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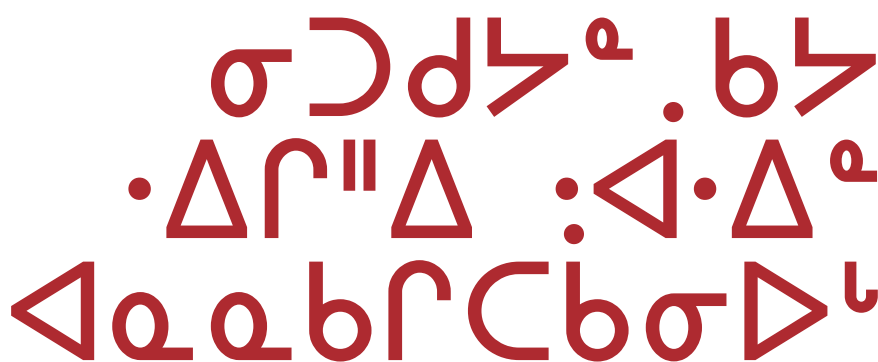
ANNUAL REPORT



Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay



CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

2012

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**ANNUAL
REPORT**

PHOTO CREDITS

Cover by Vanessa Gervais
Staff portraits by Harriet Petawabano
Alexandre Claude — page 60
Gaston Cooper — page 78
Maggie Etapp — page 80
Vanessa Gervais — cover, pages 6, 9, 15, 23, 25a, 35, 51, 65, 75, 81
Sam W. Gull — page 25c
Carole Laforest — pages 29, 32
Mae Lafrance — pages 54, 63
Simon Leslie — pages 13, 25b, 68
Alison Scgott — page 25d
Reggie Tomatuk — pages 17, 24, 64, 73

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Editor — Katherine Morrow
Copy Editor — Patrick McDonagh
Layout & design — Alison Scott Design | Infographics — Tyrone Smith
Data preparation — Martine Vaillancourt

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Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

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INTRODUCTION

ABOUT US

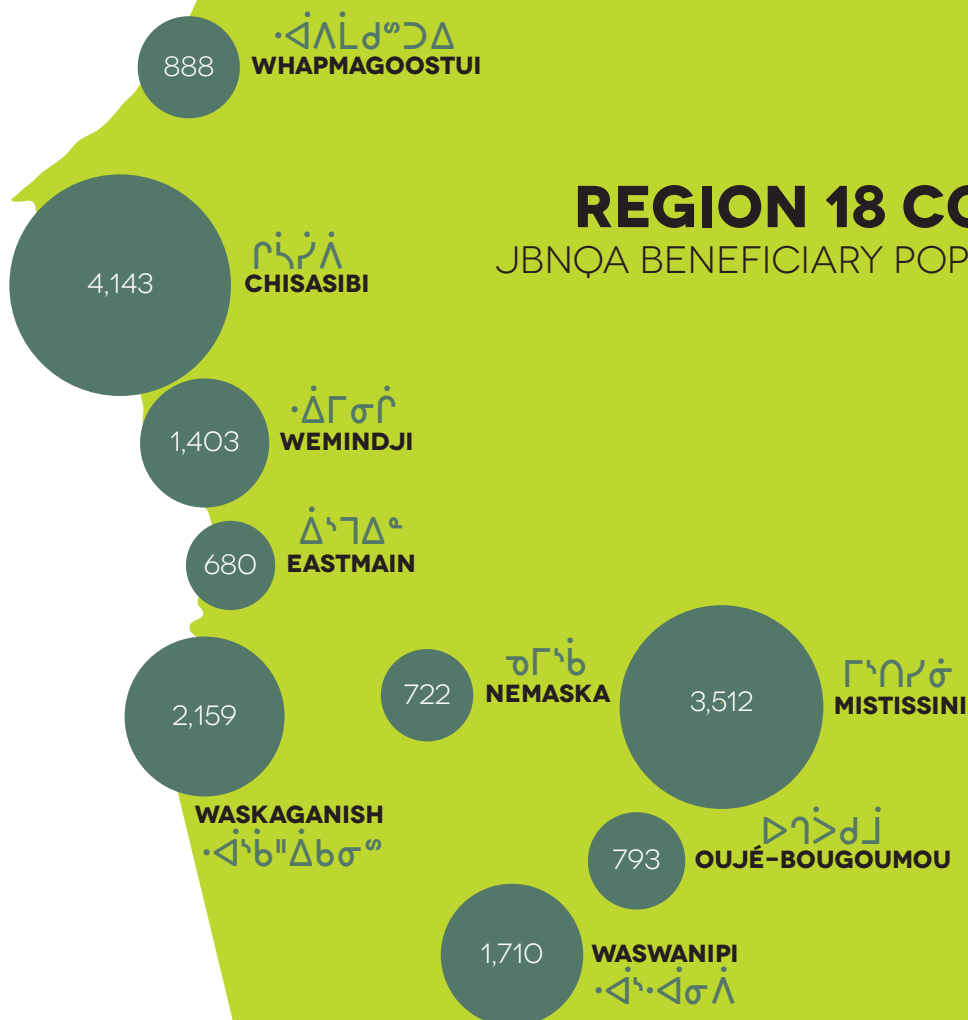


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In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three homes for youth at risk, a Regional Public Health Department and program planning unit, Cree Patient Services liaison offices in Chibougamau, Val d'Or and Montreal,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

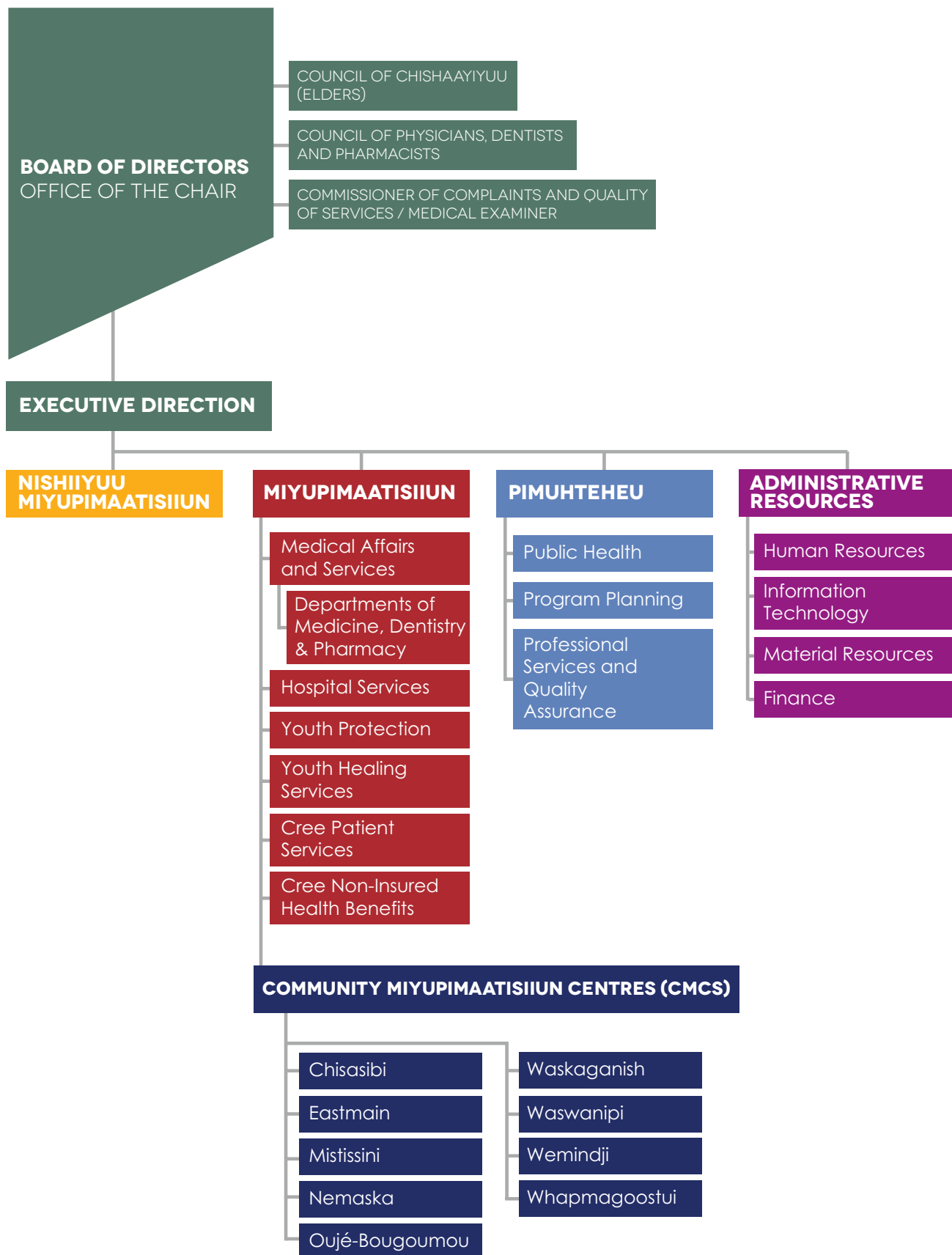
The CBHSSJB is governed by a Board of Directors whose Chairperson is Bella M. Petawabano. Advisory Committees and Councils report directly to the Office of the Chairman, as do the Commissioner of Complaints and Quality of Services and the Medical Examiner. The Executive Director is Mrs. Mabel Herodier.

JBNQA BENEFICIARY POPULATION JULY 2012



Non-permanent residents make up an estimated additional 5% of the regional population.

CBHSSJB ORGANIGRAM



ESTABLISHMENTS

REGIONAL SERVICES

Regional Administration

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

Chisasibi Regional Hospital

Chisasibi, QC J0M 1E0
819-855-2844

Recruitment Centre

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

Public Health Department

200 Sam Awashish Street
Mistissini, QC G0W 1C0
Phone 418-923-3355
Montreal 514-861-2352

Cree Patient Services Liaison Offices

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

Youth Healing Services

Youth Protection Hotline
1-800-409-6884

Reception Centre

139 Mistissini Boulevard
Mistissini, QC G0W 1C0
Phone 418-923-3600

Upaahchikush Group Home

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

Weesapou Group Home

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

COMMUNITY MIYUPIMAATISIUN CENTRES (CMCS)

Chisasibi CMC

Box 250
Chisasibi, QC J0M 1E0
Phone 819-855-9025

Eastmain CMC

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

Mistissini CMC

Mistissini, QC G0W 1C0
Phone 418-923-3376

Nemaska CMC

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

Oujé-Bougoumou CMC

PO Box 1170
Oujé-Bougoumou, QC G0W 3C0
Phone 418-745-3901

Waskaganish CMC

PO Box 390
Waskaganish, QC J0M 1R0
Phone 819-895-8833

Waswanipi CMC

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

Wemindji CMC

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

Whapmagoostui CMC

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



MESSAGE FROM THE CHAIR

It has been my privilege to serve as Chair of the Board of Directors of the CBHSSJB since I was elected to this role by the people of Eeyou Istchee in September 2012. We are lucky to have a group of committed, thoughtful people involved in the governance of this organization, and they have supported me wholeheartedly during my first year as their team leader. I thank them.

The central platform of my campaign was to support sustained efforts to improve the quality of services in our communities. To do this, we need to give the Board the tools they need to ask the right questions. We must be open to feedback and criticism, so that we can learn to improve, and we must be transparent and accountable to our stakeholders.

One of the major challenges of my tenure will be to review and propose changes to the Quebec legislation that governs our work at the CBHSSJB. In particular, Bill S-5 requires comprehensive updating to bring it into line with changes to the main Quebec health law, known as S-4.2. This work is sensitive and complex, and to enable our Board members to participate meaningfully in the process, I have initiated an in-depth orientation program for Board members on the legal and regulatory framework for health and social services in our region and in the province as a whole.

Another area we are working on as a team is an examination of governance models – the rules that govern the scope and limits of our mandate as a Board of Directors. It is my aim to put in place a governance model that will give a clear vision to the Board, and that will make the organization function better by clearly defining the areas that the Board must

oversee. In this work we are inspired by the model adopted by the Cree School Board, but the two organizations are very different, and require different solutions.

In 2013-2014 the Commissioner of Complaints and Quality of Services will tour the Cree communities to explain her role and listen to local concerns. I support her efforts to make the complaints process more accessible to users.

As part of our continuing effort to bring increased transparency to organization, our new website, www.creehealth.org, was launched in December 2012. The site is one of the most important tools we have to communicate with our clients and stakeholders about regional and local services, health topics, and matters of governance. The site contains information about the Board of Directors, including audio recordings, in the Cree language, summarizing the outcomes of Board meetings.

Finally, I wish to welcome three new members to our Board this year: Patricia George of Whapmagoostui, George L. Pachanos of Chisasibi and Lisa Shecapio of Oujé-Bougoumou. Remember, your elected community representative is there to listen to your concerns and suggestions about health and social services provided by your Cree Health Board.

In speeches I gave this year at conferences on health and healing, I spoke repeatedly about Chiyaameihtamuun – living together in harmony, according to our most cherished traditions. By striving for excellence, the CBHSSJB can act as a pillar of strength and healing for the Cree people.

Bella M. Petawabano



MESSAGE FROM THE EXECUTIVE DIRECTOR

2012-2013 has been a very significant year for the CBHSSJB and the Crees of Eeyou Istchee. On July 20, 2012, a long process of negotiation culminated in the signing of the new funding agreement for 2013-2018 with the Québec government. This provides us with resources to implement our Strategic Regional Plan.

On September 26, 2012 the Cree people elected a new Chair of the CBHSSJB, Bella M. Petawabano. I have been working closely with Bella since her election, and I am confident that we can form a strong and productive team. Bella requires little orientation since she has worked for the Board for many years as Assistant Director of Public Health for Awash Miyupimaatisiun.

I offer my sincere thanks to the outgoing Chair James Bobbish for his four years of service. He has left a lasting impact, particularly in the area of customary adoption. James was instrumental in fighting for Bill 81, which outlines changes to the Civil Code to harmonize provincial adoption legislation with Cree Aboriginal and treaty rights in relation to adoption matters.

New and expanded facilities are under construction in many communities. I was pleased to oversee the official opening of the Waswanipi CMC building extension on January 18, 2013, and the completion of the \$29 million new Mistisini CMC, which will be fully operational in June, 2013. New CMCs in Eastmain and Nemaska are nearing completion, and in the coming year we will break ground on a new Regional Administration Centre in Chisasibi and a new CMC for Waskaganish.

The changing political landscape of our region raises some jurisdictional issues for the health services. The Agreement on Governance in the Eeyou Istchee Territory of James Bay, signed between the Québec Government and the Grand Council of the Crees (Eeyou Istchee) on July 24, 2012, calls for the creation of a new regional government to replace the Municipalité de Baie-James, one that involves power-sharing between the Crees and the Jamésiens.

I am involved in discussions with the Secrétariat aux affaires autochtones regarding infrastructure necessary to support expanded health facilities and associated housing, and we are seeking clarity on responsibility for adapted transportation and first responders in the Cree territory of Eeyou Istchee, particularly in remote areas, where it is imperative that there be adequate emergency medical response.

The budget envelopes for maintenance of assets, information technology and housing remain to be negotiated with the Ministry of Health and Social Services. The Québec election on September 4 has given us a new set of partners in the National Assembly to work with on these issues. Key partners moving forward will be Dr. Réjean Hébert, Minister of Health and Social Services, Véronique Hivon, Minister for Social Services and Youth Protection, and Élisabeth Larouche, Minister for Aboriginal Affairs.

We have much to be proud of, and much to celebrate, as we pass the 35th Anniversary of the founding of the CBHSSJB on April 20, 2013. I wish to thank all the employees for their dedication and hard work.

A handwritten signature in black ink, appearing to read 'Mabel Herodier'.

Mabel Herodier

POPULATION HEALTH OVERVIEW

The Cree Board of Health provides services to all people in the nine communities within Health Region 18. This population is 95% Eeyouch (Cree), with non-Eeyou transient professional workers making up most of the other 5%. In mid 2012, the official population of Cree Beneficiaries of the James Bay and Northern Québec Agreement in Eeyou Istchee was 16,010, with almost 60% living in the five coastal communities and just over 40% in the four inland ones.

To 2012, the five-year average rate of growth of the beneficiary population was 2.15% per year. A baby boy born in Eeyou Istchee between 2005 and 2009 is expected to live 74.6 years, compared to 78.4 for boys in the rest of Quebec; for a girl baby, life expectancy is 81.8 years, compared to 83.1 years for girls in the rest of Quebec. From 1987-1991 to 2007-2011, the total fertility rate per woman in the region has remained almost double that of Quebec. In 2011, there were 372 births.

Data for 2006-2007 to 2010-2011 for caesarean sections suggest for the first time that rates in the region are slightly above the general Quebec rate (27.1% vs 23.1%). Eeyou Istchee compares well to Quebec on almost all the indicators related to fetal growth retardation and prematurity. Unlike Quebec, the region has few low-birth-weight infants and many high-birth-weight ones (around 10% of births).

Almost one in five babies (17.5%) is born to a mother under the age of twenty. Between 2007 and 2011, there were an average of 70 births each year to teen-age mothers; of these, 45%, or an average of 31 births, were to mothers aged 17 or younger. In the 2003 health survey, one in four younger mothers reported drinking during her pregnancy, and this age group also has high rates of sexually transmitted

infections. While one young child in five is being raised in a lone-parent family, these children are also most likely to be living in three-generation households.

The 2006 census data shows that households are constituted of multiple families at a much higher rate than in Quebec (16.6% vs 0.8%), that the number of persons per room is also much higher (0.7 vs 0.4), and that, even if the number of rooms in a dwelling is about the same (6.0 vs 5.8), the number of rooms being used as bedrooms is also higher (3.4 vs 2.5).

In surveys, Eeyouch report strong social supports and identify with their communities, but they also express great concern about social issues. In a 2006-2007 survey, 44% of men and 50% of women reported having been physically abused in their lifetime, and 23% of men and 35% of women reported having been sexually abused. As well, just over 3% of all self-described gamblers meet the criteria to be classified as "problem" gamblers, while close to 30% can be classified as moderate to high risk gamblers.

Youth and young adults up to age 29 continue to show very high rates of sexually transmitted infections (STIs). These rates tend to range between seven to eleven times higher than the rates in Quebec.

Rates of hospitalisations are higher in Eeyou Istchee for almost all health conditions. Excluding hospitalisations for normal pregnancy and childbirth, as well as those pertaining to factors to do with people in the system (e.g. waiting for long-term care beds, etc), there were on average 2,150 hospitalisations each year over the five-year period from 2006-2007 to 2011-2012. Hospitalisations for injuries have been increasing, especially for "intentional" injuries.

Hospitalisations for suicide attempts and suicide ideation are ten times the rate for the rest of Quebec, but the rate of completed suicide is at or even slightly below the Quebec average. Between 2007 and 2011, Eeyouch died from cancer (21.2% of all deaths), circulatory diseases (17.9%), and external causes which were mainly due to injuries (16.1%). Infant mortality rates in Eeyou Istchee have fallen from 50 per 1,000 live births in 1976 to nine per 1,000 in the 2000–2009 period, but this rate is still double that of the rest of Quebec. Some of these deaths are from an incurable genetic condition.

In 1983, 2.4% of Eeyouch had diabetes, but by 2011 this rate had increased to 22.1%, or 2096 individuals. In 2009, this rate was already 3.3 times higher than the rate in Quebec. Since 1983, the number of new cases has doubled every decade. In 2009–2011, 337 Eeyouch were newly diagnosed with diabetes, which now affects more than one adult in five.

Eeyouch are also being diagnosed at younger ages, which puts them at greater risk of eventually developing complications from diabetes. In 2011,

almost one in four individuals (24.1%) living with diabetes was under forty years of age. At the end of 2011, more than a quarter of all patients (26.3%) had been diagnosed with diabetes within the past four years, and 56.1% had been diagnosed in the past nine years.

Heart disease is also increasing among Eeyouch, both those with and those without diabetes. This increase is not surprising since the lifestyle risks for diabetes are the same as those for heart disease and cancer: poor diet, lack of a physically active lifestyle, smoking, and obesity. The statistics for diabetes show the importance of mobilizing the communities to halt or slow the diabetes epidemic, which would also have an impact on the heart disease epidemic and would help to slow the rise of colorectal cancer in men. However, the poor diet and sedentary lifestyles of youth may be the hidden time bomb. Overall, it is not clear how the health care system will be able to manage the growing numbers of people with serious chronic diseases, and these trends in chronic diseases are unlikely to change unless the underlying social issues are first addressed.

