



FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

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ANNUAL REPORT

March 2008- April 2009

**Transfer Report
Public Health Report
Home and Community Care Report
Health and Wellness Report (BFI)**

FOUR ARROWS REGIONAL HEALTH AUTHORITY INC.

BOARD OF DIRECTORS

2008.09

Chairman: Oberon Munroe, Health Director
Garden Hill Health Directorate

Members: Councillor Linda Fiddler
Garden Hill First Nation

Robert Flett, Health Director
St. Theresa Point Health Authority

Councillor Edward Flett
St. Theresa Point First Nation

Ambrose Knott, Health Director
Wasagamack Health Authority

Matthew Harper, Health Board Member
Red Sucker Lake Health Authority

Councillor Greg Harper
Red Sucker Lake First Nation

STAFF

Executive Director	Andy Wood
Director of Operations	Laurie Wood Ducharme
Public Health Coordinator	Grace McDougall
PH Wellness Worker	Linda Manaokesick
PH Asst/PHPP Asst.	Kimberly Hodgson
Home and Community Care Health and Wellness	Michelle Thacker Nelson Manoakesick Louella Harper
C. Financial Officer	Mark Dourn (contract)
Finance Clerk	Chriselda (Chris) Knott
Reception	Veronica Monias

2008 – 2009 Annual Transfer Report Four Arrows Regional Health Authority Inc.

PREAMBLE:

According to the Four Arrows Regional Health Authority Consolidated Contribution Agreement with Health Canada/First Nation Inuit Health, which was signed in 2001 and renewed in 2006, the purpose of the transfer agreement is to allow the regional organization to provide 2nd and 3rd coordination and supervisory services to allow the delivery of 1st level services in the First Nation communities. Simply stated, this means that the First Nations' local health authorities have the primary responsibility for the provision and delivery of health services in the communities; Four Arrows RHA's role is to provide "advice and support in a coordination and supervisory capacity" (2nd and 3rd level services) to those local community health programs (1st level services).

At present this includes advisory and support services in the areas of : Brighter Futures (Mental Health and Wellness), Public Health program and nursing and Home and Community Care. These program reports are presented by separate cover and are more detailed in nature as they present all the activities that have occurred in those program areas.

BACKGROUND:

In 2001, after a prolonged period of planning, negotiation and discussions with the Island Lake Tribal Council leadership and administration and joint discussions and negotiations with First Nation and Inuit Health branch, an agreement was reached which would expand the Tribal Council Health Advisory program, into a transferred organization, now referred to as Four Arrows Regional Health Authority Inc.. In essence, the health organization would be the health advisor to the four Island Lake communities and to the Tribal Council's programs and leadership.

Over the years there remained a misunderstanding and misconception in the Island Lake First Nation communities that Four Arrows Regional Health Authority Inc. had the capacity and funding to be responsible for any health issue or matter, for all Island Lake First Nation members. This misconception has created a lot of difficulty for the regional organization in terms of balancing the terms and conditions of the CCA (financial management and accountability) and meeting the expectations and requests from the communities for assistance for any matter remotely related to medical or health.

This misconception and expectation has, from year to year, affected the year-end financial position of the organization and has impacted the organization's ability to meet its obligations to the funding body. This matter was presented and discussed with First Nation and Inuit Health and they have recommended that this non-budgeted expectation be incorporated into the organization's regional

health plan and that would address any shortfalls (within reason) that may from time to time negatively impact the annual report and audit.

PRESENT SITUATION:

Four Arrows Regional Health Authority Inc. continues to struggle with community perceptions and expectation however has been able to consistently satisfy its obligations to Health, Canada/First Nation and Inuit Health. Over the years, the organization has been able to develop and maintain a very open working and communication relationship with its funding department. This has enabled Four Arrows Regional Health Authority to access other funding from both federal and provincial programs to augment the Consolidated and Transfer funding, always for programming at the community level. The First Nation communities and people have always been the priority for the organization. This has been stated consistently at presentations, meetings and reports to communities and to government departments and officials.

Changes are being implemented by the Island Lake Tribal Council and leadership, in their efforts at improving communication and working relationships with the communities, their workers and their program. The present year work plans and Regional Health Plan will concentrate on how improvements can be made to the communication links and to the working relationships and unity that must pervade all aspects of working together.

Other area that continues to be one of discretion is Urban Support. Even though we have communicated to the communities and leaders there is no budget for these expenses, there are on occasion where we have to look at the situation and assess. The Island Lake Tribal Council along with ourselves are continuing ways to seek funds.

