibi were up 10% compared to last year. CPS Montreal saw an even greater increase of 17% and also had recruitment difficulty, requiring almost 3,000 hours from a nursing agency. CPS Val d’Or, situated in the hospital, saw an increase of 15% from last year. Accommodating clients who require adapted transportation remains a challenge in Val d’Or.

In the coming year, the CNIHB transportation policy will be discussed with the MSSS, process and security measures for the Care 4 software will be reviewed, and the centralization project undertaken with the firm RCGT will continue. This project is exploring the feasibility of bringing CPS offices in Montreal together under the same roof with the clientele.

AGE GROUPS OF SPECIAL NEEDS CLIENTS



Regional Special Needs Services (RSNS) supports local CMCs and other agencies with the delivery of necessary services and resources required for individuals with special needs. Clients are 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 socioemotionally. In 2014-2015, RSNS consisted of a full-time coordinator, a part-time support worker and four part-time clinical advisors. Working with the local CMCs, we were involved in 117 cases involving multidisciplinary case management, an increase from 95 cases in 2013-2014. RSNS supported 19 individuals who are living outside of their communities due to the complexity of their needs.

Special Needs Services provides support to the groundbreaking Cree Regional FASD Diagnostic and Intervention Clinic, the only such clinic in the province. A multidisciplinary team ran six FASD clinics in four communities last year. The clinic received 32 referrals, and eight children

received a diagnosis under the FASD spectrum. Working with communities, RSNS has helped develop and implement intervention plans for the majority of the children assessed. In 2015-2016, the FASD team expects to conduct two or three clinics and is presently working on a support program for the mothers as well as training for the community-based workers supporting the children and their families.

RSNS continues planning for a Regional Residential/Respite Care facility for Cree children and youth with special needs; this facility will become the central point for a range of direct care and outreach services, supporting the formalization of collaborations between the various service providers.

SPECIAL NEEDS INDIVIDUALS & RSNS CLIENTS

	INDIVIDUALS WITH SPECIAL NEEDS	RSNS CLIENTS
CHISASIBI	121	30
EASTMAIN	27	7
MISTISSINI	95	30
NEMASKA	57	5
OUJÉ-BOUGOUMOU	35	6
WASKAGANISH	104	14
WASWANIP	113	6
WEMINDJI	59	2
WHAPMAGOOSTUI	47	17
TOTAL	658	117

RSNS was involved in the files of 18% of all special needs clients, for a total of 117.

NIGHTS LODGING (PATIENT & ESCORT)

	BOARDING HOME	HOTEL	PRIVATE HOME	OTHER*	TOTAL
CHIBOUGAMAU	0	1,424	45	49	1,518
CHISASIBI**	0	13	993	62	1,068
VAL D’OR	24,552	10,768	5,602	5,008	45,930
MONTREAL	15,083	28,657	7,022	8,949	59,711
EYYOU ISTCHEE	39,635	40,862	13,662	14,068	108,227

* Other may include hospitals or patients who did not seek reimbursement for private accommodation.
** Patients transferred from other coastal communities to Chisasibi Hospital

COMMUNITY
MIYUPIMAATISIUN
CENTRES



CHISASIBI

POPULATION	4,501		
AWASH 0–9 ¹	982	▼	3.2%
USCHINIICHISUU 10–29	1628	▲	3.2%
CHISHAAYIYUU 30+	1891	▲	2.4%
TOTAL	4,501	▲	1.4%

MEDICAL EVACUATIONS

EMERGENCY	N/A
SCHEDULED	N/A

CURRENT SERVICES	NO. OF CONSULTATIONS
FAMILY DOCTOR	1,510
VISITING SPECIALIST MD	0
TOTAL MD CONSULTATIONS	1,510
NURSE IN CURRENT SERVICES	0
HEMODIALYSIS TREATMENTS	p. 38

AWASH	
NURSE IN AWASH	2,405
CHR (INDIVIDUAL)	92
CHR (GROUPS)	9
COMMUNITY WORKER	628
SOCIAL WORKER	0

USCHINIICHISUU	
NURSE IN USCHINIICHISUU	1,277
CHR (INDIVIDUAL)	1
CHR (GROUPS)	12
COMMUNITY WORKER	628
SOCIAL WORKER	0
NNADAP WORKER	134

CHISHAAYIYUU	
NURSE IN CHISHAAYIYUU	3,563
CHR (INDIVIDUAL)	24
CHR (GROUPS)	0
COMMUNITY WORKER	2,741
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	N/A
MSDC (ATTENDANCE)	3,045
MSDC (MEALS SERVED)	3,045

1. The 0-4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Age Group programs are not fully implemented in every community. Chisasibi Hospital provides many of the services that in other communities are provided by the CMC.

The move to the new Chishaayiyuu clinic in December is very big news for us,” says Jane Sam Cromarty, Interim Local Director of the Chisasibi CMC. “With this clinic we are able to offer more clinical services and support for people with chronic diseases. Having the home care services based in the same building is a real advantage, as its services are so closely linked to the clinic’s. Overall, this is a new and exciting arrangement for Chishaayiyuu services.”



Jane Sam Cromarty, Local Director of Chisasibi CMC (Interim)

For the past three years, Chisasibi’s Awash and Uschinichisuu units have shared office space with the Chishaayiyuu unit, but with the completion of renovations and new facilities, the Chishaayiyuu unit returned to its own building in December.

With this expanded space, the **Awash** unit has been able to more effectively support its services, especially its maternal and child well-being program. Awash has experienced a shift in management as the coordinator has been on leave since August of last summer. However, a new Awash community organizer was recently hired to help connect families with resources in the community, ensuring they receive all the support that is available.

The **Uschinichisuu** unit has also been without a manager, but a team leader has been re-cruited to provide support. In addition, a nurse is being hired as part of the longer term goal of building a Uschinichisuu clinic to provide services and supports directed at the youth in the community. The team continues to provide support for school-based programs, such as the nutrition program and those on traditional values and health, and has hired a new school nurse along with school-based Community Health Representatives (CHRs) to support health and well-being in the schools.

The **Chishaayiyuu** unit continues to offer services for clientele despite the fact that it still lacks a coordinator. This year has seen a ramping up of services to patients with chronic diseases – most notably diabetes – thanks to the new Chishaayiyuu clinic, which opened in December 2014. There are two full-time nurses in the Chishaayiyuu team, along with CHRs and a community-based psychologist. The new facility is divided into four sections: a section for the clinic, as well as sections for home care services, social services, and administration, bringing together the full range of Chishaayiyuu services. This arrangement should facilitate the integration of these services. There was also notable success with the new tele-retinopathy program, and 53% of diabetic patients in Chisasibi have been screened.

The **Administration** unit saw its coordinator resign in September 2014, but all other positions are filled according to the Personnel Plan. The Administration unit moved with Chishayiyuu in December 2014, and is settling into its new work environment. The team still needs office space for some employees and must provide a vehicle for the CMC Maintenance Worker. In addition, a driver to operate the Multi-Service Day Centre (MSDC) bus must be hired.



EASTMAIN

POPULATION 772

AWASH 0–9 ¹	187	▲	6.9%
USCHINIICHISUU 10–29	260	▲	1.2%
CHISHAAYIYUU 30+	325	▲	2.8%
TOTAL	772	▲	3.2%

MEDICAL EVACUATIONS

EMERGENCY	49
SCHEDULED	665

CURRENT SERVICES NO. OF CONSULTATIONS

FAMILY DOCTOR	796
VISITING SPECIALIST MD	120
TOTAL MD CONSULTATIONS	916
NURSE IN CURRENT SERVICES	12,831

AWASH

NURSE IN AWASH	1,158
CHR (INDIVIDUAL)	202
CHR (GROUPS)	0
COMMUNITY WORKER	180
SOCIAL WORKER	49

USCHINIICHISUU

NURSE IN USCHINIICHISUU	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	0

CHISHAAYIYUU

NURSE IN CHISHAAYIYUU	391
CHR (INDIVIDUAL)	756
CHR (GROUPS)	0
COMMUNITY WORKER	174
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	14
MSDC (ATTENDANCE)	339
MSDC (MEALS SERVED)	339

1. The 0–4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Age Group programs are not fully implemented in every community.

The **Awash/Uschiniichisuu** unit is near full staff capacity and remains committed to providing best care practices and promoting healthy lifestyles for young families. This year’s highlights include several recently added programs, such as Family Planning counseling, the Well Women’s Clinic, the Healthy Weight Clinic, and the Uschiniichisuu Clinic. As in past years, services also include the Awash Eczema Clinic, the Well Baby Program, and the Prenatal Program. In the coming year the Awash/Uschiniichisuu unit will develop awareness initiatives to address various community needs and issues and will maintain its strong partnerships with other community entities.

The **Current Services/Chishaayiyuu** team is enhancing all services through operational planning and strategic development. The Current Services nursing staff has one temporary and three permanent full-time positions. The clinic hired a nutritionist in October 2014 to support healthier eating habits for the diabetic clientele. Two part-time doctors also serve the community’s health needs, and had 796 consultations with patients. The past year has seen an increase of patients over the previous year, and future plans include hiring an additional Chishaayiyuu nurse and an additional CHR to promote diabetes awareness. Dental services in the community continue to be provided by replacement dentists.

Eastmain’s new CMC building opened in the spring of 2013, with the clinical teams moving in at the end of May. But a few days later, forest fires forced an evacuation of much of the community. “Last year we didn’t even have time to settle before the evacuation,” says Eastmain CMC Director Rita Gilpin. “But now we’ve had our first year in the new building and the added space has made a big difference. People have more access to services in all the units, and the Awash team has grown. This past year the program managers have been concentrating on developing programs, so we will continue to see more growth.”



Rita Gilpin, Local Director of Eastmain CMC

The Cree HCCP staff includes a home care nurse, a community worker, a rehabilitation monitor and two permanent full-time health and social aides. Our fourteen home care clients received on average 112 hours of service a week; future plans include hiring an additional health and social aide.

The MSDC began the year with seven clients, but there was one death; then in late February six additional users joined, making a current total of 12 participants. Our physiotherapist and occupational therapist are making a significant difference in the services, providing much needed therapies; the PT met with clients at the MSDC a total of 397 times. In the upcoming year we hope to hire a psycho-educator to further improve services.

The **Administration** needs to hire a part time administrative officer before reaching full capacity. The new CMC building, while much appreciated, continues to experience some difficulties: the backup generator is starting to sink and there are problems with the electric wiring. This year also saw the opening of new four-plex units to accommodate the CMC’s professionals, replacement nurses, and other CHB employees. However, two residential units have mould and need major renovation; in addition, a storage space is also needed.



MISTISSINI

POPULATION	3,654
AWASH 0-9 ¹	780 ▼ 2.0%
USCHINIICHISUU 10-29	1,259 ▲ 2.5%
CHISHAAYIYUU 30+	1,615 ▲ 2.7%
TOTAL	3,654 ▲ 1.6%

MEDICAL EVACUATIONS

EMERGENCY	194
SCHEDULED	3,014

CURRENT SERVICES	NO. OF CONSULTATIONS
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FAMILY DOCTOR	4,949
VISITING SPECIALIST MD	420
TOTAL MD CONSULTATIONS	5,369
NURSE IN CURRENT SERVICES	17,001
HEMODIALYSIS TREATMENTS	p.37

AWASH

NURSE IN AWASH	2,425
CHR (INDIVIDUAL)	1,194
CHR (GROUPS)	108
COMMUNITY WORKER	359
SOCIAL WORKER	242

USCHINIICHISUU

NURSE IN USCHINIICHISUU	1225
CHR (INDIVIDUAL)	2116
CHR (GROUPS)	0
COMMUNITY WORKER	1,417
SOCIAL WORKER	691
NNADAP WORKER	0

CHISHAAYIYUU

NURSE IN CHISHAAYIYUU	3,701
CHR (INDIVIDUAL)	947
CHR (GROUPS)	0
COMMUNITY WORKER	235
SOCIAL WORKER	631
HOMECARE	863
MSDC (ATTENDANCE)	1,239
MSDC (MEALS SERVED)	1,239

1. The 0-4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

This past year the CMC continued to enhance the services it renders to the community by opening new hemodialysis and laboratory facilities.

