

# 2017-2018 Annual Report

POLICE STATION



COMMUNITY CENTER



HEALTH CENTER



KIUNA COLLEGE



CONSEIL DES ABENAKIS  
**ODANAK**







## ANNUAL REPORT 2017-2018

# SUMMARY

### **DANIEL G. NOLETT**

EXECUTIVE  
DIRECTOR  
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### **NATHALIE CARDIN**

EDUCATION AGENT  
AND ADMINISTRATOR  
FOR INDIAN REGISTRY  
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ENVIRONMENT  
AND LAND OFFICE  
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LAND OFFICE  
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### **ELEANOR HOFF**

LFNC AGENT  
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**ANN LANDRY**  
SOCIAL ECONOMIC  
AND  
POST-SECONDARY  
(CEGEP) AGENT  
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### **ÉRIC CLOUTIER**

DIRECTOR ABENAKI  
POLICE FORCE (CPDA)  
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**KARINE GILL**  
ADMINISTRATIVE  
ASSISTANT AND  
HABITATION AGENT  
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### **DANIEL G. NOLETT**

By interim

HEALTH SERVICES  
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## ACTIVITY REPORT 2017 - 2018

# WORD FROM THE DIRECTOR

Kwai W8banakiak,

I am pleased to present the 2017-2018 annual report for the activities from the various sectors at the Abenakis of Odanak Council. You will find the condensed financial statements following the activity reports. Wli agizow8gan! Good reading!

The following is a retrospective look at the administration and capital asset records.

### Administration and capital assets

#### Musée des Abénakis

We received a \$ 100,000 grant for a \$ 225,000 project. The project includes the following:

- Foundations and concrete copings that need to be waterproofed;
- Exterior siding which is somewhat dilapidated as well as the railings on the roof terrace and outside balcony which must be repaired and solidified;
- Interior flooring to be sanded and refinished.



**DANIEL G. NOLETT**

EXECUTIVE DIRECTOR

Project costs	\$	Funding	\$
Foundations	10,000	CIP150	100,000
Exterior siding	60,000	Abenakis of Odanak Council	125,000
Flooring	130,000		
Solidifying balcony and railing	25,000		
Total	225,000	Total	225,000

#### Community Hall

We received a \$ 100,000 grant for a \$ 200,000 project. The project includes the following:

- Redo the exterior siding;
- Improve ventilation and lighting;
- Expand the parking area.

Project costs	\$	Funding	\$
Renovation of exterior siding, mouldings and trims *	100,000	CIP150	100,000
Calibrating and modifying ventilation and upgrading lighting **	75,000	Abenakis of Odanak Council	100,000
Expanding parking area **	25,000		
Total	200,000	Total	200,000



# ACTIVITY REPORT 2017-2018

## WORD FROM THE DIRECTOR



CIP150 Museum (774) (section 17-18 only); Project of \$ 99,483. Funding from CED-CIP of \$ 44,078 + AOC contribution of \$ 55,405. Fully paid.

- CIP150 Community Hall (775) (section 17-18 only); Project of \$ 55,283. Funding from CED-PIC of \$ 27,614 + AOC contribution of \$ 27,669. Fully paid.

- Storm water outfall (725); Project of \$ 570,862 fully funded by INAC. Costs to date: \$ 408,738.

- Infrastructure for industrial motel II (760); Project of \$ 651,765. INAC funding of \$ 254,188 + RBC loan of \$ 267,224 + AOC contribution of \$ 130,353. Disbursed to date: \$ 496,962.

- Industrial Motel II (762); \$ 800,000 project; SAA funding of \$ 400,000 + SOCCA ABDP grant of \$ 120,000 + SOCCA loan of \$ 120,000 + AOC contribution of \$ 80,000 to the project. Disbursed to date: \$ 656,469.

- Public Works garage (724) (section 17-18 only); \$ 558,844 project fully funded by INAC. Disbursed to date: \$ 340,437.

- Looping of Mgezo and Managuan streets (719) (section 17-18 only); \$ 274,881 project funded entirely by INAC. Disbursed to date: \$ 187,100.

### Economic Development

#### Industrial park development project

The development of the industrial park is a long-term project and steady efforts are being made to strategically position the community as a regional development axis.

Kiuna : We worked closely with the Kiuna College and the Ministry on the expansion project at the Industrial Motel facilities - phase 1. As soon as the project was accepted, Kiuna will settle in 100% of the rental space during summer 2018.

o Infrastructure (Grant): As part of the community infrastructure project, we applied for a grant for the extension of the industrial park's infrastructures (water and sewerage).

o Industrial Motel - phase 1: With the FIA-II fund, we finished the construction of the second Industrial Motel. At the end of 2017-2018, two developers has shown big interest in signing a lease and many other potential clients took some informations about the rental spaces. As soon as the possible date of occupancy was known, a promotional campaign was made to rent the facilities.

*Daniel G. Noletti*

Executive Director







## SUMMARY OF ACTIVITIES 2017-2018

### ODANAK ENVIRONMENT OFFICE



#### 1. W8LAMAGWS PROJECT (YELLOW PERCH) AT THE LA COMMUNE MARSH

The fiscal year began with the annual monitoring of perch in the Odanak marshes. This year was distinctive in several ways. The abnormally high water levels did not provide the opportunity to monitor the linkage problems between the marshes and the river, as both culverts and streams were completely submerged. However, the number of yellow perch caught in the streams connecting the marshes to the river was much higher in the spring of 2017 than all other years when marshes were monitored. Our sample also shows that several yellow perch come to spawn in the marshes, but also that the majority of individuals are smaller size (recruitment). These results are encouraging, but it is important to note that despite these positive results, the perch population of Lake Saint-Pierre and its archipelago remains tenuous and in a precarious situation.



**SAMUEL  
DUFOUR-PELLETIER**  
LAND MANAGER

In addition, we carried out last September a wildlife habitat development project at Odanak's second marsh in order to restore the free movement of fish between the Tardif channel and the marsh. A new and larger culvert was installed 95 cm deeper than the previous one. During low water level periods, the height of the previous culvert created a small impassable cascade and limited the movement of fish to the marsh. In order to maintain a slight slope, the old stream was extended by about 50 m by creating a meander (a "C" shaped bend). Throughout the stream, a succession of small basins and restrictions were created using stones, thereby further limiting the water's flow velocity. These new conditions provide an ideal environment for migrating fish in the spring. All the stream's banks were stabilized by vegetation to limit erosion.

The monitoring of these developments will continue in 2018 and 2019 to gather data on the use of both marshes as spawning sites for yellow perch (and other species).

#### 2. KASABA PROJECT (STURGEON) IN DRUMMONDVILLE

Again this year, the Environment and Land Office has monitored reproduction of Lake Sturgeon at the Drummondville spawning grounds. These monitoring activities were all the more important this year because, as you remember, there appears to have been some problem with the spring 2016 spawning. Indeed, the combination of several

factors, such as partial dewatering of the downstream reaches of the Saint-François River due to the management of hydroelectric dams, seems to have disrupted the species' spawning behaviour. It was therefore impossible for us to document the scope of spawning activities with our conventional method of capturing eggs and spawners. Some larvae were nevertheless collected, indicating that spawning had still occurred, but at a location not covered by our study. Conversely, spawning in the spring of 2017 went smoothly and provided reliable results with an adequate and stable hydraulic regime. The chronosequence of field activities allowed us to characterize the arrival of different fish species and their activities according to the hydraulic regime. In doing so, several eggs were harvested and more than 50 different sturgeons were captured before being tagged and released, thus estimating the spawning peak to be somewhere between May 15 and May 17, 2017. The larvae collected also shows that reproductive success has been relatively stable over the last few years. Our results highlight the importance of properly managing water flows during the spawning period; particularly lake sturgeon in Drummondville.

#### 3. BAT PROJECT

We conducted several bat inventories in the area in June and July. A listening route consisting of travelling along a standardized path with an ultrasound detection device was conducted in order to identify and characterize the bat population in the region. The most common species in the region is the Big Brown Bat, and it is most likely to use human dwellings for nesting or as a hibernation site. We also located four Big Brown Bat maternities and identified 73, 81, 109 and 111 individuals respectively in these maternities. A maternity corresponds to a site used by bats to nest and feed their young while awaiting their departure, which occurs later in the summer. We also detected the presence of the Little Brown Bat (species at risk) on the Odanak territory, but we were unable to locate any maternities. The 2018 work will aim, in part, to find the breeding ground and make the necessary efforts to protect it.

#### 4. MATGUAS PROJECT (HARE): HABITAT DEVELOPMENT FOR SMALL GAME

A new project was launched during the winter of 2018. This project consists in creating a "Forest-Wildlife Management Plan" for the community's woodlands. The plan represents a management tool



# SUMMARY OF ACTIVITIES 2017-2018

## ODANAK ENVIRONMENT OFFICE



to be used to implement, at a later date, forest management projects aimed at improving the habitat quality of the various game species that are hunted in the community: snowshoe hare, ruffed grouse and white-tailed deer.