Summary:

It is hoped that all the people involved in finding healing and wellness for the First Nation people of the Island Lake communities regroup and marshall all their efforts and resources together and in unity for the betterment of their people. Four Arrows Regional Health Authority Inc. has always pride it in putting the Island Lake people first and the priority for all its efforts and programs.

For the funding departments and officials, Four Arrows Regional Health Authority will continue to practice openness, financial accountability and will provide all the required reports and audits that are required as per the Health Services Transfer Agreement.

2008-09 Annual Public Health Program Report

Public Health Nursing Services

St. Theresa Point:

St. Theresa Point continues to have a PHN on the team for the past year. Melissa has been working hard in the community with the programs that she has been assigned to. The immunization program is being done as one of the priorities as the immunization rates are still low. With a population of over 3000 members, trying to catch up has proved that there needs to be more than one public health nurse employed in the community. The other program that she is actively involved in is the TB program where she provides the assessment of the patients and supervises and ensures the TB meds are given by the DOT workers. She is enjoying her time in the community and is planning on remaining in the community at present. Immunizations are still behind but effort is continuously being made to catch up. The STI program is also being carried by the local PH program.

Wasagamack:

Wasagamack continues to be without a fulltime nurse, despite recruitment attempts. Currently as with the past year, they have asked a retired active nurse to do catch-ups in the immunization program. Most of the immunizations have been done by the FNIH nurses. There are ongoing efforts to recruit a nurse for Public Health. At the end of the fiscal year Wasagamack was without a nurse since the beginning of January 2008. For this community, the highest priority in public health has been the immunization and STI programs.

Garden Hill:

Garden Hill had one nurse at the beginning of the fiscal year where the immunizations were being done on a regular basis and the STI program was looked after. Because of difficulties this nurse had to leave the position. There have been attempts in recruitment and a nurse will be starting at the beginning of the fiscal year in April 2009. During the absence of a community Public Health Nurse, the FNIH nurses have picked up the function of doing immunizations and the STI program.

Red Sucker Lake:

Red Sucker Lake has never had their own Public Health as they have only been offered funding for a half time position, there has been no success in recruiting a registered nurse for half time. The public health programming has been done by the FNIH nursing station nurses which has been going well. They have been quite good at keeping up the Immunization rates. Housing and work

space is still an issue. With the amount of funding, this position is a half time position and with the amount of travel, this is not enough to retain a nurse.

Nursing:

Currently the whole Island Lake has 1 Public Health nurse. Wasagamack and Red Sucker Lake need PH nurses. Garden Hill will be getting one in April 2009. There are efforts that are going to be made to improve the immunization stats. With the Public Health Improvement Pilot Project at the Four Arrows Regional Health Authority level, plans are being made for improvement.

Public Health Programs

Aboriginal Diabetes Initiative:

All communities have either an ADI/CPNP worker or an ADI and/or CPNP worker separately. In Wasagamack, the CHR's work with the programs. The programs have been successful where the worker has been able to concentrate on the programs and not be "assistants" to the clinical nurses in the nursing station.

Recommendation: In some of the communities, there needs to be more community activities initiated and run by the ADI staff. All of the ADI workers have had training on how to run the program effectively by way of the Diabetes 101 week class.

Geographical Training Diabetes 101 has been done with the ADI so all workers should be familiar with the expectations/outcomes of the programs

The regional program includes providing assistance to the workers in the communities, taking part in all meetings at the regional level, being a member of the Manitoba First Nations Diabetes Committee and ensuring that the communities are included in all Manitoba Region activities. All resources that come from FNIH are sent to the communities.

Canadian Prenatal Nutrition Program:

As above, all communities have a CPNP/ADI worker. This has proved effective for the success of the program. In most of the communities, there are no actual CPNP programs running where there are classes for pregnant mothers to attend. We need to push the workers to have more community involvement. There have been numerous resources that have been sent to the communities and during my community visits, I have noticed that some cannot be found, haven't been opened or collecting dust in a corner. The CPNP program is to benefit the new mothers to find healthy ways to continue their pregnancy and to have healthy children.

Geographical training has been done as it is done every year for new workers or for those who want to brush up on their skills. In the community of Garden Hill they have a food hamper draw for those that attend the immunization clinics and CPNP sessions for incentive.

HIV/AIDS Program

As every year, the HIV program is carried on in the clinics. Education is carried out during the time the STI sessions are done. This means that when someone from the community comes to the clinic for STI counselling or for treatment, the HIV/AIDS education and precautions are given. In February 2009, an HIV/AIDS booths was in place at the Island Lake Health Conference. Numerous students took part in the sessions. At the end of each session, the presenter asked questions from the sessions and most were answered correctly. This showed that the topic being presented was heard.

