

# tipaachimuwin

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[creehealth.org/pim-news](http://creehealth.org/pim-news)

## *TEAMWORK: AWASH AND USCHINIICHISUU TEAMS HOLD JOINT TEAM MEETING*

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June is Elders Health Month



#### Editor

Iain Cook

#### Contributors this month

Dr. Rob Carlin

Josée Quesnel

Dany Gauthier

Dr. Elizabeth Robinson

Dr. Louise Desnoyers

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#### Cover Photo

Waskaganish elder plays chess at the MSDC.

Photo: Rodolphe Beaulieu

Have something to contribute to *tipaachimuwini*? Contact Iain Cook ([icook@ssss.gouv.qc.ca](mailto:icook@ssss.gouv.qc.ca)) or 514-220-5649

# Message from Dr. Rob Carlin

Wachiya. Hi. Kwey. Bonjour.

This month's Newsletter has teamwork twice on the front cover. In order to fulfill our mandate as a community health department, we have to work as teams. In fact, communities are large teams. However, teamwork takes time and negotiation. This involves understanding your own needs and your team-mates needs.

This is different than just focussing on what you want. It involves a lot of listening to get below the surface and understand everyone's concerns, hopes, expectations, assumptions, priorities, beliefs, fears, and values. But, when people end up finding common ground, it leads to some of the interesting stories that we find in this month's Newsletter.

Dr Rob Carlin  
interim Head of Public Health





## Awash and Uschiniichisuu Teams hold first combined team meeting

by Josée Quesnel and Dany Gauthier

*April 15 and 16, 2014 marked the first combined Awash and Uschiniichisuu Team meeting for the Public Health Department of the CBHSSJB and the last big snow storm of the 2014 winter season. A big hand needs to be given to all our brave colleagues who travelled to join us.*

Taria Matoush, Assistant Director Awash (interim) and Uschiniichisuu, Josée Quesnel PPRO Addictions and Dany Gauthier, PPRO Breastfeeding got together and planned a 2 days meeting with a timely theme: Team Work. The meeting was held in Mistissini with our first day located near the wood stove of the Shaptuan where our day began with a reminder of Eeyou Itschee's traditional approach to healing. We invited Pat Awashish to present the most commonly used plant-based medicines in Cree traditional

healing. Pat was accompanied by two Elders, Louisa and Emma, who shared many interesting tales with us. This very interesting presentation was followed by a delicious traditional meal of moose stew and bannock.

The second point on our agenda brought us to the Mistissini Lodge where we had a magnificent view of the snow storm on the Old Post Bay. In order to present the programs we were working on in an original format, we choose to emulate "Speed Dating" and transform it into a "Speed-Program Presentation", something like the World Café we once experienced at a PHD meeting a few years ago. We divided in 3 teams and had time for 2 rounds. In all, 6 different teams presented. They had the opportunity to consult with colleagues and the two Elders that stayed with us for the entire day. A team work activity involving a bottle, some strings and a lot of dripping water made us all realize

how important it is to communicate to work effectively as a team. On our second day Anne Foro, Director of Planning and Services presented Integrated Services and after a lunch, we joined our respective teams and brainstormed on how we could all work together on a project that would incorporate all our different programs.

Last but not least, 2 teams were created to work on a creative project of our choice. This exercise should help us find solutions to working with colleagues that are not always in the same location as we are and that have different point of views.

In conclusion, this first combined team meeting was well appreciated by both teams and we plan on repeating it twice a year.



