



MESSAGE FROM THE GENERAL DIRECTOR



mrs. marjolaine sloui

At the FNQLHSSC, a variety of exciting projects from fine partnerships

In the context of the Annual General Assembly, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is proud to present to you the 2013 summer edition of its newsletter.

Finally, I would like to thank everyone who has contributed to producing this newsletter and I invite you to spread the word about the initiatives and achievements made at the local level. Have a great summer!

The following pages will tell of the panoply of activities completed by our team, as well as the new projects that the FNQLHSSC has in store as part of our 2013-2014 priorities.

You will also learn more about the various regional training sessions and events that brought together a large number of participants hailing from every corner of our wonderful territory! Significantly, the Truth and Reconciliation Commission held the Quebec National Event on the subject of Indian residential schools, and the FNQLHSSC and *Avenir d'enfants* jointly organized a regional forum. The newsletter also includes a description of the Charlie training, which is designed to train new health and social service workers who work with youths and families experiencing difficulties, as well as the RÉSO training, which is offered to Income Security counsellors.

You will also discover some of the results of the research-evaluation led by the FNQLHSSC on the pilot project that allowed the communities of Kitcisakik and Lac Simon to join forces and deploy a mobile team for mental health, as well as learn the names of communities who implemented the Kirano Project last year.

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BASED-NEEDS TRAININGS



Meeting the needs A certificate program in is offered for the first time to



In January, 18 women from 10 Aboriginal communities in Quebec began taking courses in the professional development certificate program in early childhood education of the Faculty of Education [Université du Québec à Montréal, UQAM]. “This is the first time that the Faculty has offered this two-year program for educators in Aboriginal communities,” said Nathalie Bigras, a professor in the Education Department and coordinator of the program. The project came about as a result of an agreement between UQAM, the First Nations Education Council (FNEC) and the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC).

The goal is to train people who can meet the specific needs of Aboriginal children and their families. “The living conditions of Aboriginal people—poverty, domestic violence, drug addiction—affect all aspects of child development,” notes Bigras. From 65% to 80% of children aged 0-6 years have socio-emotional, psychomotor, cognitive or language deficiencies. “We’re especially aware of the high prevalence of fetal alcohol syndrome, which can cause attention deficit disorder or intellectual disability in children,” says the professor.

Increasing the skills of child care workers is especially important considering that nearly two-thirds of the interveners have no specific training in early childhood education. That is why FNEC promoted the certificate in the communities, recruited candidates and helped them prepare their applications for admission. Bigras points out that “most of the students in the program are already working in an early childhood center. Concerned for the well-being of the children, they are eager to learn and are very committed to their community.”

A pivotal role

The program aims to equip students so that they can detect developmental problems but also to enable the educators to contribute to the development of specialized programs and services. These skills include being able to sensitize the community to the special needs of children and knowing how to secure additional human, material and financial resources or make full use of existing services. “The students are taught to play a pivotal role in supporting families and the wider community,” says the researcher. “To describe this role, Aboriginal educators are often called early childhood practitioners instead of educators.” For the Atikamekw, for example, an early childhood practitioner is a friend who advises us and in whom we confide. For the Innu, she’s a person who gives us strength and courage.

The courses deal with all components of early childhood development. Some modules focus on collaborative work with families and the community in general and others relate to the development of special skills: interpersonal skills, knowledge of children’s needs and how to fully engage the child’s social environment. “The competency profile was modeled using the image of the dreamcatcher,” says Nathalie Bigras. “Made up of interlacing branches, the dreamcatcher symbolizes the approach of community consultation and collaboration that the educators must apply in their professional practice and also represents the Aboriginal values of dignity, courage, respect and interdependence.”



of Aboriginal children early childhood education educators in Aboriginal communities



◆◆◆ Educational challenges ◆◆◆

To be effective, the program must be adapted to the students' conditions of life and cultural values, presenting a number of pedagogical challenges. "Most courses are taught remotely via videoconferencing, to take into account the geographical distribution of the students. However, most of them have a very limited knowledge of communication technologies and French and English are second languages for them. This pushes our professors out of their comfort zones. We have to avoid academic or overly theoretical jargon and adopt plain language using images and examples to illustrate the concepts," says the researcher.

The professors try to include Aboriginal ancestral traditions in the courses and the work. Students spontaneously incorporate traditional songs, dances, music and celebrations into activities with the children, while highly valuing the integration of grandparents and other elders who play a significant role in the education of young children. "Our students, who are generally in their forties, tend to have had their children at a very early age and are now grandmothers," emphasizes Bigras. "They must balance school, work and family. Their courage and determination is particularly inspiring."