Gardening Project:

All communities have received all the necessary equipment and seed to begin their gardens. Since the project began, there is a growing number of participants every year. Many 'gardeners' have been extremely happy and proud with the results of their gardens. The sense of accomplishment and ownership comes with the completion of the project. Gardening provides many advantages:

- Physical activity
- Vegetables at a low cost
- Family togetherness
- Feeling of accomplishment
- Others

Hopefully we will have a big harvest this fall.

Pandemic Planning:

For the past couple of years, meeting have been attended at FNIH, Manitoba region to prepare for pandemic planning. It has been a slow process in trying to obtain the correct information. FARHA has been working with the communities to try to get their plans in place. There have been numerous attempts to visit the communities to get these done. Many visits were cancelled because of lack of attendance or to a death in the community. In the event of H1N1 there has been an increase of pressure to get the communities ready for the first wave of a pandemic. Communities have been taking part in local television presentations. There have been community meetings to get a pandemic working group together.

All efforts and attempts for the communities to be ready and have all plans in place will continue.

Thank you,

Grace McDougall, R.N.

**UNIVERSITY OF MANITOBA/FARHA
SURVEY FOR HEALTHY FOOD
Addendum #1 to Public Health**

**Day by Day Journal
Survey for U of M July, 6 – July 17, 2009
Island Lake Region**

Monday, July 3, 2009 WASAGAMACK FIRST NATION

Was supposed to leave at 8:00 am but we were at standby but a confirm flight on 10:30 am flight.

- 1200 pm Arrived in St. Theresa Point then travelled to Wasagamack
- 12:30 pm Arrived in Wasagamack Health Authority.
- 1: 00 pm Met with the Board members, Health Director and some of the workers. We settled in at one of the units at the Nursing Station.
- 1:30 pm We went to the Band Office to greet with the chief & council to introduce ourselves and why we were there for, so people will be aware when we come to their door and we were at the TV/Radio station for introduction.
- 2:00 pm Went to the Northern to check the price and then to Joseph Harper's store.
- 3:00 pm We started the survey throughout the community until 10:30 pm in the evening.

All together we did 20 surveys that night and the price checking at the stores.

Tuesday, July 7, 2009 WASAGAMACK FIRST NATION

- 9:30 am Reported to the Health Authority just in case if there was any messages. Also did some surveys at the office with some people.
- 10:30 am Did surveys to the community until 1:30 pm.
- 1:30 pm Lunch Break until 2:30
- 2:30 pm Started the survey again until 10:30 in the evening.

FINISHED THE ALL SURVEY IN WASAGAMACK

Wednesday, July 9, 2009 ST. THERESA POINT FIRST NATION

- 11:00 am Arrived at the Trading Post and Snack Shack to do the price check.
- 1:00 pm Was at the chief & council for introduction of the purpose why we were there for than we were asked to TV/RADIO Station to explain
- 1:30 pm Went over to Northern store to do the Price Check & Monias Store.
- 2:30 pm Lunch Break until 3:00 pm

3:00 pm Started going to the community doing the survey until 6: 30 pm.
6:30 pm Went back to we where were staying.

7:30 pm Did some surveys until 10:00 pm.

Did about 10 surveys that day and did price checking and took pictures and check the gardens,

Thursday, July 10, 2009

ST. THERESA POINT FIRST NATION

9:30 am Went to the Public Health Center to check if the message and to report.
10:00 am Did Community survey.
12:00 pm Break - Lunch
1:00 pm Started the surveys door-to-door to the community. Until about 7:30 pm.

Did about 30 or more surveys that day. And also took pictures at the garden and check them.

Friday, July 11, 2009

ST. THERESA POINT FIRST NATION

10:30 am Health Authority pick up more forms from the previous day.
11:30 am Travelled back to the lodge (Garden Hill)
1:00 pm Did surveys all afternoon

Was informed the we had to change our schedule to go to Red Sucker Lake due to the deaths in Garden Hill.

Stayed in St. Theresa Point First Nation 2 ½ days

Monday, July 13, 2009

RED SUCKER LAKE FIRST NATION

11:00 am Travelled to Red Sucker Lake
11:30 am Waited at Health Authority
12:00 pm Went to the northern store and Rogers store to do the Price check.
2:00 pm Got back the Band Office and met with Council, Chief wasn't Present at the office but we did the introduction to them. Made a presentation on TV/Radio station to introduce us. We had phone calls from the community about the surveys and the high cost of food.
3:00 pm Did community surveys and as well as community offices
5:00 pm Checked in the cabin
7:00 pm Did community surveys again from 10:30 pm – 11:00 pm. Went to the community get together to do the surveys and

Did about 20 surveys on that night.