photos: Josée Quesnel

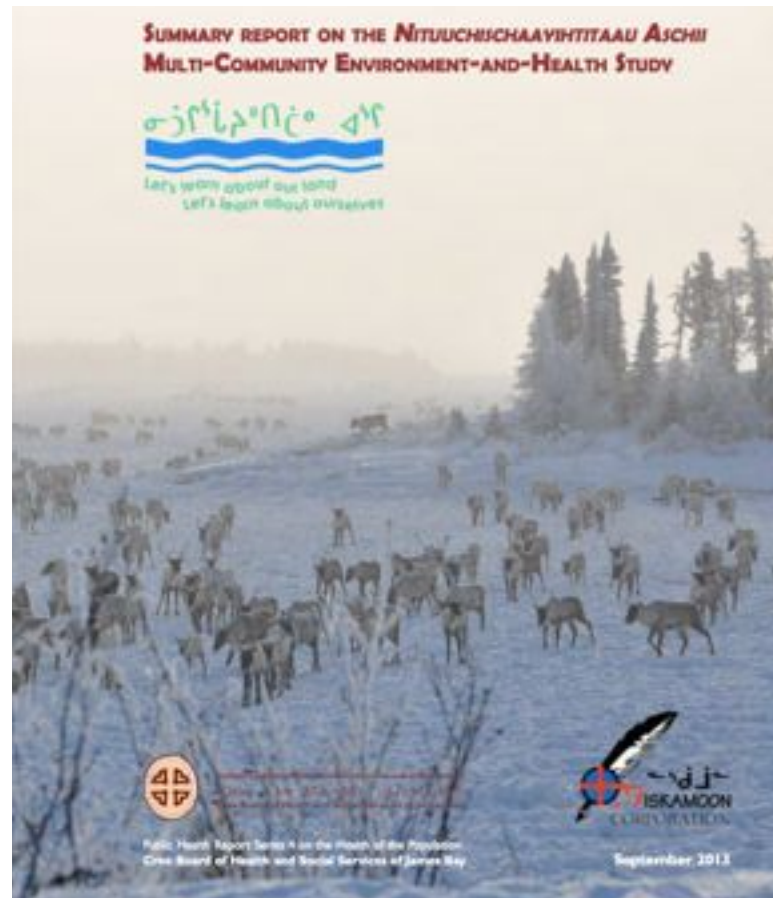
# Nituuchischaayihititaa Aschii Environmental Health Survey released

by Dr. Elizabeth Robinson

*The main objectives of the Nituuchischaayihititaa Aschii Environment-and-Health Longitudinal Study in Eeyou Istchee were to: investigate health effects in relation to lifestyle, environmental contaminants exposure, and diet (assess exposure to environmental contaminants and nutrient intake); and investigate the links between wildlife health, quality of aquatic environments and human health.*

The people of Eeyou Istchee have experienced major changes in their environment and their way of life in the last 60 years. Before the 1960s, children were sent out to residential schools for most of the year, and many families spent a good part of the year on their hunting territories. As services developed, including schools and clinics, people began to spend more time in the communities. At the same time, mining and forestry development started to affect the southernmost Cree bands - Oujé-Bougoumou and Waswanipi. In the 1960s it was discovered that some fish contained high levels of mercury, and people were told to stop eating it. With the start of Hydro development in the 1970s, roads were built in the territory and food and other goods from the south became more and more accessible, while lifestyle changes (e.g., less walking, use of motorized vehicles, office jobs) led to people being less physically active than before. All these changes have had a dramatic effect on health. Some improvements have occurred - for example, far fewer babies and children die of infectious diseases like gastroenteritis and meningitis. But other diseases - such as diabetes and thus also heart disease - have been on the increase.

The introduction of the hydro-electric projects in the region in the 1970s came with new concerns about increasing mercury levels linked to these dams. In the context of the La Grande Project, this led to the 1986 Mercury Agreement between the Grand Council of the Crees (GCC), the government of Quebec and Hydro-Québec; subsequently, the 2001 Mercury Agreement was implemented in the context of the Eastmain-1 project. Mercury is a concern for human health either from the risk of eating contaminated fish or the risk of poor nutrition linked to not eating fish. For this reason, the 2001 Agreement provided significant money to stimulate the fishery, with \$8M set aside to



study Cree fish consumption patterns and benefits, as well as exposure to mercury and other contaminants. A legal vehicle, the Eeyou Nameless Corporation, was set up to plan, approve and manage projects carried out with these funds.