Over the winter and summer, we will be conducting various wildlife and forest inventories to determine which areas are more amenable to forest management, and therefore the type of intervention to be done. For example, if it is determined that a forest stand is of low quality for snowshoe hare, we could establish which variables in its habitat could be quickly improved, and at what costs (e.g. planting fir to improve the winter cover). By analyzing the situation as a whole, it may also be possible to predict how certain developments will evolve over the long term. For example, management between different areas that are already of good quality could provide connectivity between the good areas, and thus support the growth of the target species population.

Different field methods can be used:

- Snow tracking to determine areas of abundance of game species during the critical winter period (winter 2018);
- Ultra-precise mapping of forest stands using a drone (winter 2018);
- Inventory of white-tailed deer in the winter ravages (winter 2018);
- Inventory of woodcock and ruffed grouse using a retriever (spring 2018);
- Inventory of forest vegetation (summer 2018);
- Inventory of forest regeneration (summer 2018).

These data will be analyzed taking into account the forest composition around the community (region-wide). In the medium to long term, we hope to ensure a quality habitat for exploited species and thus allow the Abenaki traditional activities to be maintained and promote the transmission of knowledge to younger generations (hare snaring, deer hunting, etc.).

### 5. WASTE MANAGEMENT PROJECT IN ODANAK

#### *a. Disposal site*

The disposal site has been revamped to improve the services offered (fencing, signs, levelling, redevelopment, planting of shrubs). There are now

two containers on site and a specific location to dispose of large items. The Hazardous Household Waste site has also been moved to create a centralized location for all residual materials services.

#### *b. Clean-up*

We have continued our clean-up activities on the community grounds. This year, we have cleaned up several sites at Domaine Saint-François as well as on Île Ronde.

#### *c. Grand-Troc (barter)*

A bartering activity (Grand-Troc) was organized in the community to promote the reuse of old objects that would normally be disposed of. Over 20 people showed up and exchanged books, jewellery, electronics, clothing and more. A small shelving unit has also been made available to everyone near the community hall to encourage a more regular reuse of old items.

## 6. COMMUNITY PROJECTS

#### *a. Fishing in town*

We organized a fishing day in the community for Odanak's youth. A pond was stocked with 250 brook trout that were then caught and brought home. In addition, a professional trapper was present to teach how to bleach fur animal skulls. The youth were given the opportunity to prepare a skull and bring it home. In all, about twenty youth participated in the activity.

#### *b. Community garden*

The Environment and Land Office built a greenhouse at the Community Garden site. It will be operational in the spring of 2018 and all garden members will be invited to use it.

#### *c. Earth Day*

We distributed 25 composters for Earth Day to promote the reduction of waste production at home.

#### *d. Tree distribution*

More than 1000 trees were distributed and/or planted in the woods and parks of Odanak. Many species were available: pine, maple, oak.

#### *e. Museum activity*

In partnership with the Musée des Abénakis, we organized an educational snowshoe activity. This walk on the Koak Trail allowed participants to learn more about the region's winter wildlife and







## SUMMARY OF ACTIVITIES 2017-2018

### ODANAK ENVIRONMENT OFFICE



learn the basics of hare snaring.

#### *f. Rabaska*

We participated in a Rabaska outing to Île Ronde with the day camp youth. Participants were able to observe the local flora and fauna while discovering new areas.

### 7. OTHER SMALL PROJECTS

#### *a. Monitoring night owls*

We conducted a nocturnal bird inventory on a spring night to participate in the federal government's National Bird Population Monitoring Program.

#### *b. Birdhouse network*

We finalized the creation of a multispecies bird nesting network in the community's woodlands and wetlands in order to provide high quality nesting sites for cavity nesting birds.

#### *c. Gray partridge inventory*

We conducted an inventory of gray partridge singing in the region led by the Ministère des Forêts de la Faune et des Parcs. These data will enable us to estimate the size of the population in the Centre-du-Québec region, which is still unknown.

#### *d. Mussels*

We assisted the Ministère des Forêts de la Faune et des Parcs in an inventory of hickorynut, a freshwater mussel species at risk in the Saint-François River. Freshwater mussels were once used by First Nations for making Wampums.

### 8. OTHER TASKS

a. Consultations: COGESAF, Table faune Centre-du-Québec, SLGO, and others;

b. Support and advice to organizations: GCNWA, BETW, MFFP, and others;

c. Maintenance: Trails, developments, woodlands, parks, and others;

d. Training / Communications: Various conventions (approx. 5);

e. Patrolling the territory;

f. Maintenance and supervision of the rink;

g. Snow removal;

h. Staff and budget management;

i. Applications for funding.

### 9. 2017-2018 PERSONNEL

a. Samuel Dufour-Pelletier (Biologist, Project Manager)

b. Luc G. Nolett (Technician, Field Team Supervisor)

c. Michel Durand (Land Manager)

d. Christopher Coughlin (Field Assistant)

e. Sophie Proudfoot (Biologist Assistant)

f. Steeve Williams (Field Assistant)

g. Evelyne Benedict (Field Assistant)

h. Simon G. Nolett (Field Assistant)

*Samuel Dufour Pelletier*

Biologist, Project Manager



# SUMMARY OF ACTIVITIES 2017-2018

## ODANAK LAND OFFICE



For 2017-18, ending on March 31, 2018, there were certain lot transfers and inheritance documents. Several corrections were also made to the existing files.

During the year, the government also changed certain procedures, including for estates and ATRs (Addition to reserve lands).

The Band Council decided to postpone the FNLMA (First Nations Land Management Act) file, the framework agreement of which had been signed for the start of proceedings in January 2016. To be continued

The Band Council purchased part of Île Ronde, lot 879, Hosannah House. In February 2017, the ATR process commenced by council resolution.

There are ongoing talks to obtain have an easement or right of way to access the Domaine de Pierreville. To be continued

Do not hesitate to contact your land manager for any questions concerning your file. Identifying markers is very important before any excavation work on your lot.

Thank you for your cooperation.

Michel Durand Nolett,  
Land Manager –  
Environment and Land Office Odanak  
62, rue Waban-Aki  
Odanak, Qc J0G 1H0  
tél : 450-568-6363  
télécopieur/Fax : 450-568-3553  
Courriel/email: mdurand@caodanak.com



**MICHEL DURAND  
NOLETT**  
LAND MANAGER







## LAST RESORT ASSISTANCE 2017-2018

# ANNUAL INCOME SECURITY PROGRAM

### Sector's Mission

Provide last resort financial assistance for Odnak community members who do not have sufficient resources to support themselves.

Promote the integration of community members (employable) to the labour market through training, development of employability and employment support programs.

Provide adequate financial resources and individually-based professional services to people unable to work.

Mitigate the dependence on income security and the underemployment issues in Odnak.

Participate in various community-based projects.

### ACTIVITIES – INCOME SECURITY (2017-2018)

- Attend training and information sessions for the implementation of the First Nations of Quebec Income Security Policy Framework;
- Participate in the development of the new "Horizon" system with the FNQLHSSC designers;
- Apply the administrative procedures included in the Income Security Policy Framework and follow-up on updates and apply them when required;
- Provide professional services to program beneficiaries in consideration of their individual needs;
- Conduct annual reassessments in order to update claimants' files;
- Monitor individual plans for employable clients;
- Develop healthy relationships with regional and provincial organizations related to income security, transfer to the province and employment;
- Work in close cooperation with each department.

### ACTIVITIES REGARDING EMPLOYMENT, TRAINING AND SPECIAL PROJECTS

- Activities regarding employment, training and special projects
- Periodic meetings are held with clients to help and support them in their employment efforts;
- Meetings with external resources for the clients (psychologist, counsellor);
- Annual meeting (2) with communities adhering to the policy framework;
- Joint meeting FNHRDCQ-FNQLHSSC (single window approach);
- Training "*Traitement des revenus gains et avantages*" (income processing) offered by the FNQLHSSC;
- Implement employment assistance measures in collaboration with the Museum;
- Meeting and follow-up for employment assistance measures;
- Work in close collaboration with the Carrefour Jeunesse Emploi (CJE) so clients (ages 16-35) have access to all employment services and programs;
- The LFNC and income security are working closely to improve customer service.