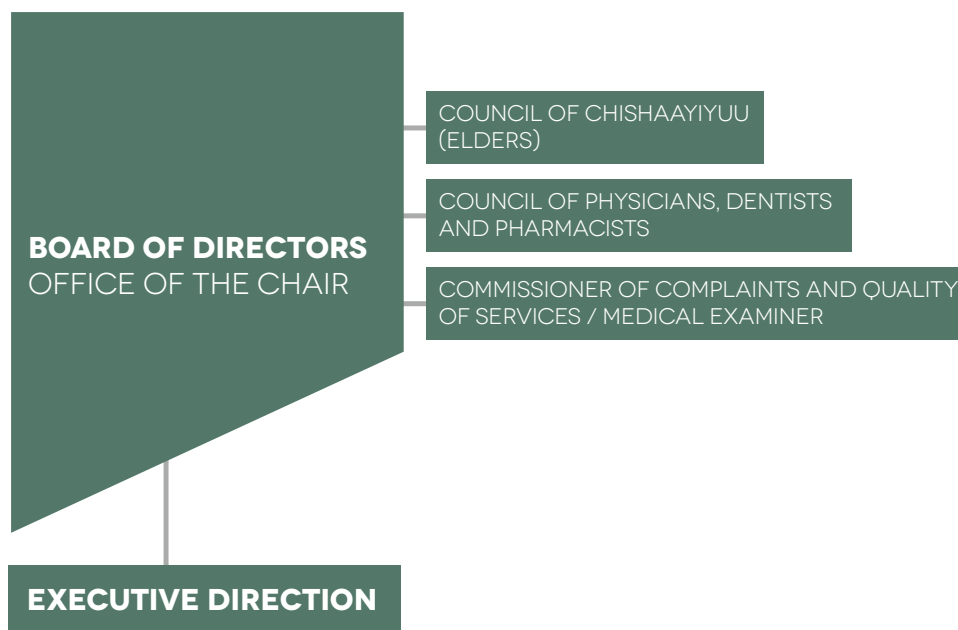
Prepared by Public Health Department

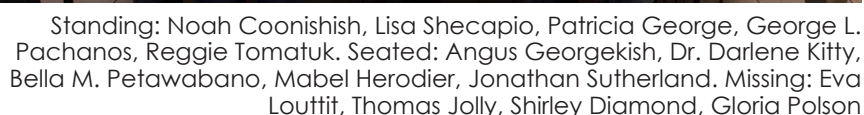


2



OFFICE OF THE CHAIR & EXECUTIVE GROUP





REGULAR MEETINGS: 4 | SPECIAL MEETINGS: 4 | TRAININGS: 3

Chair and Cree Regional Authority Representative

Mabel Herodier

Gloria Polson | OBSERVER FOR WASHAW-SIBI

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Dr. Darlene Kitty

Reggie Tomatuk

MEETINGS: 10

MEETINGS: 0



EXECUTIVE AND SENIOR MANAGEMENT

(Directors and above)

OFFICE OF THE CHAIR

Bella M. Petawabano | CHAIR OF THE BOARD OF DIRECTORS

Louise Valiquette | COMMISSIONER OF COMPLAINTS (I)

EXECUTIVE DIRECTORATE

Mabel Herodier | EXECUTIVE DIRECTOR

Laura Moses | DIRECTOR OF CORPORATE SERVICES

Richard St-Jean | ASSISTANT TO EXECUTIVE DIRECTOR

NISHIYUU MIYUPIMAATISIUN GROUP

Sam W. Gull | ASSISTANT EXECUTIVE DIRECTOR

MIYUPIMAATISIUN GROUP

Lisa Petagumskum | AED

Dr. Laurent Marcoux | DIRECTOR OF MEDICAL AFFAIRS AND SERVICES

Daniel St-Amour | DIRECTOR OF HOSPITAL SERVICES

Robert Auclair | DIRECTOR OF YOUTH PROTECTION (DYP)

Mary Bearskin | ASSISTANT DYP

Vacant | ASSISTANT DIRECTOR, YCJA AND FOSTER HOMES

Gordon Hudson | DIRECTOR OF YOUTH HEALING SERVICES

Caroline Rosa | DIRECTOR OF CREE PATIENT SERVICES (CPS)

Gloria Ann Cozier | ASSISTANT TO AED, SERVICES

Janie Moar | ASSISTANT TO AED, OPERATIONS

CMC DIRECTORS

Jules Quachequan | CHISASIBI

Rita Gilpin | EASTMAIN

Annie Trapper | MISTISSINI

Beatrice Trapper | NEMASKA

Susan Mark | OUJÉ-BOUGOUMOU

Alan Moar | WASWANIP

Bert Blackned | WASKAGANISH

Greta Visitor | WEMINDJI

John George | WHAPMAGOOSTUI

PIMUHEHEU GROUP

Laura Bearskin | AED

Vacant | DPSQA PSYCHOSOCIAL

Adelina Feo | DPSQA ALLIED HEALTH (I)

Vacant | DPSQA NURSING

Vacant | DIRECTOR OF PLANNING AND PROGRAMMING

Dr. Robert Carlin | DIRECTOR OF PUBLIC HEALTH (I)

ASSISTANT DIRECTORS OF PUBLIC HEALTH

Taria Coon | AWASH (I), USCHINIICHISUU

Paul Linton | CHISHAAYIYUU

Jill Torrie | SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS (SERC)

ADMINISTRATIVE RESOURCES GROUP

Clarence Snowboy | AED

Martin Meilleur | DIRECTOR OF FINANCE

Vacant | ASSISTANT DIRECTOR OF FINANCE

Thérèse Lortie | DIRECTOR OF HUMAN RESOURCES (I)

Thomas Ro | DIRECTOR OF IT RESOURCES

Richard Hamel | DIRECTOR OF MATERIAL RESOURCES (I)

(I) Interim

AED – Assistant Executive Director

CMC – Community Miyupimaatisiun Centre

DPSQA – Director of Professional Services and Quality Assurance

DYP – Director of Youth Protection

COMPLAINTS AND QUALITY OF SERVICES

COMMISSIONER OF COMPLAINTS

The Interim Commissioner of Complaints and Quality of Services, Louise Valiquette, received eleven formal complaints in 2012-2013, down slightly from 13 last year. Five of the complaints were received in the last quarter of the year. An additional three complaints concerned the actions of physicians, dentists or pharmacists, and were therefore referred to the Medical Examiner. Nine complaints were referred to other departments.

Looking at the nature of the complaints, one concerned access to services, one concerned a breach of confidentiality, two were related to financial issues, and five had to do with the quality of care. There have been many complaints regarding Youth Protection in the past years. Most of these have now been resolved, but there is a systemic problem that is being addressed through changes within the Department, overseen by the Board of Directors.

There is a need to explain to the population that there is a Commissioner of Complaints and Quality of Services and what her role is. A community tour for that purpose will begin in summer 2013.

The Commissioner participates 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.

Objectives for the coming year are to work with the Board of Directors in the creation of a Watchdog Committee (Comité de vigilance), to conduct an awareness raising tour of the Cree communities, and to examine the state of dialysis services in the region.

MEDICAL EXAMINER

The Medical Examiner, Dr. François Charette, addressed three complaints this year. One complaint involved relationships among the staff of a dental clinic. This was a complex issue pertaining to work responsibilities, respecting schedules, and accepting leadership. A second complaint involved a request for dental care in Montreal because of the perceived lack of expertise locally. The Medical Examiner addressed the issue through emails with the patient explaining the rules about financing care outside the community, and discussed the quality concerns with the Head of Dentistry. The last complaint concerned the working relationship between a replacement pharmacist and the local medical team in the community.

In his report to the Board of Directors, the Medical Examiner concurred with the Commissioner of Complaints that there is a need to increase the visibility and understanding of the complaints process in the region, both among patients as well as among the professionals.

COMPLAINTS

1-866-923-2624

louise.valiquette.reg18@ssss.gouv.qc.ca



COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

The Council of Physicians, Dentists and Pharmacists (CPDP) and the Executive Committee for Region 18 have had an interesting and productive year. We have striven to help improve resources and services to the population while advocating for our patients, families and communities in Eeyou Istchee. The priority of the CPDP is to ensure the quality of the medical, dental and pharmaceutical services and the competence of its members, working with the Board of Directors and Administration of the Cree Health Board to address the outstanding issues on health services.

For example, mental health issues are more common than diabetes in Eeyou Istchee; they affect every person, every family and every community. Yet the Territory lacked resources such as psychiatric care and counselling of various modalities. After raising this issue and meeting to find solutions, the CPDP physicians are collaborating to organize and increase staffing and services within the Regional Mental Health Department. Psychiatrists from the Douglas Hospital are more available on site or by phone to assess, diagnose and treat patients, and to provide advice to physicians and nurses in the Territory.

The Council and its obligatory committees continue to work on very important protocols and projects. The Pharmacotherapeutics Committee has developed more medication protocols, including those required for cardiac conditions, resuscitation and emergency procedures. The Editorial Committee is continuing its work on the Ordonnances Collectives, or collective prescriptions, in collaboration with other regions in northern Quebec. The Materials Committee is working hard to standardize medical equipment in Chisasibi Hospital and the villages, including that used in emergency situations. Given the concerns of last year, the Pharmacy Department will focus on recruiting new pharmacists to the region and improving services with support from the Order of Pharmacists of Quebec. The Department of Dentistry continues to conduct its services and public health initiatives well. As in the past, the CPDP will assess and analyze the quality and capacity of these services through intermittent formal or informal departmental evaluations.

The primary objective of all these efforts is to provide and improve the medical, dental and pharmaceutical care to the patients on the Cree territory, while collaborating with the relevant departments, the Director of Medical Services and Affairs, management, and the Board of Directors of the CBHSSJB.

Darlene Kitty, MD, CCFP
President, CPDP Region 18

ACTIVE MEMBERS OF THE CPDP

DEPARTMENT OF MEDICINE

Dr. Raffi Adjemian
 Dr. Catherine Beauce
 Dr. Roxanna Bellido
 Dr. Julian Carrasco
 Dr. Éric Contant
 Dr. James Copley
 Dr. Gerald Dion
 Dr. Tinh Van Duong
 Dr. Eric Lee
 Dr. Toby Fainsilber
 Dr. Barry Fine
 Dr. Vanessa Gervais
 Dr. Kavi Gosal
 Dr. Janique Harvey, psychiatrist
 Dr. Shelly Jiang
 Dr. Rosy Khurana
 Dr. Darlene Kitty
 Dr. Carole Laforest
 Dr. Michael Lefson
 Dr. Alexandra Orr
 Dr. Guy Paquet
 Dr. Sylvie Pépin
 Dr. Danielle Perreault
 Dr. Hélène Perreault
 Dr. Olivier Sabella
 Dr. Adrien Selim
 Dr. Claude Sirois, ophthalmologist
 Dr. Nadia Waterman
 Dr. Grace Zoghbi

DEPARTMENT OF DENTISTRY

Dr. Danie Bouchard
 Dr. Louise Desnoyers
 Dr. Magalie Laurin
 Dr. Geneviève Gaumont
 Dr. Diane Leroux
 Dr. Audrey-Anne Mercier
 Dr. Kim Chi Ngo
 Dr. Lucie Papineau
 Dr. Stéphane Rousseau
 Dr. Manon St-Pierre
 Dr. Catherine Sweeney
 Dr. Philippe Wang

DEPARTMENT OF PHARMACY

Marc-André Coursol-Tellier
 Claudia Dutil
 François Lavoie

DEPARTMENT OF PUBLIC HEALTH

Dr. Anne Andermann
 Dr. Robert Carlin
 Dr. David Dannenbaum
 Dr. Kianoush Dehghani
 Dr. Félix Girard
 Dr. France Morin
 Dr. Elizabeth Robinson

	FULL TIME EQUIVALENT IN PLACE	RECRUITMENT TARGET	FULL TIME EQUIVALENT IN PLACE	RECRUITMENT TARGET	FULL TIME EQUIVALENT IN PLACE	RECRUITMENT TARGET
CHISASIBI	7.5	8	2	3	0	3
EASTMAIN	0	1	1	1	0	0
MISTISSINI	7.5	4	2	3	0	3
NEMASKA	0.5	0	1	1	0	0
OUJÉ-BOUGOUMOU	0	1	2	2	0	0
WASKAGANISH	0	3.5	1	1	0	0
WASWANIPY	1	2.5	1	1	0	0
WEMINDJI	1	1.5	1	1	0	0
WHAPMAGOOSTUI	1.5	0.5	0.5	1	0	0
	DOCTOR		DENTIST		PHARMACIST	

CPDP POSITIONS FILLED PER COMMUNITY 2012 – 2013



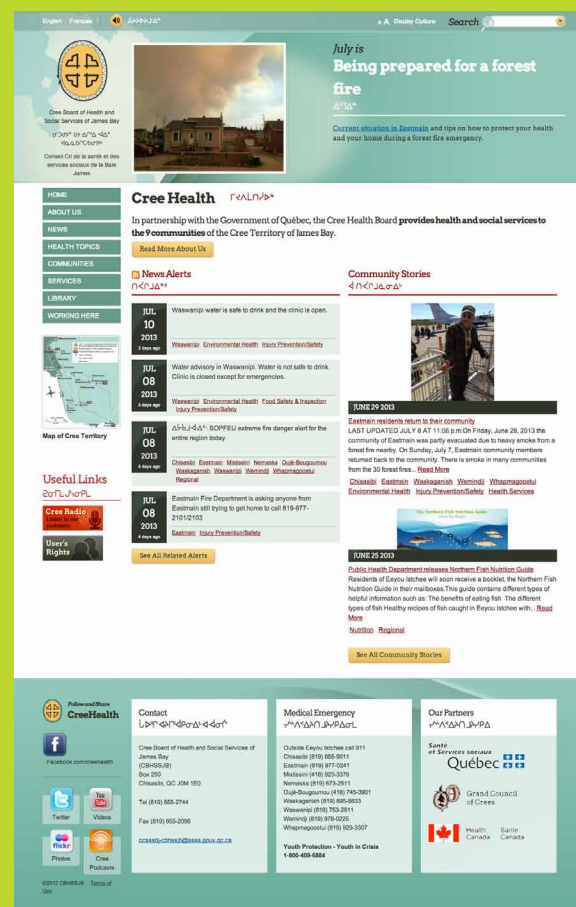
CORPORATE SERVICES

The Director of Corporate Services, Laura Moses, acts as Corporate Secretary to the Board and is responsible for the proper functioning of the Board of Directors operations and meetings. The Department acts as a bridge between the Office of the Chairman and the Office of the Executive Director. Corporate Services also oversees translation and communication services for the organization.

With the election of Bella M. Petawabano as Chair last fall, the department was called upon to make adjustments to better assist the office of the Chairperson. The Department provided more support to the Board of Directors, as a new governance model is being developed and implemented; training sessions on governance were delivered and will continue in the coming year. In order to meet all these requirements, additional resources were allocated to the Department.

One of the major achievements this year was the launching of the CBHSSJB corporate website in December 2012. Acknowledgements go to our website developer Fenix Solutions, to the Advisory Committee who oversaw and guided the work through weekly conference calls; to all those who contributed towards the website and, most of all, to Katherine Morrow, Coordinator of Communications, whose expertise was invaluable throughout the process.

For 2013-14, Corporate Services will continue to support the governance renewal process and will also put in place a system to ensure that resolutions, mandates, policies and procedures are compiled in areas that will facilitate accessibility to senior management and their staff for follow-up and implementation. The hiring of a communication officer in 2013 will bring the Corporate Services team up to full capacity.



CBHSSJB corporate website
www.creehealth.org

3



NISHIIYUU MIYUPIMAATISIUN GROUP

The Nishiiyuu Miyupimaatisiun Group works to find ways of integrating Cree healing traditions into the clinical and social services provided by the CBHSSJB.



Sam W. Gull
Assistant Executive Director

Mission

The Nishiiyuu Miyupimaatisiun Group is committed to transforming the way of life, health and wellness of Cree individuals, families and communities. The group draws upon traditional knowledge and culture to enhance Miyupimaatisiun in the Eeyou/Innu Nation.

Cree values and traditions have been envisaged as key to the development of health and social service delivery systems in the JBNQA and in Orientation 8 of the 2004 Strategic Regional Plan of the CBHSSJB. In order to implement this vision, the Nishiiyuu Miyupimaatisiun Group works in close collaboration with the Council of Chishaayiyuu – the elders who guide the CBHSSJB.

This past year the Nishiiyuu team has been developing a strategic plan and pilot programs in several communities, with an emphasis on land-based healing and rites of passage, especially birthing. It has expanded the team with the addition of two PPROs, Clara Cooper and Charlie Louttit.

NISHIIYUU STRATEGIC PLAN

In 2011, resources were identified for development of a five-year Strategic Plan. So far, Nishiiyuu has identified the following strategic goals:

1. To support Cree elders and community-delivered programs.
2. To support community-based strategic plans, partnerships and collaborations.
3. To support Elders' Councils to lead, advise and direct land-based healing and birthing programs.
4. To partner with the Council of Chishaayiyuu of the CBHSSJB on the development of Nishiiyuu programs.
5. To draft new legislation to govern the use of Cree medicine and healing approaches in the delivery of health and social services.

The next step is to finalize the strategic plan and present the document to the Executive and Board of the CBHSSJB in the summer of 2013.



LAND BASED HEALING

Cree elders often say that “the land is our teacher,” and that Cree knowledge and culture comes from the land. Land-based activities like canoe brigades in the summer and wellness journeys in the winter are a feature of life in many Cree communities, and are a pathway for spiritual and physical healing as well as for learning about Cree survival skills. The Nishiiyuu Group is working with partners in several communities to create a working model of a land-based healing program that could play a role in both addictions treatment and culturally-based justice programs, and which could eventually be scaled up. The intent is to find out what works at the local level, with the acceptance of community partners, and to learn from these experiences in the development of a regional program.

rites of passage / birthing

The Nishiiyuu Group is exploring ways of bringing Cree cultural knowledge to life events that have been largely medicalized in recent years, such as the moment of birth. Today, Cree women give birth in hospitals outside the Cree territory, usually in Val d'Or, in contrast to their elders, who gave birth on the land with the assistance of midwives.

Nishiiyuu began research and development for a pilot initiative where elders will provide birthing advice to pregnant mothers, fathers and families. This initiative will utilize research from the Cree birthing research and documentation initiative, which will eventually interview elders in all 10 Cree communities.

In March 2013, Nishiiyuu held a two-day training session for researchers and videographers who will be using video to document the traditional knowledge of Cree midwives in each community. The interviews and documentation will begin in 2013-2014.

The Nishiiyuu Miyupimaatisiun team, with the Council of Chishaayiyuu and other stakeholders, conducted a fact-finding visit to aboriginal healing and wellness centres in Ottawa, Six Nations, Oneida and Toronto. The tour focused on collaborative program delivery, healer protocols and policies, patient-centered delivery, client safety, traditional healing methods, efficacy and patient satisfaction. Nishiiyuu will continue to collaborate with the Six Nations Birthing Centre in Ontario. On the last day of the study visit in Ottawa, the elders went to the Museum of Civilization to see the Eastern James Bay Cree Collection. The Council of Chishaayuu handled and viewed over 80 objects from the Museum's collection, including clothing, tools, and other traditional objects. The elders were pleased to note that many of the objects they saw are still being made and used every day in the Cree territory, demonstrating that in many respects, Cree traditional knowledge is still thriving.

LOCAL NISHIIYUU PLANNING

The Strategic Plan aims to support local collaborations that use Cree cultural approaches to bring about Miyupimaatisiun. This year saw the beginning of pilot projects in four communities.

LIFE SKILLS TRAINING

The Nishiiyuu Life Skills Training takes a “train-the-trainer” approach that aims to instill in young people the knowledge of traditional ways of helping and healing so that they can then bring this knowledge to their home communities. The trainees receive teachings directly from members of the Council of Chishaayiyuu. Since 2012, 26 individuals have completed the Life Skills Training. In the final session, in February-March 2013, the newly formed trainers developed their portfolios to enable them to deliver life skills training in the Cree communities.



CHISASIBI

The Chisasibi Miyupimaatisiun Committee has accepted a pilot project for land-based healing, which will be the main resource for designing and testing a land-based healing program that could be adopted in other communities. The experiences of the pilot program will provide the foundation for a video and a program manual.



MISTISSINI

In Mistissini, George Blacksmith, PhD, is developing a five-year Traditional Medicine Strategic Plan. He is also assisting PPRO Charlie Louttit in the development of the regional land-based healing program.



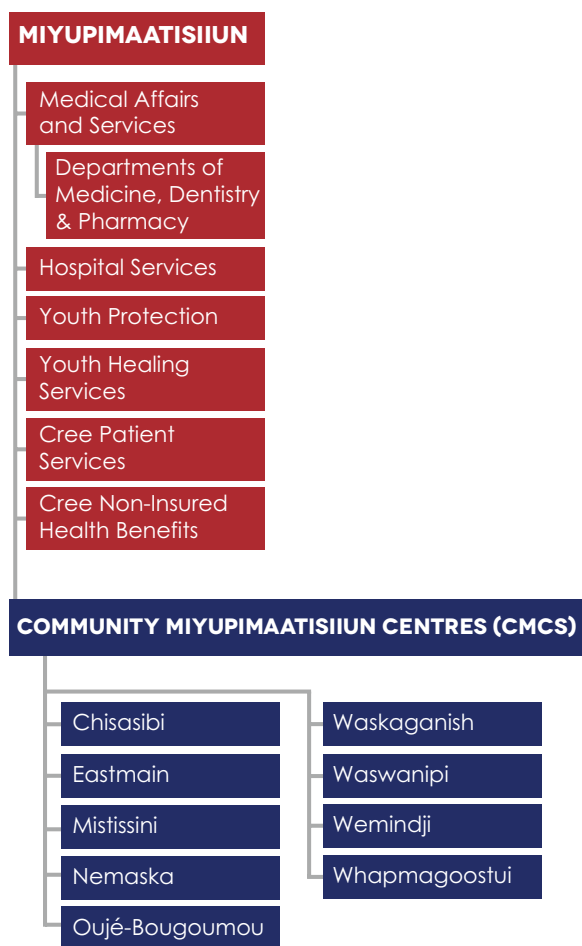
WASWANIPi

In Waswanipi, PPRO Clara Cooper worked closely with Abel Kitchen, a member of the Council of Chishaayiyuu, to develop a Nishiiyuu Health Plan for Waswanipi in collaboration with elders, community groups and local leadership. Among the activities were workshops on traditional medicine for the local youth. This initiative was a success and some youth are now requesting further land-based teachings.



WHAPMAGOOSTUI

The Journey of Nishiiyuu began in Whapmagoostui and became a source of inspiration and hope for people around the world. The CBHSSJB's Nishiiyuu Group aided the Nishiiyuu Journey walkers with support for their website and communications needs, as well as direct support for the walkers themselves. Former Grand Chief Matthew Mukash used video and photographs to document the transfer of knowledge from Cree elders of Whapmagoostui to the youth involved in the Journey, and he is currently leading the development of a local Nishiiyuu plan in Whapmagoostui.



MEDICAL AFFAIRS AND SERVICES

Regional Department of Medicine

Physicians working for the CBHSSJB are organized into a Regional Department of Medicine. The mandate of the department is to organize and coordinate medical services, including chronic care and mental health services. The focus is on the quality of patient care and the safety of the patient. The Head of the Department, Dr. Carole Laforest, maintains active links with Dr. Laurent Marcoux, the Director of Medical Affairs and Services, the Council of Physicians, Dentists and Pharmacists (CPDP), and the Executive and Board of the CBHSSJB.