For a time, there was a question within the Public Health Department about how to best respond to the significant mandate set out in the 2001 Mercury Agreement. Surveillance of a population's health is one of the primary functions within public health, so the mandate itself was never at issue. Rather, the concern was on how to implement such a large mandate in a small Department with many other priorities.

The response evolved through two processes, one involving a quite separate initiative. The latter was a 2002 study carried out in Oujé-Bougoumou (with

Nemaska serving as a non-impacted community); it was designed to look at the health impacts of mine tailings on the environment and human health (Dewailly and Nieboer, 2005). In effect, the design of that study addressed many of the objectives of the 2001 Mercury Agreement, and thus was able to serve as a precursor and model for subsequent studies developed under the Mercury Agreement (2001) funds. The other process was a direct, planning consultation with the communities and Cree entities about their needs for and the feasibility of doing such a comprehensive environment-and-health study with the Mercury Agreement funds (Nieboer and VanSpronsen, 2004). This happened in late 2003 and early 2004, and it led directly into the development of the protocol for a study which was accepted by the Eeyou Nameess Corporation<sup>1</sup> for a pilot study in 2005 in Mistissini.

### Objectives

The links between mercury and the other components of the study are as follows: contaminants such as mercury in people's bodies are thought to come mainly from eating traditional foods, so it was decided to ask people what kinds of traditional foods they eat. Because of the alarming rise in the incidence of diabetes in Eeyou Istchee, questions about store-bought foods and physical activity were also included. A serious consequence of diabetes is heart disease. Since fish and possibly other foods in the traditional Cree diet potentially protect against these diseases, indicators of heart and blood vessel disease were included in the study. Other clinical laboratory tests were also incorporated to permit an examination of links between diet, contaminants, lifestyle issues and health indicators. Testing for diseases spread by game animals and birds (zoonoses) and micro-organisms in traditional sources of water was also added, as well as women's bone health.

Read the summary report here:

<http://www.creehealth.org/library/online/summary-report-nituuchischaayihititaa-aschii-multi-community-environment-and-health>

Read the full technical report here:

<http://www.creehealth.org/library/online/nituuchischaayihititaa-aschii-multi-community-environment-and-health-study-eyou>

## RUIS-McGill Symposium brings Allied Health professionals together

by Lise Dion, Wemindji physiotherapist

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On May 12 and 13, 5 rehabilitation professionals working for the CBHSSJB (3 occupational therapists and 2 physiotherapists), participated in the 2nd RUIS McGill Symposium in Rouyn-Noranda.

Five topics were covered: 1) Continuum of services-Primary Care; 2) Continuum of services-Aging; 3) Continuum of services-Disease and chronic pain; 4) Access and equity of Care-Stroke; 5) The Telehealth and clinical projects.

### Client Care Success Stories

- The contribution of Rehabilitation Centers to provide home support for older people living with visual or hearing impairments. A questionnaire helps identify who is in need and provides information and appropriate equipment when indicated.
- The development of the Quebec Stroke Network, which involves all levels of health care, from first responders, acute care settings, rehabilitation centers and which stresses the importance of prevention.
- The benefits of using Telehealth in mental health for psychiatric follow-up consultations in the Cree Territories of James Bay and the Nunavik region were also presented.
- The positive impacts of putting in place 'My Tool Box Program' in community was reported. This program is a 6-session workshop designed to help individuals develop the skills needed to better manage the day-to-day challenges of living with a chronic health condition. This evidenced based practice program is already running in many countries such as the U.S.A., Great Britain, Australia and in First Nation communities in the province of British Columbia.

This last program was a real inspiration for us as rehabilitation professionals working for the CBHSSJB.