**ANN LANDRY**  
SOCIAL ECONOMIC  
AND  
POST-SECONDARY  
(CEGEP) AGENT



# LAST RESORT ASSISTANCE 2017-2018

## ANNUAL INCOME SECURITY PROGRAM



### BUDGET ITEM

#### Social Assistance

In 2017-2018, income security payments totalled nearly \$178,313.16 to income security program beneficiaries. Based on statistics, herewith are the results for the last year:

Social assistance benefits expenditures	2017-2018
Basic allowance	\$132,421.16
Limited capacity allowance <sup>1</sup>	\$36,694.12
Special allowance <sup>2</sup>	\$1,637.71
Employment assistance measures	\$7,559.94
Total for 2017-2018	\$178,313.16

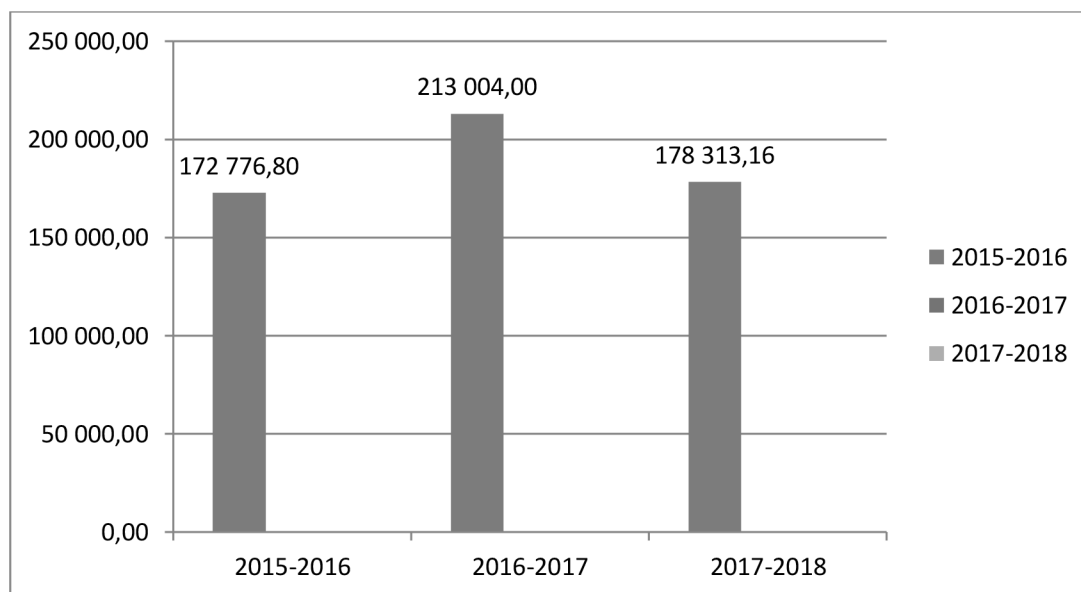
Data were collected internally (accounting). They have not yet been verified by the accounting auditors.

#### Further information on budget items

**Note 1: Limited capacity allowances** are provided to people with physical or mental incapacity or due to pregnancy, age (58 and over) and for children under the age of 5.

**Note 2: Special allowances** are provided to people with special needs in the following situations: illness, pregnancy, death of a family member, etc.

#### Statistics for the last three (3) years: (2015-2016), (2016-2017), (2017-2018)



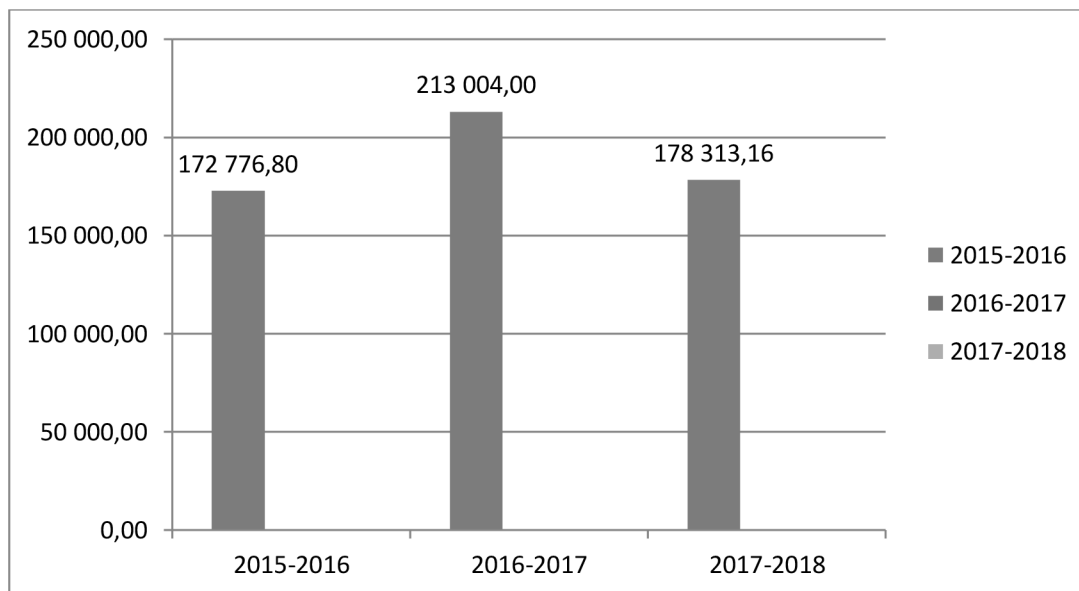




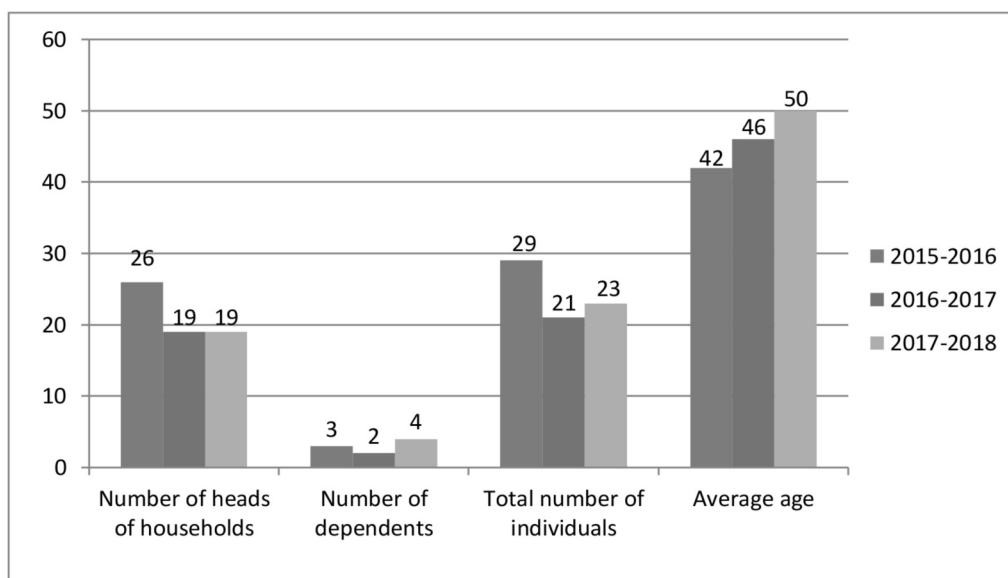
## LAST RESORT ASSISTANCE 2017-2018

# ANNUAL INCOME SECURITY PROGRAM

In 2017-2018, income security provided monthly financial assistance to 26 families and their dependents. Herewith the breakdown of the number of people assisted during the year.



STATISTICS – YEARLY AVERAGE (2015-2016), (2016-2017), (2017-2018)



# LAST RESORT ASSISTANCE 2017-2018

## ANNUAL INCOME SECURITY PROGRAM



### EMPLOYMENT AND TRAINING SECTOR

#### STATISTICS OVER THE LAST THREE (3) YEARS

Year	2015-2016	2016-2017	2017-2018
Training (adult, vocational (DEP), college)	2	1	2
Labour market	4	4	2
Subsidized project	1	0	0
Employment assistance measures	0	0	1
Social reintegration	0	2	0
Employed following the project	0	1	0
Total number of participants	7	7	5

*Ann Landry*

Socio-economic assistance agent





## SUMMARY OF ACTIVITIES 2017-2018

### HOUSING



With the housing policy, status members of the Odanak community can benefit from existing programs to build, renovate and purchase a home. Housing funds are primarily provided by Indigenous and Northern Affairs Canada (INAC) and the Canada Mortgage and Housing Corporation (CMHC).

#### RRAP

Eight RRAP program requests were accepted in 2017-2018, which ended on March 31, 2018, for a total of \$ 184,000.



**KARINE GILL**  
HOUSING

#### MINOR REPAIRS

Seventeen requests for minor repairs were accepted for a total of \$ 50,405.39 in grants awarded to community members.

#### CONSTRUCTION AND RENOVATIONS

Three ministerial guarantees were processed for the construction of a semidetached house and for the purchase of existing homes.