Doctors hold teleconferences monthly and meet face-to-face annually. These meetings enable the team to stay cohesive and well-informed, allowing doctors to discuss and decide together on issues affecting the orientation of patient care.

Although there is still a shortfall in the number of doctors working in Eeyou Istchee, several new physicians were hired this year. The recruitment committee is employing various strategies and tools to attract permanent doctors to the Cree Territory, and is using the CBHSSJB website to support these efforts.

The department is also pursuing ongoing negotiations with the MSSS to increase the number of physicians allocated to the region, with the next meeting scheduled for June 2013.

Department members are revising and updating the Therapeutic Guide, developing collective prescriptions in several areas, and developing clinical protocols to standardize care across the nine communities. The Department is also working towards standardizing the medical equipment used in every community.

The department is contributing to the development of a mental health action plan; this area has already seen a number of improvements, thanks to increased nursing resources.

In addition, department members are participating in developing telehealth capacity (with tele-ophthalmology being a priority), updating the Bush Kit, and exploring options for a virtual library for clinical workers.

There have been ongoing efforts to formalize corridors of service with partner institutions in other regions, and to bring new specialized services to the Cree Territory.

Department of Dentistry

NUMBER OF CONSULTATIONS

	2012-2013	% CHANGE
CHISASIBI	4,644	▼ -3%
EASTMAIN	951	▲ 194%
MISTISSINI	2,840	▲ 20%
NEMASKA	475	▼ -3%
OUJÉ-BOUGOUMOU	958	▼ -11%
WASKAGANISH	2,056	▲ 16%
WASWANIP	1,212	▲ 42%
WEMINDJI	1,702	▲ 119%
WHAPMAGOOSTUI	1,185	▲ 57%
TOTAL	16,023	▲ 21%

The Dentistry Department's mission is to provide quality general and specialized dental services throughout the territory.

Over the past year, priorities have included reorganizing the Abeldent procedures and developing an Abeldent training, primarily to keep statistics more effectively; the department has also finalized discussions on implementing the Care 4 software. Other priorities have included identifying recommendations for an CNI-HB dental section, putting in place a regional administration officer for the dental department, providing a departmental proposition to the negotiation committee meeting with the MSSS, and coordinating with general contractors and other groups working on new CMC buildings.

Between April 1st 2012 and March 31st 2013, the Dentistry Department staff treated 16,023 patients, including 3,505 children nine and under; 251 children were treated in Montreal under general anaesthesia. The loss of one dental treatment room in Mistissini in 2011 and the absence of a second permanent dentist have greatly affected the services offered. The waiting time

for treatment in most clinics is satisfactory, except for Chisasibi and Mistissini where wait times exceed six months and emergency appointments remain the norm on a daily basis. The department is re-evaluating the schedule to provide equal access to the population and offer better services with the resources available.

The Dental Residency program was abandoned this year, mainly due to a lack of funds to encourage dentists to participate and the need for the Cree Health Board and the universities to revise administrative policy and procedures.

Most specialized dental services were provided in Mistissini and Chisasibi.

The James Bay Study Club continues its training activities, bringing peers together to share information and knowledge; this past year it also invited dental hygienists to participate.

Dentists continue to be involved in the local management and training of staff in their respective clinics. There is an effort being made to delegate most of the clerical duties to the secretary and support staff, thus relieving dentists to perform their clinical duties. This major shift will have to be sustained by an organized training program if the department is to achieve its goals of increasing productivity and accessibility.

Despite the hard work of the dental department, many challenges remain.

Efforts to extract dental statistics from Abeldent were hampered due to a lack of uniformity in the use of the software. Managing service delivery according to the needs of the population, taking into account the respective local demands, remains difficult, as does ensuring effective scheduling of appointments

DENTAL SERVICES INCREASED **21%** THIS YEAR. **36%** OF DENTAL SERVICES WERE FOR CHILDREN UNDER 10.

THERE WERE **3113** NO-SHOWS FOR DENTAL APPOINTMENTS, UP **13%** FROM LAST YEAR.

and the subsequent attendance by patients at their appointments. We also experience chronic difficulties related to staff turnover, notably those related to predictable replacement coordination and to providing sufficient training; related challenges are posed by a chronic lack of recall list staff availability and of permanent resources allocated to the yearly training and support of all dental staff.

Priorities for 2013-2014 include continuing the training of the secretaries in order to transfer administrative responsibilities from professional to support staff, thus freeing dentists to meet their clinical duties. In addition, the Dentistry Department will implement and support an increase in specialized services, especially prosthodontics services, and will aid efforts to implement a dental section for the Cree NIHB. Finally, the department plans to begin revising its Dentistry Policies and Procedures manual, evaluate the residency program, and review administrative procedures and contracts.

Department of Pharmacy

As the position of Head of Pharmacy is currently vacant, Dr. Laurent Marcoux, Director of Medical Affairs and Services, has been fulfilling the role of Interim Head of Pharmacy in addition to performing his regular duties.

The department of Pharmacy ensures the safe and effective supply and distribution of medication to meet patients' needs in Eeyou Istchee. The department's employees maintain inventories, verify prescriptions, prepare medications, and offer professional advice as necessary.



Dr Laurent Marcoux and Dr Carole Laforest

ORGANIZATION OF SERVICES

Since there are no commercial pharmacies in Eeyou Istchee, all medications are acquired and dispensed by pharmacy services within the CBHSSJB. Doctors, as well as nurses trained under the rôle élargi, have the ability to prescribe medications. Two pharmacist positions exist in Chisasibi, and two in Mistissini, to fill orders and coordinate distribution for the smaller communities, where medication is dispensed by a Pharmacy Technician working in the CMC.

ACTIVITIES IN 2012-2013

Under Dr. Marcoux's leadership, the CBHSSJB is implementing recommendations made by the Comité d'Inspection professionnelle de l'Ordre des Pharmaciens du Québec to ensure the quality and safety of pharmacy services in Region 18. Steps taken in the last year include restructuring the workflow around filling prescriptions and reorganizing the workspaces in the pharmacy areas of the CMCs in order to make better use of the restricted space and to enable the pharmacists to work without interruptions. Recruitment, training and supervision of Pharmacy Technicians is an ongoing challenge. Following recommendations of the Order of Pharmacists, the CHBSSJB has revised the personnel plan in Mistissini in order to attract and retain pharmacy staff.

PHARMACY PRIORITIES

The main priority of the department is to complete a transition plan to satisfy the requirements of the Quebec Order of Pharmacists. The CBHSSJB must put in place regulations to ensure medications are acquired and distributed safely and in accordance with the standards set by the profession in this province.

Recruitment is an urgent issue for the department. A permanent Head of Pharmacy is essential to oversee implementation of the recommendations of the Quebec Order of Pharmacists and to ensure sound management of pharmacy services. At this time, there are no permanent pharmacists in the CBHSSJB. The task of constantly searching for personnel and managing a rotating schedule of temporary pharmacists is time-consuming and takes energy from other clinical priorities. In addition, there is a high turnover of Pharmacy Technicians in the communities, and the training of Pharmacy Assistants is a constant preoccupation.

The organization must also put in place an efficient and secure electronic prescription system, and the Therapeutic Guide must be updated to ensure that prescriptions conform to Quebec's Law 90. Finally, in the coming year the Mistisini pharmacy will move to that community's new CMC building

Chisasibi Hospital

The Chisasibi Hospital's mission is to provide quality primary and secondary healthcare services to the population of Eeyou Istchee. The main clientele is from Chisasibi, but the hospital also receives patient transfers from other Cree communities on the James Bay coast.

The medical team includes eleven full and part-time doctors and 27 registered nurses. The hospital has 29 beds, of which 17 are for acute care (five paediatric), nine for

chronic care, and three for respite care. The Hemodialysis Unit has nine dialysis stations, and there is a partial pre-dialysis program two days a week.

Chisasibi Hospital has a laboratory, a radiology department, archives, a liaison department, physiotherapist and nutritionist services, and a dental clinic.

The management team is led by Daniel St-Amour; Annie Dumontier coordinates the Nursing Unit and Gary Chewanish coordinates the Hospital Administrative Units. The position of Clinical Services Coordinator has been vacant since December, 2012.

REGIONAL SERVICES

The hospital's objective for this year has been to assume a greater regional role, and as a result the team was involved in several key regional files.

The hospital led development of the Cree Renal Care Program, which has as its objective to provide superior renal (kidney) care in the region.

The Risk Management Committee, established in 2011, ensures that all possible measures are in place to offer a secure environment to the users and personnel of the hospital. A risk assessment is now being planned for health care procedures in all the communities within Eeyou Istchee.

The Medical Archives Department has implemented a process to establish a Master Patient Index (MPI), giving each user a unique file with a single identification number. The MPI will ensure that a patient is represented only once across all software systems, including the Laboratory Information System, the Radiology Information System, and Medi-Patient.

The archivist is now visiting all the communities to begin integrating all CBHSSJB users within a unique regional index.

**50% OF
HOSPITAL
PATIENTS DO
NOT HAVE A
VALID RAMQ
CARD.**

	2011-2012	2012-2013
ADMISSIONS	602	615
HOSPITALIZATION DAYS	3,308	3,421
TRANSFERS TO OTHER HEALTH CENTRES	175	184
DEATHS	10	19
AVERAGE STAY IN ACUTE CARE (DAYS)	5.8	6.1
BED OCCUPATION RATE	63%	63%
CLINIC CONSULTATIONS	16,614	17,687
SPECIALIST CONSULTATIONS	1,141	1,078
OBSERVATION HOURS	2010	3,530
RADIOLOGY TECHNICAL UNITS	85,782	103,433
LABORATORY TESTS*	257,425	204,219
DIALYSIS TREATMENTS	2,894	2,894

*Chisasibi Hospital performs laboratory tests for other Cree communities as well as Chisasibi.

ADMINISTRATIVE UNIT

Three initiatives have been launched to increase quality and safety.

To ensure that the hospital is meeting MSSS housekeeping standards and best practices, regular internal audits are now being conducted and the results reported to the Risk Management Committee.

To prevent cross-contamination, meals are now served in a specially designed trolley that includes temperature controls.

To ensure emergency measures are in place, the Hospital Fire Plan has been updated and all departments have received training. A major exercise is being planned for the summer of 2013.

CLINICAL SERVICES UNIT

A Medical File Committee was created to standardize clients' medical files and the information they contain, including abbreviations.

The Medical Archives Department has seen a 116% increase in requests for medical files and a 58% increase in the number of photocopies made, mostly

in the context of the Indian Residential Schools Settlement Agreement. However, 50% of the individuals using the hospital do not have a valid health insurance card, making it difficult to keep files updated.

Significant effort has been dedicated to the improvement of internal and external quality processes. The process of exchanging laboratory tests results with RUIS McGill directly from the Laboratory Information System is almost completed. However, improved access to radiology and transcription services remains a key factor in providing timely diagnostic support to our physicians.

NURSING UNIT

Updating medical equipment, restructuring the medicine department, and implementing videoconference training were keys to the improvement of the nursing care provided by the Nursing Unit.

The acquisition of five new blood pressure machines has helped nurses evaluate patient vitals more efficiently, and the monitoring of cardiac patients has greatly improved since the ward received five mobile cardiac monitors linked to a central console.

The newest acquisition is a neonatal resuscitation table and radiant warmer. This equipment has enabled the nursing staff to cover a wide range of needs, from routine warming of the newborn, to the emergency respiratory intervention sometimes needed in deliveries, to intensive phototherapy.

A "bubble team" concept has been implemented on the ward. This approach consists of pairing a nurse to a Cree beneficiary attendant. The system

has improved patient security and safety and has promoted collaboration between staff.

Recruitment was difficult earlier in the year, and as a result, the nursing team became unstable. A sustained effort was launched in January 2013 to recruit nurses with specific skills needed on the ward, the external clinic and the haemodialysis unit. This effort was successful in stabilizing the team and is expected to improve staff retention.

Youth Protection

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

The year 2012-2013 saw an increase in the reports of youth at risk received and those retained for follow-up intervention/orientation by the YPD. The regional average

workload for YP workers this year is 58 files per worker, based on 19 YP workers in the region. Of the 1103 cases retained this past year, almost 80% were related to negligence due to lifestyle factors, such as continuous alcohol and drug abuse by the youth's parents. There were 584 active YP files, 17 files in the adoption stage, and 16 Young Offender files. There were 332 Voluntary Measures signed and 173 Court Ordered Measures in place, for a total of 505 measures.

A number of projects are ongoing, including the development of a training program for foster home workers and amendments to protocols for handling child abuse and neglect. Work is ongoing to finalize an orientation package and a manual for foster home workers, a foster parent orientation handbook, a recruiting strategy for foster care, and a public awareness campaign for foster care.

A long-term plan is to have a certified training program for all YP workers and front line staff, along with policies and procedures and training for front-line staff performing investigative interviews of children who disclose sexual abuse. In the Young Offenders Program, new legislation in the Youth Criminal Justice Act (YCJA) will require the training of the Young Offender workers in each community.

REPORTS TO THE DYP ("SIGNALEMENTS")

	2012-2013	% CHANGE
REPORTS RECEIVED	1,540	▲ 26%
RETAINED	1,103	▲ 25%
% OF REPORTS RETAINED	71.6%	▼ -1%



Youth drummers, Chisasibi

The Youth Protection File Management System has been deployed within the YP Intake Services department. We are still in the process of implementing the software in all communities.

YOUTH PROTECTION ACTION PLAN

Responding to recommendations of the Human Rights Commission, the DYP has developed a Youth Protection Action Plan, created with the guidance of a consultant appointed by the MSSS, Gilles Cloutier. The Action Plan will significantly improve organizational structure, employee training, file management and intervention, follow-up/orientation monitoring, regular supervision procedures, and intake tracking processes (signalement).

In relation to this latter point, DYP has a new regional number (1-800-409-6884) for workers and any other person wishing to report a situation concerning a child, along with dedicated cell phones and numbers for on-call local emergency workers in the communities.

Employee training will be enhanced through participation in the National Training Program (through the Association des Centres Jeunesse du Quebec) and the MSSS-recognized CHARLIE Training. There will also be training sessions in the Psycho Social Intervention of Families and a Transfer of Learning Process.

The DYP is still in the process of finalizing a supervision protocol for workers, evaluation tools, amendments to existing Youth Protection policies and procedures, and forms involved in youth healing path plans and life plans. The department is also developing processes and recommendations for the file management system, which will provide a much-needed tracking and monitoring system for

client files in accordance to the legal requirements of the Youth Protection Act.

Finally, the DYP has secured the services of the Akwesasne Youth Treatment Center to support its efforts to help youth with alcohol and drug abuse issues improve their coping skills and make better life choices.

These service improvements are regularly updated in the YP Action Plan as approved by the Board of Directors on July 22, 2012, and have been presented to the MSSS as well as to the Human Rights Commission.

Youth Healing Services

The mission of Youth Healing Services (YHS) is to contribute to the protection and well being of youth through a program of accountable care that provides safety, security, and, most importantly, treatment. We are committed to providing a compassionate and effective family-oriented program for youth who experience a wide scope of difficulties.

YHS operates Upaachikush Group Home in Mistissini and Weesapou Group Home in Chisasibi. It also runs the Youth Healing Services Reception Centre in Mistissini.

CASE MANAGEMENT

Youth Healing Services uses the Youth Level of Service/Case Management Inventory (YLS/CMI) structured tool to assess risks and needs for each youth, and links these factors with the development of a case plan to provide a safe, supportive place where youth can experience new opportunities, overcome barriers, build positive relationships and develop confidence and life skills. Case plans are reviewed weekly during staff meetings under the supervision of the coordinator of resources, clinical advisor, group leader and child care workers. The YLS/CMI case plan does



THE AVERAGE
CASE LOAD
OF A YOUTH
PROTECTION
WORKER IS **58**
FILES.

not replace Case Conference Planning and Healing Path Plans, but offers a more direct, detailed case plan designed specifically for and with the individual youth to set goals while in placement.

SCHOOLING

The YHS Reception Centre has an in-unit teacher provided by the Cree School Board (CSB) to support school re-integration. Youth entering YHS tend to have gaps in their education. Presently, the CSB can only offer reading, writing and math instruction, and while this program does not pass youth to the next grade level, it does give them a greater opportunity to succeed once they return to school. For the program to move from providing progress reports to awarding actual grades recorded with the MELS, the CSB would have to provide another teacher to enable youth to follow the required courses for their grade level.

CIRCLE OF COURAGE AND RESPONSE ABILITY PATHWAYS (RAP)

YHS is adopting the Circle of Courage/ Response Ability Pathways models developed by Reclaiming Youth International. This strength-based model identifies the four universal needs of all children: Belonging, Mastery, Independence, and Generosity. Response Ability Pathways (RAP) uses the Circle of Courage for teaching skills to connect with youth in need, to clarify problems, and to restore bonds.

GROUP HOMES

The Weesapou and Upaachikush Group Homes aim to educate youth and to ensure that their safety and security is respected. Placements are referred from Youth Protection. Group home staff hold weekly clinical meetings to update files on youth entering or already residing in the homes, discussing approaches and determining when to move on to the next objective for each individual.

A healing path plan must be developed for each youth. Further, all reports, whether for court, incidents, observations or discharge, must be shared with Youth Protection, so it is essential that workers know how to record an individual's development. In addition, youth need to have constructive contact with their family members for the treatment to be successful. This contact also helps to improve social and emotional adjustment by strengthening the youth's feelings of connection to family and community.

YOUTH IN YHS RESIDENTIAL FACILITIES

	2012-2013	% VARIATION
WEESAPOU GROUP HOME, CHISASIBI	21	▼ -67%
RECEPTION CENTRE, MISITISSINI	69	▼ -52%
UPAACHIKUSH GROUP HOME, MISITISSINI	26	▼ -66%
TOTAL	116	▼ -59%

Note: the decline is due to a change of approach. YHS took in fewer youth for longer stays compared to previous years.

BUSH PROGRAM

YHS has many approaches in helping very high risk youth who are struggling with addictions and AWOL behaviour; however, Cree Traditional Therapy in a bush environment is the most effective.

The Bush Program offers a holistic land-based program with camps for both inland and coastal communities. The program staff for each camp have experience and knowledge in teaching hunting and trapping skills. Presently, the program operates two bush camps, one at LG2 and the other near Mistissini; both camps are used each year. The program is also run across the nine Cree communities. Cree Elders are invited to participate in guiding the program's development and delivering traditional knowledge.

STAFFING

YHS has 71 employees, including two clinical advisors (inland & coastal), 36 childcare workers, 14 guards and two full-time security guards, an activity team leader for the Bush Program, and four Bush Program childcare workers.

This past fiscal year YHS had 25 long-term sick leaves and 11 resignations.

YHS has developed an orientation manual for new employees, which will also serve as a tool to remind existing staff of the necessary procedures. Priorities for the coming year are to fill all the vacant positions and to provide ongoing staff training.



Regional Special Needs Services

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

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

In 2012-2013, RSNS consisted of a full-time coordinator, a family/community support worker, and a part-time clinical support worker. Our family support worker acts as a liaison, linking families to community services. Our clinical support worker provides support to the professionals working with the clients with special needs.

Working with the local CMCs, this team of two and a half was involved in forty-five cases involving multi-disciplinary case management; the team also supported eighteen individuals who are living outside of their communities due to the complexity of their needs.

FASD

Our main focus during the 2012-2013 fiscal year was on Fetal Alcohol Spectrum Disorder (FASD). In August 2012, a presentation to the Grand Council of the Cree (Eeyou Istchee/Cree Regional Authority) at their Annual General Assembly in Waskaganish led to the signing of a resolution recommending that all Cree entities of Eeyou Istchee make the

prevention of FASD a priority. The resolution further recommended that entities work in collaboration with one another to reduce the prevalence of FASD; that they provide services raising awareness of the effects of prenatal exposure to alcohol; that they help increase compassion for individuals affected by prenatal exposure to alcohol; and that they work together to minimize further effects of FASD and ensure healthier communities.

In January 2013, the RSNS team organized a three-day FASD Action Forum in Montreal. The event united over one hundred health care workers (including physicians, nurses, and community health representatives), social workers, educators, and representatives of other community support services to generate ideas around how to address the challenges posed by FASD. The first day focused on sharing information about FASD, with the most compelling stories coming through testimonials from youth and families living with FASD, whose presentations provided participants with insight into what it is like to live with this disability. During the second day, workshops focused on different strategies that educators, social workers, health care workers, and others can use to educate young people to avoid FASD and to support those who are already affected by FASD. On the final day, each of the nine Cree communities developed action plans for raising awareness about FASD prevention and support. These action plans are already taking shape as short- and long-term FASD prevention and support plans in the communities, and range from the development of educational activities for schools to information-sharing collaborations with the Youth Council, radio broadcasts, and annual FASD Awareness campaigns.

At the regional level RSNS is developing plans for the Mobile FASD diagnostic clinic, with operations expected to start in

the next fiscal year. This will be a ground-breaking initiative for the Cree, since it will be the first diagnostic clinic in the province of Quebec.

RSNS has also been working on plans for a Regional Residential/Respite Care Facility for Cree children and youth with special needs. This facility, to be opened in Chisasibi in April 2014, will become the central point for a range of direct care and outreach services and for the development and formalization of collaborations between various service providers. It will begin to address the overwhelming needs of individuals with special needs, their families, and those mandated to support them, with the main focus being on respite care for the families.

Cree Patient Services

When patients are referred by CBHSSJB physicians for treatment outside Eeyou Istchee, Cree Patient Services (CPS) coordinates and organises the necessary accommodations, transportations and medical appointments. The CPS's philosophy is based on the ideals of respect and equality for everyone.