# Dental Health Blitz in Waswanipi

by Louise Desnoyers

*In an unusual seven-day “dental blitz”, four dental professionals examined and treated 316 children in the Waswanipi elementary school. All together, they provided 259 applications of fluoride varnish, and sealed 403 surfaces on 169 permanent teeth.*

School-based dental prevention programs, usually carried out by the local Dental Hygienist, are an important part of CBHSSJB services in the Cree communities of Eeyou Istchee. But for most of the 2013-2014 school year, Waswanipi lacked a full-time dental hygienist; so many children were not getting the benefits of the program: coaching on how to take care of their teeth, screening and referrals, and fluoride varnish treatments.

Responding to the challenge, Regional Public Health Dentist Louise Desnoyers and Evelyne Lefebvre, the Team Leader of Dental Hygienists in the region, came up with the idea of the dental blitz, to put Waswanipi's children back on track.

This intensive approach was a first for the four-person team: Josée Laplante, Dental Hygienist in

Eastmain, Evelyne Lefebvre, Dental Hygienist in Oujé-Bougoumou and regional Dental Hygiene Team Leader, Monique Mianscum, Dental Assistant at the Waswanipi CMC, and Dr. Louise Desnoyers, the new Advisor on children's dental health with the Regional Public Health Department in Mistissini.

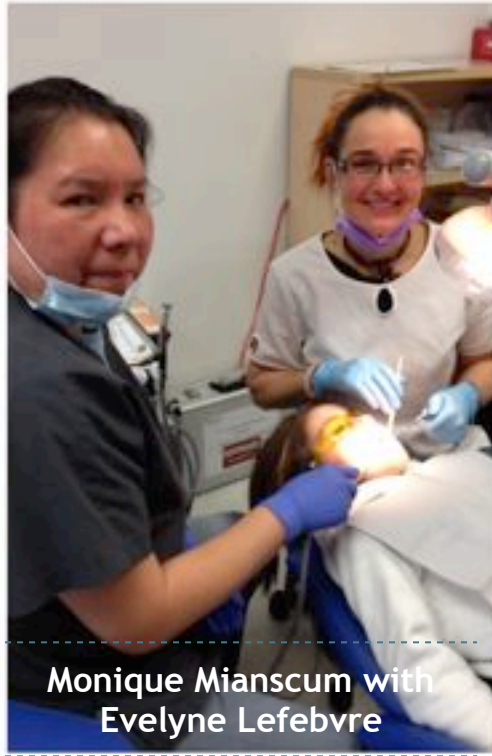
The dental blitz took place in a makeshift dental clinic set up at the local school. The activities also included a two-week period in March where dental hygienists Évelyne and Josée provided fluoride applications and prepared the next sealant activity.

The successful dental blitz was possible because of all the participants: the local CMC management and staff, including CHRs in Waswanipi, who helped obtain parental consent for the children seen during the blitz, and thanks to the logistical support provided by school administrators, teachers and employees at Willie J. Happyjack Memorial School.

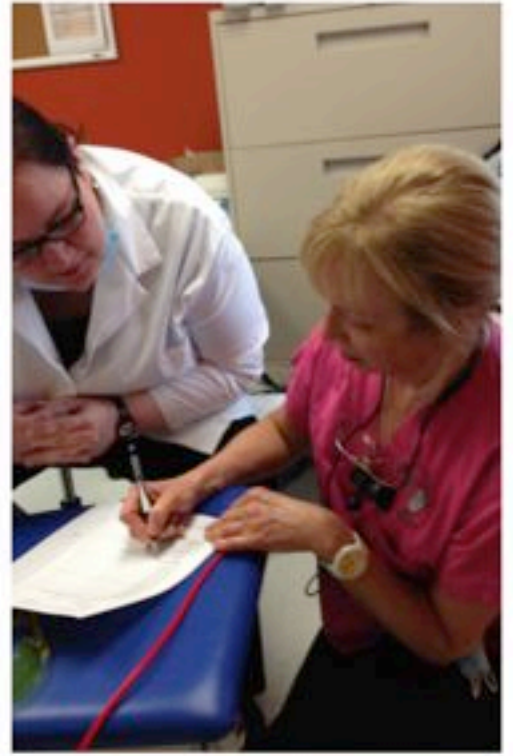
**“This is a tremendous example of multi-disciplinary collaboration that was successful in achieving its objectives. Hats off to everyone who participated!” - Dr. Louise Desnoyers**

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# Dental Health Blitz in Waswanipi



Monique Mianscum with  
Evelyne Lefebvre



Dr. Louise Desnoyers with  
Josée Laplante





Aerial photo of the Éléanore Mine.