The **Current Services** unit opened its new laboratory in September 2014 and new hemodialysis unit on October 10, 2014; the new radiology unit will open in this coming year. Meanwhile, in the archives, “Medi-patients & Medi-Index” systems have been implemented to ensure confidentiality of medical charts.

The number of medical personnel has also increased to meet the community’s growing needs. We now have nine full-time and two part-time physicians.

The **Awash** unit welcomed 45 new babies this past year. A new Coordinator of Awash Miyupimaatisiun (Interim) has been in place since January 20, 2014, and the team is at full strength in terms of front-line workers. In all sectors, the Awash team carried out 36% more interventions than last year. Mistissini has had four visits from the pediatrician and continues to maintain pediatric nursing services with the support of a CHR. The Awash team carried out its third Vaccination Blitz at the school. An eczema clinic is being implemented, as is a child obesity program, with the collaboration of the nutritionist. Training was given on interdisciplinary teamwork, multi-generational trauma, CHARLIE and PCFI.

Mistissini’s new facilities are making a huge difference to health care services. The new laboratory has performed over 25,000 tests between opening in September 2014 and the end of March 2015. The hemodialysis unit, which opened October 10, 2014, has been providing life-saving dialysis services to 12 patients, keeping these individuals in their own community. Meanwhile, the radiology unit has yet to open formally, but informally the facility has had more than 1,200 patient visits for ECGs and dental x-rays.



Annie Trapper, Local Director of Mistissini CMC

The **Ushchinichuu** unit is almost at full strength but needs to hire a mental health nurse and a mental health worker. The unit provides a continuum of services to its clientele, including clinical/medical and psycho-social services. These, along with the The National Native Alcohol & Drug Awareness Program (NNADAP) and Healthy School program, are an ongoing priority. Various preventive and awareness activities and projects are implemented in the schools and the community. New projects include the Child Obesity Program and the Young Parents Group for Healthy Cooking. Ushchinichuu continues to assist in dental prevention activities at the school from pre-kindergarten to grade six, and was also involved in the planning of the visit of an optometrist to see children from grades 4 to 6 at the school; a total of 181 students were seen.

The **Chishayiyuu** unit continued to develop programs and tools in order to provide effective integrated services to clients. This team effort aimed at improving efficiency in all services. Workshops were provided at the MSDC, including “Successful Aging” to elders and “Empowerment” to special needs participants. Ongoing training, staff meetings, clinical meetings and multidisciplinary meetings facilitated the implementation of the care plan and the provision and promotion of improved health and wellbeing for our clientele. Inter-departmental meetings ensure that clients receive the optimum continuum of care.

In order to continue growing and improving, the CMC works closely with its community partners; the community organizer strengthens these links by working with partners to unite around common goals, including the Aashuumiih Project, the Traditional Birthing Knowledge Project, and the Quebec en Forme health and fitness program.

The **Administration** unit concentrated on implementing the CMC Personnel Plan and the Preventive Maintenance Planon Program, and ensuring that the three new services (Laboratory, Hemodialysis & Radiology) are operational. It also managed the ongoing maintenance and repairs of housing units and ensured necessary operational and tactical plans were completed.

Priorities for the coming year include setting up an inter-departmental committee to ensure that units work together to provide quality services to their clientele.



NEMASKA

POPULATION 782

AWASH 0–9 ¹	160	▲	2.6%
USCHINIICHISUU 10–29	265	▲	4.3%
CHISHAAYIYUU 30+	357	▲	1.7%
TOTAL	782	▲	2.8%

MEDICAL EVACUATIONS

EMERGENCY	63
SCHEDULED	567

CURRENT SERVICES NO. OF CONSULTATIONS

FAMILY DOCTOR	1,357
VISITING SPECIALIST MD	241
TOTAL MD CONSULTATIONS	1,598
NURSE IN CURRENT SERVICES	11,067

AWASH

NURSE IN AWASH	983
CHR (INDIVIDUAL)	365
CHR (GROUPS)	203
COMMUNITY WORKER	244
SOCIAL WORKER	248

USCHINIICHISUU

NURSE IN USCHINIICHISUU	537
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	76
SOCIAL WORKER	0
NNADAP WORKER	369

CHISHAAYIYUU

NURSE IN CHISHAAYIYUU	1,339
CHR (INDIVIDUAL)	1,541
CHR (GROUPS)	7
COMMUNITY WORKER	1,009
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	14
MSDC (ATTENDANCE)	456
MSDC (MEALS SERVED)	967

1. The 0–4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

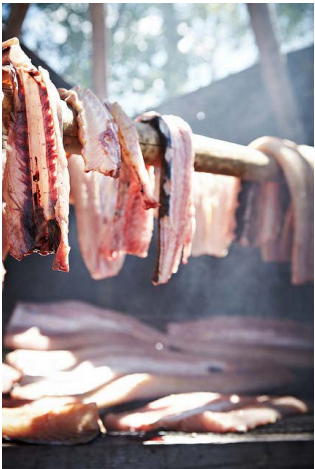
Age Group programs are not fully implemented in every community.

This past year saw the Nemaska CMC create mission and vision statements that provide staff with guidelines and a sense of purpose for their work in the community, and develop operational and technical plans that define how the new CMC functions. This year’s priority will be to focus on the prevention, education and promotion of health and social activities with local partners.

The **Awash/Uschinichisuu** unit welcomed 21 new healthy babies this year, and new obstetric ultrasound equipment was installed in the clinic. Often in collaboration with local partners, the team carried out activities and workshops on breastfeeding, healthy pregnancies, baby food preparation, lice screening, nutrition and oral hygiene, bullying, sexual health, and alcohol and drug abuse. Home visits to assess moulds were conducted with the Awash CHRs, and recommendations sent to the Band Housing Department. In terms of personnel, the unit has hired 75% of its staff; the staff members continue with CHARLIE, PCFI and CHR training. This year the unit will focus on engaging the community and increasing participation in prevention/promotion activities.

Like last year, **Chishaayiyuu/Current Services** experienced a turnover of nursing staff and relied more heavily on agency nurses than the CHB recall list due to that list’s depletion. Visits by the doctor were increased to 200 days in order to improve patient care and decrease the waiting list; however, there was a decrease in

Last year we moved into new clinic, and we needed to make new operational and technical plans for all the departments,” says CMC Local Director Beatrice Trapper. “Previously the staff was dispersed, working in their own little silos. But Nemaska is small, and all the departments and all our clients are connected. Something in Chishaayiyuu will be connected to other things in Awash or Uschinichisuu. So now we are working together as teams, and seeing a lot of collaboration across the departments.”



the number of visits by specialists. This past year saw the installation of telemetry equipment in Current Services, enabling physicians at distant locations to diagnose and monitor certain conditions in patients. In the fall the Head of Dentistry visited to meet the team and discuss improving dental services; efforts need to focus on offering preventive dental care and decreasing our waiting list. The unit hired a permanent nutritionist in November 2014; since then the nutritionist has offered 71 group activities in addition to providing direct services to clients.

As diabetes awareness remains a priority, the nutritionist and CHRs organized Diabetes Month activities, Winter Active activities at school, and information booths on healthy living at school and in the community. The senior community worker provided support and interventions for mental health and social issues.

The HCCP has 14 clients, with assessments for new clientele pending. This year the HCCP, in collaboration with the MSDC team, took clients on a special trip to Smokey Hill Fishery in Waskaganish for an overnight camp. The clients enjoyed the experience very much.

The MSDC offers activities such as arts and crafts, drum-making and bingo; this past year, elders demonstrated how to weave snowshoes, skin a marten and stretch beaver pelts. A cook was hired to provide meal service, including Meals On Wheels.

Staff continue their professional development, taking training and workshops in intergenerational trauma, suicide prevention, sexual abuse intervention, and anger management, as well as CHARLIE and PCFI training.

We continue to provide medical service for the nearby Hydro camp; 32 clients were registered this year, compared to 63 last year.

This year the **Administration** unit worked with management on tactical and operational plans. The aim for the coming year is to continue integrating services and providing support to staff, and to work on developing a local document centre for all programs. The full functioning of the MSDC kitchen and the repairs and renovations of housing units remain priorities.

Nemaska experienced several power outages, one of which lasted five days in October, but the administration team, working with other units, ensured services even during this crisis.

OUJÉ-BOUGOUMOU

POPULATION	831
AWASH 0-9 ¹	210 ▲ 6.1%
USCHINIICHISUU 10-29	287 ▲ 0.7%
CHISHAAYIYUU 30+	334 ▲ 2.1%
TOTAL	831 ▲ 2.6%

MEDICAL EVACUATIONS	
EMERGENCY	77
SCHEDULED	570
CURRENT SERVICES	NO. OF CONSULTATIONS
FAMILY DOCTOR	1,388
VISITING SPECIALIST MD	43
TOTAL MD CONSULTATIONS	1,431
NURSE IN CURRENT SERVICES	10,172
AWASH	
NURSE IN AWASH	473
CHR (INDIVIDUAL)	155
CHR (GROUPS)	0
COMMUNITY WORKER	35
SOCIAL WORKER	0
USCHINIICHISUU	
NURSE IN USCHINIICHISUU	0
CHR (INDIVIDUAL)	117
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	0
CHISHAAYIYUU	
NURSE IN CHISHAAYIYUU	241
CHR (INDIVIDUAL)	177
CHR (GROUPS)	0
COMMUNITY WORKER	176
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	N/A
MSDC (ATTENDANCE)	545
MSDC (MEALS SERVED)	839

1. The 0-4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Age Group programs are not fully implemented in every community.

I have seen changes this past year in the amount of trust the clientele has in our services, even though we have had a lot of staff turnover,” says Susan Mark, Local Director of the Oujé-Bougoumou CMC. In addition, she notes, having a half-time permanent doctor, who began later last year, has increased services and stability of the team. “People are getting seen more often, and their health care needs are being met. The doctor is supposed to be here 90 days a year, but last year was here for about 140 days!”



The integration of Youth Protection services with the Awash/Uschiinichuu unit is proving difficult, as there seems to be some uncertainty as to where responsibilities lie. In the near future we must improve understanding and cooperation between these two departments to achieve the common goal of enhancing the health of our younger generation.

Community health interventions in the **Chishaayiyuu** unit focused in diabetes education. We are making modifications to our organizational chart by combining two partial (half-time) nurse positions to create a community health nurse who will cover the community health programs.

The nutritionist Joceline Piché retired in December 2014, and a new one began in February; the physiotherapist resigned in August, but another was hired in January. The NNADAP has seen a steady follow of self-referred clientele to the addictions program.

Stabilizing the CMC managerial team proved challenging this past year — the Awash/Uschiinichuu coordinator returned from maternity leave as both the CMC Director and the Administration Coordinator were on leave for over six months, placing heavy pressure on the Current Services and Awash/Uschiinichuu Coordinators.

Current Services faced difficulties because of staff turnover and team members on sick leave, but aims to fill all nursing positions and to create an assistant to the immediate supervisor position (this process must be approved by the executive committee early in 2015-2016). The tele-ophthalmology program was launched, enabling the remote diagnosis of eye conditions; teleophthalmology training for the nursing staff will take place in 2015-2016. The new half-time physician provided 1388 consultations.

Services in the **Awash/Uschiinichuu** unit were increased as community worker and CHR positions were filled. The Awash team has seen 20 pregnancies this year, the highest number since the program was launched in 2009. The Awash nurse and CHR interventions have almost doubled. In the prenatal program, 40% of all pregnancies are considered high risk.

The **Administration** unit, following the recommendations of the medical archivist, has assigned an administrative officer to update and create new files for medical charts, and to create charts for new births. The MSDC parking lot was improved in summer 2014, so elderly participants now have easier access to the adapted vehicle. We still experience a lack of housing and transits, and a building technician should be hired to improve building maintenance. We have not been able to hire all personnel to fully implement the Strategic Regional Plan due to the shortage of office space and housing. In addition, the CMC and MSDC are running out of storage space for necessary equipment.

Clinical planning for a new CMC is coming closer to being a reality, and we will continue this planning in the coming year.