NUMBER OF TRIPS

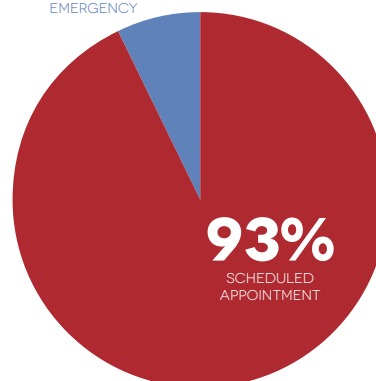
2012-2013

	2012-2013	% CHANGE
CHISASIBI	3,935	▲ 16%
EASTMAIN	1,073	▲ 38%
MISTISSINI	7,635	▲ 12%
NEMASKA	1,026	▲ 11%
OUJÉ-BOUG.	1,129	▲ 0.4%
WASKAGANISH	2,004	▲ 29%
WASWANIP	3,472	▲ 21%
WEMINDJI	1,606	▲ 21%
WHAPMAGOOSTUI	1,237	▲ 8%
TOTAL	23,117	▲ 16%

7%
EMERGENCY

REASONS FOR TRAVEL

2012-2013



The three CPS locations outside Eeyou Istchee have a total of 60 full-time and 9 part-time employees.

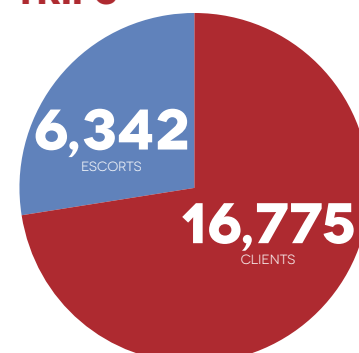
Since January 2013, CPS Chibougamau has established a positive cooperative relationship with Centre Régional de Santé et Services Sociaux in Chibougamau. CPS management feels that there is now an openness toward our clients that had been missing in the past.

CPS Montreal, situated at the Faubourg in downtown Montreal, continues to face difficulties in recruiting employees, and used the services of five agency nurses for a total of 5717 hours (the equivalent of three full-time positions). CPS Montreal is still in the process of expanding to accommodate services to our clientele.

CPS Val d'Or, situated in the Hôpital de Val-d'Or, is also finding recruitment of qualified employees to be challeng-

NUMBER OF TRIPS HANDLED BY CPS

REGIONAL TOTAL
2012-2013



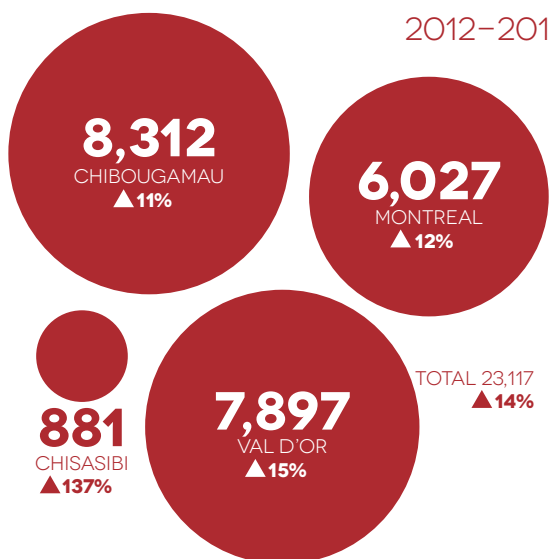
ing, and drew upon the services of one agency nurse for the equivalent of one full-time position. Another major challenge in Val d'Or is to accommodate clients' adapted transportation needs.

The Care 4 software implementation program is in its second year, with the third and final planned development ending in April 2013. During the next year, the CMCs will be able to view and add to the Care4 data.

In the coming year, priorities include working with the CNIHB Coordinator to create and distribute brochures on CNIHB policies and to promote these policies by visiting each community's CMC and First Nation office.

NUMBER OF ARRIVALS IN CPS LIAISON OFFICES (CLIENTS + ESCORTS)

2012-2013



NOTE: LARGE INCREASE IN CHISASIBI IS DUE TO AN INCREASE IN THE NUMBER OF ESCORTS COMPARED TO LAST YEAR

Cree Non-Insured Health Benefits Program (CNIHB)

CNIHB helps members of the Cree communities of Eeyou Istchee access the additional health benefits they are entitled to under the James Bay and Northern Quebec Agreement. These include: prescription drugs, medical supplies and equipment, hearing aids, client transportation for health reasons, vision care services, dental care, including orthodontics, emergency/short-term mental health services and repatriation of the deceased.

The total expenditures under this program were \$39.6 million in 2012-2013, up 6% overall from last year. The largest components were drug reimbursements (\$7.7 million, up 17%) and dental services (almost \$3.4 million, up 40% from 2011-2012). Spending on contracted services increased 76% to \$698,456, and spending on walkers, wheelchairs and similar equipment, as well as artificial limbs, increased 52% to \$152,659.

In 2012-2013, software was implemented in all the CMCs to decentralize service authorizations. The revision of the CNIHB policies is still ongoing, as is the plan to move the program from Administrative Resources to the Miyupimaatisiun Group. To help beneficiaries understand and access the benefits, CNIHB added an information page to the website www.creehealth.org. Next year, the program will organize an awareness raising tour of communities and post-secondary institutions attended by Cree beneficiaries.

For information: <http://creehealth.org/services/cree-non-insured-health-benefits-cnihb>

COMMUNITY MIYUPIMAATISIUN CENTRES (CMCs)



Chisasibi Population 4,143

	# CONSULTATIONS
WALK-IN CLINIC	17,687
DENTIST	4,644
SPECIALIST (IN HOSPITAL)	1,078
*COMMUNITY HEALTH	12,785

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

In Chisasibi many services are provided at the hospital, so statistics vary from other communities. See Chisasibi Hospital statistics earlier in this chapter.

The Chisasibi CMC has encountered many challenges since its November 2011 relocation. The physical relocation of psychosocial services and clinical services had a tremendous impact on the staff, especially concerning the delivery of services, as the distance of services led to loss some of clients. Employees also had to make many adjustments to meet the needs of the clients, which created stress on our frontline staff. The Awash team continued to provide health care services to the Chishaayiyuu population, although it was impossible

***Editor's Note:** Community Health includes visits to Awash, Uschinishuu and Chishaayiyuu clinics. Consultation may be with a nurse, Community Health Representative (CHR), social worker or other caregiver and includes telephone consultations and support groups. This year, CMCs defined and measured consultations differently, so the totals for community health should not be compared or correlated with the population.

to maintain the level of services that was necessary. A Chishaayiyuu nurse was hired and two clinical rooms were created to meet the clinical needs of this clientele. The Administration Department hired two new administrative technicians in Human Resources and Finance. Our challenge remains to acquire the office space to hire more staff.

Our priorities for next year include hiring interim managers to replace those who are on leave. In the Awash, Uschinishuu and Chishaayiyuu Units, we will hire professional and paraprofessional staff to start developing, implementing and applying each department's programming. By summer, we will regain the building that housed Chishaayiyuu and Administration staff, giving us much-needed space.

AWASH

Awash continued to provide clinical services and address other needs of its target population. This year, Chisasibi had 108 births, and CHR's, often working in collaboration with the Uschinishuu nutritionist, were active in providing outreach activities such as baby food workshops and breastfeeding support groups. CHR's were also included in the psychosocial training that was provided for frontline workers to help them adopt a holistic approach in addressing the needs of Awash clients. Our focus remains on implementing Awash programming and developing more services for 2013.

USCHINICHISUU

Despite the challenges faced by the Uschinishuu Unit, it maintained psychosocial, nutritional and clinical services for its target population. The main priority this year is to continue to develop the clinical sector of the services by hiring more nurses and CHR's; the unit also hired an Attendant in a Northern Establishment to assist with Mental Health Services. Since

October 2012 there have been numerous training sessions for frontline staff, enabling them to gain the psychosocial and clinical tools to maintain best practices; the delivery of services has been maintained during these periods by replacement workers.

CHISHAAYIYUU

The MSDC's clientele attendance has remained steady and the MSDC is planning to create more outdoor activities this year. In terms of mental health services, the psychiatrist visits are now on a regular schedule, and the CMC plans to recruit a Mental Health Nurse and a Mental Health Social Worker to help provide fuller services. Rehabilitation services continues with its challenges, which include a lack of office space that limits the services that can be offered, especially for the clinical management team. Chishaayiyuu is in the process of moving back to the Social Services trailer from the Community Health trailer. The Interim Coordinator of Chishaayiyuu left in the spring of 2012, so Chisasibi was without a Chishaayiyuu manager throughout the 2012-2013 year.

ADMINISTRATION

The Administration Unit has grown this past year, welcoming new staff members to the team. As of April 1st 2012, all purchasing orders have gone digital with the use of Virtuo – one of many steps taken to digitalize work orders and minimize paper work for employees. Statistical tools have also been developed, facilitating the year-end calculations for front-line workers. In collaboration with Material Resources, the maintenance team is now trained to work with a new software, allowing the team to focus on preventive maintenance. Over the past year and more, the CMC has been very well managed and has coped effectively with its ongoing office space issues. Still, this effort has required a great deal

of patience, team work and understanding from all employees. The department is anticipating that the move back into the main building will allow it to further develop its services.



Eastmain Population 680

	# CONSULTATIONS
DOCTOR	591
NURSE (WALK-IN)	11,908
DENTIST	951
SPECIALIST DOCTOR	206
COMMUNITY HEALTH	9,916
Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.	

CURRENT SERVICES AND CHISHAAYIYUU

Eastmain's Current Services and Chishaayiyuu Unit has four nurses whose main responsibilities involve providing acute care, carrying out follow-ups, performing blood tests, changing dressings and refilling medications. Challenges include addressing suicides and suicide attempts; in addition, the team is seeing an increase in complications from diabetes, hypertension, and cardiac cases over years past.

One of the main priorities is to help diabetes and hypertension patients to make healthy choices in terms of diet and lifestyle. While we had a change in our regular doctor this past year, our replacement doctor, who has since become a regular, has supported our ability to provide necessary medical care.

The Current Services and Chishaayiyuu team members have worked together

and with the other teams in our CMC to find solutions to the challenges facing effective service provision. Our team's priority is to work with all available resources to provide the best care possible for the community of Eastmain.



Mistissini

Population 3,512

AWASH AND USCHINIICHISUU

Eastmain's Awash and Uschiniichisuu Unit is committed to providing the best care for our community's babies, children, and youth. The unit consists of two full-time Awash nurses, a community worker and an NNADAP worker. Other positions should be filled within the year.

This year twenty babies were born in Eastmain. The Awash team provides pre-natal programming as well as healthy baby clinics, baby and mother clinics, immunization services, post-partum support, one-on-one counseling and support, assistance to those needing access to treatment programs, support to special needs clientele, and school outreach visits. The team collaborates with other CMC units to ensure the best care for our community members and also works with local entities to address current issues.

The team has seen an increase in young pregnancies and young parenting. In addition, drug and alcohol abuse continues to be a factor in family issues. Suicide ideations among youth remain prevalent, and last year the "choking game" was a specific concern. Finally, addressing problems of childhood obesity, high blood pressure and cholesterol, and pre-diabetes and gestational diabetes mellitus with pregnant women has become a priority.

These issues will be addressed by the team in the coming year through programs and services promoting fitness and healthy lifestyles. These will include sessions on healthy cooking and eating, healthy relationships, and STIs, and will involve school and home visits, workshops, and other tools.

	# CONSULTATIONS
DOCTOR	4,338
NURSE (WALK-IN)	23,176
DENTIST	2,840
SPECIALIST DOCTOR	280
COMMUNITY HEALTH	832

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

PRIORITIES

For the past year the Mistissini CMC has concentrated on improving the quality of services to the community. It has also increased the quantity of services by hiring more Community Health personnel. The new CMC building will also help raise the quality and quantity of care.

There are a number of priorities for the coming year: completing the transition into the new CMC building; planning and implementing services for the new Radiology, Laboratory & Hemodialysis units; completing the implementation of the organizational chart for Mistissini; implementing a maintenance of assets program; and continuing training on Integrated Services.

CURRENT SERVICES

During the last year Current Services was involved in 24,732 interventions. Positions filled include the assistant head nurse for the Hemodialysis Unit and the technical coordinator for the Laboratory Unit. The team is preparing for the transition from the old clinic to the new one, while ensuring that appropriate services to the community are maintained. The opening hours of the present clinic were extended from 8am to 5pm, which has been much appreciated. The number

of medical personnel for Mistissini has also increased to meet the growing needs of the community and to improve quality of care.

AWASH

There were 67 births in Mistissini this past year: 29 boys and 38 girls. The Awash Unit aims to improve the quality of life for these infants, and all of the community's other children and young families, through individual, group and community efforts that address the medical, social, environmental and cultural issues affecting health.

The unit's initiatives require continuous monitoring to assess their efficacy and, when necessary, adjust strategies. A three-phase evaluation of the implementation process of the Â Mash-kûpimâtsî Awash program is now in progress: phase one was completed in the summer and fall of 2012 with the review of 147 files; phase two involved staff interviews and phase three will involve interviews with families to discover if the program has met their needs.

The Awash team, working with the Uschiniichisuu team, hosted a successful vaccination and health education clinic at Voyageur Memorial School in June which will be repeated next year. Breastfeeding Week was held at the Head Start facilities and the MSDC.

Awash community workers received the National Training Program's CHARLIE training for social services frontline workers. Staff also benefited from a workshop on interdisciplinary approaches to providing services.

This year saw the creation of a different case registry for interveners and the updating of the prenatal pathway/assessment needs/prioritization grid

Objectives for the coming year include hosting a parenting skills workshop, carrying out developmental screening, and offering prenatal classes.

USCHINIICHISUU

The Uschiniichisuu Unit continues to develop and provide projects and activities at the school and community level, with the aim of promoting health and well being, raising awareness for the prevention of diabetes, STIs, and obesity, and addressing related health issues. Uschiniichisuu also initiated school-based projects that included families in order to help promote healthy lifestyles for children, and it continues to work closely with teachers to support the Chii keyah program on healthy sexuality and relationships. This year, the Uschiniichisuu team worked with Voyageur Memorial School, Mistissini Youth Department, and the Community Wellness Division of the Cree Nation of Mistissini to implement a "Breakfast for Learning" program at the elementary school.

CHISHAAYIYUU

The Chishaayiyuu Unit's Community Health team improved collaborations between the nurses and the CHRs by establishing priorities and revising tools. In Social Services, the process of changing the social services files to medical file numbers is almost completed. Staff meetings brought together members of Social Services and Community Health units in order to share information and increase effectiveness.

The Home and Community Care Program held regular multidisciplinary meetings and revised its policies and procedures. It also established an ongoing collaboration with Elders Home staff in order to ensure more effective and cohesive services.

The MSDC program benefited from the hiring of the psychoeducator this past year. In addition, the team completed its revision of care plans.

ADMINISTRATION

While this past year was challenging for the administrative staff, renovations to the new CMC building went very well and the move to the new CMC is now on target. In other positive news, 95% of the CMC positions have been filled.



Nemaska Population 722

	# CONSULTATIONS
DOCTOR	N/A
NURSE (WALK-IN)	8,445
DENTIST	475
SPECIALIST DOCTOR	185
COMMUNITY HEALTH	4,165

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

This year much effort went into relocating to the new CMC building and launching the age group programs in their proper departments. New housing facilities – a five-plex (transit) and a tri-plex (permanent) – are in the final stage of completion. However, we still face a challenge in filling vacant positions.

We officially moved into our new CMC on August 20, 2012, and had a very successful open house for community members two days later. The official Grand Opening is planned for July 2013. With all CMC services located in one building, we now need to focus on integrated services and team building, and we must fill all positions so that we can fully implement the Strategic Regional

Plan. Our working relationships with local entities is getting stronger every year, and we will continue to build these connections.

CURRENT AND CHISHAAYYUU

This past year the Current Services and Chishaayyuu Unit was concerned with transferring programs to the appropriate age groups.

The doctor increased his visits from 10-12 to 15 days a month; we continue to provide medical services for the nearby Hydro camp, and last year saw a slight increase in these clients.

The visiting dentist sees patients primarily for emergency situations, and has little time remaining for prevention treatments. However, a dental hygienist visits from another community to work with CHRs and the nutritionist on prevention activities at the school and daycare, as well as within the community.

We have maintained our relationship with First Nation First Responders team for ambulatory services in emergencies. This year the First Responders team was certified for defibrillation, and a refresher course has been implemented.

The CHRs work closely with the nutritionist and the nursing team, and last year saw a total of 1,515 clients, a significant increase over the 1,051 seen the previous year. The nutritionist serves clients in home care as well as in the clinic; this year's activities included grocery tours, information booths, the "healthy snacks" campaign, and various other prevention programs. The community worker continues to do follow-ups and evaluates client progress.

The Home and Community Care Program had 13 regular and three temporary clients over the year. There was a noticeable increase in family participation this year. The Multi Service Day Center had a total of 443 visits this past year. The kitchen

has not been operational, as it requires new propane and ventilation systems; in the meantime, a teepee has been used for cooking.

Staff training this past year included sessions in CPR, diabetes, and case management. There was also CHARLIE Training for frontline social services staff, Virtuo and computer training, Combitube-Defibrillation/SADM-C, and the annual training session for nurses. The nursing team continues to upgrade capacity through a monthly teleconference with RUIS McGill.

Most of last year's objectives have been met, and this year's focus will be on developing action plans, providing training and supporting employees to take full advantage of this training, supporting interdisciplinary team meetings, increasing participation at the MSDC, and recruiting foster families.

AWASH AND USCHINIICHISUU

Although the program is not fully staffed (five positions remain to be filled), this past year has been successful as the team continues to work toward integrated services. Most of the relevant programs previously supported by Current Services have been transferred to the Awash Unit.

Nemaska proudly welcomed thirty babies this year. The Awash team regularly performs prenatal and postnatal home visits, and Well Baby Clinics and follow-ups have been improved now that the team has its own area of the clinic. In April 2013 the Awash CHR began Nipissing Developmental Screening at the daycare to identify developmental delays.

Activities and workshops aimed to educate parents about breastfeeding, baby food preparation, nutrition and oral hygiene. The community workers met with the school's head teacher and ran workshops with secondary students on the dangers of drug and alcohol use. The

Chi kayeh program on sexual health is in its second year for secondary 4 and 5 students.

Two community workers and the Awash CHR completed the CHARLIE Training for frontline social service workers to help them with intervention planning.

Goals for the coming year include increasing the number of home visits, increasing the number of team meetings, offering an exercise program for children and pregnant women, and raising awareness of Cree Leukoencephalopathy and Cree Encephalitis.

ADMINISTRATION

The move to the new CMC was a great challenge. The transition required effective teamwork so as not to disrupt services to the community. Regular meetings are still taking place with the project manager and CMC team. In addition, renovations to the transit unit and the MSDC require immediate attention.

This year saw an emphasis on staff training. Sessions were offered in Microsoft Office 2010 and Virtuo software programs, project management, risk management, and hazardous materials management. Challenges include reducing absenteeism, promoting punctuality, and finding reliable replacements. The unit will be conducting workshops on these issues, and plans to work with supervisors to find ways of improving employee morale.



Oujé-Bougoumou

Population 793

	# CONSULTATIONS
DOCTOR	1,155
NURSE (WALK-IN)	6,164
DENTIST	958
SPECIALIST DOCTOR	62
COMMUNITY HEALTH	1,593

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

CURRENT SERVICES AND CHISHAAYIYUU

Oujé-Bougoumou's Current Services and Chishaayiyuu Unit saw significantly more clients this past year, thanks to a steady flow of doctors to provide services. The optometrist did not visit this year, but most clients have regular visits with an optometrist in nearby Chibougamaou. The unit has no social worker or occupational and speech therapists due to a lack of office and housing space.

There were 94 medical evacuations this past year, and 551 clients were transported on a twice-daily basis, five days a week.

The Chishaayiyuu Unit ran successful vaccination campaigns as well as a women's health program. The CHR for Current Services has been active but the program had difficulty hiring a community worker, as no community members applied; eventually the position was filled by someone from another community, who travels to Oujé-Bougoumou for work each day.

The MSDC, in operation since 2007, had 397 visits. Summer is busier as elders still living off the land are in the bush all winter and come to the community for the summer months. Services are offered three days a week, and transportation is provided for clients.

AWASH AND USCHINIICHISUU

The Awash and Uschiinichuu Unit has been implemented progressively since 2009; the team consists of a nurse, a CHR, a community worker (on a temporary basis), an NNADAP worker, and a community organizer. Still to be hired are social workers, a school health nurse, a second community worker and a second CHR. The coordinator is on maternity leave until January 2014.

ADMINISTRATION

Limited office space and lodging have meant that it has not been possible to hire any new staff, which is slowing the implementation of the Strategic Regional Plan. Restricted clinic space led to the Awash team moving into a trailer. The Administration Unit still has much to accomplish to make the Awash trailer fully operational.

This spring a transit unit was transformed to permanent housing. Oujé-Bougoumou now has three transits (six beds total) and urgently needs more houses and transits to accommodate employees and visiting professionals.

Computer training for Microsoft Word, Excel, Power Point, and Lotus Notes took place in early 2013, with 22 employees participating.

Waskaganish

Population 2,159



	# CONSULTATIONS
DOCTOR	2,142
NURSE (WALK-IN)	20,174
DENTIST	2,056
SPECIALIST DOCTOR	606
COMMUNITY HEALTH	8,477

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

Few changes have occurred in our CMC in the past year, although we have taken many steps to improve our services to the community. We commenced staff training sessions in the psycho-social field, and will develop training in more areas in the coming year.

Obstacles to overcome include high staff turnover and difficulties in recruiting recall workers. In addition, our buildings, new and old, have some deficiencies, and maintenance is working diligently to make necessary corrections. Finally, as we hire new staff, office and storage space is becoming limited. We need to define our immediate needs for the proposed new CMC so that all services can be housed under one roof.

CURRENT SERVICES

The nursing team remains strong and stable with the normal staff turnover, maternity leaves and extended sick leaves. However, Physician Services has a number of uncovered days in the schedule. Current Services plans to recruit replacement staff to fill the roster.