Source:
Claude Gauvreau
Journal L'UQAM

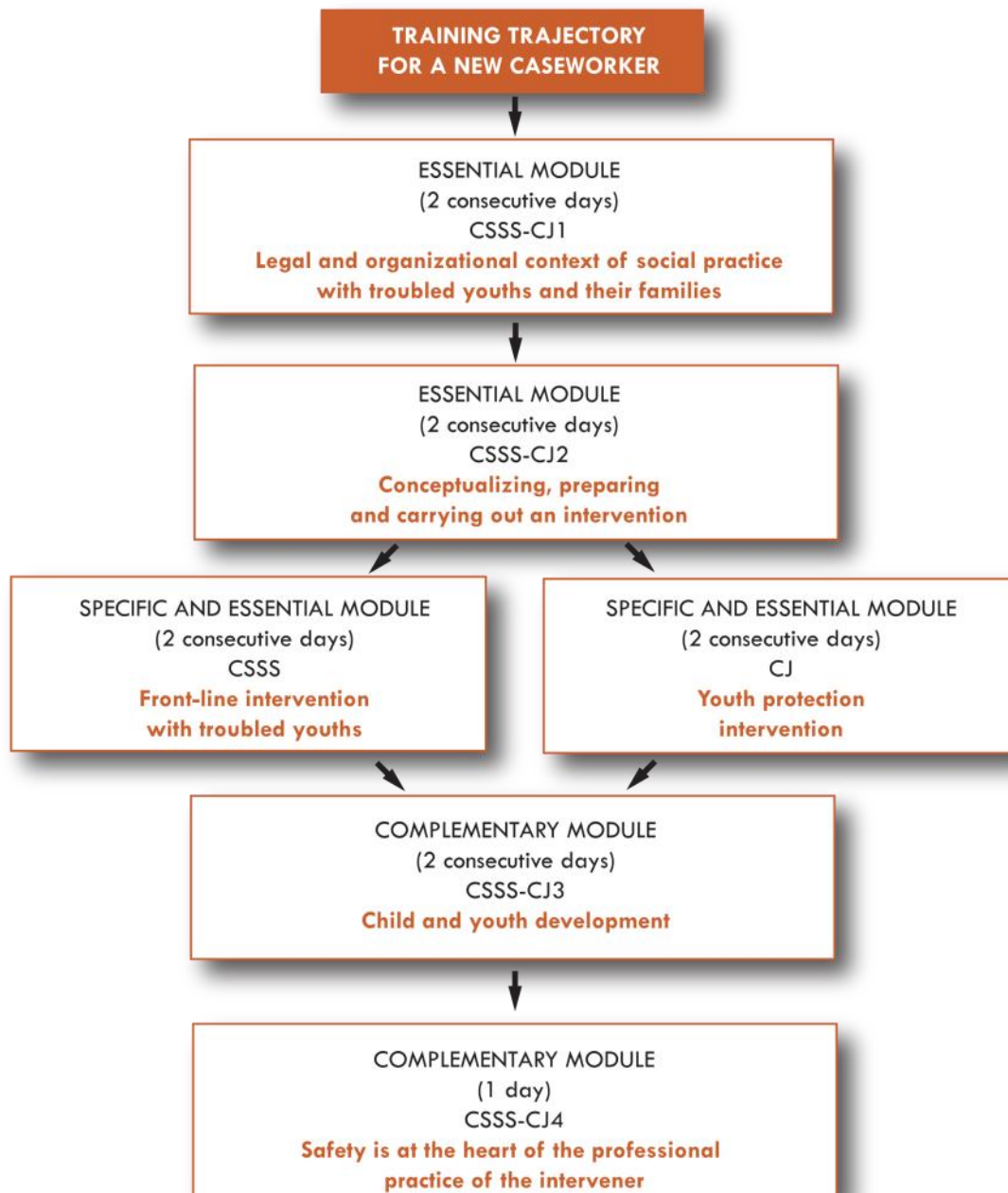
[www.journal.uqam.ca/
archives/2012
2013/3916.pdf](http://www.journal.uqam.ca/archives/20122013/3916.pdf)



Charlie Training:

You might ask: Who or what is Charlie? Charlie is a training program developed by the *Association des centres jeunesse du Québec* and the *Ministère de la Santé et des Services sociaux*. The program replaces the National Training Program (NTP) Core I and Core

II. The redesigned program is intended for new interveners working with troubled youth and their families in a *Centre de Santé et de Services Sociaux (CSSS)* or a *Centre Jeunesse (CJ)*. It is divided into six modules.



Developing a common vision



So far, the FNQLHSSC first-line child and family services counselors (Carl Simard, Annie Hervieux and Pascal Plamondon-Gómez) have been certified to provide five of the six training modules in First Nations communities for first-line and youth protection interveners. The FNQLHSSC is waiting for confirmation to be able to provide the sixth module.

The overall objective of the Charlie training is “to enable new interveners working with troubled youth and their families to develop a common understanding of the issues and the continuum of service in this area and to acquire the essential skills necessary to ensure quality service in their new functions.”¹

A number of Module I training sessions have been conducted in French and English, with groups of 12 to 20 participants and more, in the majority of communities. Only six communities have so far not requested to receive the Charlie 1 training. A second group was even formed in Kahnawake to receive the first module in June 2013. The Charlie 2 tour is under way and a dozen communities have been visited to date. A new training schedule will be available in fall 2013 and the FNQLHSSC will be able to provide new modules in response to the needs expressed by the communities.

Stay tuned in the coming months to keep up to date on all the Charlie developments.



Photo: Charlie I training session in Kahnawake, April 2013

1. Ministère de la Santé et des Services sociaux, *Devis de formation : Programme d'accueil et d'intégration pour les intervenants travaillant auprès des jeunes en difficulté*, Québec, Gouvernement du Québec, 2008, p. 5.

RÉSO Training:

A tool for social integration designed for income security counselors

The social development sector of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is offering RÉSO training for income security counselors. Training is provided by Alain Vigneault, educator/specialist.

The program's main objective is to contribute to the acquisition and development of personal and professional skills of human resources of communities and band councils who adhere to the Income Security Policy Framework. Over a period of three days, the course helps participants learn to communicate more effectively as counselors, as well as helping them better meet the needs expressed by income security beneficiaries. By the end of 2013, the FNQLHSSC will have provided training to three French cohorts (April, May and October) and one English group (June).

Training presentation

The training is designed for counselors working with people in the process of social and professional integration. This professional development program addresses the

theoretical and practical bases for social and professional integration. Participants become familiar with the RÉSO system as an evaluation tool that is fast, simple and grounded in reality. The RÉSO system enables the counselor to see the whole person and helps identify the issues that might interfere in the process of social and professional integration. Participants are enriched by their exchanges and benefit from the opportunity to improve their expertise and people skills, two essential competencies for establishing a relationship between a counselor and a person going through a process of social and professional integration or reintegration.

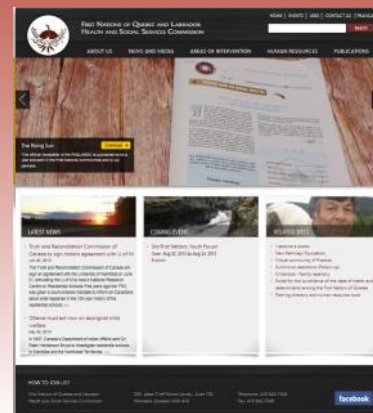
Benefits of the training

The session that was held in April was an across-the-board success. Participants noted that the training gave them a better understanding of the concept of accompaniment and improved their ability to analyze the needs of the client. A good balance between theory and practice as well as the experience of the trainer were beneficial for all the participants.

Visit the completely revamped website of the FNQLHSSC. You can access news, information on the various areas of intervention and publications, still at the same address:

www.cssspnql.com

Happy reading!



Marie-Victorin CEGEP offers the Attestation of College Studies (ACS) program in child care administration to two Aboriginal cohorts

On April 16, 17 and 18, the business services department of the continuing education directorate at Marie-Victorin CEGEP welcomed students from the first Aboriginal French cohort enrolled in the Attestation of College Studies (ACS) Child Care Administration program.

“We are very pleased to have been commissioned by the First Nations Education Council (FNEC), which is responsible for the education of many Aboriginal communities in Quebec, to offer this training to current and future administrators working in Aboriginal communities. The expertise we have developed through the ACS since 2007 in early childhood education, and more specifically, child care administration, has enabled us to undertake this very exciting educational project. It is a project that is in all respects harmonious with our educational mission,” said Josée Deschênes, director of continuing education and business services.