*Karine Gill*

Administrative Assistant  
and Habitation Agent





# SUMMARY OF ACTIVITIES 2017-2018

## EDUCATION



### ABENAKIS OF ODANAK COUNCIL ÉDUCATION AND REGISTRAR 2017-2018

#### A) ELEMENTARY LEVEL ON RESERVE

Number of status students: 36

#### B) SECONDARY LEVEL ON RESERVE

Number of students: 18

Number of students attending a public school: 12

Number of students attending a private school: 6

#### C) COLLEGE LEVEL

##### **2017 Summer Semester**

Number of students: 2

On reserve students:

Off reserve students: 2

Graduate: 0

Drop-outs: 0

##### **2017 Fall Semester**

Number of students: 36

On reserve students: 9

Off reserve students: 27

Graduate: 1

Drop-outs: 5

##### **2018 Winter Semester**

Number of students: 33

On reserve students: 10

Off reserve students: 23

Graduates: 11

Drop-outs: 3



**NATHALIE CARDIN**

EDUCATION AGENT  
AND ADMINISTRATOR  
FOR INDIAN REGISTRY

#### **College graduates' programs of study:**

AEC Special Education

DEC Visual Arts DEC Dance

DEC Special Care Counselling (3)

DEC Accounting and Management Technology

DEC Legal Technology

Social Science "Commerce option" Diploma

DEC Arts

DEC Industrial Design

DEC Administrative Technology in Business Management

DEC Business Management

Public Relations Diploma

#### D) UNIVERSITY LEVEL

##### **2017 Summer Semester**

Number of students: 22

On reserve: 5

Off reserve: 17

Graduate: 1

Drop-out: 1

##### **2017 Fall Semester**

Number of students: 52

On reserve: 13

Off reserve: 39

Graduate: 1

Drop-out: 0

##### **2018 Winter Semester**

Number of students: 56

On reserve: 12

Off reserve: 44

Graduates: 4

Drop-out : 0





## SUMMARY OF ACTIVITIES 2017-2018

# EDUCATION



### University graduates' programs of study

Bachelor of Business Administration

Bachelor of Psychoeducation

Dec-Bac in Nursing

Bachelor in Industrial Relations

Bachelor of Arts with major in Kinesiology

Bachelor of Justice Studies

### **E) EXPENSES FOR BOTH LEVELS:**

Tuition: \$ 284,911

Books: \$ 86,239

Subsistence allowance fees: \$ 601,406

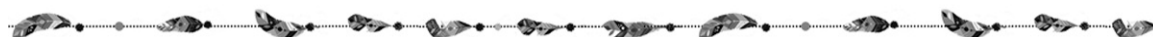
**Total: \$ 972,556**

### **EDUCATION RELATED ACTIVITIES HELD:**

1. Abenaki language courses;
2. Production of DVD for language courses;
3. Homework assistance;
4. Summer employment for four (5) students in 2017;
5. Abenaki basket weaving course;
6. Field trip to Salon du livre de Montréal (book fair);
7. Field trip to Sherbrooke Nature and Science Museum;
8. Field trip to the Guyon Farm;
9. Field trip to the Montreal Science Centre;
10. Hosting of Sciences en folie in Odanak;
11. Costume making for Project W;
12. Cultural and Community Activities Day held in September 2017;
13. Odanak Carnival;
14. Creation of the Niona project for Odanak;
15. Natural science activity with trout pond and skull bleaching;
16. Organization of two days of community activities for children;
17. Creation of the Espace Awôssisak at the Musée des Abénakis;
18. Purchase of ash trees for the making of Abenaki baskets.

*Nathalie Cardin*

Education Agent



# ACTIVITY REPORT 2017-2018

## REGISTRAR



### UPDATED ABENAKIS OF ODANAK LIST OF BAND MEMBERS AS OF JULY 25, 2018

#### Odanak

Number of status Indians: 333

Number of citizenship code members: 9

Non-Aboriginal: 128

Total population: 470

#### Canada

Number of status Indians: 1510

Number of citizenship code members: 106

Total: 1616

#### United States

Number of status Indians: 413

Number of citizenship code members: 28

Total: 441

#### Other countries

Number of status Indians: 2 (France), 1 (Holland)

**Total status members: 2,259**

**Total citizenship code members: 143**

**Total: 2,402**

**Total members without an address: 223 (not included in the 2,402)**

**Grand total of members: 2,625**

*Nathalie Cardin*

Administrator for Indian Registry







## ACTIVITY REPORT 2017-2018

# LFNC

The programs of the LFNC are support and guidance measures, training and professional development measures, and employability measures. The following is a brief description of the measures:

### SUPPORT AND GUIDANCE MEASURES ("A" MEASURES)

- Information about the job market, provide job notice boards, etc.
- To offer professional resources that can help the clients develop professional integration strategies

### TRAINING AND PROFESSIONAL DEVELOPMENT MEASURES ("B" MEASURES)

- Enables individual clients to acquire the professional competencies required for a specific job
- Allows a client to finish her high school education in order to obtain a better job or allows a client to enter the work field

### EMPLOYABILITY MEASURES ("C") MEASURES

- Job creation initiatives provide employers with incentives to help clients re-enter the workforce and acquire work experience.
- Self-employment assistance provides members who want to start their own business with financial support during the first years of business operation



**ELEANOR HOFF**

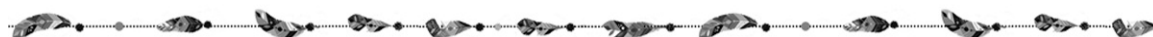
LFNC AGENT

### ALL THESE MEASURES ARE CONDITIONAL TO ODANAKS' LFNC POLICY AND AVAILABLE FUNDS.

The targeted clientele are natives living in Quebec on and off reserve, not receiving allowances from education and not on an employment measure with social assistance. The main role of the LFNC is to offer training and job development services that promote short or medium-term integration into Quebec's on- and off-reserve job market. To enable individual clients to acquire the professional competencies required for a specific job. The program also allows clients to increase their skills in order to obtain a job or re-orient their career, finish their high school studies in order to undertake post-secondary training or re-enter the labour force.

In the past year we assisted financially clients that have entered adult education, vocational training, provided employers with incentives to help clients enter the workforce and the client acquires sufficient work experience to move on to better paying jobs. (Below you find the details for the measures).

Measure	Assisted	On-going	Finished	Abandoned	Summer Students (2017)
Information/Resources	2	0	2		
Vocational training	10	9	8	1	
Adult education	9	8	2	0	
Student(summer 2017)	19	0	18	1	19
Self employment measures	2	2	0		
Job creation	30	4	26		





(Financial assistance given to 75 members)

**PARTICIPANTS THAT FINISHED  
VOCATIONAL TRAINING**

1. Secretarial (still un-employed) (1)
2. Heavy machinery operator (1)
3. Drilling and blasting(1)

**During the past year the following was done:**

- Attended the regional meetings
- Visited facilities where we have students (adult, vocational education)
- Assisted members with renewal for unemployment insurance
- Prepared the payments and monthly allowances according to our policy
- Did the follow-ups for students in vocational and high-school levels
- Worked in close cooperation with adult education teachers for the progress of our students
- Assisted and supported my colleagues with the use of ALMASS (Aboriginal Labour Market Adaptation Support System) with social services and education depts.
- Held a workshop on Services from Service Canada and Service Québec

*Eleanor Hoff*

LFNC Agent





## ACTIVITIES REPORT 2017-2018

# ABENAKI POLICE FORCE (CPDA)



It is my pleasure to submit the Abenaki Police Force 2017-2018 Annual Management Report. The following pages highlight the results of our efforts over the past year and our commitment to making the CPDA an evolving organization focused on the future and on its core public safety mission. I would like to thank the civilian and police members who, through their hard work and dedication, make the CPDA an effective, credible and trusted organization. We also want to acknowledge the continued collaboration of all our partners in achieving our many successes.



**ÉRIC CLOUTIER**

CPDA Director

### MISSION

The mission of the CPDA is to protect the lives and property of citizens, to maintain peace and public safety, to prevent and combat crime and to enforce the laws and regulations in effect.

In partnership with the institutions, economic and social organizations, community groups and citizens of Odanak and Wôlinak, the CPDA is committed to promoting the quality of life of Abenaki communities by reducing the crime rate, improving road safety, promoting a sense of security and developing a peaceful and safe environment, in respect of the rights and liberties guaranteed by the Canadian and Quebec Charters.

### VISION

Our vision is to be a team at the service of its community, recognized for its professional interventions, its excellent practices and for the quality of its skills.

### VALUES

The CPDA adheres to the values of the communities of Odanak and Wôlinak, i.e. responsibility, courage and respect. The following values also motivate us in the fulfilment of our mission and our vision:

#### - Service

Citizen safety is at the heart of our priorities. We are convinced that through the quality of our daily actions and our commitment, we are able to maintain our priority of providing them with a safe living environment.

#### - Ethics

Every police officer must be exemplary in respect of the law. The officer must ensure application of the law while using judgment in the exercise of his discretionary powers. Integrity, respect and accountability characterize our conduct, and this is essential to maintaining public trust.