WASKAGANISH

POPULATION 2,333

AWASH 0–9 ¹	550	▼	0.7%
USCHINIICHISUU 10–29	844	▲	2.4%
CHISHAAYIYUU 30+	939	▲	3.0%
TOTAL	2,333	▲	1.9%

MEDICAL EVACUATIONS

EMERGENCY	83
SCHEDULED	1,906

CURRENT SERVICES NO. OF CONSULTATIONS

FAMILY DOCTOR	2,912
VISITING SPECIALIST MD	307
TOTAL MD CONSULTATIONS	3,219
NURSE IN CURRENT SERVICES	21,116

AWASH

NURSE IN AWASH	1,999
CHR (INDIVIDUAL)	1,291
CHR (GROUPS)	80
COMMUNITY WORKER	1,029
SOCIAL WORKER	0

USCHINIICHISUU

NURSE IN USCHINIICHISUU	97
CHR (INDIVIDUAL)	275
CHR (GROUPS)	7
COMMUNITY WORKER	137
SOCIAL WORKER	0
NNADAP WORKER	242

CHISHAAYIYUU

NURSE IN CHISHAAYIYUU	263
CHR (INDIVIDUAL)	1,572
CHR (GROUPS)	53
COMMUNITY WORKER	596
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	25
MSDC (ATTENDANCE)	2,051
MSDC (MEALS SERVED)	2,051

1. The 0–4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Age Group programs are not fully implemented in every community.

The teleophthalmology program has been a real highlight this past year – it has saved the costs of sending people south, and our clients really like it,” says Bert Blackned, Local Director of the Waskaganish CMC. “In Current services, our team of doctors, nurses and CHRs are involved in a project with researchers from the University of Western Ontario to develop a comprehensive tool kit that will assist First Nations services providers in promoting knowledge about diabetes.”



Bert Blackned, Local Director of Waskaganish CMC

The **Awash** Unit welcomed 44 babies this year, a slight drop from previous years. Consequently, nurses had more time to attend to care plans for other Awash clients, focusing on issues such as obesity and chronic diseases and ensuring patient follow-ups are carried out between the pediatrician’s visits in Waskaganish. The Awash team collaborates with the psycho-educator, nutritionist, occupational therapist and Child & Family Services (Head Start) to conduct family-oriented group activities. Highlights included the successful Apishtiawaash (Baby College) program, a parenting workshop offered this past spring and to be offered again in the fall. “Building a Healthy Family” courses also proved popular.

The **Ushchiniichisuu** unit welcomed a school nurse and a NNADAP Prevention worker. Although this team has no CHRs, the Awash CHRs supported and assisted the school nurse in creating a Student Health Profile, which involved conducting a chart review for more than 300 students. This health profile helps the school know which children have medical concerns (such as allergies) and ensures that school staff receive training on how to respond to any allergic reaction.

Our goal for the coming year is to develop awareness campaigns, programs and psychological services addressing poverty, conjugal violence, grief and addictions that affect the well-being of the family unit.

In **Current Services**, the team remained stable and active. The **Chishaayiyuu** unit continued to focus on problems of obesity and diabetes. The diabetic retinopathy program saw almost 100 patients during the year and the teleophthalmology training of CHRs has gone well. The goal is to provide screening services for every diabetic individual in Waskaganish.

The HCCP team supported to between 20 and 25 clients at any given point over the year, while the MSDC usage remained similar to last year, serving over 2000 meals to clients.

AWASH O-9 ¹	439	▼	1.1%
USCHINIICHISUU 10-29	705	▲	4.6%
CHISHAAYIYUU 30+	773	▲	2.4%
TOTAL	1,917	▲	2.3%

EMERGENCY	175
SCHEDULED	28

AWASH	
NURSE IN AWASH	1,500
CHR (INDIVIDUAL)	679
CHR (GROUPS)	840
COMMUNITY WORKER	512
SOCIAL WORKER	366

NURSE IN USCHINIICHISUU	0
CHR (INDIVIDUAL)	0
CHR (GROUPS)	0
COMMUNITY WORKER	372
SOCIAL WORKER	0
NNADAP WORKER	276

NURSE IN CHISHAAYIYUU	341
CHR (INDIVIDUAL)	887
CHR (GROUPS)	1,812
COMMUNITY WORKER	464
SOCIAL WORKER	0
HOMECARE (NO. OF CLIENTS)	23
MSDC (ATTENDANCE)	237
MSDC (MEALS SERVED)	2,289

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Waswanipi's Current Services/Chishaayiyuu unit has seen a steady stream of nurses and visiting doctors, including student doctors. This is positive for the community, but has meant that there is more activity than current staff can easily manage. The caseload for the head liaison nurse has increased due to attendance of up to three doctors in the community at the same time. As this role is critical to the efficient running of nursing services and communication to the outside medical facilities, the position should become full-time.

Currently, there are 10 dialysis and 20 pre-dialysis patients. These patients require close and frequent follow-up. Access points of service must be restructured and the secretarial support staff reorganized to ensure that appointments and follow ups meet the needs of these patients efficiently.

In December 2014, a pilot pharmaceutical program was implemented to address errors in medication for patients. Pharmaceutical supplies are now dispensed from Mistissini rather than Chisasibi, and a monitoring system has been implemented in order to improve patient care by providing current, updated information on each individual.

A close-up photograph of a middle-aged man with short, dark hair, smiling and looking slightly to his left. He is wearing a dark blue button-down shirt. The background is a brightly lit indoor space, possibly a hallway or a large room with a drop ceiling.

Alan Moar, Local Director
of Waswanipi CMC

The Home Care program currently has 23 clients, including two receiving short term care due to caesareans for childbirth. This past year the permanent homecare nurse acquired training for foot-care; the homecare nurse now occupies an office at the CMC to allow him to have closer contact with the clientele and any individual seen by the medical team who may be in need of foot-care.

The **Waswanipi/Uchiiniichisuu** unit welcomed 30 newborns (clear example of late registration) to Waswanipi this year. The Apishtiawaash (Baby College) program, in collaboration with the Head Start Program, gives parents assistance and support by teaching them how to become the best parents they can be for their infants and toddlers. This year the team provided a number of primary prevention activities, including Breastfeeding Week, Healthy Lifestyle Prevention Program, Afterschool Program for Diabetes Prevention with students, Suicide Prevention Week, Mental Health Week and Drop the Pop Week. The team continues to support the Solvent Abuse Program and Recovery Support Group. In September, Waswanipi hosted the 18th Annual Cree Regional Addiction Awareness Conference, and a team of consultants provided six workshops and training for team members.

Most challenging for this year for the Awash/Uschiniichisuu team was the inability to fill the two vacant nurse positions and one CHR position.

The **Administration** unit faced some technical problems with the MSDC building, and received support from Chisasibi for the maintenance of houses. The MSDC will be renovated this coming year.

There is also an effort to create a central appointment process for all clients, instead of having several different people arrange appointments for MSDC, dentistry, social services, mental health, and so forth. A centralized process could help solve problems with conflicts and missed appointments.



WEMINDJI

POPULATION	1,481		
AWASH 0-9 ¹	309	▲	0.3%
USCHINIICHISUU 10-29	482	▲	0.2%
CHISHAAYYUU 30+	690	▲	3.1%
TOTAL	1,481	▲	1.6%

MEDICAL EVACUATIONS

EMERGENCY	49
SCHEDULED	968

CURRENT SERVICES	NO. OF CONSULTATIONS
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FAMILY DOCTOR	1,336
VISITING SPECIALIST MD	193
TOTAL MD CONSULTATIONS	1529
NURSE IN CURRENT SERVICES	11,065

AWASH

NURSE IN AWASH	1,135
CHR (INDIVIDUAL)	731
CHR (GROUPS)	11
COMMUNITY WORKER	27
SOCIAL WORKER	0

USCHINIICHISUU

NURSE IN USCHINIICHISUU	604
CHR (INDIVIDUAL)	3,024
CHR (GROUPS)	72
COMMUNITY WORKER	707
SOCIAL WORKER	0
NNADAP WORKER	135

CHISHAAYYUU

NURSE IN CHISHAAYYUU	921
CHR (INDIVIDUAL)	146
CHR (GROUPS)	13
COMMUNITY WORKER	90
SOCIAL WORKER	0
HOMECARE	414
MSDC (ATTENDANCE)	17,853
MSDC (MEALS SERVED)	17,853

1. The 0-4 years group in the JBA beneficiary list is underestimated since some newborns are registered late (sometimes up to 2 years); this is corrected using MSSS birth figures.

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

Age Group programs are not fully implemented in every community.

Willie Matches Memorial Miyupimaatisiun Centre
The **Awash** unit added a new nutritionist, occupational therapist and social worker this year, and has had two different school nurses. It is now operating at full capacity, except that it has not yet recruited an Awash/Uschiniichisuu coordinator. The Awash team is developing material for expectant mothers and preparing a routine four-year-old follow-up tool to ensure school readiness for children of that age. They are also performing regular follow-ups for special needs clients.

Last year saw the birth of the pilot project “Fly Families.” The community organizer who implemented that program is on educational leave, but trained a former CHR to take over her role, and this replacement has integrated well into that new position.

The **Uschiniichisuu** unit has been functioning without a fully structured program, but despite this difficulty the team has successfully carried out outreach and awareness activities at the school, community centre, and sporting events. These events are the result of collaborations with other specialists and allied health professionals. The nutritionist, CHRs, and nurses collaborate closely, and the arrival of the social worker has led to greater collaboration with Youth Protection. Increasing services to meet the specific needs of Youth Protection clients is a priority for the coming year.

“We’ve seen greater collaboration among teams this year,” says Wemindji CMC Local Director Greta Visitor. “People are really bringing the concept of integrated services to fruition. Collaborations are happening in each department and health professionals are being integrated into the different teams.” Meanwhile, she says, the management team is focusing on the health and well-being of staff, as a healthy staff is necessary for bringing services to nurture a healthy community. “We recently did a series of presentations to staff talking about seven grandfather teachings, including love, respect, honesty and wisdom, to create awareness in people that will help them monitor how they interact with colleagues.”



Greta Visitor, Local Director of Wemindji CMC

Current Services/Chishaayiyuu has been pleased with the success of the tele-health program, especially with regard to tele-ophthalmology. The CHRs have been trained in tele-ophthalmology and the screening and detection of early diabetic retinopathy. However, there have been some difficulties with implementing telemedicine due to problems with bandwidth capabilities.

The community receives visits from the psychiatrist every three months, and has a liaison nurse in mental health, based in Chisasibi, who works with the psychiatrist and has begun screening pediatric psychiatric cases.

There are 32 pre-dialysis patients; the Chishaayiyuu team will be concentrating on program development in diabetes, and will work with teams in Awash and Uschiniichisuu to develop awareness and prevention programs.

The **Administration** unit is operating at full capacity to provide support services to the other CMC units. The coordinator would like to reclassify some of the administrative officers, as they are performing tasks well beyond their formal classifications, but there is uncertainty around the process for carrying out these re-classifications.

The **Administration** continues to address issues with the appointment system, and has requested software to assist with appointments to ensure clients are not double-booked.

The building maintenance team responded to an emergency last year when the CMC’s ventilation system had a power surge, causing extensive damage. It was repaired temporarily, and hopefully repairs will be completed this year. Some transit units need repairs: one has mould issues, while another residential unit requires major renovations.

AWASH O-9 ¹	191	▼	2.6%
USCHINIICHISUU 10-29	373	▲	2.5%
CHISHAAYIYUU 30+	386	▲	2.1%
TOTAL	950	▲	1.3%

EMERGENCY	80
SCHEDULED	562

FAMILY DOCTOR	829
VISITING SPECIALIST MD	516
TOTAL MD CONSULTATIONS	1,345
NURSE IN CURRENT SERVICES	4,935

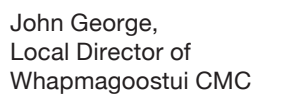
NURSE IN AWASH	7,806
CHR (INDIVIDUAL)	832
CHR (GROUPS)	313
COMMUNITY WORKER	143
SOCIAL WORKER	0

NURSE IN USCHINIICHISUU	6,071
CHR (INDIVIDUAL)	614
CHR (GROUPS)	31
COMMUNITY WORKER	159
SOCIAL WORKER	0
NNADAP WORKER	0

NURSE IN CHISHAAYIYUU	18,001
CHR (INDIVIDUAL)	1,308
CHR (GROUPS)	168
COMMUNITY WORKER	156
SOCIAL WORKER	0
HOMECARE VISITS	1,067
MSDC (ATTENDANCE)	2,555
MSDC (MEALS SERVED)	1,599

Allied Health — see page 80
Dentistry — see page 34
Public Health Dentistry — see page 68
Youth Protection — see page 38
Mental Health — see page 83

The retinopathy program has been a real success,” says John George, Local Director of the Whapmagoostui CMC. “Instead of sending clients south, we can have them diagnosed from here, which the clients prefer and which saves on our costs of sending them south for treatment. For us, that’s like having a highway.”