Tuesday, July 14, 2009

RED SUCKER LAKE FIRST NATION

- 10:00 am Went to the Health Centre to report in and to check if there is any messages.
And also did surveys to the office people
- 11:00 am Did community surveys all day
- 4:00 pm Flew to Garden Hill on a float plane to Garden Hill because the flight to Garden Hill regular sked was booked.
- 5:00 pm Was in Garden Hill at the hydro dock.
- 5:30 pm Back at the lodge in Island Lake

Was in RED SUCKER Lake for 2 ½ days. We did all the surveys (40 plus)

Wednesday, July 15, 2009

GARDEN HILL FIRST NATION

- 9:00 am We went to the Home Care office met with Larry Wood and the other staff members and did some surveys with the staff and other community members
- 10:30 am Went to the chamber to meet with Chief & Council. Larry Wood introduced us and explain the what the survey is about and that we will be going house to house.
- 11:00 am Went to the TV/RADIO Station with Larry and introduced us to the community.
- 12:00 pm LUNCH
- 1:00 pm Did Community Survey all day
- 7:30 pm Back to the lodge

Did about 30 survey on that day

Thursday, July 16, 2009

GARDEN HILL FIRST NATION

- 9:00 am Went back to the Community to finish off the surveys.
- 10:30 am Went to Northern, Stevenson Island Stores to check the prices on Healthy foods.
- 3:30 pm We finished off and went back to the Lodge.

About 6:30 had a call that the plane was going to be coming and if we were come out. Since we had finish the survey one day ahead we decided to come out. We had completed the contract we were doing.

With all the Island Lake Communities we went we had completed all the surveys that was required by University of Manitoba

GARDENING PROJECT REPORT
FREEZER PROJECT
ABORIGINAL DIABETES INITIATIVE
Addendum #2 to Public Health

Gardening Project

For about 4 years now the gardening project has been expanded to all four Island Lake communities, St. Theresa point, Garden Hill, Red Sucker Lake and Wasagamack, through the generous assistance of the provincial Aboriginal and Northern Affairs, Northern Healthy Foods Initiative and supplement with staffing funder through FNIH ADI Program.

Every year more and more people have become interested in gardening and Four Arrows RHA has been able to afford to give equipment to the communities through contributions from ANA and up to this point, it has gone very well. Every year we are able to purchase rakes, hoes and seeds and freight them to Island Lake through the winter road or through Perimeter Airways. This year we were able to purchase and ship four (4) rot tillers to the communities.

I went to the communities seeking help through HRDC for a proposal for training and employment for 2 seasonal workers. I visited the Chief & Councils in all four communities for support however nobody came forward. I asked the ADI workers to remind the Councils however again, no HRDC program were approved..

During the spring Barry Little (Agric Tech) went to the four communities for (10) ten day contract to assist any of the gardeners that needed assistance and to make sure all of the rototillers were in good working order.

We ordered seeds through T & T Seeds and shipped to the Four Communities & Disbrowe Island a little late. Seeds were also sent by MAFRI for the seed stand, in case the projects ran out with the option to sell them to community members.

The planning and organizing for this year ran into some problems, however, all the materials and equipment eventually made it to the communities by the time the ground had thawed sufficiently to plant. The extremely wet conditions this summer have made it very difficult for the community programs to be successful.

The H1N1 scare and sickness also affected some of the regular gardeners, who were more concerned about staying well and looking after their families. It is anticipated that at this point, there may not be as many gardens as there were in previous years.

The ADI Workers have been requested to do a survey to find out how many gardens there are, this year. It is important to keep in mind and report on the H1N1 sickness as it may affect next year's program and funding.

Since the 2nd year (2006) of our Grow North project, in each community the work was spearheaded by the local Aboriginal Diabetes Initiative (ADI) worker, supported by the FARHA Health & Wellness Advisor with very limited in-season support of a Project Manager and Agricultural Technical Advisor.