The program was developed in response to requests from child care administrators for professional development made to the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). The

goals of the program are to support, develop and recognize the skills related to child care administration, reduce staff turnover and respond to the needs of First Nations families for child care.



The child care administration training will be offered to two cohorts of twenty people each, one French and one English, between April 2013 and March 2015. Sessions will be conducted live, but mostly

online due to the remoteness of the participants. To support online education, various platforms that allow synchronous (communication and interaction in real time) and asynchronous (communication and interaction delayed) learning will be used.

“We believe that in a process of continuous improvement, this innovative training will help to develop the skills of Aboriginal child care administrators,” said Mrs. Deschênes.

The program is funded by Service Canada under the Skills and Partnership Fund for Aboriginals (SPF).



L'implantation se poursuit

New editions of the Kirano program, which promotes healthy lifestyles, are underway in a number of communities. The FNQLHSSC has trained interveners in Wendake, Matimekush, Kawawachikamach, Listuguj and Odanak.

The participants from Odanak sent their impressions to the FNQLHSSC after the training. The interveners were satisfied with the progress to date. They have become better able to identify the capacities of participants and therefore to adapt the workouts to the needs of the group. They commented: "WE were able to go beyond our limits with the support of our group. We learned not only to train with weights and other equipment, but also with elements of nature, for the benefit of our minds as much as our bodies."



What is Kirano?

Kirano is an 8-week program for 12 participants designed to encourage members of First Nations communities to adopt an active lifestyle and a healthy diet. The word "Kirano" means "US" in Atikamekw.

Across the province, interveners gain confidence in themselves and guide the participants while they are working out. They are able to experience the motivation and progress of participants from week to week.

Kirano has a positive impact on the physical and mental health of the participants, who come out of their isolation by participating in this community activity.

In fact, Kirano not only offers workouts and nutrition workshops, but also support to participants who have difficulties in their life in general.

Photo taken at Mont Saint-Hilaire on April 27.

Back: Marcel Durand, Normand Wawanolett, Isabelle Dupuis (nutrition coach), Doris-Jane Watso, Theresa Watso, Chantal M'Sadoques, Annie Cloutier, Jeannette Panadis.

Front: Evelyne Boisvert (training coach), Caroline Desormiers, Johanne Lachapelle.



IMPORTANT GATHERINGS



Exhibition at the 5th national Truth and Reconciliation Commission event in Montreal

The 5th national Truth and Reconciliation (TRC) event was held from April 24-27 at Fairmont The Queen Elizabeth hotel in Montreal. These events have two main objectives: raising awareness and educating the public with regard to the residential school system and its legacy.

The First Nations of Quebec and Labrador Health and Social Services Commission proudly presented the museum exhibition Red Memory, which tells the story of the residential schools. Hundreds of visitors had the opportunity to experience this unique work. A number of high officials also took the time to visit Red Memory: the Right Honourable Michaëlle Jean; Minister of Aboriginal Affairs and Northern Development Canada, Bernard Valcourt; Minister for Aboriginal Affairs Élisabeth Larouche; Joé Juneau; the commissioners of the TRC (Murray Sinclair, Wilton Littlechild and Marie Wilson; the National Chief of the Assembly of First Nations Shawn Atleo and regional leaders.



Several personalities, including Michaëlle Jean, visited the exhibition

Red Memory now continues its journey to The Native Museum of Mashteuiatsh, where it will be on display until September. It will then visit the Odanak community. The public is invited to visit the exhibition in large numbers, to better understand this aspect of the history of First Nations.



The McCord Museum presents from June 19 to October 20, 2013 an exhibition entitled **Honouring Memory**, an outdoor exhibit of 24 photographs on McGill College avenue, in Montreal, This unique exhibit has been realised in collaboration with the TRC in order to convey the story of Indian residential schools.

The McCord Museum is also presenting **Wearing our Identity – The First Peoples collection**, its new permanent exhibition. This exhibition will enable the public to explore the complex heritage of the First Peoples of Canada and learn more about how their garments have helped define their rich heritage of cultures and identities.

The FNQLHSSC was there!

Representatives of the FNQLHSSC attended the National Aboriginal Hockey Championships held in Kahnawake, April 30 to May 5 in order to promote healthy lifestyles.



The Eastern Door and North team, which included players from Quebec

On April 11, the First Nations Education Council (FNEC) hosted a cocktail reception to raise funds in support of the Inter-School Games which took place from June 5 to 9 at the *Université de Sherbrooke*.



Cocktail dinner organized by the First Nations Education Council

On March 30, Angeliss held its second annual event in Quebec City. Representatives of the FNQLHSSC attended this beautiful evening. Angeliss is a non-profit organization whose goal is to help urban Aboriginal people with assistance, support and intervention.



Banquet given by Angeliss

The Truth and Reconciliation Commission held its national event in Montreal from April 24 to 27. More than 12,000 people attended the event, which is mainly focussed on healing and reconciliation.



Hearings of the Truth and Reconciliation Commission

On May 16, the FNQLHSSC participated in the Health Day organized by the Timiskaming First Nation Health Centre.



Health day in Timiskaming First Nation

For our children: A joint forum on the management of mobilizing projects

Last May 15th and 16th in Montreal, the Forum on the Management of Mobilising Projects for the Development of Young Children – Making Choices Today for a Better Life Tomorrow was held. The objective of this forum, organised by the FNQLHSSC in collaboration with *Avenir d'enfants*, was to officially highlight the signing of the agreement reached between the two organisations related to the funding of mobilising projects within the communities.

A real team work

Uniting almost all of the First Nations communities of Quebec, this event was a resounding success thanks to the teamwork that was carried out among the organisers of the FNQLHSSC. Over the course of two days, the community representatives were invited to experi-

ence the development of a mobilising project while using the process proposed in the context of this agreement. Nearly 80 people attended this event.

A memorable evening

In the evening, a banquet facilitated by the Executive Director of the FNQLHSSC, Marjolaine Sioui, allowed for a celebration of the agreement. The attendance of the Chief of the Assembly of First Nations of Quebec and Labrador, Ghislain Picard, as well as the General Director of *Avenir d'enfants*, Lyse Brunet, was highly appreciated. Performances provided by very diverse Aboriginal artists also delighted the guests. The FNQLHSSC takes this opportunity to wish a happy retirement to Mrs. Brunet. Mrs. Marie-Claire Rouleau is the new General Director of *Avenir d'enfants*.