From August 2012 the Current Services team has been asking community members to present their RAMQ health

card on every visit to the clinic. Initially only 20-30% of the population was doing so, but that number has since increased to 60-70% and is steadily improving. The team will continue to request RAMQ cards with each visit, and will help people to complete the forms or do whatever else is necessary for them to acquire a RAMQ card.

The team plans to address the ongoing "no show" problem with clinic appointments. While the "no show" incidence for the regular clinic has decreased with the introduction of the "Bonjour Santé" software, the attendance rate to specialty clinics has not changed. The team aims to raise the rate of attendance from 80% to 90-95%, especially for specialty appointments in the south.

AWASH AND USHCHINIICHISUU

Waskaganish welcomed fifty one babies this year. It is a blessing to have the babies and mothers come to the Waskaganish clinic to be greeted by one of two Awash nurses or one of three Awash CHRs, who support mothers to breastfeed their babies and get them vaccinated, who assist bonding between mother and child, and who help new parents adjust to a family lifestyle. Clients can also receive additional counseling from the Awash community worker.

Training sessions this year focused on building supportive relationships with clients, encouraging self care, and following legislated workplace procedures.

The team has identified a greater need to support clientele through therapeutic groups. As a result, it plans to create groups focused on single parenting, self help, breastfeeding, parenting skills, and attending to medical follow-ups.

CHISHAAYIYUU

The Chishaayiyuu Unit has experienced some personnel shuffles. The occupational therapist has taken a one-year leave of absence; a replacement has been recruited from the recall list. A nutritionist and a psycho-educator have recently been hired, and the physio-therapist will be returning from maternity leave in May.

The Home and Community Care Program will participate in a pilot project to institute a new policy and procedure manual and will implement a service delivery plan over the next few months. The long-time home care nurse is moving to another Cree community, so the department will recruit for this position in the coming year.

There has also been a staffing change at the Multi-Service Day Centre, as the long-time activity team leader left; the department was fortunate to hire a replacement quickly. The new activity team leader brings a new energy to the position and has a very exciting agenda for the coming year.

Overall, the Chishaayiyuu team anticipates the coming year to be a one of growth, education, and miyupimaatiisui.

ADMINISTRATION

The Administration Unit's mandate is to provide support to the CMC and MSDC. The unit has over 20 full and part-time staff.

Highlights this past year include the Crawl Space Project, overseen by Material Resources. In addition, staff received training on computers and on collecting statistical information for the organization's records. The department is transitioning to using a facility management program.



Challenges have included shortages of reliable recall workers and certified tradesman, as well as a lack of office, housing and storage space.

Certain facilities have also experienced problems – some quite severe – that have included water leaks, furnace malfunctions in older residential units, and excess heat problems at the clinic.

Priorities are to attract recall workers more effectively and to obtain more office and storage space. The department is optimistic that the new CMC will accommodate all staff, health professionals and services under one roof.

Waswanipi

Population 1,710

	# CONSULTATIONS
DOCTOR	578
NURSE (WALK-IN)	14,909
DENTIST	1,212
SPECIALIST DOCTOR	112
COMMUNITY HEALTH	6,248

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

This has been a challenging year in Waswanipi because of the extension and renovation of the main clinic. We worked very closely with the contractor throughout the process, during which the Administration and Youth Protection teams were relocated to a trailer. In September 2012, all teams moved into the spacious new CMC. Dentistry has a new modern clinic with a waiting room, while Youth Protection has new offices in its sector and awaits extra office space and renovations for its entrance. The open house for the new CMC was held on January 18, 2013, with the Executive Director present.

With staff now clustered according to their unit and programs, the process of implementing integrated services and programs has been made much easier. The community workers, managers, CHRs and social workers received the National Training Program's CHARLIE training to help them deal with the psycho-social issues they face in their work. Our community organizer has been very busy with community health and social files and issues.

Recruiting health and social services professionals remains a priority, as there is a significant rotation of professional health staff in all sectors.

We continue to work closely with the Waswanipi First Nation organization, and have good relations with the CBHSSJB community board member, the Chief and the Council members.

The main priority for the coming year is to be involved in realizing the new Strategic Regional Plan. We plan to continue hiring professional staff and to train them to ensure the highest quality of programs and services for the community. Finally, we are planning an exterior renovation for our six-apartment unit, and will update the maintenance of assets file.

CURRENT SERVICES AND CHISHAAYIYUU

Construction and renovation had a major impact on the Unit's services for this first half of the past year. However, the new CMC offers appropriate examination rooms and equipment for the medical staff, enhancing health care provision.

A psychologist, psychiatrist, pediatrician and ophthalmologist visit Waswanipi on a regular basis. However, the lack of a nutritionist makes it difficult to follow up on clients with diabetes. The number of dialysis patients continues to increase.

In collaboration with Cree Patient Services, the unit has started using the "Care 4" software to book clients with outside health facilities.

The unit continues its regular staff meetings with all human resource officers, social workers and community workers. There have also been regular meetings on case reviews of active files. This group works closely with the local Youth Protection team and with the various Waswanipi First Nation social groups.

The MSDC has faced challenges this year, but continues to host regular activities and to provide clients with hot meals at noon.

AWASH AND USHINIICHISU

New permanent nurses have been hired for the Awash and Ushiniichisu Unit. As they are based within the clinic, they work closely with the Current and Chishaayiyuu Department's programs and services.

The unit's programs and projects include the Diabetes Prevention Walk, information booths at community general assemblies, a sexual abuse working group, a Youth Outreach worker program (held twice a year), training sessions for NNADAP workers, training in suicide prevention, CHARLIE training for frontline social service workers, and sessions in FASD and Chiiwetau.

The CHRs continue to support pregnant women and mothers, children and families, and school programs. They also provide or support home visits, breast-feeding programs, baby-food making workshops, menu plans, well baby clinics, sexual health presentations, vaccinations, the "Drop the Pop" campaign, and awareness-raising efforts such as pamphlets and radio news shows. The CHRs work closely with other health professionals – especially the nutritionist, the nurses and the dental hygienist.

The community organizer helps teams to work effectively with the community and led the RAMQ health card campaign, which has seen a 33% increase in card holders. The community organizer is also involved with the local Anti-Bullying Working Group, the Elders' Abuse file, the local Suicide Prevention Team (linked closely with the Come Unity Committee), Addictions Awareness Week, Fetal Alcohol Syndrome Disease (FASD) Week, and the follow-up of the Addictions Symposium held in November 2012.

The school-based social worker works closely with students, teachers, parents and families. This service is much appreciated, demonstrating a need for additional professional support at school.

ADMINISTRATION

All employees have been hired in this sector, and the Administration Unit is well equipped with the new "ShoreTel" telephone system, computers for all staff, a security camera system and electronic doors with cards. The unit continues to improve services in archiving, housekeeping, maintenance, administration and financial services.

An important responsibility is maintenance of all modern heating and cooling systems, supported by computer programs in the two main buildings (CMC and MSDC). All residences and transits are now well maintained and equipped; two lodgings that had water infiltration problems have been renovated and repaired.



Wemindji
Population 1,403

	# CONSULTATIONS
DOCTOR	1,631
NURSE (WALK-IN)	15,364
DENTIST	1,702
SPECIALIST DOCTOR	371
COMMUNITY HEALTH	8,279

Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT) doctor.

This past year's focal point was capacity building, as many staff members participated in professional development activities ranging from First Aid and CPR training to management training to educational sessions on FASD. Computer training for all staff will begin this fall.

The management team has been implementing measures to bring greater accountability within the organization. Action plans are being developed. Monthly management meetings have helped us to maintain strong communication links.

This spring the management team organized an Employee Appreciation Week, which entailed team-building activities bringing staff together to participate in activities such as "the trust walk" and street hockey; self-care activities were also encouraged (for instance, appointments with a registered massage therapist). The week concluded with a staff luncheon. These events build team confidence, morale and cohesion.

CURRENT SERVICES AND CHISHAYIYUU

The nursing team has been stable with the exception of the home care nurse. The permanent nurses have continued with the RUIS-McGill bi-weekly

teleconference. Two nurses were trained to be trainers for MDSA and CPR.

A nutritionist joined the team in mid-January. Team members gave a presentation on the unit's services to the community. The nutritionist has also given presentations during hockey tournaments.

The CHR's have been integrated with the nursing team, which has enhanced care and prevention efforts. One CHR is on maternity leave. In Social Services, the human resources officer position has not been filled.

AWASH

The Awash Unit continues to experience fluctuations at certain periods in specific sectors, depending on the focus for that period (for example, flu shot campaigns, diabetes awareness, etc.).

The nurses' individual consults declined in the latter portions of the year, mainly because of staff shortages. CHR's and community workers participate in the nurses' RUIS-McGill teleconference training, if the subject pertains to maternal and child health.

USCHINIICHISUU

The main element of the Uschiniichisuu Unit's programming continues to be outreach services. Outreach is made possible because of strong partnerships developed with the school and other community partners. The CHR led a number of initiatives over the year, including those focusing on nutrition, dental hygiene, and FASD.

ADMINISTRATION

The Administration Unit has 20 full-time positions and provides a range of support services, including food services, housekeeping, maintenance and various administrative functions. Despite the challenges faced in recruiting human resources, Wemindji has well-maintained

CMC, MSDC and transit buildings. Priorities for this year include landscaping and paving ten units at Visitor Drive. Material Resources is implementing the maintenance software, which helps the team to ensure the buildings are well-maintained and fully operational.



Whapmagoostui
Population 888

	# CONSULTATIONS
DOCTOR	141
NURSE (WALK-IN)	14,168
DENTIST	1,185
SPECIALIST DOCTOR	555
COMMUNITY HEALTH	14,503
Note: Specialist includes pediatrician, psychiatrist, eye doctor (ophthalmologist or optometrist), and ear nose and throat (ENT).	

The Whapmagoostui CMC faces challenges in fully implementing the Strategic Regional Plan due to lack of working and residential space. This lack prevents units from hiring the staff needed to provide quality essential medical and professional services and programs to the community.

CURRENT SERVICES AND CHISHAAYIYUU

Priorities for Current Services and Chishaayiyuu include hiring staff to full capacity, building residential units, and extending the present clinic to accommodate all staff. A primary challenge is to hire and retain permanent nursing staff. Lack of medical equipment and qualified, trained staff means that the unit must resort to long-term placements or sending patients out of the community, disrupting or destabilizing family life.

The CHRs continue to use workshops, pamphlets and other tools to provide people with information on issues such as diabetes, dental health, the bush kit program and the prevention of STIs.

The NNDAAP worker provides assistance to those requiring extra help dealing with substance abuse. The worker identifies local and external resources and also provides counseling services to individuals and groups.

The Home and Community Care Program aims to promote, restore and/or maximize independence for those who face physical and cognitive challenges.

The MSDC takes an integrated approach to supporting and maintaining people in their community, including those with physical and cognitive challenges. It also enables participants to maintain their connection to cultural activities related to their Cree way of life. However, the MSDC requires proper resources if it is to succeed in its goals.

In Social Services, the community worker offers individual, family and or marital counseling to those needing help maintaining healthy relationships and family life. The community worker works with the medical teams where illnesses have created or aggravated a person's social issues, performs intake assessments, evaluates and determines service plans, and makes further referrals, if required.

AWASH AND USCHINIICHISUU

The Awash and Uschiniichisuu Unit consists of community workers, nurses, CHRs and other professionals, including an occupational therapist, a physiotherapist, and specialized medical doctors. The CHRs participate in programs, perform outreach to schools, and provide essential information on issues such as diabetes, dental health, nutrition, the bush kit program, and AIDS/HIV prevention. As the community workers work with multigenerational families in their assessments, they collaborate closely with the Chishaayiyuu team.

ADMINISTRATION

The Administration Unit's priority for next year is to extend the clinic building. This extension would also allow the postings of positions required to fully implement the Strategic Regional Plan. In addition, Whapmagoostui is in desperate need of a centre for respite care for homecare clients; last year saw a total of 312 foster home placements for youth, adults and elders.



PIMUHTHEU

Public Health

Program Planning

Professional
Services and
Quality
Assurance

Public Health Department



As a Family Physician, my goal is to work with each individual patient to improve his or her health. As a Public Health Director, my goal is to work with the population to

improve its health. Our role as a regional Public Health Department is to understand what is affecting the health of the population and to develop prevention programs and activities to help improve the Miyupimaatisiun of Eeyou Istchee.

The traditional program areas of public health in Quebec include community development activities, lifestyles and chronic diseases, injuries, infectious diseases, environmental health, and occupational health; public health is also concerned with social adjustment and integration. Over recent years, the regional Public Health Department has worked on reinforcing, adapting, and introducing these programs within Eeyou Istchee, which has been accomplished by working with Community Miyupimaatisiun Centres,

schools, workplaces, communities, and regional organizations. Some of the highlights from each Public Health team in 2011-2012 include:

- The Awash team's Â Mashkûpimâtsîit Awâsh program, which aims to strengthen support for families with young children. This program has been piloted in three communities and evaluations have begun;
- The Uschiniichisuu team's Bimuhtidah Shdiyimuwn, or Cree Regional Summit on Addictions, which was held in November 2012 and which identified priority actions on dependencies;
- The Chishaayiyuu team's Cree Health Board Nutrition Policy, adopted by the Cree Health Board this past year.

At the beginning of 2013, the department reviewed the implementation of activities and programs contained in a 2007 regional action plan. We are hoping that community involvement such as that seen with Maamuu Nakaahehtaau will guide a revised Public Health Action Plan for Eeyou Istchee and lead to the development of local action plans for each community.

Robert Carlin, MDCM, CCFP, FCFP
Interim Director of Public Health

AWASH

Dedicated to the improvement of the health and the well-being of children from 0-9 years old.

MATERNAL AND CHILD HEALTH PROGRAM

The mission of the Maternal and Child Health Program (MCHP) is to provide preventive healthcare to mothers, babies and their families. It is implemented in the CMCs and throughout communities via home visits as well as community-based projects. The MCHP is based on the McGill nursing model of family health care and involves primary prevention using a holistic ecological model of health. The Public Health Department provides training, tools and onsite support through regular visits to each community.

Home-visiting programs in the prenatal, perinatal and postpartum period are developing at each community's pace. The priority for next year is to work with Ste Justine's Hospital to implement the Shaken Baby Syndrome project, to develop knowledge and programs related to Fetal Alcohol Spectrum Disorder, and to add annual visits and well-child visits to the present program.



PRENATAL NUTRITION PROGRAM

The Prenatal Nutrition Program's mandate is to improve birth outcomes by improving maternal and child overall health through proper nutrition. The program offers nutrition screening, counselling and education, maternal nourishment, and breastfeeding education, promotion and support, in collaboration with the Breastfeeding Program.

Local Awash teams have been provided with educational materials and tools as well as financial resources to hold local activities and/or to assist pregnant women and new mothers facing food insecurity. Regional projects and activities included training, continuing education and support to local Awash teams, revision of the MCHP binder's and pamphlet's nutrition content, distribution of nutrition and breastfeeding promotional items and of the "Tiny Tot to Toddler" guide, and collaboration with the Breastfeeding PPRO on breastfeeding files and with Public Health nutritionists on nutrition files.

In the coming year the PNP will emphasize the creation and the delivery of a hands-on training component as well as information on maternal nutrition, with a focus on folic acid supplementation and iron-rich foods. Two flipcharts are being developed: one on iron deficiency anemia and another on the introduction of complementary foods to infants aged 6 to 24 months.

BREASTFEEDING PROGRAM

The mission of the Breastfeeding Program remains the implementation of the Baby-Friendly Initiative in all communities of Region 18. Our priorities are to increase the rate of exclusive breastfeeding to six months and the rate of total breastfeeding with added complementary foods to two years and beyond.

This past year, the focus was on the development of tools for breastfeeding promotion and evidence-based best practices: the Creebreastfeeding.com blog and Facebook page were continued as was the development of two tools, the Breastfeeding Index Cards and the Guide to the Breastfeeding Flipchart. Also, numerous efforts went into the upkeep of peer-to-peer support groups. Special attention was given to the adaptation of the Breastfeeding Tradition Protection Act (previously the Breastfeeding Policy). Finally, there was ongoing training of health care workers.

The creation of web-based trainings on breastfeeding management matters was postponed and is next on the agenda, along with the creation of an advisory committee and the revamping of the peer-to-peer support group project. The Breastfeeding Tradition Protection Act will be the main file this coming year.

Â MASHKÛPIMÂTSÎT AWÂSH

Â Mashkûpimâtsît Awâsh (AMA) is a family-centered program that delivers culturally competent services to individuals and families in perinatal and early childhood. AMA also aims to create "family-friendly" communities.

Efforts this year focused on maintaining regular and consistent support to the Awash team members of the 3 AMA pilot projects (Mistissini, Oujé-Bougoumou, and Wemindji) and accompanying Waskaganish for a gradual implementation of the program. Implementation and intervention tools have been further developed, sections of the guidelines have been written, and phases 1 and 2 of the process evaluation have been initiated. Five community organizers are in place in their communities to support a local network and to develop partnerships. In addition to the support

it offered to the community organizers, the AMA initiated a regional support structure through regional meetings between these local community organizers.

The main objective for 2013-2014 is to consolidate AMA in the communities where it has been implemented and to introduce the program in two other communities. In the interim, the AMA guidelines and process evaluation will be completed; both will guide further implementations of the program in the remaining communities.

DENTISTRY AND ORAL HEALTH

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

In the last year, the two priorities were to conduct the data collection for the Dental Health Survey and to maintain our School-Based Prevention Programs.

The Dental Health Survey in Elementary Schools has experienced excellent cooperation from local schools and CMCs. As of March 31, the Survey has completed data collection in six communities, examining more than 150 children in Grades 2 and 6. This survey will provide important surveillance data on tooth decay, fillings, sealants, fluorosis (white spots on teeth), gum diseases, broken teeth and dental hygiene, which will help improve the region's public health programming and dental services.

The Dentistry program provided dental sealants and fluoride applications, supported daily tooth brushing activities in schools and daycare centres, and organized radio broadcasts to reach parents

and the public. In some communities, the program also provided counselling and fluoride applications in the context of the Maternal and Child Health Program (MCHP).

Plans for 2013-2014 include completing data collection for the Dental Health Survey 2012-2013; maintaining the school-based programs, and integrating evidence-based practices into the MCHP, wherever possible; reporting on the survey of public expectations for dental services; updating educational and promotional material, especially the reference documents for the MCHP; promoting best practices in dental prevention among all health care professionals (dental and non-dental); and raising leadership awareness of the benefits of fluoridated drinking water.

The Oral Health program aims to improve oral hygiene habits, to reduce tooth decay among youth under 18, and especially among children between 0 and 5 years, and to reduce the prevalence of periodontal disease among adults.

This past year the program provided dental hygienists with up-to-date educational material offering information and counselling to pregnant women and young mothers regarding their oral health and the links between tobacco use, breastfeeding, healthy nutrition and early childhood issues. It also aimed to engage parents in oral hygiene practices, carried out educational activities on oral health and nutrition in daycare centers and schools, implemented a daily tooth-brushing program in daycares and schools, and worked with nutritionists to promote oral health hygiene, healthy living habits and good nutrition. In addition, it distributed educational and promotional tools in all the communities, including a new poster to promote tooth brushing, and also worked

with the Nutrition PPRO to prepare nutrition and oral health month events; for instance, The Drop the Pop challenge was carried out during Nutrition Month (March) and Oral Health Month (April) with the collaboration of nutritionists and dental hygienists.

The program also supported the integration of the Oral Health activities into the MCHP by updating educational material and developing new documents such as the "Lift the Lip" pamphlet, which helps parents detect early signs of tooth decay. The update of the MCHP pamphlets is ongoing.

In 2013-2014 the program will continue to help dental hygienists integrate Oral Health activities into the MCHP in the Awash clinics. It will coordinate the creation and adaptation of different working tools and educational materials and will finish updating pamphlets for the MCHP. It will maintain partnerships with other Awash PPROs and will collaborate with the Healthy School PPRO to support a daily tooth-brushing program in daycares and schools, beginning with the launch of a pilot project in Wemindji. It will also monitor specific projects for Oral Health month and collaborate with other partners.



IMMUNIZATION

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

The main priority for 2012-2013 was to maintain high vaccination coverage to children from 0 to 5 years old and to continue the school vaccination program. The influenza campaign took place with the introduction of a nasal vaccine rather than an injection for youth. The next priority will be to fill the position of Immunization Nurse Counsellor. We will strive to maintain our high vaccination coverage in 2013-2014. We will also promote and support standards for the availability and quality of basic and continuous training in immunization. In addition, we will support the implementation of the electronic system to manage immunization products. However, these objectives are contingent on filling the Immunization Nurse Counsellor position. The Direction de Santé Publique in Montreal has collaborated in the interim to ensure that immunization products are appropriately distributed on the territory.

SURVEILLANCE AND PROTECTION FOR INFECTIOUS DISEASES

This Surveillance and Protection program aims to protect the population of Eeyou Istchee through the prevention and control of infectious diseases. This goal is accomplished by surveillance of infectious diseases on the territory and by stressing primary prevention (including immunization). The program is also concerned with secondary and tertiary prevention of infectious diseases, which includes ensuring appropriate post-exposure treatment as well as contact follow-up and outbreak management, reporting declarable infections, and alerting authorities within the CBHSSJB and the MSSS to potential infectious threats to public health.

The main priority for 2012-2013 was to maintain existing surveillance systems and to support immunization programs (particularly the annual influenza vaccination campaign) in the absence of a nurse counsellor. The Clinical Department of Public Health continues to provide a 24/7 call system to address urgent requests from the region (mainly from clinician nurses & doctors) outside of regular office hours. Reference material is available electronically to respond to regional questions and is shared through the Cree Health Board website.