As the 2008 growing season was coming to an end, each community provided feedback on what went well and what didn't during the year. These lessons learned, which seemed consistent across communities, are:

- Root crop production (potatoes, turnips, onions, carrots, beets) has been relatively successful; with soil (structure and nutrients) development being a key determinant of production from garden-to-garden.
- Lesser results were seen for northern friendly above ground crops (such as green beans).
- Poorest results of all were seen for heat loving vegetables such as tomatoes, cucumbers, and peppers.
- Soil development, adding structural amendments (peat moss) and nutrients, to the grey clay soil that predominates the Island Lake region, and much of Northern Manitoba, remains an impediment to better production and, therefore, a more gratifying, commitment building, experience for our local gardeners.
- Although contractors have equipment in these communities, three of our community governments do not have equipment of their own, which is required to excavate or scrape peat from local deposits.
- All of our communities struggle with their budgets for operations and maintenance activities – which would include purchasing, maintaining and operating excavating and hauling equipment. The proof in this pudding is the perpetually difficult conditions of local roads and other basic community maintenance work.
- Once excavated and stockpiled, many of our families do not have the equipment – typically a pick up truck- to transport sufficient quantities of peat for their gardens.

- Storage of equipment and materials brought up the winter road continues to be a problem in two (Garden Hill and St. Theresa Point) of the communities. Simply, during the winter road season all available storage space gets “filled to the gills”, with priority items being housing construction materials, special needs household items for very low income families, medical supplies and equipment, etc.
- Also due to storage and transport problems, about 600lbs of seed potatoes shipped on the winter road froze and became useless.
- The Indian Act based reserve and governance system has a dispiriting effect on populations in regards to facets of the work that include pulling together on projects and, indeed, making the types of individual and group efforts that previous generations made prior to the comprehensive imposition of the social welfare environment upon the Island Lake peoples. Breaking this cycle by getting people out and actively taking control of more aspects of their lives, is one of the primary reasons why the FARHA Directors have been, and are, committed to this project.
- Local gardeners are reluctant to use chemicals in their gardens. This includes chemical fertilizers.
- Organizing and teaching backyard composting remains an unexplored avenue for improving soil conditions.
- During the May and June period, when our “Grow North” projects go into high gear, provides a real challenge for local ADI workers to keep up. They estimate that 60% to 70% of their time is dedicated to the “Grow North” work from early May through to late June. This affects their other work, such as prenatal classes, working with their diabetes clients etc.
- Keeping rototillers moving from garden-to-garden during this compressed spring season is a primary bottleneck in our “Grow North” projects. Typically, our ADI workers do not have access to vehicles to transport rototillers from site to site and, as a fact of life in our communities, some gardeners do not respond to the urgency of “using and moving” a rototiller once they have possession of it.

APPENDIX 1: EXISTING EQUIPMENT INVENTORY

Season Purchased	Year	Funding Source	Total Units	GH	STP	Wass	RSL	Stevenson Island	Disbrowe Island
Spring	2005/06	NHFI	4	1	1	1	1		
Winter	2006/07	SDIF	8	3	2	2	1		
Winter	2007/08	NHFI	13	4	3	2	2	1	1
Spring	2008/09	NHFI	1				1		
Winter	2008/09	NHFI	0						
Purchased	Total		26	8	6	5	5	1	1
Inventory	Reductions			-1			-1		
Net	Total		26	7	6	5	4	1	1

NOTES TO THE INVENTORY

GARDEN HILL

Inventory

Eight units purchased with seven in inventory. The one unit reduction was “payment” to a long time volunteer for assisting Larry Wood with “Grow North”.

Issues

- Lack of storage space for equipment¹.
- Lack of vehicle for transporting rototillers.
- Lack of dedicated seasonal staff to “Grow North”

Contact: Larry Wood – ADI worker. 204-456-2926

ST. THERESA POINT

Inventory

Six units in inventory

Issues

- Lack of vehicle for transporting rototillers²
- Lack of dedicated seasonal staff to “Grow North”

Contact: Josephine Harper – ADI worker: 204-462-2279

“As a regional organization created and governed by the four Island Lake First Nations and working cooperatively with their community health services, we strive to improve health conditions and health services in the Island Lake region”

WASAGAMACK

Inventory

Five units in inventory

Issues

- Lack of vehicle for transporting rototillers.
- Lack of dedicated seasonal staff to “Grow North”

Contact: Gary Knott– Community Health Representative: 204-457-2189
Cheyenne Harper – ADI worker: 204-457-2220

RED SUCKER LAKE

Inventory

Five units purchased with four in inventory. One unit “dropped a rod” (i.e. blew the engine) due to a lack of oil in the crankcase. The unit was subsequently used by the Ag Tech (Barry Little) as a source of parts to keep other rototillers running.

