

MESSAGE FROM THE GENERAL DIRECTOR

ms. marjolaine slouï



**ACTING TOGHETER
 TOWARDS SUSTAINABLE SOLUTIONS**

In behalf of the entire team and the Board of Directors of the FNQLHSSC, I am very pleased to present to you the 2012 spring-summer edition of *The Rising Sun*. As you will see, the bulletin includes a wide range of information on the projects in progress as well as those that have been completed over the course of the past few months, in addition to underlining many community-based realisations. This period was also marked by a few significant changes such as the departure of Ms. Guylaine Gill who, after six years of loyal service within the organisation, decided it was time for a well-deserved retirement to spend more time with her large beautiful family!

The year 2012-2013 will be a year of transition from an administrative, operational and governance perspective since the results of several important endeavours will enable us to close in on the objectives set in the 2007-2017 First Nations of Quebec Health and Social Services Blueprint.

On the subject of governance, it is important to underline the successes that all of the communities will benefit from and that will hopefully have significant impacts in terms of improving the state of health of our populations while contributing to ensuring a promising future for our children. The following are a few of these successes and realisations:

- ◆ A fund was set aside for First Nations for the development of structuring projects in order to fight against poverty and social exclusion.

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MESSAGE FROM THE GENERAL DIRECTOR (cont'd)



mrs marjolaine slouï

- ◆ After four (4) years of relentless work, the working group on traditional adoption submitted a report that led to the submission of a bill that aims for, among other things, the “legal recognition of Aboriginal traditional adoption.”
- ◆ The implementation of the First Nations of Quebec health surveillance plan. A first in Canada!
- ◆ The official launching of the New Pathways Foundation will allow for promoting this new entity that has the objective of contributing to the improvement of the living conditions of the First Nations by supporting initiatives fostering the social and human development of individuals within their communities.
- ◆ The negotiation of a fund dedicated to First Nations following a partnership established with *Avenir d'enfants*. The projects developed by the communities will serve to reinforce mobilisation strategies enriching knowledge and know-how aiming to contribute to the well-being of the children and their families.
- ◆ The results of the First Nations Regional Health Survey that will be unveiled in the fall of 2012 will guide us in

the prioritisation of our future actions and serve to establish a better portrait of the prevalent situation in the area of health.

- ◆ With respect to information management, several works were completed such as: a regional action plan on infrastructure, a frame of reference on the protection of the personal information held by a First Nations community or organisation in Quebec and an information and knowledge management plan.
- ◆ The development of tools and an action plan with the objective of identifying sustainable solutions to ensure a continuum of services for people.

In fact, none of these activities would have been possible without the collaboration of the personnel working in the communities and organisations, the support of our leadership and the support and commitment of our partners. Together, we have the power to generate real change and achieve concrete results – all of which would be hard to accomplish on our own!

Enjoy your reading!



The FNQLHSSC will be launching its new website in early August. Visit the website to access news, information on the various areas of intervention and publications, still at the same address:

www.cssspnql.com

Happy reading!





IMPORTANT GATHERINGS



Regional Forum on Healthy Lifestyles

Combine sport, food and community action for a better quality of life

The Regional Forum on Healthy Lifestyles: Childhood, Youth and Family was held in Quebec last May 29th and 30th. More than 80 interveners from the communities and particularly from the education, health and sports and leisure sectors were united in order to view presentations and participate in discussions focusing on themes related to physical activity, food security and community mobilisation. Thus, during the opening of the Forum, Dr. Stanley Vollant from Pessamit discussed the importance of youth and how to inspire a brilliant and sound future, which was very appreciated by participants, inspired by his approach.

Moreover, interveners appreciated this opportunity to share and learn more about what is happening in other communities.

Testimonials from people who take matters into their own hands are good ways to reach people. Thus, a 16 year old from a Cree community has delivered a moving testimony.

One participant suggested inviting role models from various communities at upcoming forums.

The FNQLHSSC was the host for this Forum organised by the ADI (Aboriginal Diabetes Initiative) Regional Advisory Committee composed of one representative of the Cree communities, one representative of the Inuit villages, a community health director, a Health Canada – FNHI representative and a FNQLHSSC representative.



Photo taken in the context of a presentation entitled Walk the talk by Dr. Stanley Vollant

Next steps

The ADI Regional Advisory Committee will conduct a report of this forum by compiling participants' evaluations in order to offer a program more in line with community needs the next time. The forum report and the results of the workshop on food security will be available on the FNQLHSSC's website by fall.



6th Edition INTER-SCHOOL GAMES

A great experience for youths!

From May 31 to June 3, 2012, the fifth edition of the Inter-School Games of the First Nations Education Council (FNEC) took place at the Collège Édouard-Montpetit in Longueuil. Several disciplines were on display such as track and field events (100 metre, 800 metre and 1200 metre races as well as long jumping), floor hockey, basketball and volleyball. This event aims to encourage the youth attending the FNEC member schools in their progress towards academic success and foster healthy lifestyles through the practicing of physical activity and healthy nutrition. Over 500 First Nations participants and chaperones from 18 elementary and high schools participated in the Games.

For more information, go to www.inter-schoolgames.com.





First Nations Youths Health Careers Camp

A third edition filled with success!

The Université du Québec à Chicoutimi (UQAC) Nikanite Centre organized the third edition of Health Careers Camp. Some thirty youth from various Aboriginal communities across the province of Quebec attended the Camp.

The main purpose of Health Careers Camp is to promote careers in the health field. Various activities are proposed: workshops on dissections,



workshops on sutures, various testimonies, visits to the local hospital, etc.

The Camp took place over a period of five days, that is, from last June 25th to 29th, on UQAC's campus. The FNQLHSSC was once again a partner of this event by providing human and material resources. Congratulations to all the participants!



BASED-NEEDS TRAININGS



a workshop to help mothers to be struggling with addiction problems

A training workshop on problematic substance use during pregnancy (PSUP) was given by the FNQLHSSC last February. More than 50 people from various communities who work with pregnant women received the training, including maternal and child health nurses, front-line service workers, NNADAP workers, as well as the FASD file managers.

This workshop was designed for family physicians, obstetricians, midwives, drug dependence and addiction specialists, public health nurses, nurse practitioners and social workers. The objective of the PRIMA (Pregnancy-Related Issues in the Management of Addictions) project consists in developing and sharing resources with providers, as well as protocols to manage the care

given to women who suffer from PSUP. It also seeks to assist Canadian health care professionals in providing obstetrical care to women who use drugs and in giving neonatal and pediatric care to children who were exposed to alcohol in utero. The purpose of the training was to increase knowledge of individuals who work with pregnant women on problematic use of substances during pregnancy, including alcohol, tobacco, cocaine, marijuana and prescribed opiates.

By the end of the workshop, the participants had increased their knowledge and skills, thereby enabling them to detect, identify, manage and guide pregnant women with addiction problems.

Home care assistance program

Fifteen student graduate



The quality of the home care that we are providing to our Elders is connected to the qualifications and competencies of the personnel. The same applies to home attendants. In April 2012, fifteen students received their diplomas for the home care assistance program primarily offered by way of videoconferencing. This technology enabled them to complete the 975 hours of training in their communities, near their families, in order to obtain a diploma of professional studies. The students originated from four English-speaking communities: Eagle Village, Kanesatake, Kitigan Zibi and Winneway.