As a follow-up to a signalled cluster of infections, information was provided to the clinics to assist in the control of community-acquired MRSA (an antibiotic-resistant bacteria that causes skin and soft tissue infections). Contact management was also initiated for an active case of tuberculosis, which involved multiple communities in Eeyou Istchee and other regions in Quebec.

Ongoing support was provided to the community nurses and doctors for the prevention and control of infections of public health importance (including

Winter is coming. Be prepared.

Change your tires ✓

Chop wood ✓

Get the flu vaccine ✓



2012
Parents: Children and youth between the ages of 2 and 17 will receive the flu vaccine with a nasal spray, not a needle.

2012 influenza vaccination campaign

STIs, rabies, and respiratory infections). The program also helped produce documents on STIs in the region and on interventions involving measles vaccination in school-aged children. A regional mobilization plan for dealing with public health emergencies (i.e. outbreaks) was also drafted, and the current logistical system for managing microbiology specimens from the region was assessed, with support from microbiology staff from the Jewish General Hospital and the MUHC.

Priorities for the coming year involve standardizing the management of microbiology specimens from across the territory, improving infectious disease surveillance (particularly for STIs), improving the primary, secondary and tertiary prevention of infectious diseases (with an emphasis on TB, STIs, rabies, influenza and vaccine-preventable diseases), and finalizing a regional public health mobilization plan.

HEALTHY SEXUALITY AND INFECTIOUS DISEASES

The Healthy Sexuality and Infectious Diseases Program aims to reduce or eliminate sexually transmitted infections (STIs) and to prevent unwanted pregnancies, especially among teenagers. To this end, the program monitors STIs in the territory, organizes actions to deal with outbreaks, and reports to authorities within the CBHSSJB and the MSSS.

Recent years have seen a constant increase in cases of gonorrhoea and chlamydia in Eeyou Istchee; these conditions can be responsible for complications such as infertility, still birth and chronic abdominal pain. Consequently, the main priority for 2012-2013 was to sensitize microbiologists (RUIS consultants) to the ongoing STI epidemic and to the testing challenges in our region.

In order to address the epidemic, we hosted a meeting in Chisasibi for people involved in STI management, providing basic information about this concern and sharing tools to help us all work together to address it. We also met often with the heads of the laboratories in Chisasibi and Chibougamau and with CUSM-RUIS microbiologists in order to develop improved lab testing of gonorrhoea, chlamydia and syphilis.

All cases of gonorrhoea infection and many cases of chlamydia were analyzed through an "epidemiologic enquiry". In addition, and in accordance with MSSS requirements, every case of gonorrhoea and chlamydia in pregnant women was declared to public health officials and analyzed through an epidemiologic enquiry.

Clinical tools for STI management and treatment were reviewed, updated and placed on the medicine department web site. New guidelines for screening and treatment were distributed. In addition, meetings were held to support frontline health professionals in updating the contraceptive collective prescription protocol (ordonnance collective de contraception hormonale). The results of a study on STIs in James Bay were presented to the Conseils des médecins, dentistes et pharmaciens.

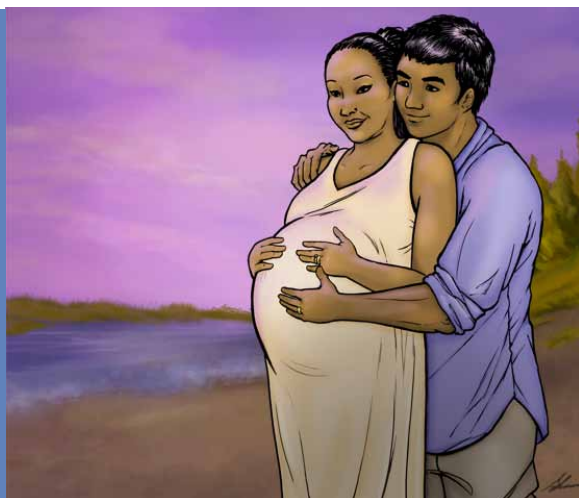
Priorities for 2013-2014 are to maintain existing STI surveillance systems and to continue developing a strategy to curtail the chlamydia and gonorrhoea epidemic among youth.

EDUCATION AND SCREENING FOR CLE AND CREE ENCEPHALITIS

This Education and Screening program seeks to increase awareness about two genetic diseases, Cree leucoencephalopathy (CLE) and Cree encephalitis (CE), and offers counselling and screening to people of childbearing age. It also assists the Eeyou Awaash Foundation.

This past year the school-based program for students over fourteen continued, along with other efforts to ensure that people are aware of the screening program. Counselling and screening tests continue, with an increasing number of requests from across Eeyou Istchee. An ongoing liaison with the EAF has supported that foundation's activities. An agreement with the Cree School Board is still pending and will be addressed in the next year. An evaluation project supported by the CIHR will start next year; this project involves a collaboration between the Cree Health Board and Ste-Justine Hospital.

Priorities for 2013-2014 are to finalize an agreement with the Cree School Board, continue our participation with Ste-Justine Hospital in the program evaluation, and increase the program's visibility throughout Eeyou Istchee. The ethical questions associated with genetic screening remain a major preoccupation.



artwork used for genetic education and screening program

USCHINIICHISUU MIYUPIMAATISIUN TEAM

Dedicated towards the improvement of the health and the well-being of Youth between the ages of 10 and 29 years.

CHII-KAYEH IYAAKWAAMIH PROGRAM ON RELATIONSHIPS AND SEXUAL HEALTH

Chii kayeh iyaakwaamiih ("You too be careful") is a school-based Public Health Program for Secondary 3 or Secondary 4 students. The program aims to help youth develop the skills they need to prevent STIs, HIV/AIDS and unplanned pregnancies. To this end, students participate in various activities that help them to connect to their Cree culture, define their own personal goals, develop positive self-esteem, resist negative peer pressure, develop the ability to communicate assertively, and solve problems. The program counsels them to wait until they are sure they are ready to have sex and, once they do decide to have sex, to use a condom.

An important component to this program is the aashuumiih, during which students share what they have learned with other students in the school or community through a team project. Last year students in two communities made public service announcements to inspire others to resist peer pressure, think about the consequences of becoming a parent at an early age, wait to have sexual relations, and always use condoms. In another community, students produced a booklet entitled "Take It From Me: a

compilation of Peer-Educational Articles on Relationships and Sexual Health". Copies of this booklet are now available through clinics in all nine communities. Eight schools are offering the Chii kayeh iyaakwaamiih program this year.

This past year, Uschiniichisuu team members, teachers, Youth Fusion members and others from two communities received training in the program. We hope to offer further training to other Uschiniichisuu teams as soon as they are ready to take on their supporting roles. Because of a turnover in staff, videoconference training was also carried out with new teachers in two communities.

Currently, the program is not being offered each year in every community, and it is becoming increasingly difficult to find a space for it in the school schedule. We are considering the possibility of integrating the lessons into the school curriculum at an earlier point, starting in secondary 1 through to secondary 3, in order to reach students at a younger age and also to ensure the program's sustainability.

The priorities for the coming year include collaborating with the CSB to adapt current pedagogical materials and produce new ones to support the integration of the lessons into the new curriculum for Secondary 1, Secondary 2, and Secondary 3. We also plan to reinforce healthy parenting skills in the area of sexual health as part of the Parenting Skills Development Program and to create a workshop for parents and significant individuals. Finally, we plan to extend the program to reach youth not attending school.

DEPENDENCIES AND ADDICTIONS

The Dependencies and Addictions program's mission is to address and resolve issues related to substance abuse and negative dependencies, which diminish holistic wellness and healthy lifestyles. Our priorities are to prevent or delay the age of first use of addictive substances for all Cree, and to foster, support and maintain a successful transition to a healthy Cree life style free of substance abuse.

The Eeyou Istchee Summit for Actions on Addictions, from November 19 – 21st, 2012, engaged about 160 Eeyou, Eenuou and others, representing nine Cree regional and local entities, to identify approaches to addictions and dependencies in Eeyou Istchee. The most important local priority actions were to establish the local Miyupimaatisiun Committees, strictly enforce all laws, by-laws and regulations dealing with addictions and dependency, develop and implement a school curriculum component that teaches and reinforces a healthy Eeyou Eenuou lifestyle, promote and celebrate positive Cree role modelling, and get more people enjoying healthy, productive activities. Central to all of the above was the call to get Elders and Youth directly involved in



Youth Fusion Leadership Conference, Waswanipi

addressing addiction and dependency issues, and to make much better use of land-based and culturally based activities and knowledge. The priority actions at the regional level include supporting local entities as they work together to achieve the local priorities. A second priority is to develop and enforce regional standards dealing with addictions and dependencies.

We have extended our consultations as we plan a Parenting Skills program. Training to addiction workers was offered through our collaboration with the First Nations Health and Social Services Commission of Quebec and Labrador and Health Canada. The community-based addiction recovery program project has been delayed this year, but we hope to be able to resume it in the year to come. Finally, we continued providing prevention awareness and educational material to the Addiction NNADAP interveners, as well as to the general population using the local and regional radio.

Priorities for 2013- 2014 include ensuring that actions identified at the Summit will be implemented, developing the Parenting Skills program by creating specific focus groups of elders, young parents and youth, and producing material to raise awareness as well as for educational and intervention activities. Finally we will conduct a study on the psycho-social needs of community members struggling with substance abuse.

HEALTHY SCHOOLS

The Healthy School program seeks to establish, for the benefit of the student population, a means of networking between and within entities in order to coordinate the services, programs and activities taking place in the schools of Eeyou Istchee.

Priorities for this year were to enhance our understanding of the Healthy School approach and to identify a community interested in implementing the approach as a pilot project. A first pilot was launched in Wemindji last fall, led by the Wemindji community organizer, working with the support of the Public Health department and local partners.

Priorities for 2013-2014 are to continue support the Wemindji project, and to learn lessons from this experience to inform further implementations of the Healthy School program.



Handbook for *Smoking Sucks* Workshop

CHISHAAYYUU

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



Prevention of chronic diseases

MAAMUU NAKAHEHTAAU

Launched in 2010, Maamuu Nakaahehtaau combats diabetes and promotes healthy lifestyles by calling upon leaders to make a central priority of supporting people in their efforts to live a healthy life. The program aims to unite local forces to build a supportive environment, to create sustainable behavioural changes that will encourage physical activity, healthy eating (including traditional food), and positive thinking, and to promote Cree values, culture, tradition, and holistic healing. This year, Maamuu Nakaahehtaau was presented to band councils and/or the population during local general assemblies in four communities. A community consultation was conducted in one community, and the Maamuu team presented at the GCC/CRA annual general assembly, Cree Trappers' Association general assembly, and during the Regional Conference on Residential Schools. Maamuu Nakaahehtaau is also collaborating with the Strategic Health Planning Project to develop local and regional health plans and integrate them into an Eeyou Istchee strategic plan for Miyupimaatisiun.

SUPPORT TO COMMUNITY INITIATIVES - H.E.A.L. (HEALTHY EATING ACTIVE LIVING)

Using funding from the Aboriginal Diabetes Initiative (ADI), Public Health provides small grants to support regional and local activities areas related to diabetes primary prevention. In 2012-2013, these grants were awarded to various community groups who requested financial assistance for their projects, which included activities related to Diabetes Awareness Month, healthy cooking in schools, community walks, afterschool programs and other physical activity and nutrition projects.

SMOKING PREVENTION AND CESSATION

This year the Smoking Prevention and Cessation program pursued its workshop project, training peer-educators for tobacco reduction among Cree youth. The program worked with the Consultancy for Alternative Education to produce a booklet, which was then distributed to workshop participants. The program also continued to support the smoking cessation counsellors.

PHYSICAL ACTIVITY PROMOTION

The annual Active School Project was repeated this year, with schools being encouraged to submit a project of their choice related to physical activity or healthy nutrition. In 2012 three schools (Luke Mettaweskum School, Annie Whiskeychan School, and Voyageur Memorial School) received funding for their projects, while others also organized a range of activities around physical activities and healthy nutrition. National Physical Activity Week (in May 2012) was promoted in communities and schools and through the local and regional radio. Over the summer, the annual 100 Challenge was organized throughout the Cree region, with communities registering with their local CHR and pedometers being given to

participants to enable them to record the number of miles walked during the week. Chisasibi, Wemindji, Waswanipi, Nemaska and Mistissini created walking/running clubs during the summer months, and some organized a 10 km event. Some communities also organized a "Walk to Work Day" (no vehicle day). In the fall, the "Walk to School Week" was launched, aimed at the elementary level, with schools throughout the Cree region being encouraged to organize and promote it. The "Winter Active" campaign over January-March 2013 encouraged community members to be physically active during the winter months; this year, Chisasibi, Waswanipi, Nemaska, Waskaganish and Mistissini organized regular snowshoe walks. Some communities set up traditional campsites where participants were able to snowshoe, cross country ski or walk/run, and eat traditional food. Also, as part of the Winter Active project, the third winter triathlon was organized on March 16, 2013 in Mistissini with recreational and children/family categories. The Triathlon is truly a community-based initiative involving many entities as well as volunteers from the community.

Finally, the "Family School Challenge Week" was again organized at Voyageur Memorial School in Mistissini, with students, parents and school staff taking part in a week of outdoor activities. This activity is directed towards the elementary level, with different grades scheduled for each day; it will be introduced to other schools next year.

PROMOTING HEALTHY EATING

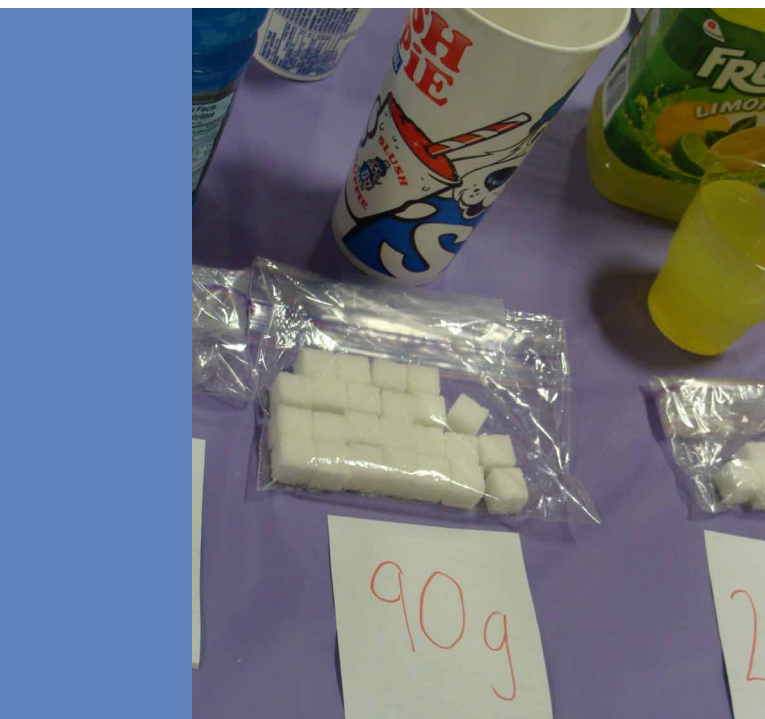
Our team provided support for the organization on a variety of nutrition activities throughout the year, such as Drop the Pop and Nutrition Month. The 2013 slogan for nutrition month was «Hunt. Fish. Cook. Enjoy together! Muukshek!» In the year to come, tools and other supports will continue to be provided to local teams and regional nutrition promotion campaigns will also take place.

CHBSSJB Nutrition Policy

The Nutrition Policy governing food service in CBHSSJB establishments was adopted by the Board of Directors in December 2012. Regional and local implementation committees will be formed in the coming months; our team will be involved in these committees and will support managers and staff by providing training in nutrition and hygiene.

Food Security

Last year, stores from the region and in nearby urban centres where Eeyouch regularly purchase foods were visited to identify availability and cost of food. The report of this project, "Access to a Nutritious Food Basket in Eeyou Istchee," was recently completed. In the coming months, results will be shared with local and regional organizations in order to explore solutions to improve availability of nutritious foods at a reasonable cost.



Drop the Pop challenge

CREE TRADITIONAL FOOD SAFETY WORKSHOP

Operated with the assistance of Cree Elders and MAPAQ, the traditional food safety workshop is always popular and well-attended in the communities. The Elders are experts in the skinning, butchering and naming of the body parts in Cree, and the workshop uses freshly harvested game animals. Workshop participants are encouraged to experience hands-on training as much as possible. Hunters must take this workshop prior to participating in Caribou Hunt for the "Chisasibi Hospital Caribou Meat Project."



George Diamond,
Traditional Food Safety Workshop

Food Safety and Hygiene

Staff and managers of the hospital, MS-DCs, group homes, elders' centers and daycares, as well as students from the Waswanipi vocational school, were invited to participate in food safety training to receive their provincial food handler's certification. Two traditional food safety workshops were also organized, in Mistissini and Chisasibi.

Nutrition in Childcare Centers

Most childcare centers were visited again this year to follow up on the implementation of their Nutrition Policy, update their menus and provide training in nutrition, food allergies, and food safety and hygiene.

BREAST CANCER SCREENING

The Québec Breast Cancer Screening Program (QBCSP) is a key element in the fight against breast cancer. It offers mammography exams every two years to women aged 50 to 69 years. This exam is the only scientifically recognized method for reducing the risk of death from breast cancer.

Our priorities in 2012-2013 were twofold: to invite all women in the Cree Territory who were turning 50 to take part in the QBCSP; and to monitor daily the individual results of mammograms in order to start the investigation process if required.

Eight screening visits were held in 2011-2012, so there were no screening visits on the territory this year. Eighty invitation letters were sent. Twenty-nine women were screened through the provincial program in screening centers outside Eeyou Istchee. Three of them needed further investigation exams, and these follow-ups were performed.

In 2013-2014, all the communities except Oujé-Bougoumou will be visited by the mobile X-ray units Clara or Sophia. Participants from Oujé-Bougoumou have in the past expressed their preference to be screened at the Chibougamau Hospital.

SUPPORT FOR DIABETES CARE AND CHRONIC DISEASE PREVENTION IN THE CMCS

Support to health care providers (HCP) caring for patients with diabetes continues to be offered through the telephone helpline, initial training given to all new nurses coming to work in the region, and local visits to all HCPs. A new component was added this year, as initial and ongoing trainings for CHRs were started within CMCs. Various materials (such as pamphlets and sections of the diabetes manual) were prepared, revised, updated or translated this year in order to support HCPs. Regular telephone meetings with the heads of Chishaayiyuu and local directors were organized to discuss the services provided. Members of the Cree Diabetes Network continued to meet throughout the year to share and discuss local and regional initiatives to promote healthy lifestyles.

ENVIRONMENTAL HEALTH

The goal of Environmental Health activities is to prevent illness due to factors in our physical surroundings – on the land, in the air we breathe, in the water we drink, and in the food we eat.

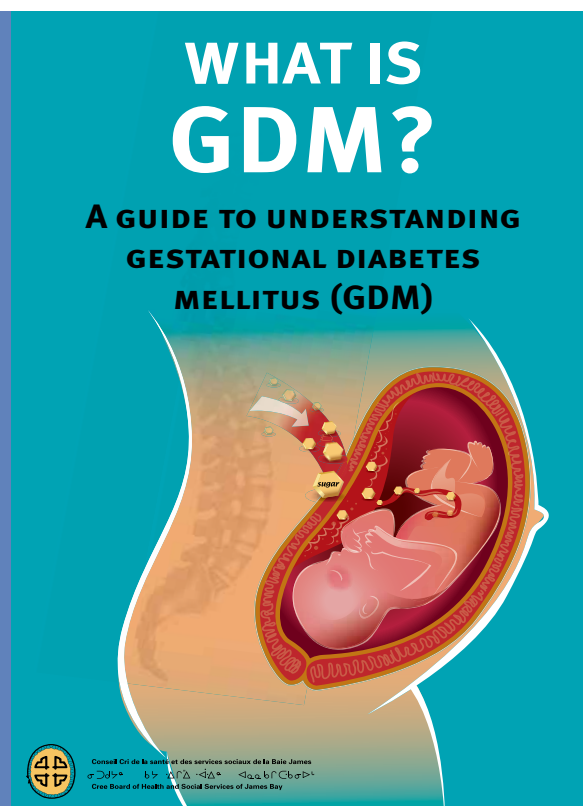


Violate Bates, Chisasibi

Nituuchischaayihitaau Aschii Environment and Health Study

The Nituuchischaayihitaau Aschii Environment and Health Study aimed to assess contaminant levels and health indicators such as nutrition, physical activity, diabetes, and obesity in the Cree communities. During this past year, the report's current results were presented to the James Bay Advisory Committee on the Environment. A final report that will include results from all nine communities will be completed in June 2013, and a PDF version will be made available online at creehealth.org.

Following a request from Niskamoon Corporation, a consultant was hired to write individual reports for each community in which the Nituuchischaayihitaau Aschii Study carried out field work. These reports will be written in non-technical language accessible to members of Niskamoon, Hydro Québec and Cree Nation local representatives. PDF versions will be available online at creehealth.org.



Third booklet in the "What is diabetes?" series

Contaminants (mercury and lead)

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 in some cases the physician who ordered the test is contacted to carry out an investigation. A report of these contaminant test results for the period 2005–2011 is being finalized.

Assessing health impacts of development projects and climate change

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

The environmental health team and its partners continued work on a project looking at how public health departments can better assess the health and social impacts of development projects in light of climate change. 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 hydro-electric developments starting in 2006. They were also involved in developing a document on the impacts of northern development on health and health services in Eeyou Istchee.

Indoor air quality problems due to mould

The Environmental Health and Occupational Health teams collaborated to evaluate indoor air quality and assess the health risk of mould in several buildings within and outside of the CBHSSJB. In the future, we plan to do more prevention work in this area, rather than simply responding to requests for help with problems.