2 units are housed at the Red Sucker Lake School under the supervision of Sam Neill (Science teacher)

Issues

- Lack of vehicle for transporting rototillers.
- Lack of dedicated seasonal staff to “Grow North”

Contact: Lorna McClellan – ADI worker: 204-469-5321

STEVENSON ISLAND

One unit under the care and control of Duane Chornoby: 204-469-5321

DISBROWE ISLAND

One unit under the care and control of the school.

2008-09 Annual Home and Community Care Report

The Tribal Home and Community Care Advisor is responsible to ensure that the Home and Community Care Programs in the Island Lake communities are provided with the resources and support required to provide excellent, safe, Home and Community Care standards and services delivery.

The past year was one of change with a new Tribal Advisor, Michelle Thacker and the loss of the Home and Community Care Program in Red Sucker Lake First Nation in June, 2007. Although there have been some changes, the other three communities are run at full capacity and are funded 100%. There are plans underway to reestablish the program in Red Sucker Lake.

The Home and Community Care Program is so very grateful to the Home and Community Care managers of the communities; Ruth Ellen Flett, Garden Hill; Joe L. Wood, St. Theresa Point, and Violet Wood, manager, Wasagamack. We are also grateful to Four Arrows Regional Health Authority Inc. for the ongoing support and for providing such a pleasant work environment.

Nursing recruitment continues to be a huge challenge, with the most barriers. The long term plan involves various recruitment strategies. Most importantly, all efforts would be made to promote the education of community members in nursing programs.

Wound care remains the most common nursing service offered.

“Work Bees” took place at most meetings to complete required reports.

At Yourside Colleague: Continues to provide online learning and study groups.

Supplies: Equipment and supplies has been accumulated and was brought up to the communities on the winter road in February 2008. Hospital beds, wheelchairs and walkers are greatly needed in each community. Lifts are still needed in each community.

Pandemic Planning: Pandemic awareness session was held in Garden Hill First Nation on January 28, 2008. The session was televised on the local T.V. station. Tyla Turman from Health Canada presented information and Eric Wood did the interpretation. There is a proposed schedule to provide the other communities with the same information.

Once all communities have had an awareness session it would be of great value to update the community's emergency response plans. Currently we have copies on the Community Health Plan for Garden Hill and Red Sucker Lake.

The last FNIH Regional Pandemic working group meeting was held January 21, 2008. We reviewed the Manitoba Health Pandemic Preparedness Planning Work Plan.

There will be a Pandemic Conference held March 18-20, 2008 in Winnipeg at the Convention Center. Number of delegates: 64 FN's x 2 and possibly elders and youths. The World Health Organization will be asked to attend.

Community Planning Templates has undergone revisions and is more comprehensible. The annexes are directly correlated to the actions to be undertaken.

The following information provides highlights of the responsibilities of the Tribal position:

Accountability

The Tribal H&CC Coordinator reports directly to the Executive Director of Four Arrows Regional Health Authority Inc.

Funder

The position is funded by the First Nations and Inuit Health Branch, however Supervisory activities remain with the Four Arrows Regional Health Authority Inc.

Relationship with FNIH

- Attends a 2 day FNIH meeting quarterly
- Attends regularly scheduled meetings for Regional Pandemic Working group
- Attends quarterly Aboriginal HIV/AIDS working group meetings
- Cooperates with FNIH to encourage best practice in First Nations with the Island Lake area and across Canada. Share best practice information.
- Gathers and distributes all program information that is provided by FNIH

Responsibilities

Management and Continuous Quality Improvement:

- Service Delivery Plans, Standards manuals, Policies and Procedures, have been developed. Encourage them to be continuously reviewed with managers, Health Care Aides and other staff.
- Work toward accreditation standards. This will be a requirement of all health services in the future.
- Research trends.

- Ensure that efficiencies are met
- Complete and annual written work-plan, Board reports, annual reports and other reports as required by Four Arrows Regional Health Authority Inc.
- Make Community connections to ensure good linkages.
- Check internet for latest reports on aboriginal health and wellness issues.
- Share information with managers
- Provide staff with ongoing staff development workshops
- Assist with recruitment activities IF requested by the communities
- Ensure that contribution agreement reports are submitted on time
- Assist with community reports as requested
- Advocate for improved conditions when it is assessed that conditions are detrimental to community safety and well-being.

Supervision Responsibilities

The Tribal H&CC Advisor does not directly supervise the managers or nurses. Nurses are responsible for their own practice. The Tribal Advisor may only provide “consultation” to the nurses.

Budget Responsibilities

- Project annual expenditures
- Manage and maintain finances within the budgeted amounts

Record Keeping and Reporting Responsibilities

- Submit accurate information, reports, and timesheets, promptly
- Report incidents, accidents and unusual activity, immediately to the manager(S) and management for Four Arrows Regional Health Authority Inc.