In **Current Services/Chishaayiyuu**, priorities include hiring staff to full capacity, constructing residential units, and extending the present clinic to its intended and required space to accommodate all staff — or, alternatively, constructing a new clinic.

A remaining challenge is to hire and retain permanent nursing staff. Lack of medical equipment and qualified, trained staff means relying on resources outside the community, which disrupts family life.

Working with multidisciplinary teams, our CHRs share knowledge on such issues as diabetes, dental health, and STDs with the local population through workshops, individual meetings, school presentations, local radio broadcasts and pamphlets.

Community workers offer individual, family and/or marital counseling where support is required to maintain a healthy relationship and family life. Several couples used Cree helping methods to address addictions and other forms of physical and mental abuse, with success.

The greatest current need for the **Administration** is to construct a new building to accommodate all staff requiring office or working space and to fully equip all our teams to carry out their tasks. There are also difficulties with unreliable networking links for the computer system.



PIMUHTEHEU
GROUP

PIMUHTEHEU

- PUBLIC HEALTH
 - AWASH
 - USCHINIICHISUU
 - CHISHAAYIYUU
 - SERC
- PROFESSIONAL SERVICES AND QUALITY ASSURANCE
 - NURSING
 - ALLIED HEALTH
 - PSYCHOSOCIAL (VACANT)
- PROGRAM PLANNING
 - CURRENT AND AMBULATORY
 - PRE-HOSPITAL AND EMERGENCY MEASURES
 - MANUUKIKUU (MENTAL HEALTH)



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

Public Health Department

MESSAGE FROM THE DIRECTOR OF PUBLIC HEALTH

Public health may be best described as “the organized efforts of society to improve health and well-being and to reduce inequalities in health.” Public health is that collection of programs, services, regulations and policies, delivered by governments, the private sector and the not-for-profit sector, that together focus on keeping the whole of the population healthy. It is also a way of thinking about and dealing with the health issues we face. Fundamentally, it is focused on understanding and addressing the factors that underlie illness or good health in populations; it asks questions like “What are the causes of poor health?” and “How do we address those causes before they become problems?” Health care, in turn, focuses on our needs as individuals and what we can do to restore or improve health. Health care and public health are complementary and both are necessary in the pursuit of good health. (Paraphrased from David Butler Jones – former Chief Medical Officer of Health for Canada).

In order to achieve healthy communities and a healthy society, public health departments need to be effective communicators. In the same way that health care providers need to communicate with patients to negotiate care plans, public health workers and the public health director need to find ways to communicate with their patient: the population. Public health departments need to hear from the populations that they serve in order to develop pertinent and appropriate interventions. This may be done through needs assessments during program

planning and development, through listening at public forums that discuss topics impacting health, and through following the discussions that occur in traditional and non-traditional media. Over the past year, our department was involved in community surveys to hear about the health of the population, was present at public hearings related to mining development, and followed a variety of media sources that discuss regional issues. In addition to listening, our public health department also needs to talk with the population and our health care partners. This is done through the media, our website and social media channels, public forums, meetings with partners, and written reports and advisories. In the past year, we continued to ensure Cree language communications on many public health topics; we produced or contributed to formal statements on a variety of health topics including mining development; and we linked with our CBHSSJB, regional, provincial, federal, and international partners.

For the upcoming year, we will endeavour to continue this communication despite the multiple changes taking place in the health care system. I hope that you will take a few moments to review this chapter detailing the activities of our Awash, Uschiniichisuu, Chishaaiyuu, and SERC (Surveillance, Evaluation, Research and Communication) groups over the past year.



Awash
(ages 0-9)

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

Â MASHKÛPIMÂTSÎT AWASH (AMA)

The AMA program brings together the services provided through the Maternal and Child Health (MCH) programs – mother and child health clinical services, breastfeeding, prenatal nutrition, immunization, dental health, and CLE-CE (see facing page) education and screening – but also offers an ongoing and intensive psychosocial follow-up tailored to the needs of families. AMA is fully implemented in four communities (Mistissini, Oujé-Bougoumou, Waskaganish and Wemindji), under development in three others, and in preparation in the remaining two. Clinical support and coaching on AMA implementation (Mental Health, Social work, Community Organization) was offered through onsite visits every 4-6 weeks. A total of 10 training sessions on a variety of topics were offered in several different communities and three regional meetings were held for community organizers. Collaboration with community partners was maintained through different joint activities such as “Apishtawaash College” in Waskaganish, Come-Unity in Waswanipi and “Fly Families” in Wemindji. Regional partnerships were developed with the Child and Family

Services of the Cree Nation Government. Seven booklets of AMA guidelines have been written, content validation has been completed, and a cultural validation is in progress. The final reports of the AMA process evaluation have been completed and are presently being formatted.

The Maternal and Child Health (MCH)

Program aims to provide preventive healthcare to mothers, babies and their families. This program offers basic medical follow-up to women in preconception, during pregnancy and after delivery, as well as to children up to five years. Services are provided mainly through the CMCs. This year saw a further revision of the MCH reference document, including teaching pamphlets and booklets as well as the prenatal checklist that was updated for CPDP approval. The collective prescriptions for vitamin D in infants and folic acid and multivitamins for women of childbearing years were completed. The “Home Away From Home” initiative for Eeyou women awaiting the birth of their children in Val d’Or was promoted. The local community workers were supported through phone calls, visits, and the AMA initiatives.

The **Prenatal Nutrition Program** enhances the existing services of AMA-MCH by working to improve birth outcomes by improving maternal and child overall health through proper nutrition. In the past year, we provided training, continuing education and support to local Awash teams; distributed nutrition and breastfeeding promotional items and the “Tiny Tot to Toddler” guides to the general population; and collaborated with other Awash and nutrition files. A flipchart, Baby Steps to Complementary Foods

– 6 months to 2 years old, was developed for the Awash team workers; it focused on iron deficiency anemia prevention and new recommendations on the introduction of complementary foods from 6-24 months. We offered funds to the nine CMC’s to provide nutrition services and activities to their populations.

The **Breastfeeding Program’s** goal is to implement the Baby-Friendly Initiative in all communities of Eeyou Istchee, increasing the rate of exclusive breastfeeding at six months as well as the rate of total breastfeeding with added complementary foods up to two years and beyond. On-site training of 65% of health care workers in the local Awash teams was done and ongoing phone support was continued. The creebreastfeeding blog had eight new posts and its Facebook page had 50 news and links updates. A Facebook group exclusive to regional health care workers was created and was updated weekly. Breastfeeding Week activities were organized in all nine communities. A web page for a “Breastfeeding Tradition Protection Act” was developed. Breastfeeding index cards and other tools were updated, printed and distributed along with reference books and promotional material.

The **Educational and Carrier Screening Program for Cree Leukoencephalopathy (CLE) and Cree Encephalitis (CE)**, otherwise known as the Genetic Diseases Educational and Prevention Program, aims to improve awareness about CLE-CE through a program of education and carrier screening offered at the high school level and through prenatal services in the Awash clinics. This year, all Secondary 3, 4 and 5 classes in eight communities were visited, with more than 420 students receiving the educational presentation concerning CLE-CE. Around 183 students expressed an interest in being screened before starting a future family. The overall participation rate in screening among students is 44%. In the Awash clinics, the program counseled about 117 future parents as couples or individuals. The program is being evaluated in partnership with the genetics team from Ste-Justine Hospital in Montreal. This year an analysis of participants’ satisfaction with the program and its usefulness was carried out.

The **Public Health Dental Program** organizes preventive services to improve oral hygiene habits in the region and to reduce the prevalence of tooth decay and oral health problems through both public education and prevention activities carried out by dental hygienists, CHRs and other Awash professionals. A school sealant program (permanent molars) was implemented in seven communities (Grades 1 and 6 for large communities and Grades 1, 2 and 6 for smaller communities), including the purchase and provision of equipment. Fluoride applications were provided at schools in all nine communities four times per year from pre-kindergarten to Grade 2. Prenatal counseling and parental counseling for children aged six months to three years was provided in all nine communities, and as part of Awash CMC programs in six communities. Involvement of the local CMC Awash staff has been maintained and encouraged. All communities were visited at least once by the regional public health team over the past year with the cooperation of local schools and local CMC staff (dental assistants, dental hygienists, and CHRs). These visits provided training and direct support to local teams. Promotional activities included an oral health month, a “Halloween, Drop the Pop” activity, a tooth brushing calendar, and “PaAhPiHkWel” t-shirts. Data from the dental health survey (completed June 2013) has not yet been received from the Institut national de santé publique du Québec (INSPQ).

NO. OF TEETH SURFACES SEALED

	2013-2014	2014-2015
CHISASIBI	796	457
EASTMAIN	0	245
MISTISSINI	627	1023
NEMASKA	0	72
OUJÉ-BOUGOUMOU	0	286
WASKAGANISH	0	153
WASWANIPI	0	403
WEMINDJI	0	434
WHAPMAGOOSTUI	0	245
TOTAL	1423	3318

2014-2015 saw a **133%** increase from last year.

The **Public Health Immunization Program** aims to reduce the transmission of infectious diseases preventable by vaccination through effective vaccination programs in all nine communities. During the past year, advice and individualized training in relation to the Quebec immunization protocol was provided for everyone performing vaccinations in the CMCs. The following vaccination programs were planned and coordinated for delivery by the CMCs:

- basic childhood immunizations including four-year-old children before entering school;
- school immunization programs including a measles registry;
- seasonal influenza vaccinations (4,988 people vaccinated);
- immunizations for people with special medical conditions.

The CBHSSJB is represented on provincial working groups including the regional immunization respondents, the management of vaccination products, adverse events after immunization, and the vaccination registry (INSPQ). Over the past year, the first module of the provincial information system related to health protection and infectious diseases (SI-PMI) was implemented in all nine communities. This module allows vaccines to be ordered and managed online. The school measles vaccination registry was also updated, with student coverage of 95.4% in the region (as of March 11, 2015).



The **Infectious Diseases Surveillance and Protection Program** aims to improve population health by reducing the incidence of infectious diseases in the region. Support was provided to the clinics in managing declarable illnesses including STIs (sexually transmitted infections). Although tuberculosis infections remain uncommon in the region, a few tuberculosis cases were identified this year and their contacts were followed up in collaboration with the local CMC and other public health staff. The recommended MSSS preparedness strategy for Ebola was implemented in the region. Memoranda were produced and circulated on animal bite management and human rabies prevention, latent tuberculosis screening and cervical cancer screening (revised). Seven communities participated in the ministère de l’Agriculture, des Pêcheries et de l’Alimentation du Québec’s (MAPAQ) dog vaccination program against rabies for northern communities. There was continued collaboration with provincial (e.g. Nunavik and the Table National en maladies infectieuses), national and international (e.g. International Circumpolar Surveillance) public health authorities.



Cooking classes at Waapinichikush Elementary School, Chisasibi, organized by Youth Fusion and nutritionist Jani Chesneaux.

Uschiniichisuu (ages 10-29)

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

PLANNING AND IMPLEMENTATION OF YOUTH-FRIENDLY HEALTH SERVICES

A community consultation report was completed with the help of elders, youths, parents, teachers, CMC workers and other community and CBHSSJB members. Also, a document on “clinical preventive services for youth” has been written and it is now under revision by regional clinicians and specialists at the Montreal Children’s Hospital (MUHC). A literature review on youth clinics was also initiated.