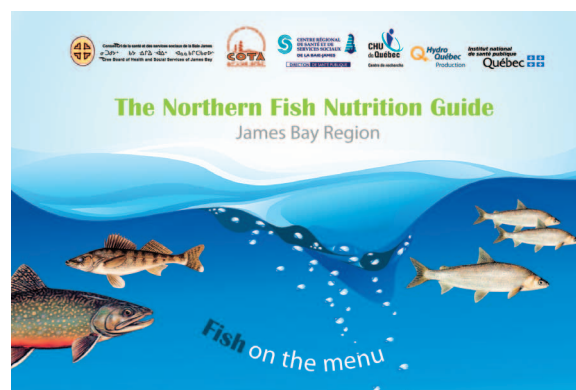
Radon

Radon, a naturally occurring radioactive gas given off by some types of rock and soil, can accumulate in basements and may cause lung cancer. The Public Health Department collaborated with the Cree School Board to test radon in each school of Eeyou Istchee; this project is an initiative of Quebec's Ministry of Education. A report on radon levels assessed by our department in four Cree communities was presented to the Directors of Housing at the CRA's Eeyou Mitchuwaap Department.

Drinking Water Surveillance

Tap water in the Cree communities is tested by the local water operators, and the quality of water in the community water distribution system is the responsibility of First Nation Councils. The Public Health Department is legally required to respond when an authorized lab sends it a report of water quality not conforming to Quebec regulations.

The Public Health Department compiles results of Colilert (bacterial) testing of drinking water carried out under the authority of the Local Environment Administrators (LEAs) in each community. However, not all communities report their results to the Public Health Department.



Cover of *The Northern Fish Nutrition Guide*

Abnormal results of drinking water tests are dealt with according to a protocol developed by our team in 2007. Our actions included contacting the LEA to find out how they are dealing with the abnormal results, and contacting the local clinic to find out whether excess cases of gastroenteritis have occurred. No infectious disease outbreaks linked to community water supply contamination were reported in the region this year.

In addition to the activities described in the sections above, over this past year Environmental Health and Occupational Health were also involved with addressing mould problems, carrying out projects on the environmental impacts of Plan Nord activities and on development projects and climate change, drafting and producing reports on environmental health, and contributing to fish consumption advice in a new edition of Northern Fish Nutrition Guide.

HEALTHY & SAFE COMMUNITIES

Injury Prevention

Annual Injury Prevention campaigns involve advertisements in Nation and Cree Hunter magazines, posters, radio interviews and dramas, and website podcasts. These campaigns include Firearms Safety, Driving and Road Safety, Seat Belt Use for Children, Ice Safety, and Cree Traditional Safe Food Handling Practices. For expecting and new mothers, the Baby Shower Program aims to teach participants how and why to use baby seats and child restraints in vehicles. This program will be available throughout Eeyou Istchee as soon as it has gained approval.

Occupational Health and Safety

We have a legal mandate to protect the health of the workers in Quebec and to help employers and employees to take charge of their duties and responsibilities in order to prevent occupational injuries and illnesses. In summer



2012 Water Safety Campaign

2012, the Occupational Health and Safety program visited the nine communities and met employers and employees working in municipal garages, water and waste water treatment plans, the fire department and the police force. A report was produced for each visit and department. In addition, the program continued to monitor the air quality in the old Mistissini clinic, and program representatives participated in a number of professional meetings and training sessions.

Priorities for next year involve meeting with the Director of Operations and/or Public Works of the nine communities to present the industrial hygiene and first aid reports based on last summer's work. Other goals include presenting the Specific Occupational Health Program (as mandated by the CSST); organizing a regional CHB committee on mould prevention in our communities; organizing a training session with the Canadian Standards Association on mould; and monitoring employee health, especially as it may be affected by mould exposure, at the new Mistissini Clinic.

SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS (SERC)

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



Jill Torrie, Assistant Director of
Public Health, SERC

SERC

SURVEILLANCE

Public Health Surveillance maintained and updated data, and produced reports and analyses to support services and policymaking in the areas of maternal health and child birth, diabetes, mental health, nutrition, environmental health and housing. With the INSPQ and other partners, the unit is working on linking CBHSSJB data with provincial surveillance, particularly in the areas of birth outcomes and diabetes care. The unit is working on a series of final reports of the seven-year project Nituuchis-chaayihitaa Aschii: Environmental and Health Multi-Community Study, which examined the impacts of Hydro development on health. The Surveillance unit contributed to analysis by the MSSS of the relationship between health and northern development. As part of the Cree Health Board-Hydro Québec Joint Committee, the team assisted in the planning of the final workers survey carried out by Hydro Québec and began planning for the final report on health determinants.

EVALUATION

Three programmes from the Public Health Awash unit began evaluations this year. In collaboration with the INSPQ, the team began an evaluation of charts and program operations from the Maternal and Infant Health Program. It also began initial evaluation of the Â Mashkûpimâtsî Awâsh Program. An evaluation of the CE/CLE Genetic Counselling Program was launched with researchers from Ste-Justine Hospital, and will continue throughout 2013-14. As reported last year, the evaluation of patient perceptions of diabetes services continued.

RESEARCH

As reported last year, because the Board's Research Committee had neither terms of reference nor a chair for many years, it ceased to function. However, new ideas for research projects and reviews of documents prepared from existing projects continued through the proposal/publication and review consultation (PARC) process in order to ensure the necessary 'buy-in' for projects proposed from within the CBHSSJB and the materials produced through these projects. All new ideas for projects are approved through the Public Health Management Committee and, if warranted, the Executive Committee.

Work continued on revising research administration tools, which will be placed on the website as they are updated. Informal discussions were initiated with CRA partners on the need for a centralized licensing system and regional research inventory in Eeyou Istchee.

Research Projects

We continued to collaborate in the community approval process for scientific publications from past research projects by providing comments on drafts, ensuring that community names are not used without community permission, and working with authors to put the results into plain language. We also carried out projects within the CBHSSJB. Once completed, all the results of this work are placed on the website.

Reporting and planning continued with many long-term projects. Specifically, work continued on the final report of the Nituuchischaayihititaa Aschii: Environmental and Health Multi-Community Study; seven community reports and one popular regional report were prepared, although they will only be released in 2013-14 after consultations with the communities. The study's scientific publications were reviewed and

some plain language versions were prepared for the website. New publications were produced or are in preparation on a number of topics: the use of traditional foods; Vitamin D; trans-fats; associations between lifestyle factors (especially nutrition) and the development of chronic diseases; the health impact of mercury; and the health impacts of persistent organic pollutants.

Publications were produced this year from new analyses originating from the CIHR Team in Aboriginal Anti-Diabetic Medicines (2003-2012); the children's health study in Mistissini and Waskaganish; the initial evaluation from the genetic counseling programme; the report to Wemindji from the Roots of Resilience study; and the report from the former CreeC project on educating mothers about infant dental health.

Although the CIHR Team in Aboriginal Anti-Diabetic Medicines project has formally ended, we continued to review scientific publications throughout the year and eventually organized a renewal of the Research Agreement. We continued to work on and review publications from studies on perceptions of cancer, child health in Mistissini and Waskaganish, Chiya'may'timun a ndu'chischay'tak'nuch Abitsiwin (In Search of Peace of Mind), and Kimaa Miywaapitet Nitawaashiim (the evaluation of dental education for Cree mothers). We also continued various small projects on the better understanding and management of kidney disease. The reporting on the dental varnish project (since 2004) stalled this year.

The CBHSSJB continued as a community partner with several Canadian research networks but with little activity, as this past year was the final year of funding. However, we joined a proposal to create a Northern Aboriginal Mining Research Network, which received funding

at the end of the year. We also began the process of working on the housing and health file, which will also involve a university-based partner and various departments of the CRA.

COMMUNICATIONS

In 2012-13, the Communications Officer continued to produce monthly themes in multi-media (radio, website, social media, posters, videos etc). The monthly themes involved the production of twelve themed ads and posters, seventeen radio PSAs, and thirteen website community stories.

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

- The "CreeHealth" Facebook page has 409 'Likes', an increase of 156% from the previous year
- The Twitter feed is being followed by 707 individuals and organizations, an increase of 168% from the previous year
- Website page views for creehealth.org increased by 95% from the same period in the previous year (before the transition to the website for the entire organization)
- Health radio programming is available as podcasts at Cree Health Radio (www.creehealthradio.com) and on the Cree Health Facebook page.
- A total of 30 health videos are online at youtube.com/creehealth.

Administratively, the Communications Officer worked closely with the Communications Coordinator of CBHSSJB to transition the public health website into the website for

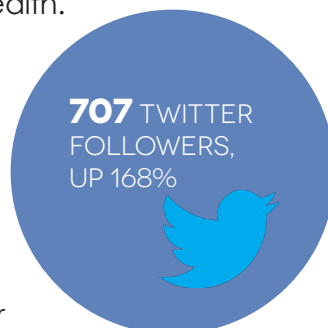
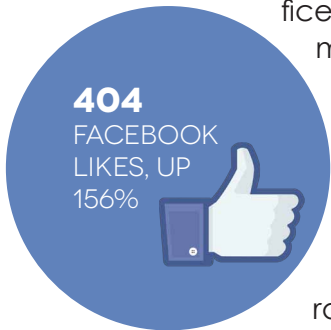
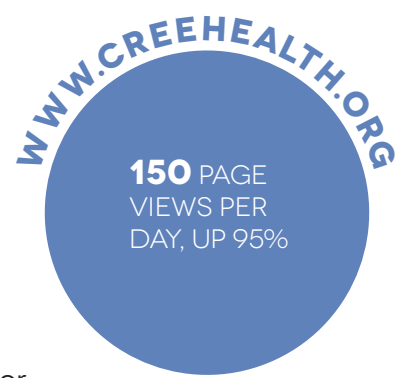
the entire organization, continued liaison work between the department and regional media entities to promote Cree language communications, produced 10 newsletters for Pimuiteheu Department employees (<http://creehealth.org/library/online/corporate/pimuiteheu-department-staff-newsletters>), and conducted a communications workshop at the Nishiiyu-PhD training "From Evidence to Story."

CLINICAL PREVENTIVE PRACTICES

The explicit work from the SERC team on this file continues to focus on training health care workers in Motivational Interviewing (MI), which has been shown to be the basis for effective self-management of chronic diseases. Training events organized by other units also have had sessions on MI incorporated by the SERC team. The team continues to directly and indirectly support the implementation of clinical prevention practices within public health clinical and health promotion programs, especially the Maternal and Infant Health Program, the AMA Program, and tobacco cessation activities.

PUBLIC HEALTH COMPETENCY DEVELOPMENT

As in the past, with no dedicated staff resources, public health competency development focused on encouraging professionals to develop these competencies through training modules available from the INSPQ and the Public Health Agency of Canada (PHAC). Building on planning that took place in 2011-12, work began on developing the website providing information on access to electronic journals for professional staff; the project will be completed in early 2013-14.



Allied Health

The mandate of the Director of Professional Services and Quality Assurance – Allied Health, Adelina Feo, is to ensure the quality of allied health services for the scope of the programs of the CBHSSJB. Allied health services include nutrition, occupational therapy, physical therapy, psycho-education and speech-language pathology.

Recruitment has always been a priority for this department, and special efforts have been deployed to recruit professionals in all allied health disciplines. Thanks to a great partnership with the Department of Human Resources, there has been significant progress in most professional categories. Greater collaboration with Human Resources allowed the Director to respond quickly to new applicants and to facilitate new employees' relocation to the communities. Efforts were also made to open the door to occasional professional coverage, with the pleasant result being that some of the workers decided to stay for longer and repeated engagements. By the end of the year, all posted nutrition positions were filled. The CBHSSJB also hired two psycho-educators, bringing the number to four throughout the territory. Two physical therapists and one occupational therapist were also hired. Occasional coverage allowed physiotherapy services to be given to communities which could

not, for various reasons, fill their positions. This resulted in more than 6335 hours of on-territory allied health services given by 21 permanent allied health professionals and three professionals on occasional status.

Program development was also an important part of the work accomplished this year. The department participated in developing services for Fetal Alcohol Spectrum Disorder, respite care for special needs youth, and plans for long-term care services; it also worked with a committee to develop a mental health framework for the territory. The department provided input on Multi-Service Day Centre programs and was involved in evaluating resources for developing capacity of rehabilitation assistants. Work with the Chisasibi Hospital Risk Management Committee continued, resulting in the approval of a Risk Management Plan in September 2012.

2013-2014 will be a busy year with exciting new projects. The department will lead MSSS-supported projects targeting recruitment and retention of rehabilitation professionals and the development of speech-language pathology services in the region. The CBHSSJB will explore tele-health possibilities in these fields. The department will also pursue its activities to consolidate the participation of allied health professionals in CBHSSJB programs, especially in the fields of special needs and mental health.

OF HOURS OF DIRECT SERVICE TO CLIENTS

ALLIED HEALTH SERVICES 2012-2013

	NUTRITIONIST	PHYSIOTHERAPIST	PSYCHOEDUCATOR	OCCUPATIONAL THERAPIST
CHISASIBI	672	1,160	997	157
EASTMAIN	0	0	0	0
MISTISSINI	868	722	3,010	227
NEMASKA	N/A	93	0	0
OUIJÉ-BOUGOUMOU	209	254	72	0
WASKAGANISH	0	13	20	0
WASWANIP	64	159	0	0
WEMINDJI	80	455	0	0
WHAPMAGOOSTUI	0	112	0	0
TOTAL	1,893	2,968	4,099	384

Current and Ambulatory Services

NURSES' TRAINING

The annual nurses' training was held in November and the following topics were covered: new protocol on gestational diabetes mellitus, nephrology, revisions to the Therapeutic Guide, collective prescription on otitis media, management of patient safety risks, maternal and infant health, traumatology, and SADM-C recertification. In March 2012, 13 new nurses received their certification for SADM-C (3 days) and for traumatology (2 days).

CLINICAL SUPPORT AND TOOLS

The Coordinator worked on standardization of emergency material/supplies and the purchase of medical equipment. She participated in the Archives Committee, the Bush Kit Committee, the Steering Committee of the Distance Teaching and Learning Centre of the Northern Health Program at McGill, and the Therapeutic Guide and Collective Prescriptions Editorial Committee. She also participated in the development of a screening program for diabetic retinopathy, one of the frequent complications of diabetes.

GREGORY BRASS

Coordinator of Mental Health

In September Gregory Brass was hired as the new Coordinator of Mental Health and took over the role after a 3 month orientation period led by interim coordinator Mary Ortepi. Gregory Brass has an extensive background in Aboriginal mental health research.



Mental Health – Awamiiniwachuwano

PSYCHOSOCIAL SERVICES

There are five visiting psychologists, two therapists and one traditional healer on service contracts coordinated by the regional Mental Health Program. Over the 2012-13 year they provided 1,516 consultations over a span of 461 days in all nine Cree communities. There were 164 consultations over 28 emergency

**68% OF
MENTAL HEALTH
CLIENTS ARE
GIRLS AND
WOMEN.**

MENTAL HEALTH CONSULTATIONS

2012–2013

	PSYCHOLOGIST	PSYCHIATRIST
CHISASIBI	201	29
EASTMAIN	143	1
MISTISSINI	145	35
NEMASKA	239	17
OUJÉ-BOUGOUMOU	178	29
WASKAGANISH	192	3
WASWANIP	178	16
WEMINDJI	120	2
WHAPMAGOOSTUI	151	6
TOTAL	1547	138

223 consultations
outside the territory

day visits. There were 138 requests for outside psychological services and 85 emergency requests. Consistent with previous years the leading reasons for psychosocial services were conjugal difficulties, single family issues, parent-child relational issues, depression, parenting skills, anxiety, alcoholism, stress, insomnia, and stress related to work.

PSYCHIATRIC SERVICES

The mental health department continues to strengthen its relationship with the Douglas Hospital as well as working towards fulfilling its obligations under the service agreement. In December 2012 Dr. Harvey, who has been instrumental in developing this service, went on maternity leave. Prior to her leave temporary coverage was secured for all the communities. Three visiting psychiatrists, Drs. Eduardo Chachamovich, Jason Bourque and Michele Belanger, will cover the coastal communities. Dr. Vachon, a psychiatrist at the Chibougamau Hospital, has agreed to cover the inland communities. This past year two liaison nurses, one inland and one at the Douglas, were hired to coordinate psychiatric services for Cree patients. In the few short months since they were hired there has been a noticeable improvement in services for Cree patients at the Chibougamau and Douglas Hospitals.

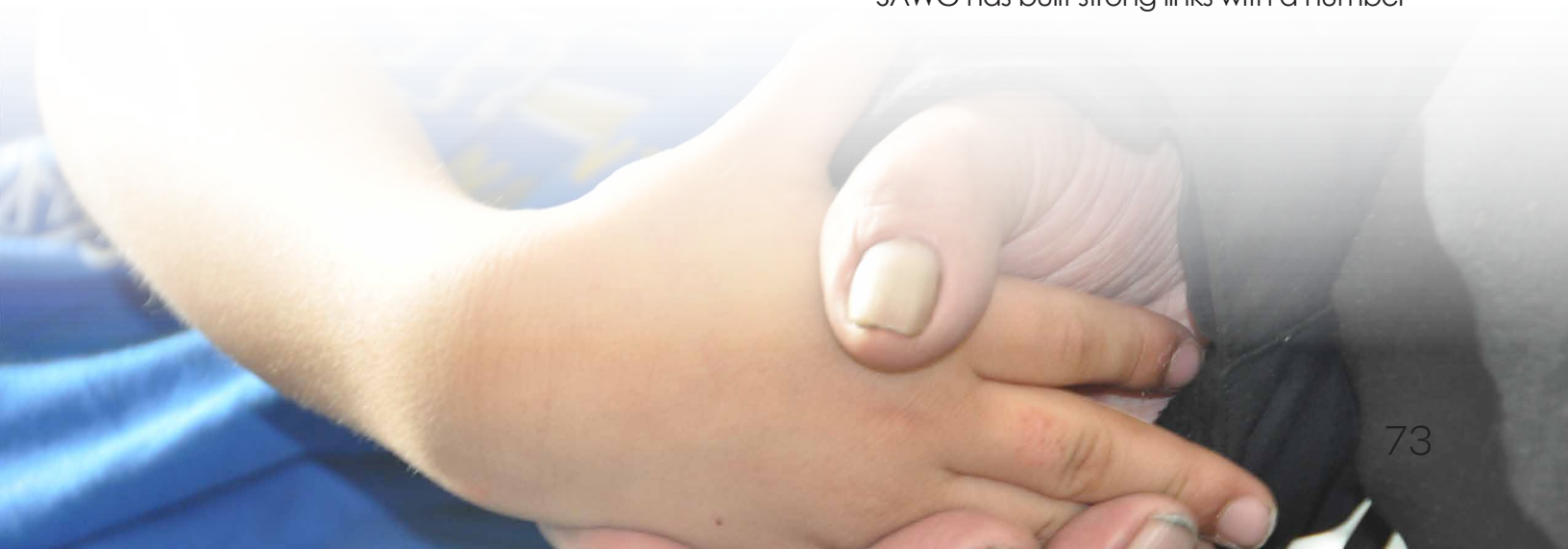
SUICIDE PREVENTION, INTERVENTION AND POSTVENTION

The regional working group continues to seek recognition and support for its activities related to suicide prevention, intervention and postvention. To date they have received six resolutions of support from Chief and Councils and are awaiting six other resolutions from communities and Cree entities. They have letters of support from Eeyou Eenou Police and secured representatives from the Cree Nation Youth Council and Regional Elders Council.

Prevention and intervention accomplishments include ten individuals who attended 'train the trainer' workshops for the Applied Suicide Intervention Skills Training (ASIST), three of whom are awaiting certification. One individual attended the one day training for SafeTalk. In the upcoming year the working group will benefit from suicide prevention training.

SEXUAL ABUSE

Sexual abuse is a very delicate issue and when an intervention is done without sensitivity or mismanaged it can have devastating long term consequences on individuals, families and communities. The Sexual Abuse Working Group (SAWG) continues its mandate with care, caution and determination. A survey conducted by the SAWG generated more than 260 responses and found that all communities are affected by the issue but lack the tools and training to deal with it. Over the years SAWG has built strong links with a number



of services, including Centre d'Expertise Marie Vincent in Montreal, and with many leading experts. SAWG had been working on intervention tools for frontline workers to respond to children who have been sexually abused. Development of an intervention protocol is now the responsibility of Youth Protection. The focus will now be on the development of a protocol for clients aged 18 and over, and on training needs of frontline workers.

INDIAN RESIDENTIAL SCHOOL RESOLUTION HEALTH SUPPORT PROGRAM

Reliving the residential school experience is traumatic and Resolution Health Support Workers provide a critical service for those individuals going through the Independent Assessment Process (IAP). The Resolution Health Support Workers travelled throughout the region over the summer to ensure all former residential school students who are eligible have their IAP forms filled out before the September 19, 2012 deadline. However, it was noted by RHSWs that many former survivors missed the IAP deadline because they were not ready and were very reluctant to disclose information about their past IRS experiences. The legacy of the IRS system continues to be a highly sensitive issue in many communities and difficult to speak about openly within some Cree families.

A three-day Cree Regional Conference on Indian Residential Schools was held in Val d'Or in early March 2013. The conference provided a forum for those who attended Indian Residential Schools to share their experiences, gain understanding and break the silence of their experiences. Chairperson Bella Petawabano and Grand Chief Matthew Coon Come gave opening addresses. The conference provided multiple talking circles, three intensive workshops on the historical intergenerational effects, family dynamics, and dealing with trauma

and abuse. More than 150 people attended and found the conference very helpful in understanding their own experiences and those of older generations of survivors. Funding was provided by Health Canada, the Cree Regional Authority/Grand Council of the Crees and the Mental Health Department. More regional and community events are being planned for the upcoming year.

The Truth and Reconciliation Commission has also been very active in the province. They held a statement gathering in Val d'Or in early February, which was followed by a regional event in Chisasibi in mid-March. The Mental Health Department was not directly involved in organizing these events but provided support services for survivors. A larger four-day national event is scheduled for late April 2013 in Montreal and RHSWs will be on site. Over the coming year RHSWs will continue to provide support at these regional and national events and IAP hearings.