One-day training session in Mistissini on June 19 will be an introduction to mining and health-related issues.

## Training in early intervention on health impacts of mining

This training is designed to inform and facilitate discussions between health professionals interested in or having to deal with potential health, social or service planning issues related to mining projects.

### General objectives

To help participants get prepared to address potential health and social impacts of mining projects before the construction and production phases.

### Learning objectives

Describe certain characteristics of mining activities and identify local/ regional projects for which intervention or monitoring might be useful;

Identify priority health and social issues among potential impacts of a given project;

Taking into account evaluation processes, identify stakeholder roles and intervention opportunities for the health sector;

Determine a strategy to establish a dialogue with external stakeholders.

### Contents

#### Module 1 - Mining defined

Nature and location of mining activity in Quebec

Northern mining boom

Extent of expected mining activities

#### Module 2 - Health impacts of mining projects

#### Module 3 - Intervention opportunities for the health sector

Prospective evaluation of mining projects

Going beyond proponent obligations

#### Module 4 - Intervention planning

### Location and date

Mistissini (location to be confirmed);  
June 19.

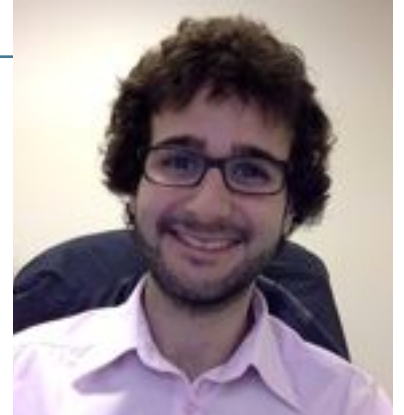
### Trainers

Jacques Grondin and Lucie Lemieux of the INSPQ.

## PIMUHTEHEU NEWS

Kwey Oliver Lasry

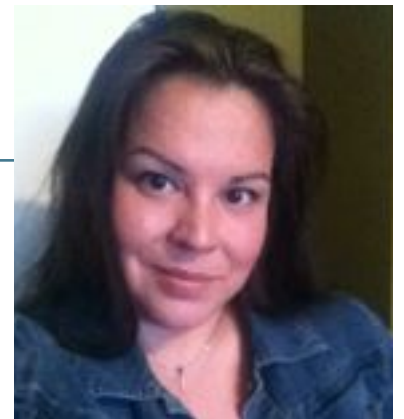
Dr. Oliver Lasry is working with the Public Health Department until August, completing his practicum for a Master's in Public Health. As a fourth year resident in neuro-surgery at McGill, Dr. Lasry noticed that Indigenous patients with traumatic brain injuries (TBI) tended to have poorer outcomes than non-Indigenous patients. He is now pursuing this as a project with the SERC Team to determine the incidence of TBI and to examine underlying and medical service factors linked to longer-term outcomes. The project will have implications for injury prevention and will help us better understand how TBI cases are being managed between levels of services, and later rehabilitated.



People involved with the project as it is happening are Rob Carlin, Pierre Lejeune and Jill Torrie, however, once the findings are available, others will become involved: George Diamond for injury prevention, Iain Cook for communications with the population, Adelina Feo for rehabilitation, Anne Foro for services planning, Louise Carrier for nursing quality and Laurent Marcoux for medical quality and linkages between levels of services.

Kwey Tracy Wysote

Tracy Wysote, specialist in administrative processes (SERC Team), is on progressive return to work in Montréal. Welcome back Tracy!



# Come to the Employee Drop-In

Want to know what is happening at Public Health and Pimuhthehu Management Meetings? For an update, come to the Employee Drop-In, which follows each Management Meeting.