Marthe Coooco, elder from Wemotaci,
and Oskar Kishtabish, elder from Pikogan



Ghislain Picard, Lyse Brunet and Marjolaine Sioui



A GPS fresh off the press!

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) is proud to announce that you will soon receive a GPS! In fact, it's the Guide to Procedures for accessing Health Services for First Nations people living on and off reserve.

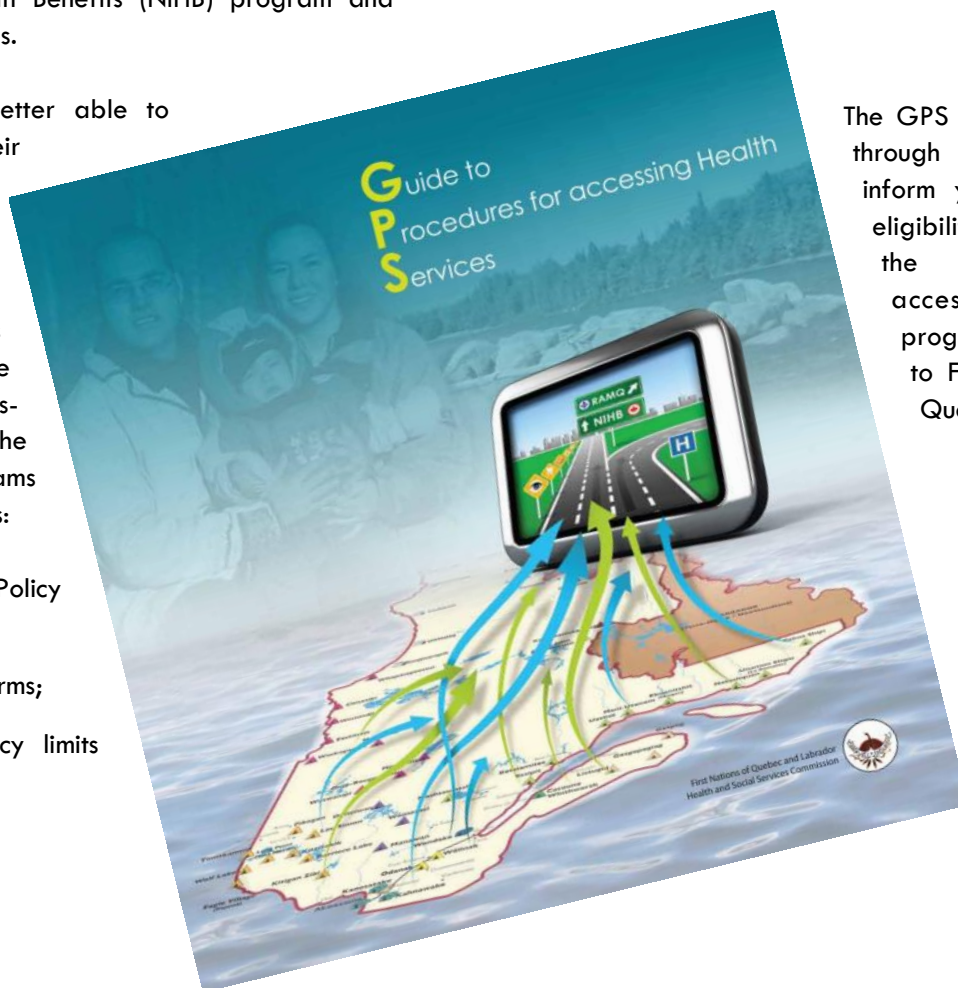
This publication will guide First Nations health interveners and provide a better understanding of how the different processes of access to health care function under the Non-Insured Health Benefits (NIHB) program and other provincial services.

Interveners will be better able to counsel and assist their clients in the steps of accessing health services and care.

This guide brings together in one place the information necessary to understand the various health programs offered to First Nations:

- ◆ all NIHB Benefit Policy Frameworks;
- ◆ reimbursement forms;
- ◆ renewal frequency limits and criteria;

- ◆ sample letters of appeal for Level 1, Level 2 and Level 3;
- ◆ examples of appeal letters;
- ◆ lists of service and care providers at the provincial level;
- ◆ fee schedules;
- ◆ etc.



The GPS will guide you through the steps and inform you about the eligibility criteria and the processes of accessing health programs offered to First Nations of Quebec.

Opitciwan employs new technology to improve patient access to diagnostic services and the effectiveness of care

Since January, staff at the Opitciwan community nursing station have been using Soft-Lab software to access their patients' lab results. Previously, laboratory results were sent by fax or mail from the Roberval regional hospital laboratory. The nurses at the clinic generally had to communicate directly with the lab to get a patient's results when a quick treatment response was required or to ensure proper monitoring. There were a number of negative consequences of this approach: multiple copies of the same report in circulation between services, long distance charges, identification errors, unnecessary lengthening of the treatment period, increased risk of breach of confidentiality, etc.

The new work flow involves the use of computers to transmit diagnostic tests and a barcode system to identify specimens. Access to the provincial secure integrated multimedia telecommunications network (*Réseau intégré*

de télécommunication multimédia du gouvernement du Québec, or RITM) enables data sharing.

Consequently, workers in the provincial health system and Opitciwan nurses will have access to the same information, since the information and results are stored in a common folder. Laboratory results are now available and accessible to nurses quickly and at any time, and the nurses have access to the historical laboratory results. Information security and confidentiality are respected since access is limited to authorized individuals and operations can be traced.

Congratulations to Janine Perron, project manager, and the entire Opitciwan team and CSSS Domaine-du-Roy, who devoted a great deal of energy to this innovative project.

the wellbeing of elders: Let's be supportive and loving, Let's act

What are the essential needs of First Nations Elders?

In 2007, the First Nations of Quebec and Labrador Health and Social Services Commission presented the brief entitled *Our Elders, Our identity*. In the conclusion, we can read: "First Nations Elders' essential needs are no different from those of other seniors. They need:

- ◆ a safe and secure environment close to their relatives and friends;
- ◆ all the necessary support and care in order to stay independent as long as possible;
- ◆ their experience to be acknowledged and;

- ◆ to actively contribute to family and community life through their knowledge and teachings.

This conclusion is still true today. Who is ready to collaborate to satisfy these needs and how can we do it?

In fact, everybody can make a contribution.

Through listening, awareness and unification our efforts, we can make a contribution.