OTHER DEVELOPMENTS

In December 2012 the Board of Directors approved a mental health planning process to provide guidance and make recommendations for the delivery of mental health services in the region. Since this time, an executive committee and steering committee have been formed and have secured the services of a consultant. It is expected this planning process will take between one to two years to complete its mandate. Consultations with communities and stakeholders will begin over the coming year.

Pre-hospital Services and Emergency Measures

FIRST RESPONDERS CERTIFIED

	2012-2013
CHISASIBI	16
EASTMAIN	0
MISTISSINI	14
NEMASKA	13
OUJÉ-BOUGOUMOU	0
WASKAGANISH	5
WASWANIPI	5
WEMINDJI	*6
WHAPMAGOOSTUI	0
TOTAL	59

*30-hour refresher course

FIRST RESPONDER TRAINING AND CERTIFICATION

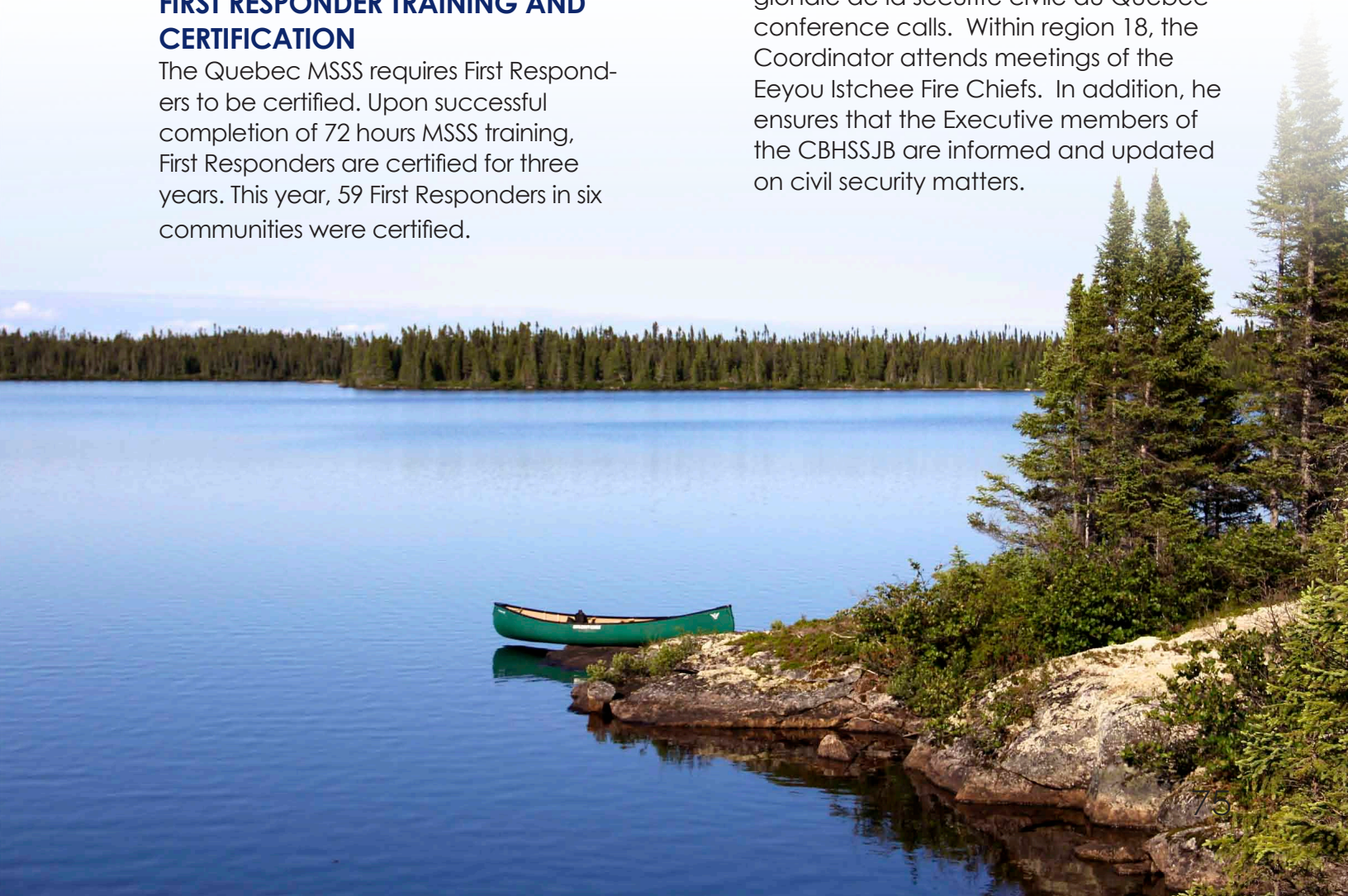
The Quebec MSSS requires First Responders to be certified. Upon successful completion of 72 hours MSSS training, First Responders are certified for three years. This year, 59 First Responders in six communities were certified.

CIVIL SECURITY

The CBHSSJB is involved in civil security matters as it relates to emergency measures involving vulnerable populations. Otherwise civil security falls under the responsibility of the Cree Regional Authority (CRA). In times of civil emergencies both agencies coordinate efforts to address the situation. Calls to the Civil Security On-Call Service are covered 24/7. The on-call service helps ensure civil security in Eeyou Istchee. In 2012-2013, emergency responses were provided for the following reasons: plane crash, potential forest fires, major power outages, and potential flood. However, the communities also used their own resources during emergency situations.

EMERGENCY MEASURES

The Coordinator of Pre-hospital Services and Emergency Measures participates in the MSSS Civil Security Mission Santé meetings and in the Organisation régionale de la sécurité civile du Québec conference calls. Within region 18, the Coordinator attends meetings of the Eeyou Istchee Fire Chiefs. In addition, he ensures that the Executive members of the CBHSSJB are informed and updated on civil security matters.



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ADMINISTRATIVE RESOURCES GROUP

The Administrative Resources Group supports the functioning of the organization by providing the following services: human resources, finance and payroll, information technology, and management of material resources ranging from buildings to medical supplies.



Clarence Snowboy
Assistant Executive Director

ADMINISTRATIVE RESOURCES

Human Resources

Information Technology

Material Resources

Finance

Human Resources

The Human Resources Department plays an important role in the implementation of the Strategic Regional Plan. In support of funding negotiations with the Ministry of Health and Social Services of Québec, the department provided cost projections for human resources management, recruitment, training and development, and employee lodging needs for the next five years.

The department continues to make significant progress in improving its core operations and providing consistency in recruitment and human resources management across the organization. The Human Resources Development file will be implemented in the 2013-2014.

STAFFING

Recruitment is one of the most important elements in the implementation of the Strategic Regional Plan. In addition to placing over 75 advertisements in web and print media, in 2012-2013 the Staffing Unit participated in three career fairs in the Cree communities, and had booths at over 25 professional recruitment events in Montréal, Québec and Ottawa.

Nurses' recruitment was particularly successful this year, as 39 new nurses were hired in 2012-2013, out of 97 total positions.

Furthermore, the Staffing Unit supported managers in improving the quality and consistency of hiring and promotion practices. Human Resources team members met with local directors of the CMCs to inform them of the staffing process and how they could help Human Resources to fill the positions in their communities. The Human Resources Department is completing a web site that will be attached to the main CBHSSJB website and which will increase visibility significantly by using new ways of reaching people through Facebook and other media. The Human Resources website will include an Applicant Tracking System that will enable the department to handle recruitment needs electronically.

To conclude, the Staffing Unit is developing and revising recruitment policies, recruitment tools, interview questionnaires and selection tests in order to be more efficient.

76% OF EMPLOYEES ARE CREE OR FIRST NATIONS.

POSITIONS FILLED DURING THE FISCAL YEAR 2012-2013



TOTAL 177

NUMBER OF EMPLOYEES BY STATUS

NUMBER OF EMPLOYEES

	2012-2013	% CHANGE
STATUS 1 – PERMANENT FULL-TIME	721	▼ 20%
STATUS 2 – TEMPORARY FULL-TIME	277	▼ 5%
STATUS 3 – PERMANENT PART-TIME	64	▲ 10%
STATUS 4 – TEMPORARY PART-TIME	14	–
STATUS 5 – OCCASIONAL/RECALL	1,425	▼ 18%
TOTAL	2,501	▼ 17%

EMPLOYEE AND LABOUR RELATIONS

39 NEW NURSES WERE HIRED THIS YEAR.

The Employee and Labour Relations Unit provides ongoing guidance to managers and employees with respect to the correct application of Human Resources policies. The Unit

has regular meetings with the main employee unions, CSN and FIQ, to discuss union matters and resolve grievances. Approximately twenty grievances were filed by CSN employees during the year, of which four were later withdrawn. Nurses unionized under the FIQ filed 19 grievances in 2012-2013. The Unit made several inquiries concerning work-related issues and, in doing so, listened to the concerns of many employees. In addition, the Employee and Labour Relations team reviewed retention premiums and is preparing training for Administrative staff in early fall of 2013.

A Personnel Officer and the representative of Shepell-fgi toured CBHSSJB facilities in August 2012 to present the Health and Safety Program and to educate employees about the Employee Assistance Program provided by Shepell-fgi.

SHEPELL-FGI EMPLOYEE ASSISTANCE PROGRAM

The Shepell-fgi Employee Assistance Program (EAP) is a free, confidential and voluntary support service offered to CBHSSJB employees and their family members (as defined in the employee benefit plan). EAP offers counseling and advice to help employees solve all kinds of problems and challenges in their lives, including work-related issues. EAP offers support over the telephone, in person, and online, 24 hours a day, seven days a week.

Website: www.shepellfgi.com

Information Technology Resources

In December 2012 the CBHSSJB successfully recruited a new Director of Information Technology Resources, Mr. Thomas Ro. Under stable leadership for the first time in many months, the department has begun improving its quality of service through process adjustments and organizational changes, which will help to increase productivity and resilience to employee turnover. The priorities of the department will now be determined by the seven-year IT Master Plan presented by the Department and adopted by the CBHSSJB in December 2012.

From April to December 2012 the department was severely understaffed, and many of last year's objectives were deferred pending the recruitment of the new director and the adoption of the Master Plan. However, with the help of existing and new service partners, the IT Resources Department managed the network and also supported numerous relocation projects, including those of the head offices in Chisasibi and the new CMCs in the communities.

Adopted as a resolution by the CHBSSJB Board of Directors last December and deposited at the Quebec Ministry of Health and Social Services in February 2013, the seven-year IT Master Plan aims to modernize every aspect of the CBHSSJB information technology portfolio, starting with the replacement of the aging communications and hosting infrastructure with a new one that will enable the CBHSSJB to accommodate the latest clinical and administrative applications.

The vision of the plan is to create a technology-enabled organization in which all employees can easily access relevant information and value-added services at any time and from anywhere, so that the technology works for the people.

THOMAS RO

Director of Information Technology Resources

Thomas Ro joined the CBHSSJB as Director of the Information Technology Resources Department in December 2012. Formerly Director of IT and Telecommunications at the Research Institute of the McGill University Health Centre and Senior Technology Architect at MUHC, Thomas Ro has a solid background in infrastructure architecture, implementation, and operations in the Québec health-care sector. He is the author of the IT Master Plan.



The objectives outlined in the first year of the plan are already being implemented. They include:

- improving performance and capacity of the infrastructure
- commissioning a self-sufficient mobile computer room
- creating a network operations centre to remotely monitor and manage the network and applications
- developing an organizational web portal for information access and sharing
- analyzing existing applications and data to contribute to future integration and implementation of an Electronic Medical Record and Decision Support System
- implementing a project management framework and industry best practices.

Material Resources

In the last eight years, the CBHSSJB has become a significant property manager: since 2004, it has entered into leases for 264 houses, and has built and now operates nine multi-service day centres, a new CMC in Wemindji and a newly expanded CMC in Waswanipi. These properties, in addition to the facilities that had previously existed, mean that overall the CBHSSJB is responsible for more than 976,000 square feet, including 47 institutional facilities and 443 residential units located in the nine Cree communities as well as in Montreal, Chibougamau and Val d'Or.

In 2012-2013, four new lodgings were opened in Eastmain and eight in Nemaska. A new CMC in Nemaska has been delivered, while the Mistissini and Eastmain CMCs will open in a few months. In Nemaska and Waswanipi, the department ended leases for temporary office space as employees moved to permanent buildings. On the other hand, it entered into a lease in Oujé-Bougoumou for the Awash team; their new CMC is set to be built in the coming years. In Chisasibi, two modular buildings were rented to accommodate Administrative Resources.

A January 2013 meeting in Chisasibi focused on potential locations for the new Chisasibi Administration Head Office and Hospital, and a decision should be made in the coming year. A technical and functional plan will be prepared for a multipurpose facility for technical services in Chisasibi.

Problems with older facilities continued to absorb a great deal of the department's time in 2012-2013. Work was conducted at the Waskaganish CMC to prevent the development of mould due to seepage under the building.

In Chisasibi, four former residential units being used for temporary offices were closed; the department also started working on several other problem sites in Mistissini and Nemaska.

The Department is modernizing its preventive maintenance with the introduction of property-management software, and the upcoming year will see requests for corrective maintenance integrated into this software. This approach signals a shift in the role of the Department, moving from an operational mode to a strategic role where it is focused on programs, policies and the provision of specific expertise to operational units.

At the end of the financial year Luc Laforest was recruited as Director. As in other departments, staffing and turnover is a continuing challenge, but many full-time positions were filled in 2012-2013.

THE CBHSSJB
MANAGES
976,000 SQUARE
FEET OF BUILDINGS,
INCLUDING **443**
RESIDENTIAL UNITS.



Waswanipi Clinic opening

Financial Resources

The Financial Resources Department maintains the CBHSSJB's financial records, ensures all debts are promptly satisfied, safeguards assets, and provides financial information and support to management and the Board of Directors. The department maintains an internal control structure to ensure that the CBHSSJB's assets are protected from loss, theft or misuse and that adequate accounting data is compiled to allow for the preparation of the CBHSSJB year-end audit.

The combined statement of revenue and expenditure shows that total funding rose from \$169,485,478 in 20011/12 to \$178,668,269 this year.

The department supported negotiations with the MSSS to ensure sufficient operation funding for the next five years and enough capital for the next seven years. New budget templates were developed to plan for the next five years in terms of base operation funding, future services development, infrastructure operation and maintenance both for housing and for commercial and institutional buildings, and new housing construction as per development.

In addition to negotiating the new agreement, the department entered 433,499 financial transactions and 888,615 payroll transactions.

For the upcoming year, the department will focus on understanding and implementing the new agreement with the MSSS. Other objectives include recruiting an Assistant to the Finance Director, implementing bar code scanning technology for timely re-ordering of medical supplies, implementing a standardized electronic budgeting system, negotiating procurement agreements with suppliers, implementing data warehouse, linking Virtuo with other MIS software, and integrating unit measures to the AS 471.

433,399
FINANCIAL
TRANSACTIONS
WERE PROCESSED
THIS YEAR.

TOTAL
FUNDING FOR
THE YEAR WAS
OVER **\$178**
MILLION.



FINANCIAL STATEMENTS

ANNEX

The information on the following pages is an overview. A more detailed Summary Financial Statement will be available as a download from www.creehealth.org/annual-reports after this report is tabled in the National Assembly of Quebec in the autumn 2013 parliamentary session.

CBHSSJB BALANCE SHEET 31 MARCH 2013

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND BALANCE SHEET MARCH 31, 2013

	2013 \$	2012 \$
FINANCIAL ASSETS		
Cash	19,964,717	22,022,422
Accounts receivable - MSSS	29,110,555	18,918,161
Accounts receivable	9,490,255	3,418,687
Due from Long-term assets Fund	17,434,894	43,386,488
	76,000,421	87,745,758
LIABILITIES		
Accounts payable and accrued charges	13,707,947	17,810,078
Wages and fringe benefits payable	10,021,685	8,053,542
Due to Assigned Fund	17,350	37,091
Reserved funds - new residential facilities	3,664,447	3,087,075
Deferred revenue	4,236,194	7,374,075
	31,647,623	36,361,861
NET FINANCIAL ASSETS (NET DEBT)	44,352,798	51,383,897
NON-FINANCIAL ASSETS		
Prepaid expenditure	1,154,736	388,866
Inventories	905,605	951,608
	2,060,341	1,340,474
FUND BALANCE		
SURPLUS	46,413,139	52,724,371

CBHSSJB CHANGES IN FUND BALANCE 31 MARCH 2013

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND STATEMENT OF CHANGES IN FUND BALANCE YEAR ENDED MARCH 31, 2013

	2013	2012
	\$	\$
BALANCE - BEGINNING OF YEAR	52,724,371	52,875,703
Excess (deficiency) of revenue over expenditure	(6,311,232)	(151,332)
BALANCE - END OF YEAR	46,413,139	52,724,371

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)	-
Accumulated surplus as at March 31, 2013	46,413,139	52,724,371

CBHSSJB

REVENUE AND EXPENDITURE

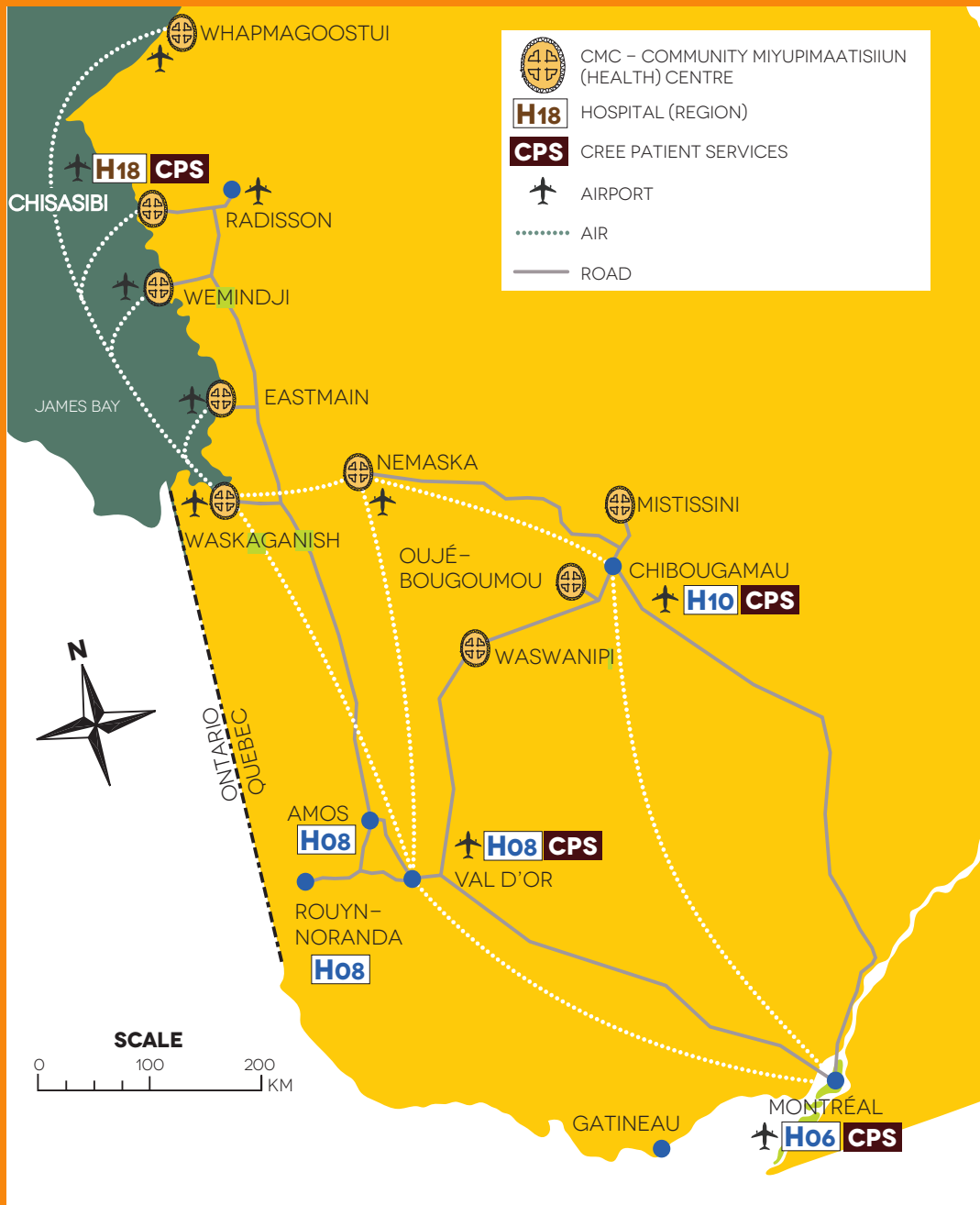
31 MARCH 2013

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY OPERATING FUND STATEMENT OF REVENUE AND EXPENDITURE YEAR ENDED MARCH 31, 2013

	Budget 2013 \$	Actual 2013 \$	Actual 2012 \$
REVENUE			
MSSS - General Base - Operations	109,431,590	110,209,220	106,724,811
MSSS - Specific allocations	-	52,617,546	49,944,063
MSSS - Special allocations	-	714,668	720,405
Secrétariat Général du Secteur de la Santé et des Services Sociaux	-	3,717,010	-
Family allowances (Federal Government)	-	319,915	277,425
CRA - CHRD	-	-	128,925
Other	-	225,675	404,861
	109,431,590	167,804,034	158,200,490
EXPENDITURE			
General Base - Operations	109,431,590	108,399,731	97,528,262
Specific allocations	-	52,617,546	49,944,063
Special allocations	-	714,668	720,405
Use of surplus	-	12,383,321	10,159,092
	109,431,590	174,115,266	158,351,822
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	(6,311,232)	(151,332)



CBHSSJB REGIONAL NETWORK (MSSS REGION 18)



Cree Board of Health and Social Services of James Bay
Box 250, Chisasibi, QC J0M 1E0
Tel 819-855-2744 | Fax 819-855-2098
Email ccssbj-cbhssjb@ssss.gouv.qc.ca
Web www.creehealth.org



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