Date of Management (Public Health Unless Noted)	Time	Format	Employee Drop In
Friday, July 4, 2014	9-10:45	Telephone	10:45-11:00
Friday, July 11, 2014 (Pimuhthehu)	9-10:45	Telephone	10:45-11:00
Friday, July 18, 2014	9-10:45	Telephone	10:45-11:00
Friday, August 1, 2014	9-10:45	Telephone	10:45-11:00
Friday, August 15, 2014	9-10:45	Telephone	10:45-11:00
<i>Pimuhthehu Face to Face Management Val D'Or</i> August 26-27			
Friday, August 29, 2014	9-10:45	Telephone	10:45-11:00
Friday, September 12, 2014	9-10:45	Telephone	10:45-11:00
<i>Board – September 16-18 in Gatineau</i>			
Friday, September 26, 2014	9-10:45	Telephone	10:45-11:00
Friday, October 3, 2014 (Pimuhthehu)	9-10:45	Telephone	10:45-11:00
Friday, October 10, 2014	9-10:45	Telephone	10:45-11:00
<i>Pimuhthehu Face to Face Management Montréal</i> November 12-13			
Friday, November 21, 2014	9-10:45	Telephone	10:45-11:00
Friday, December 5, 2014	9-10:45	Telephone	10:45-11:00
<i>Board – December 9-11 in Montreal</i>			
Friday, December 19, 2014 (Pimuhthehu)	9-10:45	Telephone	10:45-11:00

### Employee Drop-In (update on Management Meeting)

Call-in number is [1-877-534-8688](tel:18775348688): Conference ID: 2101030#



## INDIGENOUS APPROACHES TO PROGRAM EVALUATION

This fact sheet from the National Collaboration Centre on Aboriginal Health (NCCAHA) reviews different types of program evaluation activities and discusses Indigenous approaches and ethical guidelines for engaging in a program evaluation.

See more at: <http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&publication=125>



# CPHA ACSP

CANADA'S PUBLIC HEALTH LEADER  
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

## CPHA SURVEY

### Evidence Needs of Public Health Practitioners and Professionals Across Canada

In May the CPHA launched the survey “Evidence Needs of Public Health Practitioners and Professionals across Canada”. If you have filled out the survey, thank you!

This survey should take 8-10 minutes to complete. It is anonymous and confidential.

If you have not had a chance to take the survey yet, we would like to invite you to do so by going to: <http://fluidsurveys.com/s/SURVEY-SONDAGE-ENPHPP-CANADA-CPHA/>

Although participation in this survey is strictly voluntary, your opinion is valued and we would appreciate your feedback. All information will be managed in keeping with the Government of Canada's Privacy Act.

Have questions about this survey? Please contact Greg Penney at [gpenney@cpha.ca](mailto:gpenney@cpha.ca)

CPHA thanks you in advance for your participation.

## ACSP SONDAGE

### Besoins de données probantes des praticiens et des professionnels de la santé publique du Canada

Il y a deux semaines, nous avons lancé un sondage sur les « Besoins de Données Probantes des Praticiens et des Professionnels de la Santé Publique du Canada ». Si vous avez déjà complété ce sondage, nous vous en remercions!

Ce sondage devrait prendre 8 à 10 minutes à remplir. Il est anonyme et confidentiel.