Let's be supportive Let's be loving Let's act

http://www.cssspnql.com/docs/centre-de-documentation/elderslivingconditions_condensedeng.pdf?sfvrsn=2



Memorandum of understanding governing mental health and addiction services between First Nations communities in Quebec and *centres de santé et de services sociaux (CSSS)*

Funded through the Health Services Integration Fund (HSIF), this project supports the development of a continuum of services in mental health and addictions for the First Nations of Quebec. Its overall objective is to improve the accessibility and continuity of services in mental health and addictions for the First Nations of Quebec, through the implementation of local protocols between the concerned communities and the CSSS in affected administrative regions. In addition, the project aims to raise awareness of First Nations realities among local personnel employed by the Quebec health system. The project will facilitate the search for references, knowledge transfer and access to specialized resources for Quebec First Nations communities.

A working group was formed in 2011 consisting of representatives from the FNQLHSSC, the *Ministère de la Santé et des Services sociaux (MSSS)* and the First Nations and Inuit Health Branch (FNIHB) - Quebec Region. The group took on the



task of developing a model memorandum of understanding governing mental health and addiction services for the First Nations of Quebec. The model can be adapted to different local realities. The MSSS is starting the process in two administrative regions: Abitibi-Témiscamingue and the North Shore. Among the 15 affected communities, 11 responded positively to the call. Communities in other jurisdictions will be consulted during the spring to see if they are interested in participating in the project. This will enable the scheduling of a second phase which will begin during 2013-2014.

The role of the FNQLHSSC is to support communities interested in the process of planning and negotiating a memorandum of understanding based on the needs of the community and local resources. The first community visits took place in May and June to present the project and the model memorandum of understanding, and to prepare communities for the negotiation process which will begin next fall.

In addition, an evaluation of the implementation process will be conducted by the FNQLHSSC. The evaluation will include the implementation process of collaborative arrangements between health centers in First Nations communities and the CSSS, and will also collect information on the short-term implementation of these agreements.





The Sexy Quiz

A campaign with panache!

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) will launch this fall an awareness campaign on sexual health for First Nations youth. Mickey Moose, the facilitator of the sexiest quiz in town, hosts the five videos.

Adolescents are the target audience of this campaign, which makes excellent use of the way they connect: social media! The animated videos will be presented throughout the year on YouTube.

Serious topics are covered, but with a bit of humor:

- ◆ The use of condoms
- ◆ False beliefs about HIV transmission
- ◆ Different kinds of contraception

- ◆ Resources to consult about sexually transmitted and blood-borne infections (STBBIs)
- ◆ Risk behaviors and screening

For more information on these topics, students are invited to visit the website of the *Ministère de la Santé et des Services sociaux du Québec* (www.msss.gouv.qc.ca). On the “Sexual health” page of the FNQLHSSC’s website, they will also find YouTube and Facebook links associated with the campaign.

A contest will be launched this fall. To be won: gift cards to buy music online and electronic devices.

Interveners working with young people are invited to pass along the information.

First Nations of Quebec Regional Health Survey—2008: the first three blocks available

In addition to the Highlights, ten chapters of the Regional Health Survey (RHS) are now available on the website of the FNQLHSSC (www.cssspnql.com). These are the following blocks:

1) Socio-demographic profile

- ◆ Socio-demographical characteristics
- ◆ Housing
- ◆ Migration

2) Social Wellness

- ◆ Residential Schools
- ◆ Personal Well-being
- ◆ Community Well-being

3) Lifestyle

- ◆ Food and physical activity
- ◆ Smoking
- ◆ Alcohol, drugs and gambling
- ◆ Sexual health



Diabetic retinopathy distance screening

Funding provided jointly by Health Canada (First Nations and Inuit Health Branch [FNIHB]) and Canada Health Infoway for the provision of diabetic retinopathy distance screening in the communities has been extended until the end of June 2014. The extension allows time to implement the service in 10 new communities, to consolidate the gains in communities already offering the service and to take the necessary steps to ensure the sustainability of the service going forward.

In order to achieve greater autonomy in the implementation of the service, the FNQLHSSC plans to hire a nurse. She will provide training for community nurses and will meet with the directors of professional services in health and social services centers (CSSS) to obtain the collective prescriptions needed for diabetic retinopathy screening. An FNQLHSSC technician, who also serves as project manager, has been trained to provide remote support

and will be teaching technicians in the communities how to use the camera for taking images of the retina.

We are now using new software to capture data and to transfer images and data to Retina Labs RD. The new software is called I-Vision Mission. It is easier to use than the old software and solves connection problems we were experiencing from time to time.

The search for solutions to ensure the sustainability of the service is being carried out by a committee set up by the FNQLHSSC. Most meetings are held via videoconference. If you have any suggestions or comments that you would like to share with the committee, please contact Marie-Claude Raymond, E-health officer at the FNQLHSSC, at **418-842-1540** or by email at **Marie-Claude.Raymond@cssspnql.com**.

new publications available

The **National Collaborating Centre for Aboriginal Health** launched new publications.

To read them or to order copies in both official languages, go to <http://www.nccah-ccnsa.ca>, click on What we do/Child and Youth Health/Childhood Health and Wellness Resource Booklets.





Governance : A position for a future in our image



With media attention focussed on a growing number of political and financial scandals, the term “governance” is being increasingly used. What comes to mind are some of the ways the larger cities are doing business that have been revealed by the Charbonneau commission, the water meter scandal, government expenditures that are under media scrutiny, the revelations of Chiefs’ salaries across the country (Bill C-27, An Act to enhance the financial accountability and transparency of First Nations), etc. Through the media, we can see that the exercise of fiscal control is more and more popular among the people.

Aboriginal and non-Native voters share the same concern: Do our institutions actually work in the public’s interest? It’s a legitimate question. The fact that there’s a reason for a degree of mistrust underlies the need to establish or to strengthen control measures. Although communities are not against accountability, it’s useful to recall that Sheila Fraser, former Auditor General of Canada, often stressed the fact that First Nations communities are inappropriately confronted with too many reporting requirements.

In fact, what is governance? Reading through the literature, one quickly concludes that the term encompasses many concepts that go beyond the question of good management. It is important to take a stand and choose a definition that reflects clear objectives and meets the specific realities of First Nations.

The Governance Project which was initiated during the last year resonates with the concept of self-governance.

How can a community have more control over their health care system, given that the status quo is no longer an option? At the regional level, how can the regional commissions and organizations better support local initiatives?