The training took place between May 2011 and April 2012 including a summer break. Half the time was devoted to the theoretical component by way of videoconferencing; one quarter of the time was devoted to the practical component at the professional training centre; the remaining portion was dedicated to the three professional training sessions – both on- and off-reserve.

The partners of the FNQLHSSC applied all of the necessary elements to ensure that the students' efforts

were successful. The Western Québec School Board provided them with solid training and assisted them in their learning processes. The First Nations Education Council facilitated connections between the videoconferencing sites and offered technical support. The community respondents acted as liaison agents between the school, their communities and the FNQLHSSC; they piloted the technical and human aspects of the training on a daily basis and ensured the unfolding of the operations in each of the communities in addition to supporting the students in all aspects of the training. All of this would not have been possible without the support of the band councils, health directors and human resources that allowed for the utilisation of their premises and equipment. The FNQLHSSC's training agent, Danielle Chantal, coordinated all of the students' travelling and guided the actions of the partners.

We would like to congratulate the students and express our gratitude to all those who encouraged this program from near and far!



From left to right, bottom row: Victoria Osam, Natacha Raymond, Elizabeth Pilon, Alexia Pichette, Tammy Wells, Nancy Gaudet. Top row: Sasha McMartin, Barbara McDonald, Chantal Simon, Priscilla Mallette, Melonie Mitchell, Verna Polson, Samantha Dandy, France Rocheleau, Rosemary Phillips.

adaptation of a new training related to suicide

Over the course of the year 2012-2013, the FNQLHSSC will be working on adapting the new training focused on suicidal crisis intervention. Through this adaptation as well as the adaptation of the suicide prevention best practices guides, you will be able to better evaluate your community in connection with the suicide issue and then implement a local framework in order to intervene in crisis situations more effectively.

The suicide situation is an important problem in our communities and proceeding with this work will enable you to have access to training that is adapted to your realities while allowing you to take the best suicide prevention practices into consideration, thereby allowing you to better identify possible solutions for diminishing the suicide situation in the communities.

Since suicide is a multi-factored phenomenon, it is very important to properly determine the interventions to be

carried out. Collaboration and partnership between the various sectors of the community are also success factors associated with decreasing the risk factors and increasing the protection factors.

The Commission is working collaboratively with the Quebec government and the Association québécoise de prévention du suicide which initiated this work in 2006. This new training as well as the intervention to be established to provide follow-up for those at-risk is now included within a continuum of care that goes beyond the former training which did not take into consideration the suicide planning dimension or the risk and protection factors. Furthermore, special attention is focused on intervention to be implemented for men. Finally, the training also takes into consideration the follow-up to be established within the communities among those who are at-risk.

An AEC in addictions and associated problems

Within the context of Health Canada's Aboriginal Health Human Resources Initiative (AHHRI), an attestation of college studies (AEC) in addictions and associated problems was offered this spring by the *Centre de développement de la formation et de la main-d'œuvre huron-wendat* (CDFM) of Wendake.

The goal of this AEC was to train interveners who are capable of updating programs and carrying out preventive and curative actions with the objective of limiting the adverse consequences of the multiple addictions that many First Nations are suffering from.

Among the 17 participants who registered and started the training in February 2011, 12 participants completed

the training. Today, 8 of these 12 participants have undertaken university studies while four of them have joined the labour market: three in Aboriginal communities in the addictions field and the other in a related field.

All of the twelve graduates are First Nations members of Quebec. Their success allows for ensuring a changing of the guard in the communities for years to come.

The CDFM is prepared to renew the training once the number of registrations so allows.

This is more good news related to the changing of the guard in the area of addictions!





Development of a mental health and addictions memorandum of understanding model

The FNQLHSSC set up a committee that was entrusted with the mandate of developing a mental health and addictions memorandum of understanding model. In the medium-term, this protocol will allow for improving access to the second-line services in the area of mental health in connection with the CSSS.

This work results from the willingness of the Quebec government to work more closely in partnership with the First Nations and is in line with a priority of the Socio-Economic Forum that was held in Mashteuiatsh in 2006 focused on improving service availability and accessibility in the areas of drug and alcohol abuse and other addictions.

The committee mainly has the mandate to develop a memorandum of understanding model in order to provide tools to the Aboriginal communities and the Centres de santé et de services sociaux (CSSS) of Quebec. For the non-Agreement Aboriginal communities of Quebec, this memorandum of understanding model will allow for:

1. Improving service accessibility and continuity in the areas of mental health and addictions;
2. Clarifying and defining the mental health and addiction service trajectories;
3. Fostering improved streamlining and coordination between the services available for mental health and addictions.

The Working Committee is also aiming to promote and facilitate the implementation of memorandums of understanding that are developed based on the model. Therefore, it shall pursue the following objectives:

1. Gathering the information required so that all of the Committee members can inform their respective networks: communities and First Nations organisations as well as the health and social services network regarding the benefits associated with the implementation of protocols;
2. Supporting the First Nations communities and organisations in the implementation and application of these protocols;
3. Acting as a support consultant, as needed, among the First Nations communities and organisations that will decide to evaluate the implementation of the protocols, if necessary.

The communities that so desire and that have initiated such endeavours with their CSSS can obtain the Commission's support and assistance. For more information or if you have any questions, please do not hesitate to contact Richard Gray, Social Services Manager at the FNQLHSSC at **418 842-1540** or at richard.gray@cssspnql.com.



A new tool for medical transportation

The medical transportation decision tree is a tool which has been jointly developed by the FNQLHSSC and Health Canada. The purpose of this tool is to facilitate the decision-making process for individuals from First Nations communities and organizations involved in managing and administering medical transportation.

This tool will be sent out shortly to First Nations communities and organizations that provide medical transportation services through an agreement with Health Canada or communities and organizations whose population receives transportation services directly from Health Canada.

If you have any questions or require additional information, please contact Ms. Jessie Messier, NIHB Program Agent by telephone at **418 842-1540, extension 269** or by email at the following address:

jessie.messier@cssspnql.com.



Elders

Support, Love, Take Action

In Quebec, an awareness campaign encouraged us to take a look at our behaviours and attitudes towards senior citizens and ended with these words: Support, Love, and Take Action.

Whether we are senior citizens or younger people, we are all concerned by this invitation to support, love and take action with respect to the well-being or wellness of seniors.

When we are senior citizens, we are still able to support, love and take action, each of us according to our conditions and capacities, yet our knowledge and know-how constitute a source of wealth and can contribute to the survival of our culture and traditions. Being present, listening to our peers and those close to us and passing on our knowledge to the future generations all contribute to building bridges. Social participation allows for identifying the constraints that can foster insecurity in senior citizens – it is important to inform our leaders of our needs.

When we are younger, we must support, love and take action so that seniors can continue to exercise their roles so that we can learn through our contacts with them. We must identify their personal or collective needs and welcome their knowledge while being grateful for it as well.

In October 2010, the Quebec government launched the *Plan d'action pour contrer la maltraitance envers les personnes âgées* (Governmental Action Plan to Counter Elder Abuse) and on May 3rd the first policy on aging was also

launched entitled Aging together and living together at home in one's community in Quebec. The three orientations are formulated as follows:

1. Aging and living together: getting involved in the life of the community;
2. Aging and living together: leading a healthy life in the community;
3. Aging and living together: creating healthy, safe and congenial environments in the community.

We are therefore seeing to the applications of the deployment of this policy as well as the possible impacts.