#### - Partnership

Our professional relationships with our partners are based on united objectives and interests and concerted initiatives.

#### - Commitment

Our personnel are motivated by a sense of belonging to the organization and the profession; they identify with the objectives of the service and share the resolve to devote themselves to the well-being of the community.

#### - Communication

Attuned to the needs of the population we serve, we communicate with our internal and external clients in a dynamic and proactive way.





# ACTIVITIES REPORT 2017-2018

## ABENAKI POLICE FORCE (CPDA)



### ORGANIZATION CHART





## ACTIVITIES REPORT 2017-2018

# ABENAKI POLICE FORCE (CPDA)

### Road Safety

Improving quality of life, saving lives and promoting better sharing of the roads between motorists, pedestrians and cyclists. This sums up the focus of CPDA officers throughout the year.

With 471 traffic tickets issued this year, the CPDA showed its commitment towards road safety so that everyone feels safer on our roads.

### Crime Statistics

In 2017-2018, in addition to the traffic tickets issued, the CPDA handled 312 cases concerning many different issues. Of these 312 cases, the CPDA handled 40 criminal offenses on our territory and 272 non-criminal cases. Here is a list of these offenses:

#### Criminal cases:

- 4 for thefts under \$5,000
- 4 for cannabis possession
- 4 for common assault
- 4 for mischief
- 3 for uttering threats
- 3 for night intrusions
- 2 for hit and runs
- 2 for possession – other drugs
- 2 for failure to comply with a condition
- 1 for impaired driving
- 1 for impaired driving causing an accident
- 1 for breaking and entering
- 1 for theft in a commercial premises
- 1 for shoplifting of under \$5,000
- 1 for possession of methamphetamines
- 1 for negligent use of firearms
- 1 for intimidation
- 1 for computer/Internet fraud
- 1 unsafe storage of a firearm
- 1 for production of child pornography
- 1 for fraud

#### Non-criminal cases:

- 53 for public assistance
- 49 for information received from the public
- 41 for assisting the SQ
- 33 for assistance – bailiff/ambulance
- 12 for family disputes
- 9 for assistance – other organizations
- 9 for material accidents - \$ 2,000 and over
- 8 for animal related calls
- 8 for alarms related to an intrusion
- 7 for material accidents - \$2,000 and under
- 6 for alarms – non criminal events
- 5 for merchandise found
- 5 for transportation by ambulance
- 3 for hit and run related accidents
- 3 for assistance to fire department
- 3 for suicide attempts
- 2 for civil affairs
- 2 for accidents with injury
- 2 for noise complaints
- 2 for mental health disorder
- 2 for arrest warrants from another police service
- 1 for person arrested
- 1 for assistance to municipal police
- 1 for person being observed
- 1 for request to destroy weapon
- 1 for arrest warrant from the unit
- 1 for unfounded 911 call
- 1 for criminal intelligence investigation
- 1 for municipal by-laws



# ACTIVITIES REPORT 2017-2018

## ABENAKI POLICE FORCE (CPDA)



### Prevention

This year, the CPDA focused its prevention on road safety by carrying out several radar operations and roadblocks.

In addition, a drinking and driving prevention campaign was held in Wôlinak. The aim of this activity was to make drivers and future drivers aware of the risks of drive while intoxicated.

Another prevention activity was also held in Odanak with the aim of preventing the kidnapping and disappearance of children. During this day, the Missing Children's Network was invited to contribute. Participants were able to take part in a workshop as well as various scenarios. This activity was offered to the Odanak day camp youth.

We also welcomed the children from the Odanak daycare centre to visit the police station and meet the police officers, who took the opportunity to show them the patrol vehicles. The children really enjoyed this activity.

We conducted several car-seat verification campaigns at the daycare centre and at the police station. Additionally, all of our staff members have now been adequately trained by the SAAQ in order to answer any questions related to car seats.

### Conclusion

Finally, as you can see, your Police Department takes its responsibilities for public safety seriously. Be assured that we will continue to offer the best possible service.

Thank you and be safe!

*Éric Cloutier*

CPDA Director







## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### Word from Management

Kwaï, kwaï mziwi!

On my own behalf and on behalf of the Abenakis of Odanak Council, I take this opportunity to congratulate the entire team at the Odanak Health Centre (OHC) for their excellent work in 2017-2018. It has not always been easy for them to work under interim management at the OHC during the last nine months of the year. Congratulations again! Wligen mziwi! Our community members are fortunate to rely on professionals such as you!

Here then is the OHC annual report. Enjoy your reading!

Daniel G. Nolett  
OHC Interim Director

### Nursing care

#### Nursing related statistics (April 1, 2017 to March 18, 2018)

NB of consultations – OHC	964
NB of consultations – home care	659
NB of telephone consultations with note to file	88
NB of clients who received influenza vaccine	91

#### Maternal and Child Health (MCH) related statistics

NB of pregnancy reports received at the OHC	1
NB of births	2
NB of pregnancy follow-up appointments	12
NB of eligible cases participating in the OLO program	4
NB of forms issued on foetal alcohol syndrome and smoking	5
NB of consultations at the OHC – 0-5 years	41
NB of vaccine follow-ups – 0-5 years	16
NB of post-natal follow-ups	8
NB of requests for washable diapers	0
NB of forms completed relative to psychomotor assessment of infant and children	16
NB of consultations of pregnant women – OHC	6
<i>Age of pregnant women – 21-32 years</i>	

#### Diabetes (ADI) related statistics

Visitors	M	W	Total
Clients with insulin-dependent diabetes diagnosis	5	6	11
Clients with non-insulin-dependent diabetes diagnosis	132	94	226
<b>Total</b>	<b>137</b>	<b>100</b>	<b>237</b>



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



<b>Consultations</b>	
Number of new cases detected	3
Case follow-ups (diabetes)	57
Capillary glucose tests conducted	36
Number of documents issued	12
Number of participants in activities	31
Number of screenings (HbA1C in non-db)	42

**Daphnée Couture**, BScN / Responsible for health care

### Jordan's Principle, Service delivery

Number of children and total cost per type of service or support

Service/support	Number of children	Total cost
Speech therapy	3	\$ 2,975.00
Neuropsychological assessment	7	\$ 6,675.00
Remedial education assessment	1	\$ 600
Occupational therapy	2	\$ 2,185.00
Chiropractic	2	\$ 190
Podiatry	2	\$ 560
Special education technician	2	\$ 9,948.08
Support to learning material	2	\$ 233.50
MT	2	\$ 207.66
Private vehicle	3	\$ 504.45
Administration fees		\$ 2,407.00
TOTAL		\$ 26,485.69

**Isabelle Dupuis**, Clinical Nurse MCH/ Coordinator, Jordan's Principle





## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### NUTRITION SERVICES

#### I- Individual nutritional consultation statistics for 2018-2019

It should be noted that the following statistics account for only half of the dietician's position since the regular dietician has returned half-time to her position, the equivalent of one day per week (7h/week), since January 2016.

##### **a) Nutritional consultation at home:**

- 1 client followed at home as needed (other home care clients are followed by the other dietician).

##### **b) Number of nutrition consultations at the Health Centre:**

- Number of consultations in 2017-2018: 80
- Number of clients met in 2017-2018, most requiring regular nutrition follow-ups: 24

The number of clients receiving regular nutrition follow-ups is slightly higher than in 2017-2018, or 4 more.

#### Description of client base in nutrition:

-Among the 24 clients met, 11 were new this year;

#### Age profile:

-2 youths 13-18 years of age; 2 young adults 20-30 years of age; 5 adults 30-40 years of age; 6 41-50 years of age; 4 51-65 years of age; 5 65 years and over.

Among these clients, there were:

- 3 new pregnancies (including 2 vulnerable, OLO program);
- the other cases are complex: morbid obesity with several other physical and mental health conditions (e.g. malnutrition, food compulsion, bulimia, depression, chronic anxiety disorder, unbalanced diabetes, heart condition, loss of independence due to age, etc.)

#### Description of nutrition-based interventions

Follow ups last about 45-60 minutes. The evaluation of a new client takes about an hour and a half, depending on the complexity of the medical situation. Certain more complex interventions require exchanges with the nursing staff, the physician (OHC), the medical staff of off-reserve organizations (hospitals, clinics), the director of homecare services, the homecare workers and sometimes the client's entourage (family , friends).