HEALTHY SEXUALITY AND INFECTIOUS DISEASES

This initiative is part of the Infectious Diseases Surveillance and Protection Program, but with a focus on reducing or eliminating sexually transmitted infections (STIs) and preventing unwanted pregnancies, especially among teenagers. There was continued monitoring and epidemiological investigations of all STIs and blood borne infections in the region. A nurses’ training on sexually transmitted and blood-borne infections (STB-BIs) was developed and presented as part of the annual nurses’ training. As well, training and support was provided at a local level (coordinators, nurses, and CHRs as well as community members) through nursing and physician visits to the communities. Communication around sexual health issues was accomplished, in part, by interviews with The Nation and CBC. Discussions were also initiated concerning the accessibility of contraception and STI treatment in schools. A variety of tools related to the control and management of STIs were reviewed: MSSS Tools for STI Management, Fighting STIs in Nunavik and Eeyou Istchee, and the Regional Guide Thérapeutique. Partnerships were maintained with laboratories, RUIS-McGill, the CALI-Comité des analyses en laboratoires en ITSS, the INSPQ and MSSS to ensure best practices in testing. A presentation was given at the Annual World Conference on HPV in Seattle, experiences were shared as part of a roundtable at a STI conference in Quebec City, and contacts were made at a northern health conference on infectious diseases in Iqaluit.

CHII-KAYEH IYAAKWAAMIH

Chii Kayeh Iyaakwaamiih – “You too be careful” – is incorporated into the school health program with the aim of preventing STIs, HIV/ AIDS and unplanned pregnancies by helping students develop the skills they need to make healthier choices. The original program (53 lessons) was offered to Secondary 3 students in all nine communities. In addition, eight schools offered the newly adapted version (12 lessons) to both Secondary 1 and Secondary 2 students, either part of Physical Education and Health (six schools) or as part of English and Science (two schools). Training on the new program was done with teachers and file holders from each community. Pedagogical materials were provided to each school. Feedback is being gathered from both teachers and students so any necessary adjustments can be made to the program. Creation of a new Teacher’s Guide and Student Workbook for Secondary 3 students is underway.

SCHOOL HEALTH

The School Health Program aims to improve the effectiveness of health promotion and prevention interventions in the schools. This year’s focus was on improving the quality of the services and programs offered to school-going youth and their families in Eeyou Istchee; on planning and supporting the implementation and delivery of the school nurse program in nine communities; on supporting the implementation and delivery of the Cree Healthy School Approach; and on initiating and developing collaborations with the provincial Ministries of Health and Education (MSSS-MELS). Over the past year, five school nurses were recruited in Waskaganish, Wemindji, Mistissini, Chisasibi and Nemaska (with Chisasibi and Nemaska recruits coming through the nursing agency), and training was presented to four nurses. Meetings were initiated with the Cree School Board to continue to develop the terms of reference and the membership for the regional Cree Healthy School Approach. These meetings also served as a forum to support Chii Kayeh Iyaakwaamiih and the School Health Survey.

DEPENDENCIES AND ADDICTIONS

The Dependencies and Addictions Program’s mission is to address issues related to substance abuse and dependencies in Eeyou Istchee and to foster a transition to a healthy Cree lifestyle, with a focus on youth. This year the program continued to update knowledge on this target population: a student survey on alcohol, drugs, tobacco, physical activity, and nutrition was reviewed, information was shared with community partners, and collaboration was initiated with the Cree School Board for the development of a school curriculum for the prevention of addictions. For adults, a research project to identify current risks and protective factors with regard to addictions was initiated, involving developing questionnaires for one-on-one interviews, training Cree interviewers, and conducting interviews in the communities of Waswanipi, Nemaska, Mistissini, Waskaganish, Wemindji and Whapmagoostui.



Family Challenge event, Mistissini



Public Health supports community wellness programs for all ages, like the weekly walk to Murray’s Lodge traditional camp in Mistissini.

Chishaayiyuu
(ages 30+)

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

IYUU AHTAAWIN MIYUPIMAATISIUN PLANNING (IAMP)

The Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP) initiative’s mandate is to support community led and owned Miyupimaatisiun strategic work and to support regional alignment with these community Miyupimaatisiun priorities. At the end of this past year, nine of ten communities have agreed by resolution to be partners in the IAMP and every community has an IAMP community team. A support team is in place with program officers from Nishiiyuu and Chishaayiyuu to help the communities in their IAMP work. Training workshops have been initiated to support data collection, asset mapping, and priority consensus work. Although the Miyupimaatisiun committees are at varying levels of development, two communities already have a functioning committee supported with a band resolution and by-law.

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

Each year, various health promotion activities are organized according to our regional health promotion calendar. This year, the Public Health Department launched several projects promoting healthy living. We provided support and encouraged the communities to plan and organize physical activity or nutrition related activities throughout the four seasons including Active School Projects, National Physical Activity week,

Summer Active, 100 mile Challenge, local walking/running clubs, 10km/20km running events, local walk-to-work day (no vehicle day), the Fall Active Campaign, Walk to School Week, and Winter Active events such as weekly snowshoe walks, cross-country skiing, and winter family triathlon.

The **Healthy Environment Active Living (H.E.A.L.)** fund from Health Canada provided small grants to support both regional and local activities related to diabetes primary prevention. In 2014-2015, a total of 32 small grants were awarded to various community groups that requested some financial assistance for their projects. Activities related to Diabetes Awareness Month, healthy cooking in schools, community walks, afterschool programs and other physical activity/nutrition projects organized in the community by frontline workers and other community organizations received this type of support.

Healthy Nutrition Initiatives

Following the communication of the results of the study on Access to Nutritious Food in the stores of Eeyou Istchee, we undertook a consultation process with the grocery store managers of Eeyou Istchee to explore their perceptions of nutritious food access and identify appropriate solutions. We presented results of this consultation in a poster during the 18th Journées Annuelles de Santé Publique (JASP) in November 2014.

Traditional Food is an integral part of Cree health and well-being. The agreements with the MAPAQ to serve wild meat continue to be part of the foodservice framework for our clients at the Chisasibi Hospital, the YHS Group Homes and MSDCs in Mistissini and Chisasibi. Workshops, meetings, coaching and trainings are provided to help promote food safety and quality control for serving wild meats, birds, fish and other traditional foods like berries and Labrador tea. As the project progresses, we require more involvement from the hunters and cooks. Traditional Food workshops **From the Bush to the Table** for the Inland and Coastal communities highlight best practices for handling traditional foods, food safety and hygiene including butchering, cooking techniques, nutrition, and health promotion and protection aspects. These workshops unite the knowledge of Cree elders with current scientific knowledge and information from the MAPAQ. MSDCs were visited during the year to evaluate their progress in the implementation of the **Regional Nutrition Policy** adopted in 2013. The Manager's Checklist, completed with MSDC staff members, is used to assess each MSDC's progress in implementing the nutrition policy.

The regional childcare centers were visited this year to ensure that the **Daycare Regional Nutrition Policy**, adopted in 2010, was still being consulted. Menu updates and training in nutrition, food allergies, and food safety and hygiene were provided. Nutrition workshops, trainings and support continue to be offered to all 16 daycares.



We continued to offer MAPAQ food safety certifications to all people working in CBHSSJB foodservice organizations. Three trainings were offered this past year, and over 40 people were certified. All of the organizations were evaluated for food safety and hygiene, state of repair of their equipment and kitchens, and staff safety, and links were developed with maintenance and Material Resources staff.

Communications for the promotion of healthy nutrition, food safety and best practices for handling wild meats have taken place over the past year through CBC North and The Nation as well as PSAs on regional radio JBCCS.

Smoking Prevention

In the past year, we hosted three **Smoking Sucks Workshops** for Cree youth in the schools of Whapmagoostui, Chisasibi, and Mistissini. We attended a tobacco conference and presented a poster abstract at the 6th International Meeting on Indigenous Child Health; we also presented a successful proposal to Health Canada, which was approved for the amount of \$667,375 over the next three years.

Diabetes Management

The Train the Trainer Program, developed to standardize care and build-up/strengthen skills in diabetes management, now has three diabetes educators. In 2014-2015, all new nurses, CHRs and nutritionists received an initial training in diabetes management, usually in Mistissini, before going to their respective communities. On-going trainings were also provided to medical staff, including doctors, in each community, at least once a year. For daily diabetes-related questions, medical staff have access to the diabetes educators through three phone lines and to culturally-adapted professional tools (including pamphlets, a professional manual, and protocols), which are continually updated.

From the Bush to the Table workshops highlight best practices for butchering traditional foods, uniting the knowledge of Cree hunters with national guidelines.

In October 2014, the diabetes team presented a poster at the **5^e Rendez-vous de la gestion des maladies chroniques** on the Train the Trainer program.

A **peer-to-peer support** is also provided to Eeyouch with diabetes and their families, through a three-day diabetes camp, and through traditional walks for youth. In 2014, CBC North interviewed and filmed a documentary on these diabetes camps, available now on their website under Maamuitaau. Last year, a Facebook page titled Cree Nation Living Well With Diabetes was created.

In terms of **evaluation**, we completed the data collection and analysis of the pilot quality improvement project in Mistissini, Patient Partnership approach to diabetes care in Eeyou Istchee. We also started assessing the implementation of the Train the Trainer program to determine if the program is running as expected to achieve its objectives.

To ensure the validity of the **Cree Diabetes Information System** (CDIS) data, we provided regular data-entry supervision and performed periodic quality assurance audits. Training was provided for all CDIS users according to their needs. We provided information based on the CDIS data to support diabetes clinical management in Waswanipi.

The **Breast Cancer Screening Program** is a key element of breast cancer prevention. In 2014-2015, letters of normal results were sent to women aged 50 to 69, and follow-up of abnormal results was done by clinical staff following mammography screening exams. An orientation program and procedures manual were drafted.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety team is mandated to protect the health of workers and to help prevent occupational injuries and illnesses in priority groups. The team faced several changes in staffing over the past year. Following a request from the Eléonore Mine for help in elaborating a specific occupational health program, we worked with three other regions and held two meetings with the Direction nationale santé publique; eventually, the mandate was given to another region.

ENVIRONMENTAL HEALTH

Environmental health aims to inform people about and to protect them from the effects of harmful substances and radiation, in outdoor and indoor air, in water, and in food. It is also concerned with reducing negative health impacts of resource development projects, certain features of the community built environment, and environmental emergencies.

The **Nituuchischaayihititaa Aschii Environment and Health Study** (funded by the Niskamoon Corporation) aimed to assess contaminant levels and health indicators such as nutrition, physical activity, diabetes, and obesity in the Cree communities. Reports for the seven communities in which the Nituuchischaayihititaa Aschii Study carried out field work have been prepared. A meeting was held in February 2015 in Montreal to present the final results and discuss further use of the data; this meeting was attended by 53 people, including researchers from four universities, representatives from several communities and Cree entities, and Health Canada.

Contaminants (mercury, lead, cadmium)

The Quebec toxicology lab notifies the Public Health Department when a blood test result shows high contaminant levels (usually either lead or mercury in our region). These results are entered into the provincial database and an investigation is carried out when indicated. Last fall 2014, a press release from the Public Health Department of Abitibi-Témiscamingue recommending not eating moose kidneys due to cadmium found in samples, led to concern in Eeyou Istchee. Our department reminded

people via Cree language radio that the data from the environmental health study showed that cadmium contamination was much more heavily connected to smoking cigarettes than to the consumption of organ meats. Following that, the environmental health team raised the issue at the Provincial Committee of Environmental Health Officers and worked with a medical resident in public health to review the literature on cadmium toxicology and to assess the potential exposure of eating kidney and liver from moose and caribou on people’s health in Eeyou Istchee. Other initiatives included translating the Northern Fish Nutrition Guide into Cree (Northern and Southern dialect), and updating a pamphlet and a map about the health benefits of fish and some precautions with respect to mercury; these can be found on the creehealth.org website.

Assessing health impacts of development projects and climate change

Quebec’s Ministry of Health regularly solicits the opinion of the Public Health Department on the environmental and social impact assessments carried out by the promoters of new projects in Eeyou Istchee. In 2014, the environmental team responded to two such requests, regarding changes to projects we had previously commented on – the Whabouchi Lithium and Renard Diamond Mines. In collaboration with the National Public Health Institute (INSPQ), a day-long workshop on the health impacts of resource development was held in Mistissini in June 2014 and attended by 40 people from the CMC and community entities. Members of the Public Health Department continued their participation in the Joint CHB-Hydro Québec committee on Cree health, created to monitor the health impacts of new hydroelectric developments starting in 2006. Members of our team also attended the public hearings held by the Bureau d’audiences publiques du Québec on uranium and submitted a written brief.