With respect to the Action Plan to Counter Elder Abuse, among other things, we are working on a concerted approach for the services and resources in collaboration with the coordinators of the different regions of Quebec.

http://www.mfa.gouv.qc.ca/fr/publication/Documents/Plan_action_maltraitance_en.pdf

http://www.gouv.qc.ca/portail/quebec/pgs/commun/actualites/actualite/une/actualites_120503_vieillir/?lang=en

For more information, please contact Édith Picard Marcoux, Maltreatment of elders Coordinator by phone at **418 842-1540** or by email at edith.picard@cssspnql.com.

First nations medical students: the 2012 cohort will soon begin classes

Seven First Nations students were offered positions in one of the faculties of medicine within the province of Quebec for the year 2012, which turned out to be a record-breaking year for the Quebec First Nations and Inuit Faculties of Medicine Program. This program was created in 2008 and admitted nine students between 2008 and 2011.

Please note that this program is intended for all First Nations and Inuit students. It facilitates and implements

various measures designed to help students obtain a doctorate degree in medicine in one of the four faculties of medicine within the province of Quebec: Université Laval, Université de Montréal, McGill University, and Université de Sherbrooke. For more information, please do not hesitate to call Mr. Yves Sioui, Provincial Coordinator, at **418-842-1540**, or visit the program's website at www.ibecomeadoctor.com.



The Assembly of First Nations of Quebec and Labrador, the First Nations of Que-

bec and Labrador Health and Social Services Commission and the Minister responsible for Native Affairs, Mr. Geoffrey Kelley, were proud to announce in April the official launch of the New Pathways: Foundation for the future of the First Nations. The mission of the Foundation is to contribute to improving the conditions of life of the First Nations by funding projects targeting social and human development within their communities.

The New Pathways Foundation is the result of the work that has been carried out over the past few years by many people and organisations. It is in line with the objectives of the fight against poverty initiative of the First Nations of Quebec. This initiative was created thanks to support from the *ministère de l'Emploi et de la Solidarité sociale* and the First Nations of Quebec and Labrador Health and Social Services Commission.

New Pathways is innovative: it is the first foundation that is devoted to fighting poverty among the First Nations in Canada. Created by the setting, it is funded, among others, by First Nations who are committed to the future of the youth. The money collected to date has already allowed for contributing to two projects: the Wapikoni Mobile and the Young Musicians of the World - Kitchisakik School. "The First Nations are all committed to improving their conditions of life. The New Pathways Foundation is a concrete manifestation of this commitment - it's an additional tool in our hands that is focused on development. I am very proud of it" declared Chief Ghislain Picard.

"As the Minister in charge of Aboriginal affairs, I am very pleased with the establishment of this type of initiative stemming from people in the setting. I am convinced that the Foundation will make contributions to many projects that are important to the communities. It is with great pleasure that I am providing a contribution of 10 000 dollars for the New Pathways Foundation" added Minister Kelley.

An Innovative Financial Springboard

The deplorable socio-economic

conditions in which the First Nations are living justify the establishment of such an entity. Among other things, the Foundation is looking to address the chronic under-funding of the programs intended for First Nations in areas such as education, housing, health, economic development, etc. Since it is aware that it will not be able to address all the needs, the Foundation wishes to work in partnership with other organisations and is also seeking generosity from the entire population.

A few statistics

In 2007-2008, Canada was ranked third in the world according to the United Nations' Human Development Index. According to the Assembly of First Nations, the First Nations were ranked 68th in the world.

The dimensions of poverty – under-education, unemployment, lack of quality housing, anemic economic development and social exclusion – constitute the main social determinants of health among the First Nations. These determinants partially explain the very poor health conditions of the individuals and the importance of the social problems that too many communities are afflicted with.

Why the youth?

According to Campaign 2000's 2008 Report Card on Child and Family Poverty, one out of every four children from the First Nations communities is living in poverty, compared to one out of every nine children in Canada at large.

Among the First Nations of Quebec, 42% of the population is less than 25 years of age compared to 31% among the population of Quebec. It therefore appears evident that this portion of the population deserves all of the efforts that are essential to the development of its full potential.



From left to right: the Minister responsible for Native Affairs, Mr. Geoffrey Kelley; the FNQLHSSC's President, Mrs Anne St-Onge; the Secretary of the Board of Directors of the Foundation, Mrs Isabelle Picard and the regional Chief of the AFNQL, Mr. Ghislain Picard.

NEW PUBLICATION

Scan on diabetes among non-agreement First Nations of Quebec

This Scan was developed with a view to fulfilling three objectives:

- ◆ Identifying the needs in First Nations communities in terms of prevention, promotion, screening, care and treatment, and capacity-building, in association with type 2 diabetes
- ◆ Determining the known proportion of people with diabetes and prediabetes in the First Nations communities based on the geographic isolation zone
- ◆ Studying the environment and factors fostering the development of diabetes in First Nations communities.

To meet these objectives, a questionnaire was administered among the key players and a review of the medical files and environmental walks were carried out.

Some highlights of this portrait:

- ◆ The known proportion of diabetics based on our sampling varies between 13.0% and 22.0% depending on the geographic isolation zone.
- ◆ The highest proportion of diabetics was observed in zone 2, while the lowest proportion was found in zone 4.
- ◆ The proportion of people with prediabetes based on our sampling varies between 11% and 17% depending on the geographic isolation zone.
- ◆ Zone 4 is the zone in which the highest number of people with prediabetes were identified.
- ◆ The majority of the diabetics in our sampling are older than 55 years of age and more women than men in our sampling are diabetic.

- ◆ There are not a lot of screening activities carried out and the tests are usually carried out based on blood glucose tests.

ZONES

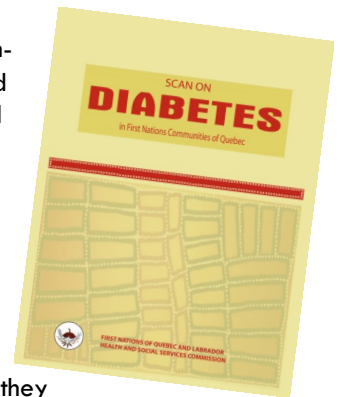
Zone 1: A geographic zone where the First Nation is located less than 50 km from the nearest service centre with year-round road access.

Zone 2: A geographic zone where the First Nation is located between 50 and 350 km from the nearest service centre with year-round road access.

Zone 3: A geographic zone where the First Nation is located more than 350 km from the nearest service centre with year-round road access.

Zone 4: A geographic zone where the First Nation has no road access to a service centre and, as a result, experiences a higher cost of transportation.

- ◆ Individuals living in the communities usually have access to care and treatment on a regular basis when they are located in zone 1. However, the accessibility to certain specializations such as ophthalmology, nephrology and dental care is sometimes very limited in zones 3 and 4.
- ◆ Many communities do not have access to a nutritionist and that others only have access to a nutritionist for one or two days per week. Given the little time they have, they must primarily focus on their appointments with patients who are already ill and cannot invest themselves in prevention and promotion activities.
- ◆ The environmental walks allow for a better understanding of the dietary context associated with each of the four geographic isolation zones. Consequently, the cost of food increases according to the degree of geographic isolation. Food products cost nearly twice as much in zone 4 compared to zone 1.
- ◆ All of the communities that took part in the environmental walks have at least one location for practicing a sports activity on their territory.



To learn more about this portrait, go to www.cssspnql.com.