#### II-Nutritional activities:

In addition to the activities listed in the food security report, the following interventions were carried out as part of the nutritionist's responsibilities:

##### **1-Nutrition services planning and organization meetings**

- Regular work meetings with the nurse responsible for the OLO program and the new SIPPE program, Ms. Isabelle Dupuis, were held to set up and ensure multidisciplinary follow-ups of young and more vulnerable families. A more formal multidisciplinary team including a FNCFS psychosocial worker is currently being developed, and team meetings to develop and coordinate the necessary interventions will take place in 2018-2019, starting in April 2018;

- Planning of a meeting with the other nutritionist (Ms. Line Capistran) and the dietary technician (Ms. Marie-Pier Desnoyers) to plan and coordinate nutrition interventions to be held with pregnant women and young families, along with collective kitchen participants (May 2017);



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



- Planning of a meeting with the other nutritionist (Ms. Line Capistran) and the nurse in charge of young families services (Ms. Isabelle Dupuis) to discuss the need for dietary and food security services for children from vulnerable families as part of the planning and organization of the Jordan program (May 2017);

- Working meeting with Nurse Ms. Isabelle Dupuis to evaluate the dietician's role in the new Jordan program (June 2017).

### 2-Comprehensive care for pregnant women:

In order to develop a relationship with pregnant women in the community and guide them more effectively towards healthy eating and food security initiatives, part of the other dietician's clientele, Ms. Line Capistran, was transferred to me. Currently, I am responsible for monitoring all new pregnant women in the community, whether or not they benefit from the OLO program (eggs, milk and orange juice nutrition program for socio-economically disadvantaged pregnant women).

### 3-Changes to prenatal and postnatal nutrition follow-ups (general prenatal program, OLO program):

-In order to meet the recommendations of the survey on food security and needs identified during consultations with the nurses and dieticians working with pregnant and postnatal clients from vulnerable families, team meetings were held between the nurse responsible for prenatal and postnatal follow-ups (Ms. Isabelle Dupuis) and me. Changes to the prenatal nutrition program were made and collaboration initiatives were introduced with the nurse responsible for prenatal follow-ups.

a) From now on, an assessment consultation by the nutritionist will be strongly suggested to any woman becoming pregnant in the community, whether socio-economically vulnerable or not. Indeed, it is proven that pregnancy represents one of the most effective periods for promoting and adopting healthy eating habits for the whole family, since women become increasingly concerned about their diet during this period;

b) Given the greater needs of the vulnerable population (lack of nutritious food, lack of culinary and organizational skills, lack of knowledge about nutrition during pregnancy and infant feeding, etc.), it has been agreed to intensify prenatal nutrition monitoring and add postnatal care to socio-economically disadvantaged women at key points during pregnancy and infant growth:

- Nutritional and nursing follow-ups every two weeks for pregnant clients (OLO program recommendations);

- postnatal nurse follow-ups: for infants 2 months, 4 months, 6 months and 12 months of age;

- Post-natal nutritional follow-ups: 3 months (just before introducing solid foods), 6 months (age limit for introducing solid foods) and 8 months (change of textures).

It should be noted that clients receiving OLO follow-ups (pre and post natal) are more vulnerable individuals who do not usually attend information sessions (e.g. session on infant feeding/preparation of purees for infants) offered to the community.

### 3- Developing and organizing a nutrition workshop for the collective kitchen groups (October 10, 2017):

-A nutrition workshop on preparing nutritious and economical meals, as well as on preparing squash, was developed and organized in the collective kitchens. This workshop was given only once during the day, but all collective kitchens participants were invited to attend.

-7 participants attended the workshop and other participants, who could not attend the workshop, later asked the nutritionist for information;

The people present were of different ages (young mothers, adults aged 40-50 and people over 65), as in the 2016-2017 nutrition workshop. This time however, people were already more comfortable cooking together. People were interested in the topic and the recipes prepared. An information leaflet and recipes were prepared and given to participants.

### III-Continuing education:

-Various continuing education programs offered by the Ordre Professionnel des Diététistes du Québec had to be followed in 2017-2018 (number of continuing education units required to be able to practice with a license from the OPDQ). Most of these trainings were paid for with my personal budget, given the very limited budget allocated to the nutritionist's training for the year. The employer would benefit from increasing the budget for continuing education for the OHC's dieticians to ensure their expertise is up to date;

-2 training days on cardiac health given by the OPDQ were paid for by the nutrition training budget and were followed on March 4-5, 2018.

Marie-France David  
Nutritionist





## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### COMMUNITY AND CLINICAL NUTRITION

**OVERALL OBJECTIVE:** INSPIRE THE POPULATION TO ADOPT HEALTHY EATING AND LIFESTYLE CHOICES

**SPECIFIC OBJECTIVE:** Guide individuals to achieve their personal nutrition goals by meeting with them individually or through articles, activities, bulletins.

**ACTIVITIES PERFORMED:**

**OHC BROCHURE:**

- NO ARTICLE FOR THE BROCHURE OVER THIS PERIOD.

**VARIOUS MEETINGS:**

- CONSULTATION TABLE WITH THE FNCFS.
- MANAGEMENT MEETINGS.
- BUDGET PLANNING MEETINGS.
- MEETINGS BETWEEN PROFESSIONALS.

**OTHER ACTIVITIES:**

- WORKSHOP ON THE INTRODUCTION OF SOLID FOODS FOR INFANTS AND PREPARATION OF BABY PUREES.
- PRESENTATION OF DOCUMENTS FOR NUTRITION MONTH 2018.
- NUTRITION ACTIVITY FOR WORLD DIABETES DAY.

**STATISTICAL REPORT/MANAGEMENT INDICATORS**

8.5 home care  
6 diabetes  
3 obesity  
6 dyslipidemia  
2 digestive disorders  
1 balanced diet  
1 pregnancy follow-up  
2 paediatrics

- These data indicate the number of hours spent in each category.
- • The number of hours indicated represents the time spent with the client. This does not include recording notes, phone calls, reading, research, creating custom documents...
- • Does not include 4 weeks vacation and OHC closure during the holidays.

- VARIOUS MEETINGS (219): 5.5H
- STATISTICS/MANAGEMENT (220): 139H
- READING: 61.5H
- TEAM DISCUSSIONS: 2.5H
- TRAINING: 10.5H
- BABY PUREE WORKSHOP: 3.5H
- ACTIVITY WORLD DIABETES DAY: 7H
- OTHER: 5H



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



### TRAINING:

- RECORD-KEEPING TRAINING.
- CELIAC DISEASE TRAINING.
- DYSPHAGIA AND MALNUTRITION TRAINING (14 HRS.). PAID BY MY OTHER EMPLOYER.
- AWARENESS OF ABENAKI CULTURE.
- CPR

### CREATION OF DOCUMENTS:

- CUSTOM DOCUMENTS PROVIDED TO CLIENTS
- DOCUMENTS PROVIDED TO HEALTH PROFESSIONALS

### PLANNING OF UPCOMING ACTIVITIES:

DRAFTING ARTICLES FOR THE OHC BROCHURE.

INFORMATION SESSIONS FOR THE ELDER (TOPICS TO BE DETERMINED).

VARIOUS ACTIVITIES FOR NUTRITION MONTH (MARCH).

COLLABORATE WITH AVENIR D'ENFANT TO PROVIDE WORKSHOPS.

TRAINING OF ODANAK DAYCARE STAFF ON FOOD ALLERGIES.

*Line Capistran,*  
Nutritionist

### **Kinesiology**

The kinesiologist returned from maternity leave on October 31, 2018. A gradual return was negotiated based on 9h/week. These hours were intended solely for the management of the Étincelle project for 6-12 year olds (364) and the Skweda project for 13-18 year olds (369). Following management's request regarding the fall prevention strategy, I was granted an additional 2h/week starting on January 1, 2018. Currently, there is no time allocated for the maintenance of the kinesiology program. It will be necessary to establish intervention priorities in this program.

### **Individual consultation**

A priority request for individual home consultation from the nursing department was accepted. The consultations began in January 2018. The client in question has a neurodegenerative disorder. A physiotherapy accompaniment with the client was included in budget item 334. Barring an exception, this client is seen every week. The frequency of appointments will be re-evaluated for the 2018-2019 period. Several requests from members were made for individual consultation follow-ups. The requests concern individuals with musculoskeletal disorders and chronic diseases such as diabetes and CVD. It will be relevant to evaluate the possibility of resuming services for the 2018-2019 period. Otherwise, these clients will have to be redirected externally to kinesiology follow-ups in private clinics.

### **Early stimulation workshop in collaboration with Raymonde Nolett**

The kinesiologist participated in the planning, preparation and organization of two workshops, in November and December. My involvement ended in order to focus on the Étincelle and Skweda projects. A new request for

collaboration, other than stimulation workshops, was made in March. The person in charge of Avenir d'enfants could provide the financial resources. The application will have to be considered in the 2018-2019 planning. In terms of stimulation workshops, the number of annual interventions could be reduced or it could be suspended altogether.

### **Kirano**

This program is currently pending. This type of intervention requires considerable commitment from community workers. Individual consultations are more appropriate and safe with respect to chronic diseases. The relevance of resuming this program will have to be evaluated in the future.

### **Increasing the number of sports activities in the community**

#### Walking club or walking using poles

This program is currently pending. It is primarily aimed at people aged 50 and over. It would be interesting to collaborate with Stéfanie O'Bomsawin for leading these sessions. Training given by the kinesiologist may be possible for the walking club organizer. It will be necessary to evaluate the time required for this type of collaboration.