Annual Report Respectfully Submitted by

Michelle Thacker RN

2008-08 ANNUAL HEALTH AND WELLNESS REPORT

This year has been challenging both here in the office and in the communities, but in spite of it all we have learned from it and we made it through our first full year.

This report will cover from April 2008-March 2009.

We feel that we have made progress with the four Island Lake communities, reason being that the local people are phoning and requesting the BFI/BHC workers to come and do presentations in the communities. We made a connection with both the resource workers and the communities, but we know that we still have lots to learn and to accomplish.

In order for us to achieve the goals and preventative measures we are striving for, we must first relearn and teach our children, our people and communities, our language, culture, beliefs and values, for without that foundation we will never have common memory.

April, 2008

- ❖ Impact Injury Prevention-Bicycle Safety Application form was sent to Shaun Feely. Helmets were available to the communities on a first come, first served basis.
- ❖ Meeting with National Crime Prevention with Program Officer Dale Mann based out of Winnipeg in regards to submitting a report NCP.
- ❖ Montreal HIV Conference chaperone. Youth from Garden Hill. St. Theresa Point, Wassagamack and Red Sucker Lake.
- ❖ Program Managers meeting with all the Island Lake health managers to discuss the Annual work plan for the coming year.
- ❖ Letter of Offer to undertake both the Health and Wellness and the BFI\BHC components of the program.

May, 2008

- ❖ Staff meeting with Four Arrows Regional Health Authority reporting.
- ❖ Wassagamack Crisis Family Intervention. (Suicide)
- ❖ Visited with all the Youth of the Arts Coordinators from the Island Lake Region to check on their progress and encourage them to net work with the resources in the region.
- ❖ Rest of the time was spent at the Winnipeg office doing paper work and net working with different programs and people that must be notified regarding our progress.

June, 2008

- ❖ Staff meeting with FARHA monthly reporting and sharing.

- ❖ Meeting with Freda Lepine First Nation Employment and Nora Ross First Nation Youth Inuit Health Branch AMC and FASD.

- ❖ Garden Hill invitation to workshop at Buffalo Point Healing Professional Development unfortunately was cancelled due to unforeseen circumstances.
- ❖ June, 30-July04 2008 networking with staff at St Theresa Point, for one week_team building. This includes visiting all programs introducing and promoting the Health and Wellness and BFI/BHC programs. On going work, with the Youth of Managers, through arts/ crafts and cultural awareness, to alleviate crime and vandalism.

July, 2008

- ❖ Canada Day in St Theresa Point, volunteering and participating in the events, all part of promoting the Health and Wellness and BFI/BHC programs.
- ❖ St Theresa Point, team building revisiting the local program we had visited the following week to get better acquainted with all the resource workers in the community.
- ❖ Went out to the community to visit and promote the BFI/BHC and Wellness Programs.
- ❖ Went to public places to meet with the youth and community members, example the Northern Store the local restaurant.
- ❖ Assisted in the week long Bannock Festival to get to know the people in the community.
- ❖ TV/Radio presentation in STP on Bicycle Safety and distribution of bicycle helmets from the Injury Prevention Program. The Holistic health staff was involved in the presentation.
- ❖ Wasagamack team building with Community, Programs, and the Youth.
- ❖ TV/Radio Presentation on Bicycle Safety and distribution of the helmets. We were assisted by the band constable the local resource worker and the band councilor.
- ❖ Garden Hill over night helping with Regional fund raising for regional sports activities.
- ❖ Garden Hill Wellness Gathering Cultural Days did presentation on Super Juice an alcohol beverage that can be brewed like bean juice. Talked about the effect and how it is addictive and destructive this Super Juice is to the Island Lake Communities.
- ❖ Colette Hogue RE: Crisis Management Funding submit work plan.

August, 2008

- ❖ St. Theresa Point Family Retreat worked with the local programs and assisted with the activities, example preparing for the next guest speaker and visiting the people that are camped out at Sandy Bar.
- ❖ On going team building with the Programs in all four Island Lake Communities.

- ❖ On going with the Island Lake Youth and Youth Of The Arts Coodination who are servicing the communities with activities such as cultural awareness, music lessons, painting, drawing, workshops and arts and crafts.
- ❖ Red Sucker Wapisi Days. This is a camp out where the community travels to Wapisi River and for a week, they live out their culture and bring out issues that need and should be addressed, much like the Family Retreat in STP we were out there for the whole week assisting and net working with the community of RSL.