Click on Research, then Publications.

February 1st: Annual Wellness Day of the First Nations of Quebec

The first annual wellness day of the First Nations of Quebec was held on February 1. This day was established following the Summit on Addictions among the First Nations of Quebec that was held on February 1-3, 2011, in Trois-Rivières. The Chiefs identified the date of February 1st as the official wellness day of the First Nations of Quebec. The objectives are to raise awareness among First Nations regarding individual and collective wellness and to underline the actions undertaken over the course of the year in connection with the Summit action plan and the other wellness initiatives.

A contest intended for all of the members of the First Nations of Quebec ages 14 years and up was launched to determine the official title for this wellness day. The winner, Mrs. **Annie Gros-Louis** (photo) from Wendake, suggested "My wellbeing, it's up to me". She won an iPad2. Thanks to all the participants!



the research protocol under review

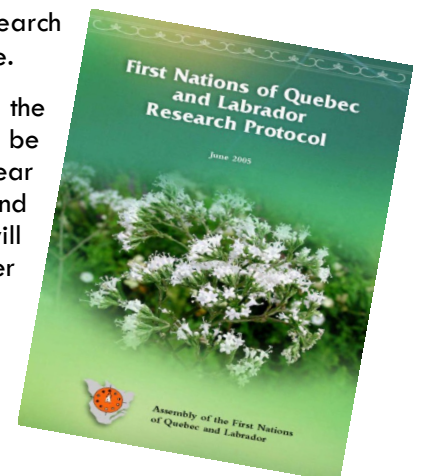
Did you know that the First Nations of Quebec and Labrador Research Protocol (2005) is currently under review?

In 2005, the First Nations of Quebec and Labrador Research Protocol was adopted by resolution of the AFNQL Chiefs' Assembly. This Research Protocol was jointly developed by the FNQLSDI, the FNQLHSSC, and the FNHRDCQ. It had been originally planned that this document would be reviewed over time. After five years, the time has come to put this plan in motion. The national context favours this procedure considering that in the past decade, several modifications were brought concerning ethics, including the Tri-Council Policy Statement (2009).

The review process began in December 2010. The work was initiated by the FNQLHSSC and the FNQLSDI. In an effort to carry out and support the process, a group of experts on ethics with an interest in Aboriginal-specific research was also formed.

The next version of the Research Protocol will be intended for First Nations regional organizations and communities. The Review Committee therefore hopes that the Research Protocol may serve as a tool that would help the communities and regional organizations to respond in an informed manner to the many research requests that they receive.

The reviewed version of the Research Protocol should be available during the year 2013. A dissemination and introduction procedure will be implemented in order to promote this tool.



Strategy Against Tuberculosis

A new publication from Health Canada

Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve has been developed to fight tuberculosis (TB) in First Nation communities. This document is meant to be used by health care professionals and administrators working in First Nation communities.

What is tuberculosis?

Tuberculosis (TB) is an infectious disease caused by bacteria that spreads through the air when someone coughs, sneezes or, to a lesser degree, speaks. When TB enters the lungs, the immune system tries to either kill or suppress the bacteria. Suppressed TB is called latent TB infection (LTBI) and can become active at any time, but even more so in individuals whose immune system is weakened by other conditions such as HIV/AIDS.

If left untreated, active TB can lead to death. Tuberculosis can be cured with antibiotics, although it takes many months and several drugs for a full cure.

While rates of TB among First Nations have decreased significantly over the past few decades, they remain high and progress in combating the disease in recent years has slowed.

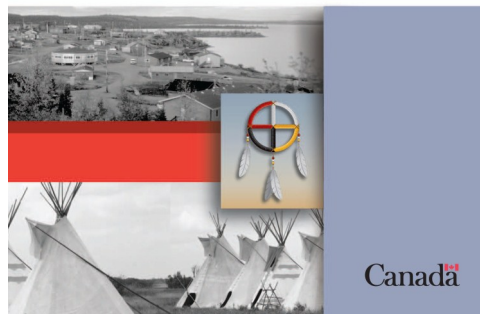
Reducing TB in First Nations on-reserve will depend upon the strength of our shared commitment and on the focus given to implementing the approach set out in Health Canada's Strategy. Health Canada is mandated either to provide TB services or to assure that TB services are accessible to First Nations living on-reserve.

Conditions such as HIV/AIDS, diabetes, mental health issues and addictions are major issues for many First Nation communities. These issues have the power to increase the risk of getting TB, with mental health issues or addictions putting people at a greater risk of not completing their course of TB medication.

Remote and isolated communities are by their nature at greater risk for TB because, in terms of health care, their challenges can include: limited access to TB care in a timely and consistent fashion; limited access to laboratory resources for timely diagnosis; and a lack of available TB expertise and staff. Living in overcrowded housing or with other medical conditions can also put people at a greater risk for TB.



Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve



For information on various health issues, HEALTH CANADA INVITES YOU TO JOIN THE HEALTHY FIRST NATIONS AND INUIT Facebook Page at

<http://www.facebook.com/pages/Healthy-First-Nations-and-Inuit>.





Quebec recognizes Aboriginal customary adoption

Ghislain Picard, Chief of the Assembly of the First Nations of Quebec and Labrador, was pleased that the Government of Quebec has officially recognized the customary rules of adoption of the First Nations and Inuit. A Bill was tabled last June at the National Assembly to modify the Quebec Civil Code in order to recognize the legality of Aboriginal customary adoption. "This is a very important step in Quebec's recognition of our status as Aboriginal people and of the specific laws of governance of the First Nations", stated Chief Picard.

The recognition of the customary rules of adoption set out in the Bill dealing with adoption and parental authority is a direct result of the "Report of the Working Group of Aboriginal Customary Adoption", tabled on April 16, 2012, which stated: "In the Aboriginal tradition, the historical actions of various authorities were hardly propitious to the development of customary adoption. However, its very survival demonstrates clearly the resilience of this practice. Furthermore, it is a real and contemporary expression of the uniqueness of Aboriginal cultures."

Consultations were held in Aboriginal communities in order to document the status of customary adoption

and to clarify how this practice could be integrated into legislation. "This was remarkable work. This study made it possible to recognize, not only the reality of customary adoption, but also its relevance which is well established in the lifestyles of our people and communities. We are extremely happy that the Quebec Government is now able to adapt its laws in order to meet the needs and expectations of our populations", declared Chief Picard.

The Bill states specifically that "the conditions of any Aboriginal custom in Quebec which is in harmony with the principles of the interest of the child, of the respect of his or her rights and of the consent of the parties involved, may replace the conditions for adoption set out in the law". This legislative amendment will grant the right to families who have adopted a child under customary rules to exercise all parental authority just as any other parent who has adopted a child according to the legal regime.

The report will be distributed to communities in the coming weeks. To access the electronic version, go to www.justice.gouv.qc.ca/english/ministere/dossiers/adoption/adoption-a.htm. The report will be available in English soon.

preclinical internships in 8 communities

As part of the awareness-raising component under the Quebec First Nations and Inuit Faculties of Medicine Program, a preclinical internship program has been developed and will be in effect in the summer of 2012. A total of eight communities are taking part in this preclinical internship program. Its purpose is to raise awareness among future physicians from the four faculties of medicine in Quebec about the reality of First Nations. Ten students, including First Nation members and non-members, will be staying from two to four weeks in various Aboriginal communities of Quebec to complete an internship in a health centre and enjoy a cultural experience. The participating communities for this first stage are: Eagle Village, Manawan, Mashteuiatsh, Odanak, Opitciwan, Timiskaming, Wemotaci and Wendake.