Indoor air quality problems due to mould

The Environmental Health and Occupational Health teams continued to meet every one to two months with the Material Resources department in order to share information about indoor air quality problems in CBHSSJB buildings (six meetings in 2014-2015). This led to the resolution of several problems. An information sheet on healthy air quality in homes was finalized for the 2014 Annual General Assembly and is on our website; copies will be available at First Nation Councils’ offices and CMCs.

Radon

Radon, a naturally occurring radioactive gas given off by some types of rock and soil, can accumulate in basements and may cause lung cancer. A few years ago, the environmental health team began measuring radon levels in buildings in several communities; one community showed high levels. Tests were repeated and we are presently finalizing a report. Housing builders in this community will need to ensure better ventilation in basements, and improved ventilation will have to be installed in presently-existing homes and public buildings in which high levels of radon have been detected.

Drinking Water Surveillance

The tap water in the Cree communities is tested regularly by the local water operators. The quality of water in the community water distribution system is the responsibility of First Nation Councils. The Public Health Department is legally required to respond when an authorized laboratory sends it a report of water quality not conforming to Quebec regulations. In 2014, we received several lab reports of a low degree of contamination of the drinking water of the one community; the public health team was in contact with the local water operator and the Cree Nation Government (CNG) to pinpoint the problem and deploy our protocols. No excess cases of gastroenteritis were observed in the community at that time.



Final meeting of the Nituuchischaayititaa Aschii Environment and Health Study, Montreal, February 2015.

Surveillance Evaluation Research & Communication

SURVEILLANCE

With 1.5 full-time staff, the focus of surveillance work this year was to begin returning the results of the Tan e ihtiyān youth health survey to the schools and communities; to plan and carry out the Québec Population Health Survey (QPHS), the first health survey by telephone in Eeyou Istchee; to support the dependencies research with the Uschiniichisuu (Youth) Team; to continue to develop data gathering systems for various areas in the CBHSSJB; and to carry out the ongoing surveillance support and reporting within the Public Health Department and the CBHSSJB.

The QPHS presented major challenges which are not found in other regions of Québec, with the consequence that even though the Ministry covers the basic costs of the survey, the CBHSSJB also makes a significant contribution. Towards the end of the year, some results from the high school survey had been returned to the communities and other entities and a schedule of public meetings in each community was developed for April in the new year. At the same time, these occasions were also to include consultations on the regional surveillance plan. By the end of the year, the data from the 2013 Regional Children’s Dental Survey had yet to be released by the MSSS.

This year the Maternal and Infant Health Report was updated in draft and a draft report on the 2011 census results was prepared and was being revised at the end of the year. As well, reports were prepared on some community profiles for health planning. The draft cancer report was completed. Preliminary results were received from the project on Québec Aboriginal

Birthing Outcomes. Most unfortunately, initial mistakes in identifying Eeyou women in hospital records will now make it impossible to do any meaningful analysis for the region from the macrosomia study.

Contextual surveillance reports were prepared for the pulmonary fibrosis and the traumatic brain injury projects, as were data collection tools. A cluster investigation of cholangiocarcinoma was reported; data extractions and analyses were prepared on population, Awash service activities, declarable diseases (MADOs), respiratory hospitalizations, genetic counseling program activities, Youth Protection Services statistics, and suicides. A Cree Diabetes Information System linkage was developed for the Institut de statistique du Québec for the Aboriginal Birthing Project, and a comparative update of health and health determinant indicators was prepared for the Strategic Regional Plan update. As well, work was done for a Brief on Bill 20.

The electronic reporting system for Allied Health was refined and planning carried out for the Awash services reporting system. Updates of various surveillance data sets and management of data files continued. The Joint Hydro-Québec and CBHSSJB committee reporting on health determinants in relation to the last hydro development met for the last time, and the draft of the final report was reviewed. The Department was represented at the Table de concertation nationale en surveillance, and a surveillance professional continued working on the joint CSB-CBHSSJB committee.

EVALUATION

While some research activities involve evaluations of interventions, public health program evaluations ongoing this year concerned the continuing evaluation of the **CE/CLE Genetic Counselling Program**, the continuing evaluation of patient perceptions of diabetes services, and the evaluation of the **Â Mashkûpimâtsît Awash: Services for young families**.

RESEARCH

A draft plan for managing research in the CB-HSSJB was submitted to the Executive during the year, but at the end of the year there was still no process in place. As a result, research continued to be managed through the Public Health Management and Executive Committees. Research projects typically happen over a number of years and reporting from projects can continue for many years afterwards. This year there were around fifteen research projects ongoing, in addition to reporting from other projects. The 2014-15 report on research projects can be found on the website at www.creehealth.org.



COMMUNICATIONS

Public health communications produces awareness campaigns based on monthly health promotion themes, health topics of public interest, and public health and Cree Health Board information. The strategy is organized around combined or multimedia presentations using radio, social media and the Cree Health Board website along with supporting print materials, and using various combinations of Cree (mostly but not entirely oral), English and French. Public Health Communications works closely with the CBHSSJB Corporate Communications to use social and digital media to distribute messages and share stories; to manage the public health section of the CBHSSJB website; to liaise between the Department and regional media entities to promote Cree language communications; and to provide communications support for all Department teams and personnel.

With 1.5 dedicated staff, public health communications provided extensive continuing support for the CE-CLE education and screening program evaluation, the return of results from the high school health survey, the population health survey, the Corporate Complaints Commissioner’s tour with the Chair, and training for the liyuu Ahtaawin Initiative.

The Public Health Department published results of its survey of the cost of nutritious foods in Eeyou Istchee, and met with retail food stores throughout the region to identify solutions. Find out more: www.creehealth.org/accessnutritiousfoods.

RESEARCH AND POLICY PUBLICATIONS

Visit the Library on creehealth.org for more publications, including links to journal articles by research partners, health promotion materials, and corporate publications including this report.

Tan e ihtiyân (10-19) Survey: Cree survey on tobacco, alcohol, drugs and gambling (and other life habits) in high school students, 2013: highlights report, summary report, presentations.

Traumatic Brain Injury epidemiological analysis with insights for prevention: report and abstract.

Nituuchischaayihititaa Aschii Multi-Community Environment and Health Study in Eeyou Istchee, 2005-2009: technical report, summary report, individual community reports, journal articles.

Development of tools to help take health and social impacts into consideration with development projects: consultation report, other reports and tool kit.

Effets potentiels d’une exploitation uranifère sur la santé physique et psychosociale des communautés d’Eeyou Istchee.

Access to a nutritious food basket in Eeyou Istchee: technical report, summary report, perspectives of store managers, presentations

Anti-diabetic plant project: many technical articles and plain language summaries.

An ecological approach to understanding and improving the nutrition and health of Cree children: summary report, ANGELO framework for community planning.

Evaluation of Â Mashkûpimâtsît Awash, Services for young families: process evaluation, reports on chart review, barriers and facilitators and what clients think, and presentations.

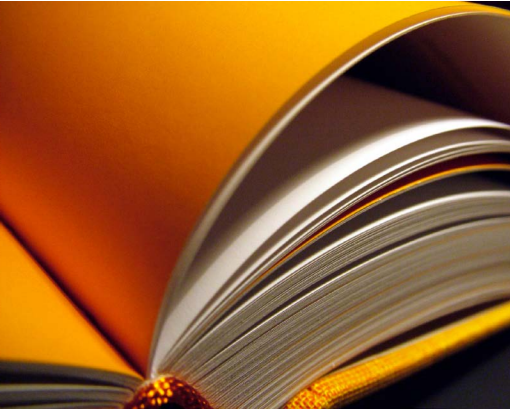
Evaluation of the Cree leukoencephalopahty and Cree encephalitis carrier screening program: article on perceptions of couples, and presentations.

Impact du projet de loi 20 sur les soins de santé et de services sociaux dans la région 18 / Impact of proposed Law 20 on health and social services in Region 18.

La charge de travail des médecins en Eeyou Istchee: justification d’une requête pour l’augmentation des effectifs médicaux (per diem).

Le recours aux services de santé buccodentaire au sein de localités autochtones du Nord du Québec.

Quality and culturally adapted care and services for Inuit and Eeyou patients with cancer.





The Exam Preparation and Experience Acquisition Program is helping Cree nursing graduates prepare for their Quebec licensing exams (more on page 90).

Professional Services and Quality Assurance

NURSING

The Director of Professional Services and Quality Assurance (DPSQA) of Nursing’s mandate is to ensure the quality and safety of nursing services throughout the whole continuum of care. This includes first line nursing services, hospital nursing services, program planning/ public health nursing services, liaison nursing services and management of nursing services. Support related to the CHRs, northern attendants and home care workers was newly added to the mandate.

One of this year’s major accomplishments is that nursing assessments were conducted in three communities; 35 individual interviews were carried out with front-line nurses, asking questions on the workload, work environment, job satisfaction and training needs.

In line with its commitment to strengthening professional excellence, the DPSQA-Nursing has developed a competency framework in collaboration with nurses working in First Nations communities in Quebec. This framework describes professional nursing standards for remote and rural practice, making explicit the knowledge and skills required and providing a means by which good practice can be identified, rewarded and celebrated.

The annual nurses training was held in November, with 87 nurses participating in sessions on such topics as traumatology, pediatric examinations, and the ongoing revision of the therapeutic guide/collective prescription, among others.

In March 2015, 12 nurses received a three-day training to obtain their Semi-Automatic External Defibrillator Certification. This training ensures that nurses can adequately intervene in the case of cardiopulmonary arrest.

In the coming year, the DPSQA-Nursing will focus on establishing the Council of Nurses with its by-laws and regulations so that there is more involvement of nurses in the improvement of care at all levels of the health care delivery system. We will also continue to develop the collective prescriptions and revise the therapeutic guide to ensure standardized and safe delivery of nursing services throughout Eeyou Istchee.

ALLIED HEALTH

Allied Health includes nutritionists, occupational therapists, physical therapists, psychoeducators and speech-language pathologists. This year psychology services were added to the DPSQA-Allied Health’s mandate. For many years the CBHSSJB has been relying on visiting contract therapists to provide psychotherapy services. In early 2014, the Mental Health Department and the DPSQA-Allied Health partnered to assess psychology services. To develop and improve psychology services, clients and staff were asked about the perception of services and how to improve them. Throughout the fall and winter, 100 interviews were carried out in the community with service users and frontline staff, asking questions on their satisfaction with the psychology services, their interest in traditional approaches, as well as on out-of-community mental health services, community

support services and support networks. The addition of psychology services to the quality assurance mandate of the DPSQA – Allied Health led to an increased involvement in mental health planning in general, including a closer look at the MSDC programming together with the Director of Planning and Programming. The evaluation of psychology services will guide development of these services in the context of a global action plan for mental health services.

This year, the DPSQA also aimed to improve the speech-language pathology services by the addition of two speech-language pathologists to the team; they will be collaborating to further develop this service.

As always, the DPSQA-Allied Health continues its efforts in recruitment and retention of Allied Health professionals and their inclusion in all programs of the CBHSSJB. As a result, over 17,000 hours of direct services to patients were recorded this year in all communities using innovative approaches to promote wellness such as parenting workshops, early childhood

intervention groups, a community garden, grocery tours and cooking workshops, breakfast programs, caregiver support services, wheelchair clinics, and activities at the MSDCs. Allied Health professionals have also been active in supporting the Baby College program. This year, for the first time, the Speech-Language Pathologists and the Occupational Therapists were involved in the Fetal Alcohol Spectrum Disorder Diagnostic and Intervention Clinic, providing diagnostic services in the communities rather than displacing families to Montreal, and allowing us to realize the strategic objectives of having more services closer to home. All professionals are very active in providing training to local teams in areas such as healthy nutrition, exercise, safe transfer techniques and intervention with children with special needs.

In the coming year, the DPSQA-Allied Health will focus on implementing the recommendations of the psychology service evaluation and continue to develop procedures to ensure uniform and equitable delivery of allied health services throughout Eeyou Istchee.