#### Group classes

This type of activity is currently pending. A tai chi class could be relevant in the fall prevention strategy.

#### Equipment loans

For the moment, the equipment loans are made during group activities organized by community workers at the OHC or FNCFS. E.g. snowshoes (January 2018), hockey equipment (February 2018).





## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE



<b>Individual consultation 339</b>				
Nb of consultations: 6 (8h)    Nb of clients: 1      New clients: 1				
14-34 years	35-54 years	55- 74 years	75 years and over	Family
	1			
Respiratory diseases	Endocrine diseases	Cardiovascular diseases	Musculoskeletal diseases	Mood disorders
<b>Early stimulation workshop in collaboration with Raymonde Nolett</b>				
<b>Nb of workshops: 2</b>				
Participation in 2 motor development workshops in November and December 2017.				
<b>Workshop and/or promotional kiosk for kinesiology and physical activity: 0</b>				
2018-03-16	No promotional activity organized.			
<b>Drafting and customizing forms and questionnaires for individual consultation</b>				
Implementation of administrative support for individual consultation. Customizing of forms commonly used.				
Approval by the committee of the single file: 1 (medical authorization for fall prevention)				
<b>Equipment loans</b>				
January 2018	Snowshoe loan by organization Kino-Québec and Raymonde Nolett			
February 2018	Loan of hockey equipment for activity at Odanak Carnival			
March 2018	Loan of yoga mats and stress balls - Skweda project			

*Jessica Papineau,*  
BSc in Kinesiology



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



### Fall prevention strategy

A fall prevention strategy was implemented to respond to the quality improvement plan. This initiative is part of a process to achieve the level of quality sought while taking into account the priorities of the five-year plan.

- The fall prevention strategy is part of Priority 4 activities of the 2016-2021 Community Health Plan for the well-being of elders in Odanak.
- The risk of falling requires ongoing monitoring of elderly clients by home-based staff, both by support personnel and by home care personnel.

### Strategies used by the health centre

#### - Screening and monitoring activities for both home care and outpatient services.

A fall survey form has been created to monitor people at risk. The form was authorized in the single file in the kinesiology section. This allows the exchange of information and better continuity of care. Home care nurses have incorporated this tool to indicate their level of risk.

#### - Individual activities specifically assessing the risk of falling

Clients who have had one or more falls or a positive TUG are automatically referred to Kinesiology services for a more detailed assessment. Since December 2018, there have been 18 clients on the waiting list. In consultation with the nurses, an order of priority was determined. Priority clients will be contacted by the end of March 2018 for this service. The kinesiologist estimates that an initial assessment will generally require 2.5 hours per client. The ability to offer and integrate this new long-term service remains to be determined. Obviously, a follow-up is necessary following the assessment to adequately meet the needs. It is therefore important to plan a budget and time for this type of service. Since the beginning of January, two hours per week have been allocated to implement the fall prevention strategy for the kinesiology component.

### - Individual or group activities to reduce or control risk factors

As previously mentioned, home follow-ups should be offered to clients who are unable to travel to the centre. Group or semi-group follow-ups should be considered for others. This service will consist in prescribing functional exercises in order to maintain the client's autonomy. The kinesiologist estimates that each follow-up will require 1.5 hours. Following the assessment, the first two interventions should be closely spaced in time, one or two weeks apart, to ensure safe performance of the prescribed exercises. The number of follow-ups required for each client remains to be determined.

### Continuing education

The kinesiologist has followed a training to acquire specific skills and knowledge for this clientele. The "Healthy Seniors" course contained 3 hours of training in age-related pathophysiology and 3 hours of specific evaluation training for elders.

### Collaboration and partnership

A collaboration approach was discussed with Stéfanie O'Bomsawin to provide elders with physical activity services. These may be in the form of community promotion and education activities. The possibility of starting a walking club has been discussed for 2018-2019.

In conclusion, the Fall Prevention Strategy is being developed to provide services that will enable users to access appropriate care. Home care workers have quickly integrated the fall survey tool. Using this form in the single file system supports communication between community workers and makes it possible to effectively target the needs. The priorities that these services will require in terms of human and financial resources will be determined with management.

*Jessica Papineau,*  
BSc in Kinesiology





## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### ÉTINCELLE (N'PONSA) AND SKWEDA PROJECTS

#### 1. Changes made to the Étincelle (N'Ponsa) and Skweda projects since 2016-2017

Following the assessment of the two programs in the winter of 2016, certain recommendations had been made:

- Focus on objectives that are more conducive to healthy lifestyles;

- Add to the Étincelle team and the Skweda team an Abenaki person who can teach young people culture through traditional activities related to nutrition and physical activity;

- Provide a program coordination service to both community workers to further develop these two new programs: planning activities, on-going process evaluation, spontaneous readjustment of activities, development of collaborations with FNCFS, integrating conditions to promote healthy eating and physical activity for youth.

#### 2. Target-specific objectives for 2017-2018

Following the 2016-2017 assessment of the two programs, more specific target-objectives were set for 2017-2018, namely:

- extend outreach to youth in their environments: introduce more interventions from both programs in an environment where youth are more receptive, such as day camp (6-12 year-olds), homework assistance (6-12; 13-18 year-olds) and Espace Jeunesse (13-18 year-olds);

- extend outreach to adolescents who were still poorly reached in 2016-2017 through the Skweda program which had just started;

- extend outreach to adolescents in the community by forming a 13-18 year old youth committee to participate in Skweda program planning;

- extend outreach to parents, key players in healthy eating and physical activity among youth;

- in collaboration with FNCFS community workers, modify environments (homework assistance areas, Espace Jeunesse) to promote healthy eating and physical activity among youth;

- further develop collaboration with an Abenaki community member who can teach culture through traditional activities related to nutrition and physical activity;

- raise awareness among community workers (Étincelle and Skweda, homework assistance helpers and Espace Jeunesse) concerning their impact on the adoption of healthy lifestyle habits, the development of a positive body image and self-esteem among youth;

- incorporate interventions that promote positive body image and self-esteem to help prevent eating disorders among youth;

- maintain an on-going intervention approach at an optimal frequency during the year for both programs.

#### 3. Registration and recruitment of participants

##### Registration/Advertising:

In 2017-2018, various means were used to promote the activities of the Étincelle and Skweda programs, both for youth and their parents:

- Outreach to parents (particularly vulnerable families) during the distribution of game meat, for group purchasing orders and for leading collective kitchen workshops;

- direct phone calls to families, word of mouth among OHC community workers and OHC clients. This was particularly useful for presenting a new activity which includes culture, physical activity and healthy eating (Équinoxe activity);

- customized promotional mailing before each activity;

- Facebook advertising on the Health Centre website, with regular reminders;

- direct publicity by community workers when leading activities for youth and adults.

##### Specific registration and advertising process for Skweda:

- As a result of the 2016-2017 recommendations following interviews with adolescents in the community, teens were contacted in different, more personal ways (outreach) to register for activities, either via Facebook private messages and phone calls;

- Collaboration was established with Espace Jeunesse community workers to announce the activities of the Skweda program to young people attending the hall;

- Teenagers participating in Skweda activities and the Skweda committee were asked to recruit participants from their entourage.



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



### 4. Collaborations developed in 2017-2018

#### 4.1 Collaboration with the person responsible for the cultural mandate

Mr. Jacques Watso, Abenaki stakeholder recruited last year to participate in certain activities promoting healthy lifestyle habits related to culture in the Skweda program, was unable to continue his mandate this year due to lack of time.

However, Ms. Nicole O'bomsawin was hired by the Council to handle the community's cultural mandate and was asked to collaborate in two activities this year, in order to develop two cultural activities promoting healthy lifestyles (Équinoxe activity, Solstice activity). Other cultural activities (e.g. berry picking, initiation to archery, snowshoeing) have also grown, sometimes in collaboration with other Abenaki stakeholders (Ms. Raymonde Nolett, responsible for the Nid8baskwak program).

#### 4.2 Collaboration with community workers at FNCFS

Several valuable collaborations have been developed with FNCFS in 2017-2018, to integrate interventions in the living environments of youth and to consolidate the impact of our interventions. Working meetings were held with Mr. Michel Thibault, FNCFS Director, to integrate the following interventions:

- Collaboration with the people responsible for the day camp, homework assistance and Espace Jeunesse to integrate workshops promoting healthy living habits in their environment in order to benefit from a certain pool of young people: day camp, homework assistance for 6-12 year-olds and for 13-18 year-olds; Espace Jeunesse 13-18 year-olds;
- Collaboration with the person responsible for the day camp and Espace Jeunesse to ensure the maintenance of the Étincelle/Skweda plot in the community garden with the 6-12 year-olds and 13-18 year-olds;
- Collaboration with the people responsible for homework assistance (ages 6-12, 13-18) to create healthy eating and physical activity environments: integrating the 7-Day Fruit and Vegetable Challenge with youth (preparing fruits and vegetables by community workers and youth, challenging youth); active breaks with an aide-mémoire on the premises with subsequent follow-ups by community workers;
- Training of FNCFS workers on promoting healthy lifestyles and developing a positive body image among youth.