In addition to this highly practical and relevant component, the four faculties of medicine have reviewed their curriculum to be consistent with First Nations and Inuit reality. To this effect, all faculties of medicine provide a mandatory session of two to three hours on this subject to their first and second-year students. Provincial Coordinator Yves Sioui, Dr. Stanley Vollant and the FNQLHSSC's Executive Director, Marjolaine Sioui, have already delivered a course of two to three hours in three affiliated faculties of medicine: Université Laval, Université de Montréal and Université de Sherbrooke. The purpose of this initiative is to better train and inform future physicians, giving them the proper tools to provide care that is safer and more adapted to First Nations clients.

Evaluation of the First Nations OPTRA Framework Program

The First Nations (FNs) Work Option Framework Program (OPTRA) was designed for those who work in the fields of academic guidance, vocational guidance and employability so that they may help unemployed individuals integrate or reintegrate into the labour market. This program may be used as a group or individual intervention tool for persons who have difficulty integrating into the labour market. Thus, personal development (self-knowledge, occupational interests, abilities and personality traits) and professional development (school system, academic training programs and knowledge of the labour market) are all components which form an integral part of the FNs OPTRA intervention tools.

The purpose of the results evaluation is to determine the short-term contribution of the FNs OPTRA Framework Program in the fight against social, economic and vocational exclusion in two First Nation communities. The evaluation also helps determine whether the manner in which the FNs OPTRA Framework Program has been adapted responds to the needs and realities of both communities.

The stakeholders and players of those communities became involved in many ways in the project's evaluation process. The information-gathering tools and procedure were developed by the FNQLHSSC Research Unit following discussions which were held with local players during the first implementation stages of the program in the communities. The players' involvement in the evaluation process has highly facilitated its implementation.

The information gathered and verified with the communities' stakeholders and participants in the FNs OPTRA Framework Program helped identify a number of positive side benefits for the participants:

- ◆ Development of self-knowledge and self-confidence;
- ◆ Stronger social abilities and less isolation;
- ◆ Increased knowledge about the labour market;
- ◆ Certainty or better direction as regards their field of study or choice of career;
- ◆ Greater knowledge of available resources for job search and integration into the labour market.

All feedback received from the participants and stakeholders also helped set forth recommendations to improve the FNs OPTRA Framework Program:

- ◆ Include a positive historical perspective of First Nations and develop more activities (videos, conferences, etc.) which focus on enhancing Aboriginal identities in order to develop a sense of pride and belonging;
- ◆ Reduce the amount of time spent on theory and disseminate the concepts to make them easier to understand;
- ◆ Offer the program to participants who are not too far removed from the labour market and who have completed at least Secondary II or III. In cases where the clients are further away from the labour market, additional efforts will need to be made to adapt the

program so that it may better respond to the clients' needs.

The contents of the evaluation report was verified by the communities which have taken part in the project. Please note that it is possible to obtain a copy of the report. In addition, oral presentations on the evaluation results may also be made when such requests are presented to the FNQLHSSC Research Unit.





becomes Kinawatt in Pikogan

Kirano is an eight-week program during which twelve participants bring significant changes to their lifestyles. The program includes various evaluations, intensive work-outs, health-focused cooking workshops, nature outings, etc. In addition, the program may be enhanced by including thematic workshops on happiness, self-esteem, strategies for change, etc.

The Kirano project was a great success in Mashteuiatsh, Uashat mak Mani-Utenam, Eagle Village and at the Native Friendship Centre of Quebec. Some of these communities were completing their 3rd and even 4th edition, whereas this was the first edition in other communities. Listed below are a few relevant comments put forward by the project workers to describe the results achieved through the program:

We have seen a definite improvement in their cardiovascular fitness, an increase in muscle mass and a loss of body fatness. Waist circumferences have reduced by 1 to 5 cm, and the ultimate goal of conditioning is to reduce visceral fat (belly) which is known to increase risks of cardiovascular diseases, diabetes, etc.

Without any exception, they all experienced improvement and have seen the effects of an increase in physical activity and a healthy diet in their daily lives. This mainly involves less insulin for diabetics, reduced feelings of shortness of breath, and an increase in muscular capacity, such as standing up alone...



As regards nutrition, everyone enjoyed the suppers that they prepared together on Wednesdays. Wednesday evenings were most likely among the main reasons why the group bonded so well. Every Wednesday evening was filled with fun, questions and laughter. None of the participants were embarrassed to ask questions, which was one of the objectives of these workshops.

In terms of each participant's individual improvement, there was a tremendous difference between the tests performed at the beginning of the Kirano project and those performed at the end of the project.

We have an exceptional group. We have a lot of fun, not only where physical activity and nutrition are concerned, but also at a social and a personal level as well. Kirano inspired the participants to take care of themselves and the project workers were able to meet the Kirano challenge as shown by the exemplary participation of their first experience in 2011.

Kirano, or Kinawatt in Algonquin, also took place in Pikogan over the past few weeks: the program ended last June 22nd. The project supervisors are very satisfied and are already planning their next edition that is planned for August – October 2012.

**Congratulations to all the participants
and supervisors of the Kirano project held
in the fall 2011 and spring 2012!**



another award for martine carrier

Martine Carrier, a nurse from Kitcisakik, was awarded the *Prix Florence* in the health promotion category – presented by the *Ordre des infirmières et infirmiers du Québec*. These awards aim to underline actions that can serve as a model for all of its members.

Hailing from Sherbrooke, Martine Carrier has worked in the community for the past eight years. She is proud to be working among the Aboriginal population that is so special to her while having values she respects.

Dynamic, attentive, flexible, creative and always concerned with improving the health and well-being of the population, she was able to adjust her interventions to the Algonquin realities without hesitating to adapt several programs and design new ones. In 2011, she was awarded the *Prix Innovation clinique* for the Abitibi-Témiscamingue region for her project entitled *Kitci Mino Obigan* (growing well together).



As the person responsible for home care and maternal and child health services at the Kitcisakik Health Centre, she also visits the school, convenience store and other locations with her backpack in order to meet with families and perform on-site follow-up or hold screening clinics. Collaboratively with a psychosocial team, she also provides a wide range of services: parent-child workshops, first aid courses, information sessions on the importance of healthy lifestyles, contraception, prevention of sexually transmitted and blood-borne infections, etc.

Martine Carrier is deeply committed to the community of Kitcisakik having earned its trust through her respect and availability. She contributes in a noteworthy fashion to disease, disability and injury prevention as well as health promotion.

Congratulations!

Sources: *Ordre des infirmières et infirmiers du Québec* and *Martine Letarte (La Presse)*

A Research Chair Studies Substance Abuse

The University of Saskatchewan Research Chair in Substance Abuse was created in 2007 in a partnership agreement with the provincial government and the University of Saskatchewan. The provincial government has committed \$1.6 million in funding for the new research chair at the university. The position was established as part of the University's Integrated Plan Initiative in Public Health and the Government of Saskatchewan's alcohol and drug initiatives.

The Research Chair's mandate is to increase Saskatchewan's substance abuse research capacity, strengthen the training of addiction workers, and increase the effective use of research resources in substance abuse prevention and treatment. Dr. Colleen Anne Dell undertook the Chair in July 2007, as a six year appointment, and holds a joint appointment between the University of Saskatchewan School of Public Health and Department of Sociology.