ALLIED HEALTH SERVICES — NO. OF HOURS* 2014–2015

	PHYSIOTHERAPISTS	OCCUPATIONAL THERAPISTS	PSYCHOEDUCATORS	SPEECH AND LANGUAGE PATHOLOGIST	NUTRITIONISTS
CHISASIBI	907	1,149	863	192	936
EASTMAIN	732	253	0	0	269
MISTISSINI	1,031	1,567	1,075	0	996
NEMASKA	265	237	0	0	117
OUJÉ-BOUGOUMOU	220	115	N/A	0	N/A
WASKAGANISH	N/A	845	380	0	420
WASWANAPI	623	589	750	0	452
WEMINDJI	1,024	417	0	0	538
WHAPMAGOOSTUI	270	53	0	0	119
EEYOU ISTCHEE	5,073	5,225	3,068	192	3,847
	▼15.2%	▲141%	▲56.8%	▲106.5%	▲30.9%

*Includes individual and group interventions



Department of Program Planning

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The Mandate of the Program Planning Department is to oversee planning and organization of programs and services across the region. Anne Foro joined the department as Director in February 2014, and in April 2014 the department produced a document on the workload of doctors in Region 18, which was used to further negotiations with the FMOQ and MSSS regarding medical staffing. The Director visited Wemindji, Whapmagoostui, Mistissini, Oujé-Bougoumou and Waswanipi to meet local teams and understand their planning and programming needs. And to meet demands on the department, steps were taken to create two new full-time and three temporary positions.

This past year, the department defined a strategic framework for the organization of services at the CMC level, in order to finalize the work on the development of a strategic tool for integrating first line services in CMCs. A consultation on the preliminary draft of this document has begun. The department also participated in developing a framework for a program on dependencies. It began work on a project to harmonize data collection tools for the tracking of quality indicators related to services. The lack of harmonization of these tools is a major obstacle to good planning. In anticipation of a new clinic being constructed in Whapmagoostui, a clinical plan is being developed for approval from the MSSS.

Priorities for the coming year include developing clinical plans for Oujé-Bougoumou, Wasikaganish and Chisasibi Hospital, and a chronic disease management program.

CURRENT AND AMBULATORY SERVICES PLANNING

The Coordinator is part of the working group developing the nurses' Therapeutic Guide and collective prescriptions. The Ear-Nose and Throat (ENT) chapter of the Guide and all relevant collective prescriptions were approved by the CPDP in 2014. Other Collective Prescriptions approved in 2015 included folic acid, multivitamins and vitamin D for women of child-bearing age, for some types of X-Rays, and the drug epinephrine for anaphylactic shock. The Coordinator is also working with the CPDP on a list of emergency materials for critical care, and helps organize Semi-Automatic Defibrillator Monitor-Combitube (SADM-C) and trauma training for nurses; 67 nurses were recertified in these procedures this past year. Goals for the coming year include work on identifying nursing staff core competences and standardization of clinical files.

PRE-HOSPITAL SERVICES AND EMERGENCY MEASURES

Pre-Hospital Services and Emergency Measures are two closely linked areas of planning. Pre-Hospital Services refers to the chain of interventions in response to a medical emergency, while Emergency Measures refers to the prompt coordination of actions, persons or property in order to protect the health, safety or welfare of people, or to limit damage to property or to the environment in the event of a present or imminent incident.

The CBHSSJB maintains a 24/7 hotline to report emergency situations that pose threats to health or that threaten the continuity of services, such as fires, floods, road washouts, power failures, or environmental contaminations. When a call is received, the Coordinator of Emergency Measures or his replacement contacts all the relevant partners to ensure a coordinated response, with an emphasis on the role of the Cree Health Board in protecting health, ensuring continuity of services throughout the crisis, and providing medical assistance where needed.

Incidents dealt with during the year are summarized below.

- Very active fire season across the territory in the Summer of 2014
- Water shortage in Chisasibi, which threatened the continuity of dialysis services
- Multi-community power failure
- CBRN Environmental Impact River Systems Hazard Material Spills Monitoring
- Planning for infectious disease threats including measles and ebola
- Major road washouts, which affect food and fuel supply
- Excavation gas leaks
- Five missing person incidents
- Mould contamination in public buildings
- Arson incidents
- Extreme weather events
- Fatal road accidents with complex jurisdiction issues
- Telecommunication failure involving both landlines and cellphone networks

The coordinator participates in the MSSS Civil Security Mission Santé meetings and represents the organization in the Organisation Régionale Sécurité Civile (ORSC). Fire chiefs meet twice each year and provide updates for Emergency Measures for James Bay. In addition, CBHSSBJ provides updates to the fire chiefs and First Nation Councils.

The Public Health Department is conducting an evaluation of the **Bush Kit Program**, which provides a standard kit of emergency medical supplies to Cree families pursuing traditional activities in remote locations.

TRAINING AND CERTIFICATION OF FIRST RESPONDERS

In Quebec, First Responders must be certified, a process that requires 72 hours of training and a refresher course every three years. Service Agreements for First Responders are presently being negotiated with the Ministry. First Responder Training and Quality Assurance is done by a training and certification company, Pre-Hospital Experts (Daniel Thiffault).

30 new First
Responders were
certified this year
following a 72-hour
course, and another 30
were re-certified for
another three years
following a 30-hour
refresher course.



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MANUUIHIKUU - MENTAL HEALTH SERVICES PLANNING

To better articulate our goals and ambitions and to work towards destigmatizing mental health in Eeyou Istchee, we developed a new department name, logo and vision statement. In consultation with elders Robbie Matthews, Earl and Nancy Danyluk and Robbie and Elizabeth Dick, we decided on the name Manuuhikuu, as it relates to a Cree story of recovery and wellness. Our vision statement reads: The Manuuhikuu Department of the CHB promotes positive mental health through prevention, intervention, treatment, and ongoing holistic care so that everyone in Cree Territory can live full and balanced lives.



PSYCHIATRY

Dr. Janique Harvey provides psychiatric care to coastal communities, while Dr. Eduardo Chachamovich provides care in Chisasibi. In May of 2014, a coastal liaison nurse was hired for the communities of Whapmagoostui, Wemindji, Eastmain, Waskaganish and Chisasibi (where she is based); she accompanies Dr. Harvey on her visits the communities. In January 2015, an inland coastal nurse was hired for the communities of Nemaska, Mistissini, Ouje-Bougoumou and Waswanipi (where he is based); he accompanies Dr. Harvey to Nemaska and also works

closely with Dr. Natalie Vachon in Chibougamau. A liaison nurse also continues to work from the Douglas Mental Health Institute to provide support for Cree clients of the hospital and their families. Video-conferencing is regularly being used for case discussions, follow-up with clients, Douglas Grand Rounds and health related workshops.

PSYCHOLOGY

We collaborated with the DSPQA Allied Health to complete an evaluation of the mental health services provided on the Territory by psychologists and counsellors, and continue to work together to monitor and improve services (see page 79).

SUICIDE WORKING GROUP

Suicide prevention, intervention and postvention activities are planned and coordinated by the regional **Mental Health Program**. The regional committee is made up of 10 community representatives, including the regional police, Cree School Board, youth and elders, and it has been active in developing local action plans for each community. One of the programs we sponsor is *Mental Health First Aid* (MHFA), by the Mental Health Commission of Canada. There have been over 150 participants so far, including first responders, frontline workers,

police officers and community members. We also continue to support the *Applied Suicide Intervention Skills Training* (ASIST) in our communities. Currently three Cree trainees have re-activated their trainer status, and have given workshops whenever the communities needed them; we will continue to support this important initiative, increasing the number of ASIST Trainers.

SEXUAL ABUSE WORKING GROUP

With four core team members and two elder consultants, this team has been working to shine light on the difficult topic of sexual violence in Eeyou/Eenou communities. They have been working closely with a consultant who has a tremendous amount of experience in working with communities, in particular on the topic of intergenerational traumas including sexual violence. Together they have developed a **Sexual Assault Response Protocol** (SARP) and a **Sexual Assault Response Manual** (SARM). These documents were designed to assist front line workers in Awash, Uschiiniichisuu and Chishaayiyuu teams who work with adults in Cree communities. They can also be used by other community and regional teams that intervene in sexual abuse healing for adults in any existing programs in the Cree Communities. The SARP and SARM have been presented to the Board of Directors and we anticipate that they will be adopted in due course.

MENTAL HEALTH POLICIES AND PROCEDURES

The development of policies and procedures for mental health care in the Territory is complex, and requires research and interdepartmental collaboration. We are exploring the merits of mental health service delivery models being used with success in other First Nations communities across Canada. One of the challenges faced is in achieving balance between clinical and traditional approaches to mental health care; Eeyou healing methods are lacking in our mental wellness programs. Acknowledging this limitation, we started working with elders to explore the concepts of Cree Mental Wellness.

MENTAL HEALTH ACTION PLAN

We are also developing a Mental Health Action Plan, which focuses on holistic and client-centred care and identifies priorities and short-term and long-term plans. We are finalizing this document, and its submission to the Executive Board and Board of Directors for review is imminent.

As we developed the Mental Health Action Plan and consulted with our elders, it became clear that we need to prioritize the needs of youth, so we have reached out to youth in the communities to create a partnership to give them voice on how their services should be developed. To this end, some of our team attended the regional Youth Council meeting in Montreal. We have also endorsed and will support the development of the TRAM-ACCESS project for youth that is planned to pilot in Mistissini, in collaboration with front line care providers in the community and the Public Health Department. We have approached the Justice Department to share information on resources and services to avoid duplication and increase collaboration.

Plans for the upcoming year include increasing and improving collaboration with other departments, and to continue developing and improving mental health programs and services. We will also finalize and disseminate the Mental Health Action Plan in the communities and work to implement the recommendations gleaned from the mental health services evaluation. In addition, the Sexual Abuse Working Group will develop a plan to train frontline staff on the applications of the Sexual Assault Response Protocol (SARP) and use of the Sexual Assault Response Manual (SARM), and a process for evaluating both documents.

PSYCHOLOGIST/THERAPIST CONSULTATIONS

COMMUNITY	PSYCHOLOGIST/THERAPIST			PSYCHIATRIST
	2012-2013	2013-2014	2014-2015	
CHISASIBI	201	369	247*	63
EASTMAIN	143	264	211	71
MISTISSINI	145	343	306	91
NEMASKA	239	239	213	28
OUJÉ-BOUGOUMOU	178	218	159	24
WASKAGANISH	192	201	203*	37
WASWANIPi	178	174	250	104
WEMINDJI	120	177	137	73
WHAPMAGOOSTUI	151	208	209*	86
EEYOU ISTCHEE	1,547	2,193	1,935*	358
OUTSIDE TERRITORY	223	163	N/A	N/A

* Partial total. Some consultations were not accounted for.

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ADMINISTRATIVE
RESOURCES
GROUP

	2013-2014	2014-2015	%CHANGE
FULL-TIME MANAGERS	80	88	▲ 10%
PART-TIME MANAGERS	0	0	0%
MANAGERS IN EMPLOYMENT STABILITY	0	0	0%
FULL-TIME REGULAR EMPLOYEES	1,155	889	▼ 23%
PART-TIME REGULAR EMPLOYEES	171	66	▼ 61%
EMPLOYEES IN JOB SECURITY	0	0	0%
OCCASIONAL WORKERS – # HOURS	2,459,912	498,063	▼ 80%
OCCASIONAL – EQUIVALENT FULL-TIME	1,347.16	272.76	▼ 80%

Over 300 positions remain to be filled.
81% of employees are Cree or other First Nation; this includes employees on recall.

The Human Resources Department plays an important role in helping the CBHSSJB attain the goals outlined in the Strategic Regional Plan. A major, sustained effort is required to attract, retain and train personnel, particularly in front line health and social services.

STAFFING

The main focus of the Staffing Unit is to recruit high-demand personnel including nurses, certified technicians, and professionals. The team participated in 23 career fairs in Quebec and Ontario, in two Cree communities and at the 2014 Annual General Assembly of the Grand Council of the Crees. As a result of these efforts, 124 employees were hired, including 24 professionals and 32 nurses. The team evaluates the success of each event in order to plan which events to attend in the future. The unit plans to organize presentations in the schools in the Cree communities in Eeyou Istchee.