Indeed, the objectives we are pursuing aim to strengthen First Nations decision-making capacity in health and social services at the local and regional levels. In addition, the emphasis is on a renewal of the relationship with various government institutions.

Over the coming months, we will have many opportunities to discuss governance in relation to health and social services. In the meantime, we need to do some research, inform ourselves about existing models of governance, gather information about governance, generate a description of the current situation, etc.

All this is necessary so that we can come together on a common basis and initiate discussions on this important topic. We must emphasize that special attention will be given to places of discussion. We will attempt to contact all stakeholders, organizations and their representatives in order to benefit from the greatest number of viewpoints and reflections.

We need to continue the discussion started in the 2007-2017 First Nations of Quebec Health and Social Services Blueprint, one of whose main objectives is to improve the lives of individuals. This must be our number one concern!



Housing in communities: Overcrowding, mold and shortage

In 1986, the Ottawa Charter for Health Promotion of the World Health Organization recognized housing as a prerequisite for improving health. The quality of the housing people live in impacts on them in many ways.

In 1996, the Royal Commission on Aboriginal Peoples exposed serious deficiencies in the quality of housing in First Nations communities: dwellings in need of major repairs, no running water, overcrowding, unsanitary conditions and the financial inability of a portion of the population to pay for housing were the main issues raised.

Unfortunately, the data collected through the First Nations and Inuit Regional Health Survey (RHS) indicate that the housing situation in the communities persists and has not improved over time.

Housing size

According to the Canada Mortgage and Housing Corporation (CMHC), housing is of suitable size when there is at least one room per person (excluding bathrooms, halls, vestibules and rooms used solely for business purposes). In First Nations communities, it is estimated that nearly one in ten people live in overcrowded housing. This percentage has remained stable and has not improved from 2002 to 2008.

Overcrowding may have adverse effects on both the housing and on its occupants. On the one hand, overcrowding can cause premature wear of the housing and amenities, which can lead to a need of major renovations. On the other hand, in addition to decreasing the dwelling's useful life, overcrowding increases certain health and social problems, such as poor hygiene, family tensions and violence.

Housing quality

The CMHC also states that suitable quality housing is housing that does not require major renovations. In the RHS 2002, it was estimated that nearly a quarter (24.7%) of First Nations people living in communities occupied homes whose quality was substandard. Unfortunately, this proportion increased to 27.5% in 2008. Dilapidated housing is more likely to show signs of mold that is harmful to health, among other problems.

Mold

Although mold is a common and persistent problem across Canada, it is more common in First Nations communities. The best way to prevent mold growth is to ensure that the dwelling does not provide a moist environment conducive to its development and encrustation. If mold has developed in a building, it can survive in a dormant state for years if conditions are not conducive to its growth. As soon as the humidity increases in the building, due to seasonal seepage in the basement, for example, mold will continue to develop and eventually reach a critical concentration. In the worst cases, the presence of mold in a home can make it uninhabitable and dangerous to the health of its occupants.

In 2002, the RHS data showed that over a third of First Nations individuals living in communities were living in a dwelling with traces of mold. In 2008, the percentage was about the same. There has been no significant improvement in the situation.

Finally, the RHS data show that people living in homes with traces of mold are more likely to suffer from asthma and allergies.



In conclusion

The housing shortage impacts seriously on the health of First Nations. While the proportion of non-Native Canadians living in crowded households is about 3%, in Quebec First Nations communities the percentage living in crowded conditions is close to 9%. Data from the RHS show that the need for major renovations of housing in communities is a real problem that affects many families. Problems with mold are not separable from overcrowding and poor quality housing. This problem takes on even

greater significance when its adverse effects on health are considered.

Although government programs have been established to improve housing conditions in First Nations communities, they are woefully inadequate given the magnitude of the situation. In 2003, Aboriginal Affairs and Northern Development Canada (AANDC) estimated that 8,500 new units were needed in Aboriginal communities in Canada. By 2008, this number had increased to 20,000.

The First Nations and Inuit Faculties of Medicine Program of Quebec: steady progress since the inception in 2008

Internships in First Nations and Inuit communities

A preclinical internship program was created to benefit students of the four medical schools in Quebec and Quebec First Nations and Inuit communities. In 2012, eight communities participated in the project to educate physicians from Quebec to the reality of the First Nations and Inuit of Quebec. In 2013, 11 communities will be participating. In addition, the Val-d'Or Friendship Centre is now a partner in this important project. During the first year of the internship program, eight medical students were hosted in different communities in Quebec. The students were offered pre-departure training. Internship supervisors who had one or two students placed in their facilities also received training. A big thank you to the participating communities.

2013 medical school admissions

For the 2013 academic year, nine interviews were conducted for the admission of candidates to fill the available eight positions in medical programs reserved for First Nations and Inuit students. It is important to mention that unfilled positions from previous years are carried forward,

which is why there were eight available positions, rather than four. Given that Quebec currently only has ten First Nations and Inuit doctors, it is hoped that this number will rise to 25 within 6-7 years, which would represent an increase of 250% for this important medical resource available to Aboriginal communities. The program reserves four admissions annually for First Nations students in the four medical schools in the province of Quebec (Université Laval, Université de Montreal, McGill University and the Université de Sherbrooke) and the cote R is lowered to 28.

Promotional video

A promotional video on the First Nations and Inuit Faculties of Medicine Program of Quebec is currently being filmed. The purpose of this production is to “put a face” on the program by providing opportunities for involved interveners and students to comment and to share their experiences. The video will be posted on the program website (www.ibecomeadoctor.com) and will be part of the strategy for promoting the program to prospective students. The video will also be distributed on a USB key.

Stillbirth and High Birth Weight significantly higher than

Stillbirth rates in First Nations populations in Quebec are significantly higher than in the general population, especially in late gestation and at term, found a new study in CMAJ (Canadian Medical Association Journal). Rates are nearly 2 times that of non-Aboriginals.

“First Nations populations of Canada rank at the top of a list of disadvantaged groups with the highest stillbirth rates in the Western world,” wrote the First Nations of Québec and Labrador Health and Social Services Commission in collaboration with researchers from the University of Montréal Hospital Centre and Saint Justine’s Hospital for Children.