Dr. Dell's position as Research Chair in Substance Abuse will help to increase what is known about substance abuse issues and how best to treat them. This in turn will contribute to the partnership between organizations and help provide a bridge between academia and the field of addictions.

Recent projects that have resulted from this partnership include:

- ◆ A Canadian Institutes of Health Research (CIHR) funded project that has resulted in the creation of a song, music video and workshop documenting the healing experiences of Aboriginal women in treatment for drug abuse
- ◆ Involvement in the development of an international research program focused on the treatment of volatile solvent abuse for Indigenous youth – funded by a Developmental Grant from the Social Sciences and Humanities Research Council of Canada International Opportunities Fund
- ◆ Participation in Canada's National Anti-Drug Strategy through CCSA's National Advisory Group on Youth Prevention.

For more information,
go to www.addictionresearchchair.ca.

New results of the National Report of the First Nations Regional Health Survey (RHS): The importance of acting to reduce the gaps between FN and Canadians



Last June, the First Nations Information Governance Centre (FNIGC) released its National Report of the First Nations Regional Health Survey (RHS) Phase 2 (2008/10) on Parliament Hill before a group of politicians, government officials and health organizations.

"Our work can improve lives of First Nations."

That's the message from Jane Gray, the National Projects Manager of the RHS. "Nearly every indicator of the quality of life on-reserves has gone down or plateau'd," Ms. Gray says. "But there's hope because we find improvement in some very important areas. And we can tell you what they are."

Poverty on-reserves is getting worse. The reports indicate that there are more people reporting an annual income of less than \$10,000 a year in this survey than our previous one. "Nearly 50 per cent of children on-reserves live in poverty – a significant increase," says Gray. "Nearly half of adults live in homes contaminated by mold – again a significant increase. The percentage of people reporting only one source of income went up to 43% from 36% in that same period. This is the real story."

"Now is the time for action before the health gap between First Nations and other Canadians widens further," said AFN National Chief

Shawn Atleo. "The general health of First Nations is significantly lower than non-Indigenous people in Canada, which means we are at a disadvantage in terms of achieving success across the board. It is a stark reality that Canadians as a whole remain far better off than First Nations in almost every measure of health, and with a growing First Nations population, the gap between First Nations and other Canadians is likely to widen unless funding models and resource allocation is restructured in ways that work for First Nations."

The RHS is a national health survey fully directed and controlled by First Nations. Since the mid-90s, it collects information about health, wellness, health determinants and the concerns and issues of First Nations in Canada. The data released was collected between 2008 and 2010.

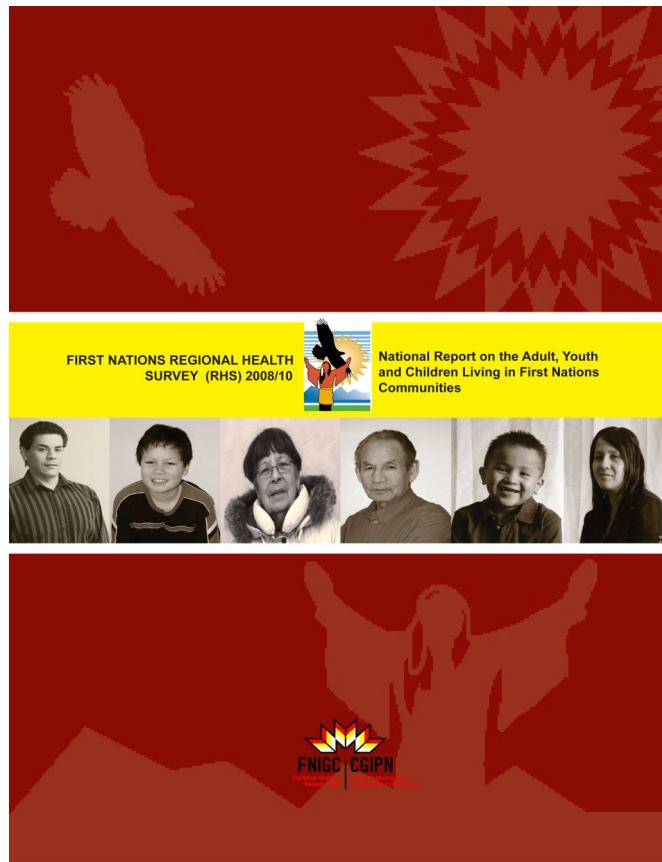
The RHS has built a solid reputation of trust with First Nations across Canada. Today, it is the most extensive and accurate snapshot of on-reserve health and living conditions anywhere. The RHS has also become a worldwide model for Indigenous research.

For more information, contact Nancy Gros-Louis McHugh at **418 842-1540** or at

Nancy.Gros-LouisMcHugh@cssspnql.com or go to **<http://www.rhs-ers.ca>**.

Sources:

First Nations Information Governance Centre and Assembly of First Nations



NEW PUBLICATION

Survey on Sexual Behavior, Attitudes, and Knowledge Infections (BBSTIs) in Quebec's

The First Nations of Quebec Health and Social Services Blueprint reported the alarming increase of STBBIs within the population. Although Aboriginals only represent 3.3% of the Canadian population, First Nations represented 5 to 8% of existing cases and 6 to 12% of new HIV infections in Canada in 2002. The incidence of Hepatitis C is seven times higher among Aboriginals than in the rest of the Canadian population. The data gathered points to the importance of understanding the factors that have exposed First Nations communities to the risks of contracting an STBBI so that appropriate intervention and harm reduction measures may be developed in the communities to reduce the risks of contracting an STBBI.

Building on this perspective, the goal of this study was to deepen our understanding of the factors that contribute to the sexual health of both young people and adults. The study process involved an in-depth review of the socio-cultural, the socio-environmental and the interpersonal determinants of their sexual activities, perceptions and knowledge of STBBIs. The conclusions of the study will help identify the approaches which will most effectively help reduce the risks of STBBI transmission. The study is designed mainly for decision makers, social service workers, healthcare professionals and the members at large in the communities.

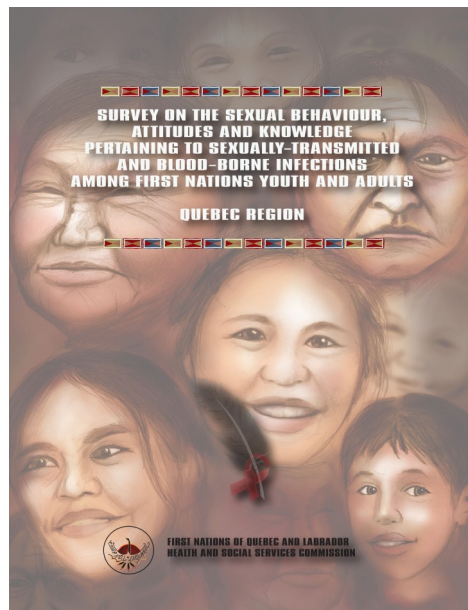
Ten (10) communities from the Quebec region were invited to take part in the study. The study consists of two parts. The first part was designed for young students who are registered in community secondary schools. A total of five (5) secondary schools were visited and a self-administered questionnaire was conducted among the students. This information gathering process provided us with 179 questionnaires that were

completed. The second part of the study involved a similar questionnaire designed for adults aged between 18 and 60, living in the community. A total of 935 adults were randomly chosen. Interviewers were trained in order to conduct the self-administered questionnaires.