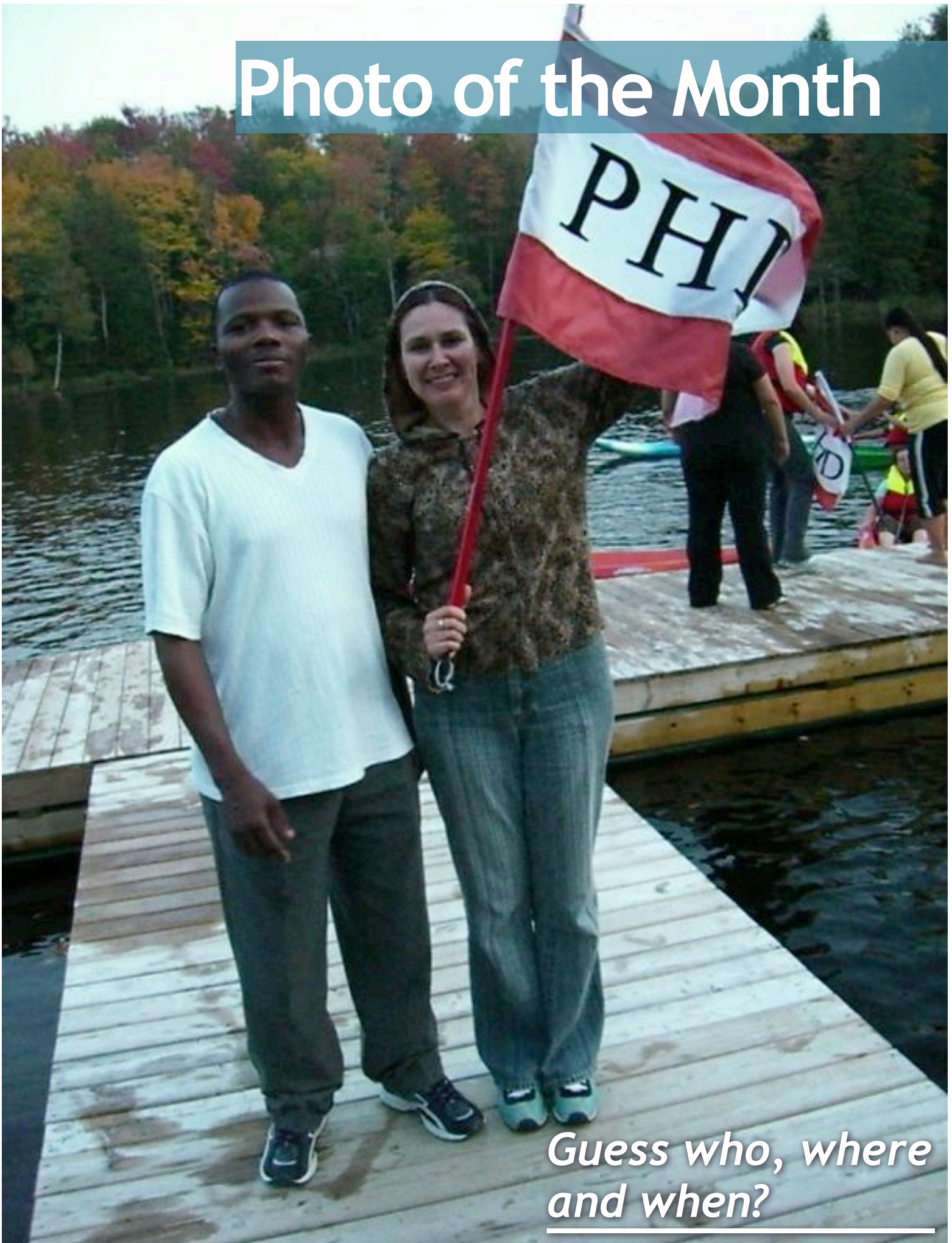
Si vous n'avez pas encore eu la chance de le compléter, nous aimerions vous inviter à le faire en allant sur : <http://fluidsurveys.com/s/SURVEY-SONDAGE-ENPHPP-CANADA-CPHA/>

Bien que votre participation à cette enquête soit strictement volontaire, votre opinion est valorisée et nous apprécierons vos commentaires. Toutes les informations seront gérées dans le cadre de la Loi sur la Protection du gouvernement du Canada.

Des questions concernant ce sondage ? Veuillez contacter Greg Penney à [gpenney@cpha.ca](mailto:gpenney@cpha.ca)

L'ACSP vous remercie d'avance de votre participation.

# Photo of the Month



*Guess who, where  
and when?*