Researchers looked at data on 9983 stillbirths and 2 397 971 live births in Quebec, Canada to better understand the causes and timing of stillbirths, which are potentially preventable after 28 weeks, in First Nations women. Stillbirth rates for First Nations were 5.7 per 1000 total births compared with 3.6

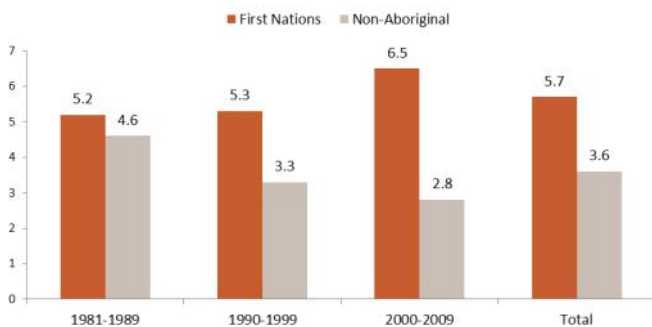
per 1000 for non-Aboriginals. Stillbirth rates have fallen over time for non-Aboriginals but have not improved for First Nations people (Figure 1).

Stillbirths in First Nations women were more likely to be caused by diabetic and hypertensive disorders, poor fetal growth and short gestation, placental disorders, and birth defects (Figure 2).

For First Nations, the risk was higher for late stillbirths (after 28 weeks) and peaked at 37 weeks and beyond, compared with non-Aboriginals (Figure 3).

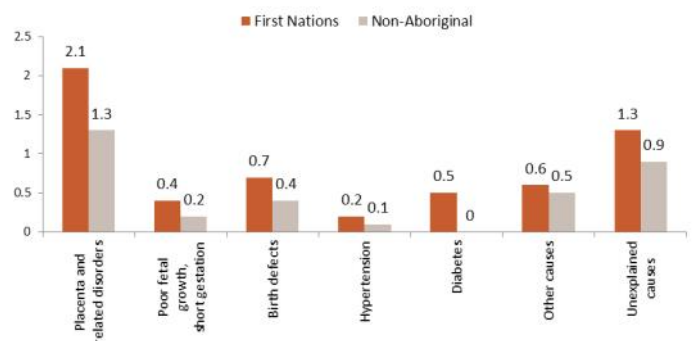
“The gap widened at later gestational ages, and was largest at term (37 weeks and over), a period when the majority of stillbirths are potentially preventable through optimal pregnancy care and modification of health behaviours,” write the researchers. They suggest efforts to improve health

Figure 1. Stillbirth rate over time for First Nations and non-Aboriginals, Québec, 1981-2009*



*Rate per 1000 total births

Figure 2. Stillbirth rates by cause for First Nations and non-Aboriginals, Québec, 1981-2009*



*Rate per 1000 total births

in First Nations women for non-Aboriginals

care delivery, reduce smoking and manage weight might help prevent stillbirths in some mothers.

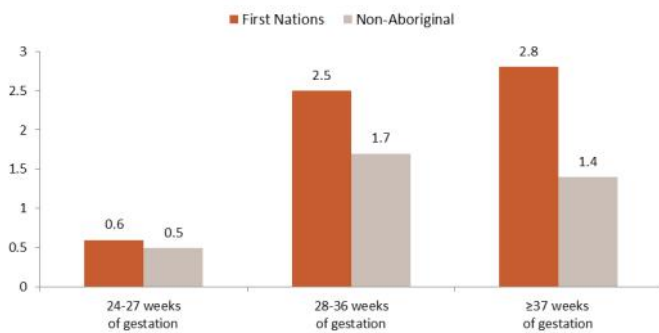
“The high rates of term stillbirth raise a red flag, especially the possibility that quality of antenatal health care may underlie the disparities,” write the researchers.

Extremely high birth weight, or severe macrosomia, is also more common in First Nations women compared with the general population. Weight of infants at birth usually ranges from 2500 grams to 4000 grams. A new study in the Australia and New Zealand Journal of Public Health found that more than 1% of First Nations women in Québec have infants with extreme birth weights over 5000 grams, compared with only 0.1% of the non-Aboriginal population. Excessive birth weight increases risk of stillbirth, neonatal mortality, birth injuries, and maternal complications.

Rates of extremely high birth weight increased slightly over time among First Nations, but remained stable in non-Aboriginals (Figure 4). Among First Nations women living in First Nations communities, the rate extreme birth weight over 5000 g increased from 1.0% in the 1980s to 1.4% in the 2000s. The rate in First Nations women living in non-Aboriginal areas increased from 0.9% to 2.4% over the same time period.

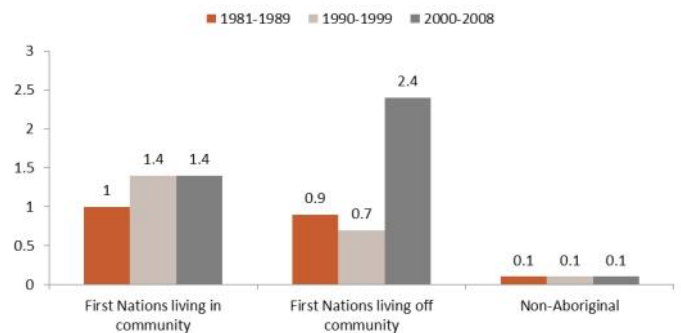
Maternal obesity and gestational diabetes are two important risk factors for extremely high birth weight. Preventing excessive weight gain during pregnancy, and controlling blood sugar, may help some mothers avoid extremely high birth weights in their infants.

Figure 3. Stillbirth rate for First Nations and non-Aboriginals by gestational age, Québec, 1981-2009



* Rate per 1000 ongoing pregnancies

Figure 4. Rate of extremely high birth weight for First Nations and non-Aboriginals, Québec, 1981-2008



*Rate per 100 live births



Mental wellness mobile team established in Lac Simon and Kitcisakik



In 2007, Health Canada's Drug Strategy committed the government to improving the quality of services in the fight against addictions provided to First Nations and Inuit people of the country and to make these services more accessible and more effective. Funding allocated to meet these goals included an amount to create specialized teams in mental wellness. The Strategic Action Plan (2007), prepared by the First Nations and Inuit Mental Wellness Advisory Committee, in fact identified the dual problems of mental health and addictions as priorities for action. In Canada, eight pilot projects have emerged thanks to this funding. Under the proposed model, the mental wellness teams are multidisciplinary and encourage community, collaborative and cultural approaches in order to strengthen the capacity of communities to address issues related to mental health and addictions in the manner they deem the most appropriate. The search for sustainable and locally adapted solutions was at the heart of the process. At issue was whether a multidisciplinary team, combining clinical and cultural approaches to mental wellness and favoring a bottom-up approach (local stakeholders have the power to determine the priority issues in their community and choose the most appropriate action strategies), would better meet local needs around this issue.