This study provided information about risky sexual behaviours, including the early onset of sexual activity, sex with several partners, the irregular use of condoms and the interest of youth in oral and anal sex. After analysis, the results show that there was a lack of knowledge both among the youth and the adults in First Nations communities regarding sexually transmitted and blood-borne infections (STBBIs) as well as appropriate sources of information. As a result, the members of First Nations communities are more vulnerable and are exposed to the risk of contracting an STBBI or other blood-borne pathogens, especially youth, young adults and women.

The results of the study led to several recommendations which were developed to guide healthcare workers and to improve education and prevention efforts in the First Nations communities in the Quebec region. It is worth pointing out to the following recommendations: increase the knowledge of youth, adults and healthcare workers, encourage STBBI and HIV/AIDS screening, while reducing risky behaviours.

In consideration of the importance of this issue, other investigations should be conducted in order to correctly identify the problem. It may be particularly important to identify the determinants of risky sexual behaviour using an explanatory approach to study the reasons why fewer men submit to screening than women and to shed light on the mechanisms whereby certain socio-cultural and economic factors may have an influence on risky sexual behaviours.





Pertaining to Blood-borne Sexually Transmitted First Nations Youth and Adults

NEWS FLASH

Half of the youth from 12 to 18 years old are **sexually active**.

The average age of first sexual intercourse among adolescents is about **13 years old**.

There are a number of high-risk behaviors: irregular use of condoms among youth, multiple sexual partnerships, use of drugs or alcohol before engaging in sexual intercourse.

The main **source of information** regarding BBSTIs among youth is school. The main source among men is television, whereas nurses are the main source of information for women.

Approximately 60 % of youth and 40 % of adults state that they **are not adequately informed** on blood-borne and sexually transmitted infections (BBSTIs), their transmission mechanisms and means of protection.

Please read the *Survey on Sexual Behavior, Attitudes, and Knowledge Pertaining to Blood-borne Sexually Transmitted Infections (BBSTIs) in Quebec's First Nations Youth and Adults*, now available on the FNQLHSSC's website at www.cssspnql.com.

Reading this report will help you to better understand the factors that influence sexual health among youth and adults.



A new project centred on a cultural and family-based approach to mental health

Last winter, the FNQLHSSC proceeded with a call for tenders among all of the non-Agreement communities of Quebec in order to offer the possibility of implementing a promotional program centred on a cultural and family-based approach to mental health. The general objective of this intervention is to improve psychological, social and emotional wellness among First Nations youth as well as their families and communities. For more information, please visit the mental health promotion project's website located at <http://www.mcgill.ca/mhpp/>.

The communities of Quebec that were selected for the first year of the project are Gesgapegiag, Listuguj and Mashteuiatsh.

A second call for tenders will be initiated in February 2013 in order to select the communities for 2013-2015.

This project is national in terms of scope, has a duration of four years (2011-2015), is funded by the Innovation Strategy of the Public Health Agency of Canada and coordinated by the Culture and Mental Health Research Unit, Lady Davis Institute, Jewish General Hospital, in partnership with the FNQLHSSC.



Indian Residential Schools: The deadline approaches



The deadline for applying for the Independent Assessment Process is coming soon: **September 19, 2012**.

The Independent Assessment Process (IAP) is a claimant-centred, non-adversarial, out of court process for the resolution of claims of sexual abuse, serious physical abuse, and other wrongful acts suffered at Indian Residential Schools (IRS).

The IAP is one element of the Indian Residential Schools Settlement Agreement, which is the largest class action settlement in Canadian history and aims to bring a fair and lasting resolution of the legacy of residential schools. The court-approved Settlement Agreement was negotiated by representatives from various Aboriginal organizations, church representatives, legal representatives for former students, and the Government of Canada.

Aboriginal Affairs and Northern Development Canada is responsible for addressing and resolving issues arising from the legacy of Indian Residential Schools and works with former students of Indian Residential Schools, Aboriginal organizations, church representatives, and the Courts, to oversee the effective implementation of the Indian Residential Schools Settlement Agreement.

Common Experience Payment

The deadline for applying for the Common Experience Payment was September 19, 2011

Important Notice: The Common Experience Payment application deadline has passed. Late applications will be

accepted until September 19, 2012 in cases of disability, undue hardship and exceptional circumstances, and must include a written reason for the delay in application.

The Common Experience Payment (CEP) is one element of the Indian Residential Schools Settlement Agreement. The court-approved Settlement Agreement was implemented on September 19, 2007, and was negotiated by representatives from various Aboriginal organizations, church entities, legal representatives for former students, and the Government of Canada. The CEP is paid to eligible former students who resided at a listed Indian Residential School. Eligible former students receive \$10,000 for their first year (or part thereof) of their attendance at a listed Indian Residential School plus \$3,000 for each additional year (or part thereof).

If you have already applied for the IAP, there is no need to submit a new application. It is possible to add more information to your existing claim. To obtain information or an application form, or to get an update on your application, please call the IAP Information Line at **1-877-635-2648** or visit their website at **www.iap-pei.ca**.

If your address has changed since you applied for the IAP and you have not received correspondence since submitting your application, it is important that you advise the IAP Adjudication Secretariat of this change by calling the number above. With your permission, they will also ensure the change is noted at Service Canada if applicable.

Information about the IAP and the application process

Help to complete the form

Information about your application

1-866-879-4913 - www.iap-pei.ca

Crisis Line

Immediate and culturally adapted consultation service

1-866-925-4419

SHARE YOUR TRUTH

The Truth and Reconciliation Commission of Canada (TRC) has the responsibility to shed light on the history of residential schools to all Canadians about what really happened in these institutions. They honor the life of former students and their families and create permanent archives of the consequences of the residential schools system.

It is estimated that over 80,000 former students still live today and thousands of survivors have already shared their life stories to the Truth and Reconciliation Commission.

Your statement is very important to improve understanding of all that was really happening in the schools. It will reveal how the experience of students threatened the lives of many people from one generation to another.

All statements will be safely stored at the National Research Centre (NRC) established by the Commission of Truth and Reconciliation.

The TRC invites those wishing to make a statement to contact the Native Friendship Centre of Montreal, at the toll-free number:

1-888-449-1854

Or Mr. Leo Dufault - Truth and Reconciliation Commission of Canada, at the toll-free number:

1-888-872-5554

www.trc.ca

A coordinator trained in statement gathering will help you make arrangements to collect your declaration.

Health support services will be there!



trc.ca

SHARE YOUR TRUTH

If you or someone you know would like to share an experience or perspective about the Indian Residential Schools, their impacts, or about reconciliation,

HERE'S HOW!

1. Record your statement (audio, video or written) and send it to us.
2. Ask us to help you record your statement.
3. Send us your artistic expression (songs, poetry, dance, art, etc.) of truth or reconciliation.
4. Organize a community event.
5. Get information about community events and commemoration projects at www.trc.ca

We all need to learn about your experience. If you share your experience, you will honour the memory of those who had no voice and could not share. Please share your experience so future generations will know what happened. There will be a National Research Centre that will continue to honour your experience.