EMPLOYEE AND LABOUR RELATIONS

The Employee and Labour Relations Unit works with the main employee unions to resolve grievances and gives advice to managers and employees in relation to union issues affecting their staff. To prevent workplace accidents, a Health and Safety Officer was hired in September, 2014. Her work has already helped reduce the number of salary insurance claims. The coming year will see a community tour to promote a safe and healthy work environment.

HUMAN RESOURCES DEVELOPMENT

The HRD unit is responsible for building a culturally safe training base that supports the Strategic Regional Plan. A Coordinator, Marie-Ève Trudel, was hired in January 2015. As this position has long been vacant, her current focus is consultation, needs analysis and planning. A two-year peer support training program for Administrative Technicians ended in March, 2015 with the handing out of completion certificates to the participants. Work continues on a Cree Succession Plan, which is a tool to guide the organization as it works proactively to fill as many positions as possible with qualified Cree candidates.

NURSING EXAM PREPARATION AND EXPERIENCE ACQUISITION PROGRAM

After graduation from a nursing program, nurses must pass the Quebec Order of Nurses (OIIQ) licensing exam in order to practice their profession in Quebec. The Nursing Exam Preparation and Experience Acquisition Program is offering Cree nursing graduates intensive tutoring and clinical experience at John Abbot College and in Montreal area hospitals as they prepare for the licensing exam. So far, the program has overseen the successful licensing of four Cree nurses. Six more individuals wrote the OIIQ exam in March, 2015. HRD is also working with the DSPQA of Nursing to develop baseline competencies for all nurses working in the Cree communities.

Human Resources



Information Technology

The 2014-2015 fiscal year was very challenging for the IT Resources Department. Amidst funding uncertainties a large percentage of the projects had to be deferred to the next year. Notwithstanding, the following projects were completed or are on their way to completion:

- First phase of the Master Patient Index
- Chisasibi Tele-obstetrics and Tele-nephrology
- Tele-Health Video Conference
- Mistissini Tele-Nephrology
- Mistissini Tele-Health Video Conference
- Mistissini Laboratory
- Mistissini Radiology
- Project Management Framework
- ITIL industry best practice
- CHBSSJB Employee Web Portal

The network and telephony upgrades in Whapmagoostui, Waskaganish, and Oujé-Bougoumou, along with the merging of the VoIP Telephone systems and the replacement of Windows XP workstations and other office equipment, had to be deferred until the required funds become available.

The CBHSSJB acquired access to WebEx, a web conferencing service that will help reduce the need to travel for meetings. It also joined the Groupe d’approvisionnement en commun de l’Est-du-Québec (GACEQ), which will give access to better prices for technology goods and services.

In preparation for next year’s objectives, the IT team is diligently preparing the necessary justification documents to fully align to the funding approval process implemented as law by the Ministry of Health and the Treasury Board. Many of the objectives set for 2014-2015 will reappear on the list along with new objectives including:

- Application functional review
- Data architecture and Design Phase 1
- Clinical appointment system
- HR system and electronic time-sheets
- Administrative video conferencing systems

The information systems in the CBHSSJB are underdeveloped compared to the other regions in the province. However, with concerted effort, we will be able maintain the momentum in the continued modernization of the IT services and systems of the CBHSSJB.



CAPITAL PROJECTS

In less than seven years, the CBHSSJB has constructed state-of-the-art new CMC buildings in Wemindji, Nemaska, Eastmain, Waswanipi (clinic extension) and Mistissini. The newly completed buildings still require some adjustments and repairs, which are ongoing. In Mistissini, the old clinic was demolished following a ceremony requested by elders. In Chisasibi, discussions are taking place with partners regarding the site selection and infrastructure requirements for a campus-style hospital, administration, and employee housing complex. New CMC buildings envisioned for Whapmagoostui, Waskaganish and Oujé-Bougoumou are in the planning phase. Other projects in the planning phase are a warehouse, more housing for clinical personnel, a treatment centre and a women’s shelter, which is a partnership with the Cree Nation Government. Altogether, these much needed capital projects represent more than \$250 million in business for the construction industry of Northern Quebec, and contribute directly to employment and development of skilled labour in the Cree communities of Eeyou Istchee.

CMC, Mistissini. The 4,717m² facility includes the cedar room, a circular space for reflection and healing under the guidance of Cree elders.

Material Resources

The Material Resources Department manages 90,600 m² of building assets for the CBHSSJB. The following objectives were met in 2014-2015:

- Implementation of the Cree Succession Plan, taking into consideration the needs of the Department
- Continued implementation of Maintenance of Assets three-year plans
- Presentation of the Non-Medical Equipment Maintenance of Assets 2015-2016 plan to the Board of Directors
- Ongoing pursuit of the implementation of the **Preventive Maintenance Program**
- Validation and agreement with the communities on all asset areas for user fee purposes.

Three existing positions were transformed into supervising positions for Construction, Preventive Maintenance, and Operations. In line with the Cree Succession Plan, these positions were filled by Cree employees, orienting the Coordinator’s job towards coaching and special projects.

The Construction Team worked hard on systems to create transparency, facilitate the approval process, and standardize the work flow in construction projects. The system has been tested and it has been shown to improve efficiency and minimize potential errors.

The Maintenance of Asset program proceeded with:

- Renovation of the old finance building in Chisasibi
- Upgrade of the HVAC system in the Whapmagoostui MSDC
- Demolition of the old Clinic in Mistissini

- Corrective work on fire alarm and sprinkler systems
- Renovation of 9 Cedar Street, a housing unit in Waswanipi
- Phase One of remediation work on the roof of the Healing Centre in Oujé-Bougoumou
- Refurbishing of walk-in freezers in the In-land communities

Ongoing projects that will be finished in 2015-2016 include: work on the Chisasibi Hospital generator, refurbishment of housing units C6-11 Chisasibi, and improvements to security in the Mistissini Reception Centre.

In Chisasibi, the Chishaayiyuu Department moved into their new renovated building at the beginning of December and Material Resources moved into their new building at 444 Wolverine in mid-November. Leases for office space at 277 Duke Street and Faubourg Ste-Catherine in Montreal were renewed for one year.

Heat, ventilation and air conditioning systems in CMCs and MSDCs were inspected by a professional firm. Service contracts have been put in place for the inspection and maintenance of fire alarms, sprinkler systems, and firefighting equipment. We are presently finishing the negotiation concerning service contracts for elevators and electrical generators.

OBJECTIVES FOR 2015-2016:

- Implement an inspection and audit system for CBHSSJB buildings.
- Support implementation of the preventive maintenance program at a local level
- Plan the implementation of MSSS Health and Hygiene Guidelines in all CMCs and MSDCs
- Implement a more efficient way of managing transit housing and calculating cost recovery
- Build a template for the Maintenance Departments of all communities and support them in the implementation of best practices
- Begin to replace vehicles through the non-medical equipment **Maintenance of Assets Program**
- Align the Maintenance of Assets Program with the MSSS calendar

Financial Resources

Financial Resources’ primary objective is to maintain accurate and reliable information about the financial status of the organization, in accordance with applicable laws and regulations. The Department manages all financial transactions, including procurement of goods and services, processing over 200 invoices per day and managing payroll for 2500 employees.

- 81,115 invoices processed, up 11.6%
- 26,340 cheques and electronic transfers issued, up 19%

One of the main accomplishments was the adoption of a revised Purchasing Policy and Procedures, which clarifies the rules for managers and administrative personnel. A new budget process will be implemented early in the coming fiscal year. These cwhanges will enable greater collaboration between the Finance Department and the rest of the organization.

The CBHSSJB joined the *Groupe d’approvisionnement en commun de l’Est du Québec* (GACEQ), the fourth largest procurement group in Quebec. This will enable the organization to save money on many goods and services.

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FINANCIAL
STATEMENTS
ANNEX

CBHSSJB
BALANCE SHEET
31 MARCH 2015

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND BALANCE SHEET MARCH 31, 2015		
	2015	2014
	\$	(restated) \$
FINANCIAL ASSETS		
Cash	10 643 098	6 644 237
Accounts receivable - MSSS	77 333 533	53 335 337
Accounts receivable - Others	4 840 602	6 261 705
Due from Assigned Fund	684 197	720 511
Due from Long-term assets Fund	8 098 314	9 232 400
	101 599 744	76 194 190
LIABILITIES		
Short-term loan	30 000 000	-
Accounts payable and accrued charges	12 445 204	13 837 795
Wages and fringe benefits payable	11 647 084	13 225 994
Reserved funds - New residential facilities	3 571 143	4 119 313
Reserved funds - Strategic Regional Plan	2 276 500	2 150 404
Deferred revenue	5 614 281	4 203 363
	65 554 212	37 536 869
NET FINANCIAL ASSETS (NET DEBT)	36 045 532	38 657 321
NON-FINANCIAL ASSETS		
Prepaid expenditure	740 389	715 701
Inventories	1 226 976	917 128
	1 967 365	1 632 829
FUND BALANCE		
SURPLUS	38 012 897	40 290 150

CBHSSJB
CHANGES IN
FUND BALANCE
31 MARCH 2015

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND STATEMENT OF CHANGES IN FUND BALANCE YEAR ENDED MARCH 31, 2015		
	2015	2014
	\$	(restated) \$
BALANCE - BEGINNING OF YEAR	40 290 150	46 413 139
Adjustment MSSS 2004-2011	-	(883 137)
Excess (deficiency) of revenue over expenditure	(2 277 253)	(5 239 852)
BALANCE - END OF YEAR	38 012 897	40 290 150
The fund balance can be detailed as follows:		
Excess (deficiency) of revenue over expenditure 2004-2005	(4 717 687)	(4 717 687)
Excess of revenue over expenditure 2005-2006	21 042 033	21 042 033
Excess of revenue over expenditure 2006-2007	7 820 381	7 820 381
Excess of revenue over expenditure 2007-2008	13 972 865	13 972 865
Excess of revenue over expenditure 2008-2009	11 035 286	11 035 286
Excess of revenue over expenditure 2009-2010	4 715 321	4 715 321
Excess (deficiency) of revenue over expenditure 2010-2011	(992 496)	(992 496)
Excess (deficiency) of revenue over expenditure 2011-2012	(151 332)	(151 332)
Excess (deficiency) of revenue over expenditure 2012-2013	(6 311 232)	(6 311 232)
Adjustment MSSS 2004-2011	(883 137)	(883 137)
Excess (deficiency) of revenue over expenditure 2013-2014	(5 239 852)	(5 239 852)
Excess (deficiency) of revenue over expenditure 2014-2015	(2 277 253)	-
Accumulated surplus as at March 31, 2015	38 012 897	40 290 150

CBHSSJB
REVENUE AND
EXPENDITURE
31 MARCH 2015

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2015

	Budget 2015	Actual 2015	Actual 2014 (restated)
	\$	\$	\$
REVENUE			
MSSS - General Base - Operations	-	125 437 886	118 702 158
MSSS - Development	-	4 503 911	4 131 587
MSSS - Specific allocations	-	62 661 412	53 025 736
MSSS - Special allocations	-	2 695 000	400 000
Family allowances (Federal Government)	-	357 215	269 393
Other	-	281 454	411 212
	-	195 936 878	176 940 086
EXPENDITURE			
General Base - Operations	-	123 444 566	116 029 074
Development	-	3 835 417	4 131 587
Specific allocations	-	62 661 412	53 025 736
Special allocations	-	2 825 773	400 000
Use of surplus	-	5 446 963	8 593 541
	-	198 214 131	182 179 938
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	(2 277 253)	(5 239 852)

LOCATION OF CBHSSJB FACILITIES
AND REGIONAL PARTNERS



REGIONAL SERVICES

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

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

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

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

CPS Chisasibi Hospital
Phone 819-855-9019

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

1610 Ste-Catherine West
Suite 404
Montreal, QC H3H 2S2
Phone 514-989-1393

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

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

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

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

1-800-409-6884

CENTRES (CMCs)

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

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

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

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

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

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

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

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

Whampaku Street
Whampagoostui, QC J0Y 1G0
Phone 819-929-3373