- ❖ Wassagamack for a week the BFI/BHC workers along with Pat and Stephanie Scott from Crossing Communities Art Project based in Winnipeg youth program. The youth engaged in still photos, animation drawing, and video training. They made a hip hop video and composed a song, which they sang and were the main cast in the video. Also some of the youth had to interview an elder where they asked the native culture and practices.
- ❖ Meeting with Chief and Counsel, agenda for September.
- ❖ On going team building with all Island Lake Communities some issues discussed Super juice, Mental Health, Parenting Skills, and Domestic Violence.

September,2008

- ❖ TV/Radio presentation in STP RE; Community Center to try and renovate or get one in the community where the youth and the elder can congregate and share the past and the present to bridge the generation gap.
- ❖ Most of the month was spent in the Winnipeg office contacting worker the communities and doing paper work.
- ❖ On going with the net working both in Winnipeg and the four Island Lake Regions.

October,2008

- ❖ Winnipeg all month did catch up with the paper work and meetings.
- ❖ Picked up Hip Hop videos from Crossing Communities and sent to all four communities for the youth to see.
- ❖ Meeting with Richard Kenneth RE; to have the Garden Hill, school to run the Light House Program.
- ❖ TV/Radio presentation Hip Hop and about Crossing Communities video was shown to the STP community. The youth want to have one in every community.
- ❖ On going net working with the Island Lake Communities youth, programs and elders. What was mentioned in the telephone conversations, that we should bring more awareness to the people about our language, culture beliefs and values.

November, 2008

- ❖ Meeting with Frank Scribe Director Aboriginal Services RE: Suicide Prevention
- ❖ Meeting with Regional Support Group at MKIO office RE: Island Lake First Nation State of Emergency And Crisis
- ❖ Plan for Wellness Regional Gathering in one of the Island Communities.
- ❖ Meeting with Regional Support Group at MKIO office RE: Super Juice/Super Yeast.
- ❖ On going team building with all the above mentioned.
- ❖ Holiday a Time off

December ,2008

- ❖ Holiday and major surgery unable to work for the whole month
- ❖ Louella Harper continued on w/program activities

January, 2009

- ❖ Wasagamack Meeting with all Health resource workers RE; Research on Super Juice the cause and effect.
- ❖ Radio awareness on Super Juice and gathering data from the Community
- ❖ Garden Hill Meeting with the Chief and Counsel and Arnold Flett one of the Regional support members.
- ❖ Radio awareness on the cause and effects of Super Juice and gathering data from the Community.
- ❖ St. Theresa Point Meeting Holistic Health Staff RE: Research on the cause and effects of Super Juice.
- ❖ Radio awareness and gathering data from the Community
- ❖ Red Sucker Lake same as above.
- ❖ Catching up in the office been away for two months.
- ❖ On going talks with workers and communities. We strongly believe we should be targeting the early years in the schools. We will do presentation and ask all resource workers to do the same focus more on prevention.
- ❖ Regional Support Group meeting at STP RE; compile the findings and to discuss the progress.

February, 2009

- ❖ Meeting with Lisa Mc Donald RE: Evaluation
- ❖ Meeting with FARAH agenda Healing and Wellness Conference
- ❖ Meeting with Regional Support Group at Garden Hill plan for the up coming conference March 2-5 2009, "Restoring Life and Healing and Wellness"
- ❖ Winnipeg office work.

March, 2009

- ❖ Garden Hill Conference "Restoring Life and Healing Conference" where we made a presentation on the Super Juice at the request from the people we had to change Super Juice to Much-appo-kan.
- ❖ Developing a poster that will be used in the communities to deter the people from consuming Much-appo-kan.
- ❖ Winnipeg office work and trying to complete the poster.

SUMMARY

We have worked very hard to bring the four Island Lake communities to net work, within the Region and as well as locally, we believe in that area we have made progress. Though we have lost some funding due to not finding reports from previous staff we have managed to accomplish a great deal within all the communities we serve.

Louella Harper was also part of the team but during the preparation of this report she has since moved back to St. Theresa Point working with the Holistic Health program in the community as well she has continued to work with Four Arrows in her capacity.

Submitted by:

**Nelson Manoakesick
BFI/BHC Health and Wellness Manager**

Attachments:

#1: 2008-09 ANNUAL DIABETES INTERGRATION PROJECT REPORT

#2: 2008-09 ANNUAL NATIONAL PUBLIC HEALTH PILOT PROJECT REPORT

#3 2008-09 ANNUAL AUDIT

(submitted stand alone document, October 15, 2009 Attn: Glenn Howell)