Go to www.trc.ca
send an email to truth@trc.ca
or call 1-888-TRC-5554

EXHIBITION ON RESIDENTIAL SCHOOLS

Initiated by the FNQLHSSC, this project is a professional travelling museum exhibition aiming to transmit the truth regarding the history of the Indian Residential Schools. The goal is that the visitors to understand the nature of the injuries, loss of identity and other aspects as well, including the cultural assimilation that the survivors and their families were subjected to through the residential school system. Furthermore, discussions will be initiated with all of the First Nations and non-Aboriginal populations of Quebec and Canada in a context of reconciliation and healing associated with the past.





OFF THE BEATEN TRAIL



Mosedan: Pikogan banks on healthy living for its community members

Through a contest, each year, the Algonquin community of Pikogan manages to rally an increasing number of its members around exercise and healthy lifestyles. The Mosedan challenge consists of accumulating enough “kilometres” each week in order to cross Canada on foot, while passing through the various Aboriginal communities in Canada and practicing all sorts of activities.

The participants are encouraged to form four-person teams in order to encourage each other to be active with the goal of winning the competition. It is also possible to convert certain physical or sports activities into kilometres with the help of a chart (i.e. 30 minutes of snowshoeing equals three kilometres, 10 minutes of dancing equals one kilometre). Each week, the participants are required to report their kilometres to the health centre for compilation purposes.

On the agenda: several group activities such as sliding with families, a workshop on lifestyle changes, a skating disco, a work-

*Walk,
You were born for the road.
You have an appointment.
Where? With whom?
You do not yet know.
Perhaps with yourself.
Walk,
Your steps will be your words,
The road, your song, Fatigue, your prayer,
And your silence will finally speak to you.
Walk,
Alone, with others, but leave your home.
You will create rivals for yourself,
You will find yourself companions.
You saw yourselves as enemies,
You will make brothers.
Walk,
Your head does not know where your feet
Are leading your heart.
Walk,
You were born for the road,
The path of the pilgrimage.
Another is walking towards you
and searching for you,
So that you can find him,
At the sanctuary at the end of the road,
At the sanctuary
at the bottom of your heart.
He is your peace,
He is your joy,
MOSEDAN*

shop on eating enjoyment, a hockey tournament, Zumba, a day without vehicles, a conference evening, etc. The population is encouraged to fill out a coupon and a prize is awarded to the most diligent participant.

This constitutes a good opportunity for the health centre’s personnel to inform people regarding the various benefits of healthy living and to provide warnings related to the dangers of energy drinks, caffeine, alcohol, etc.

Motivation remains at a high level, since participation, assiduousness and team prizes are awarded at the end of the contest. Mosedan even has its own Facebook page providing all of the information related to the contest.

A healthy population begins with exercise and healthy eating.

What a great challenge for other communities to take on!



The Club des petits déjeuners under the spotlight



AFNQL Golf Tournament : A sum of \$ 23 000 given to the Club des petits déjeuners du Québec for First Nations children

The Assembly of the First Nations of Quebec and Labrador held on June 8 at The Golf Club La Madeleine, his annual charity golf tournament. Again this year, this tournament was a success. The event raised the impressive sum of \$ 23 000 to support the Club des petits déjeuners in the implementation of its program in our communities.

Daniel Germain receives Prestigious Queen Elizabeth II Diamond Jubilee Medal

Daniel Germain, founding president of the Club des petits déjeuners du Québec, received the Queen Eliza-

beth II Diamond Jubilee Medal as part of Canadian celebrations to mark Her Majesty Queen Elizabeth II's 60th anniversary as Queen of Canada.

This exceptional medal was created to honour significant achievements by Canadians who have helped make Canada a compassionate society and country.

"This is an unexpected honour," said Germain, "that I accept humbly, because the Club is not the work of one man, but the result of an extensive team of volunteers, partners and donors who have chosen to help the Club carry out its mission to help children. I accept this tribute on their behalf and gratefully share the honour with them."

Source: *The Club des petits déjeuners du Québec*



events to come



<p>15th International Congress on Circumpolar Health Fairbanks, Alaska, USA August 5-10, 2012 www.icch15.com</p> <p>◆◆◆◆</p> <p>XXI World Congress of Asthma August 18-21, 2012 Quebec City www.wca-2012.com</p> <p>◆◆◆◆</p> <p>World Cancer Congress 2012: Connecting for Global Impact August 27-30, 2012 Montreal www.partnershipagainstcancer.ca</p> <p>◆◆◆◆</p> <p>Suicide Prevention Forum September 25-27, 2012 Trois-Rivières aqs.info/grandforum</p>	<p>Association des centres jeunesse du Québec Congress October 29-30, 2012 Quebec City www.acjq.qc.ca</p> <p>◆◆◆◆</p> <p>Diabète Québec 2012 Scientific Congress November 2-3, 2012 Quebec City www.diabete.qc.ca/html/activite/congres2012.html</p> <p>◆◆◆◆</p> <p>Indigenous Youth Career Conferences November 6, 2012 Montreal http://indspire.ca/node/4113</p>
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staff news



Social Development Sector

Ms. **Line Vaillancourt** joined the Social Development staff last December as **Socio-Occupational Integration Advisor**. She will assist the communities in redefining services and developing active measures offered to clients who benefit from last resort assistance. Ms. Vaillancourt holds a Bachelor's degree in Career Development Sciences and studies for her Master's degree in this same field. She worked for about ten years for various community organizations whose clients include women as well as individuals with mental health and addiction problems.

Mr. **Stéphan N. Villeneuve** is an Innu from Mashteuiatsh. He joined the FNQLHSSC's staff last March as **Development Advisor for the New Pathways Foundation**. His mandate consists in finalizing the Foundation's governance structure and introducing the Foundation to First Nations band councils and organizations. He will inform the general public on the mission and objectives of the Foundation and will develop various partnerships with its beneficiaries and donors. Prior to joining the staff, he was very active in the business community: in 1999, he created "La Jasette" magazine, which was distributed throughout the day care service network. In 2005, he sold his shares to the Fondation Lucie et André Chagnon, which continues to manage the magazine under the name "Bien Grandir". Most recently, he worked as Assistant Director on La Romaine project site for the Société des entreprises innues d'Ekuanitshit (SEIE/SODEXO).

Social Services Sector

Mr. **Pierre Rioux**, previously information management systems advisor, won the position of addictions advisor in May.

Ms. **Audrey Vézina** returned to the Commission in December, in the position of mental health advisor.

Health Sector

Ms. **Danielle Chantal**, previously training agent, replaces Kathleen Jourdain during her maternity leave. Please note that the continuing care program agent is now part of the health team.

Research Sector

Ms. **Céline Yon** holds a Bachelor's and a Master's degree in Social and Cultural Anthropology and has been working as the **research agent** since December 2011. Her mandate at the FNQLHSSC consists in conducting an evaluation of two projects under the Early Childhood Sector. The first project involves Prevention of Violence and Aggression in the Communities (PVAC) and the second project consists in providing training for Quebec's First Nations Childhood Services and Programs.

Administration

Ms. **Laurie Villeneuve** was hired as **Human Resources Development Agent** last January. Thanks to her training in education and human resources, she has all the skills required to fulfill her role which consists in providing support and advice to the communities as regards the implementation and promotion of the Aboriginal Health Human Resources Initiative (AHHRI) and its activities. She must also conduct a needs analysis concerning continued and postsecondary training on health and social services among First Nations.



Leaves

Please also note that David Caumartin, Jacinthe Briand-Racine, Claudie Paul, and Martine Côté have left us to face new challenges.

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

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