The communities of Lac Simon and Kitcisakik participated in a pilot project to establish a specialized mental wellness mobile team from October 2009 to March 2013. To ensure a continuum with child and family services established in recent years in all First Nations communities of Quebec, the community development approach was also chosen in the implementation of the pilot project. Four strategies were employed to guide action in this project: community mobilization (organizations and people); intersectorial collaboration, the involvement of the local political leadership and the power to act (empowerment) .

Here are some of the results of the research and evaluation conducted by the research sector of the FNQLHSSC, which followed the pilot project throughout its planning and implementation.

According to the community development approach, the first phase of the pilot project (planning) consisted of consultations with the public and with local stakeholders (interveners, management, etc.) in each community as well as with external entities (CSSS, public addiction rehabilitation centres, etc.). An agreed action plan was subsequently generated from the profile of strengths and needs that emerged from the consultation. The establishment of the mental wellness mobile team in November 2010 kicked off the second phase of the pilot project (implementation of the team on the ground).

The main feature of this new team, besides the fact that it is shared between the two communities, is that its primary purpose is not to offer new services, but rather to support and strengthen the capacity of local teams in mental health and addictions, through cultural and traditional approaches as much as clinical interventions. In addition, the mental wellness mobile team has a mandate to improve the liaison and the continuum of mental health and addictions services with the Quebec health and social services system. There have been concrete achievements that facilitate the daily work of local interveners as well as access to external services for the population of the communities, such as the development and use of a master record (a tool providing information on the user from one of the two communities when admitted to the hospital emergency room) and the creation of a contact list of community clinical supervisors for the hospital ER.

In addition, the relationships developed within the committee led members of the mental wellness mobile team to get involved in other committee work at the regional level. Their participation in the regional organizing committee for a conference on suicide prevention led the committee, for the first time, to propose that a



First Nations community host the conference. The Regional Suicide Prevention Education Day was held in Lac Simon in February 2012. More than a hundred people from the provincial, local, and First Nations communities networks participated. The mental wellness mobile team also participated in the organizing committee of the regional forum on mental health. The forum was held in Rouyn-Noranda in April 2012 and about thirty First Nations members attended—a first. These activities have resulted in projecting Kitcisakik and Lac Simon onto the regional scene. In addition to the public consultations (first phase) and the workshops and courses dealing with mental health that were offered in the community, these initiatives have helped to demystify the subject of mental health within the communities.

The pilot phase of the project ended in March 2013 and funding has been allocated to the two communities through March 2014 in order to keep the team in place. At the present moment, financial sustainability is not guaranteed and the FNQLHSSC is supporting the communities in their lobbying efforts to secure ongoing funding. Representatives of Lac Simon and Kitcisakik expressed their desire to keep the team going, because it is necessary to meet local objectives. In addition, they stressed the importance of federal, provincial and regional partners continuing to work together in a long-term commitment to improve mental wellness in the communities.



events to come



FASD Throughout the Lifespan: from prevention to lifelong support
A National FASD Conference hosted by fasdNL & the FACE
Research Association

September 5-7, 2013
Sheraton Hotel, St. John's, Newfoundland & Labrador
www.fasdnl.ca
1-855-579-9073

2nd International Conference on Age-Friendly Cities
"Living and Aging Together in our Community"

September 9-11, 2013
www.vada2013.ca
vada2013@inspq.qc.ca
514 864-1600 ext. 3300
Quebec City Convention Centre

Education & Health Workshop 2013 – Aboriginal Suicide and Trauma: Prevention & Healing – *What is Working, What is Hopeful*

September 26-27, 2013
www.aboriginaltrainingandconsultingservices.com
wzarchikoff@yahoo.com
1-888-683-7711
Moncton (New Brunswick)

The First International Congress on Whole Person Care
Transforming the Healthcare Mandate
Themes: Healing, Self-care and Professionalism

October 17-20, 2013
Montreal (Quebec)
Tél. : 450-292-3456, poste 228
Email: info@wpc2013.ca
www.wpc2013.ca

21st Cochrane Colloquium
Better Knowledge for Better Health

September 19-23, 2013
Quebec City Convention Centre
<http://colloquium.cochrane.org>
613-737-8899 ext. 73833
colloquium@cochrane.org






staff news



Communications Sector

Mrs. **Nadine Gros-Louis**, a member of the Huron-wendat Nation, was hired in March as a **Communications Manager**. Since 1999, she has held management positions at the Assembly of First Nations in Ottawa and at the Assembly of First Nations of Quebec and Labrador. It is a return to the Commission for her, since she has already been at the head of the health sector in the early 2000s.

Mrs. **Lucie Pagé** will replace Mrs. Sandra Lacroix, **Documentation Technician**, during her maternity leave until July 2014.

Information Resources Sector

Mr. **Carl Simard**, who previously held the position of First-Line Services Advisor, was hired as a **Information Resources Manager** in May.

Mrs. **Louise Tanguay** now works as a **Special Telehealth Projects Manager**.

Research Sector

Mr. **Matthieu Gill-Bougie** holds the position of **Technical Research Assistant** since July. He replaces Jonathan Leclerc, who is a Population Surveys Coordinator since April.

Mrs. **Patricia Montambault** now holds the position of **Community Projects Research Agent**.

Social Services Sector

Mrs. **Sophie Pelletier** was hired as an **Addictions Advisor**. She will start her new position in July.

Mrs. **Barbara Bouchard** now acts as a **Mental Health Advisor**.

Health Sector

Mrs. **Kathleen Jourdain**, **Continuing Care Program Agent**, is back from her maternity leave. The FNQLHSSC takes this opportunity to highlight the good work done by Mrs. **Danielle Chantal** during this period.

Mrs. **Marie-Noëlle Caron** now holds the position of **Public Health Advisor**.

Administration Sector

Mr. **Patrice Lacasse** is temporarily assigned to the position of **Governance Counsellor**. Mrs. **Niva Sioui** replaces him as the **Social Development Manager**.

Social Development Sector

Ms. **Rosalie Sioui** joined the team of social development in May. She holds the position of **Regulations Advisor** to replace Mrs. Niva Sioui. She worked at Aboriginal Affairs and Northern Development Canada before pursuing graduate studies in Toronto. She then worked in a community setting in Quebec and Toronto, with women experiencing difficulties.

Mrs. **Karine Awashish** will hold the position of **Social Economy Advisor** as of August.

Departures of employees

Please also note that Pierre Rioux, Martine Gros-Louis and H el ene Bagirishya have left us to face new challenges.



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