### 5. Training and raising awareness of community workers with respect to youth

- Awareness training for youth workers was developed by the coordinator. Training focused on role modeling and positive behaviours around youth to promote healthy eating, regular physical activity, positive body image and self-esteem in this segment of the population;

- This training was first given and explained (December 2017) by the Étincelle and Skweda coordinator. The same training was then provided by the Étincelle and Skweda youth workers to dispense to FNCFS community workers on January 16, 2018. A dozen FNCFS community workers participated in the training and showed considerable interest, asking several questions;

-In addition, Étincelle and Skweda workers were offered a training session organized by the Équilibre organization entitled "Fostering healthy body image during adolescence", which was followed on February 23, 2018, to raise awareness of the risks and pitfalls while promoting healthy lifestyles to youth and informing them of the positive attitudes to adopt to avoid these pitfalls.

### 6. Activities completed and participation rate in 2017-2018

We continued the type of planning established in 2016-2017, to take into account the new budget constraints in health and the absence of one of the two community workers, on maternity leave until November 2017. We planned monthly interventions for both programs to ensure they ran continuously throughout the year, avoiding the excessive pace of 2014-2015 (once a week, impossible to maintain by community workers) and by increasing the slower pace of 2015-2016 (4 interventions + day camp activities). The activities were organized at a slightly more intensive pace in the summer, when youth are generally more available.

#### 6.1 Étincelle program activities (N'Ponsa)

In total, 10 activities (some including several interventions) took place in 2017-2018, and were spread regularly throughout the year:

##### -Spring 2017 (May):

- Introductory workshop at the community garden (selecting, planting and seeding in the community garden/introducing children to gardening);
- Development of collaboration with the person responsible for the day camp for the regular maintenance of the garden by the children during the summer.



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### -Summer 2017:

-3 nutrition workshops were held during the summer day camp (no physical activity included as the kinesiologist was on maternity leave and also because the day camp's agenda was already full in this regard):

- Berry picking and tasting/garden maintenance session (July);
- Garden harvest and cooking workshop (early August);
- End of day camp celebration (mid-August): family activities for day camp children and parents. Cooking workshop and serving parents recipes prepared by the children; promoting the Étincelle program with parents.

- Follow-up of the community garden space devoted to the youth carried out by the Étincelle program worker throughout the summer (May to the end of August);

-A parent-child-teen cooking workshop was planned as part of the Île Ronde activity carried out by FNCFS, but since the Île Ronde activity was cancelled for lack of participants, the cooking workshop was also cancelled.

### -Fall 2017:

- Hiking Mont Saint-Hilaire/Equinox Day (in collaboration with Nicole O'bomsawin): climbing the mountain, healthy snack break, traditional name ceremony: Activity for children 6-12 years of age, teenagers 13-18 year of age and their parents (or grandparents) (September);

- 7-day Fruit and Vegetable Challenge (integrating fresh fruit and vegetables in snacks during homework assistance) (November).

### -Winter 2017-2018:

- Solstice activity (in collaboration with Nicole O'bomsawin): Family walk and legends around a fire (December);

- Snowshoe rally (January);

- Carnival Activity: Snow snake (February);

- Spring break: Sports activity outing: climbing/lasertag (March).

### 6.2 Étincelle program activities assessment (N'Ponsa)

**Participation rate in the Étincelle program activities (N'Ponsa)**

**-33 out of 37 youths from the target population participated in at least one Étincelle activity in 2017-2018. We have therefore reached almost 90% of the target population,**

which is 10% more than last year. We are approaching the goal of 95% set in the five-year plan;

**-More than a third of these youths (13 children) participated in Étincelle activities 3 to 7 times during the year. The participation rate is generally between 10 and 12 children per activity, consistently, except for the spring break activity where it reached 20 children aged 6 to 12.** This constant participation rate is higher than in 2016-17, in part because more interventions took place in captive settings, such as day camp and family room (homework assistance). This higher rate of exposure of youth to the Étincelle program's interventions is very positive, as it promotes a greater impact on their knowledge, attitudes, skills and behaviours regarding healthy lifestyle habits;

**-10 new children participated in Étincelle activities during the year. Among these 10 youths, 6 were new registrations made in 2017-2018, including 4 from a vulnerable family.**

These 4 registrations were made during the deer distribution. The other 4 were children who had not participated in Étincelle activities in 2016-2017, but who were reached in 2017-2018;

**- Interestingly, there are a few 5-year-olds with their parents attending Étincelle activities,** which will make it easier for them to join the program next year. There are also sometimes non-member children who participate in the activities (free activities or non-preferential rates when there is still room for paid activities). These two types of participants were not accounted for in the participation statistics;

**- The number of parents who participated in at least one Étincelle activity in 2017-2018 is slightly lower than last year (12 parents vs. 17, out of 28 families with children between 6 and 12 years old).** This is probably due to the fact that there have been fewer Étincelle activities for both parents and children (absence of the kinesiologist during half of the year, cancellation of the Île Ronde activity and lack of nutrition activities during the March break). **However, the number of parents reached in 2017-2018 is probably greater than 12, since they were difficult to account for during certain activities** (End of day camp celebration, Carnival). In addition, different means are used to reach parents other than through direct participation in activities: recipes, information leaflets and tastings sent to the home with the child; promoting healthy eating at a kiosk during the day camp celebration, etc. In total, 6 activities took place which included parents of children 6-12 years old. The parental participation rate is between 5 to 10 parents, depending on the activity. As requested in the focus group with parents in 2016, Étincelle program activities are now open to parents during the break and parents' participation rate is very good (9 parents).



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### Other assessment elements of the Étincelle program (N'Ponsa)

- The fact that the kinesiologist was on maternity leave for 7 months this year, without replacement, created certain challenges: the coordinator had to provide more support to the community worker on duty this year, it was more difficult to organize larger-scale activities (for example, the Équinoxe activity, the Solstice activity or the Étincelle pedagogical day) and certain activities, such as the Étincelle pedagogical days, could not take place because they were too demanding for a single community worker;

- The kinesiologist has been back since November 2017, but with very few hours, which also creates significant challenges: team meetings and communications between community workers are more difficult to plan, but they have occurred nonetheless and have required a lot of flexibility from everyone involved;

- Because the kinesiologist was not replaced during her maternity leave somewhat disrupted the programming. With the dietary technician focussing on nutritional activities, very few physical activities were held during the kinesiologist's absence due to a lack of time. The integration of Étincelle physical activities resumed only upon the kinesiologist's return in November. More rigorous planning of physical activities took place upon the kinesiologist's return in November, and the dietary technician participated in these activities and committed less time on nutritional activities. In the future, it would be preferable to replace an absent worker so that both types of intervention (nutrition and physical activity) take place continuously. Ongoing activities in both areas led to more regular participation by children in program activities and therefore, a better impact on their lifestyle;

- During gardening, picking or cooking workshops, children are always very interested in the concepts of healthy eating that are transmitted as they learn different cooking skills. In the same way, they participated with amusement and enthusiasm in each of the program's sporting activities and showed curiosity and interest in cultural activities (Équinoxe and Solstice activities). Special attention was given to the choice of nutrition and physical activities to appeal to a wide range of children participating. Thus, if a child did not show much interest in a particular activity, another type of activity was sure to peak their interest;

- Various physical activities were offered so that children found at least one activity they enjoyed on a regular basis so they could be constantly active;

-The day camp worker was able to get the youth to tend to their plot of the community garden only once during the summer, which caused the Étincelle worker to look after the garden herself. In addition, the children who participated showed a great interest in gardening;

- Three activities more related to Abenaki culture (Équinoxe activity: traditional name ceremony/hiking Mont Saint-Hilaire; Solstice activity: walking and legends around the fire; Carnival activity: snow Snake) designed for youth and their parents were held as part of the 2017-2018 Étincelle program. We noted that people participated more in the Équinoxe activity (3 children 6-12 and their parents, plus teenagers, for a total of 14 participants) than last year when this new activity had to be cancelled due to lack of registrations (0 registrations, despite advertising). This is due to the fact that we sought out parents directly this year (in person during dietary consultations at the OHC; phone calls to regular participants; advertising to OHC workers and in group purchasing orders) for this new activity. There is also a good participation rate for the other two cultural activities (16 participants for the Solstice activity, 30-35 participants, including 10 children, for the snow snake activity).

### Analysis of the steps taken to develop an environment conducive to healthy eating and the practice of physical activity among 6-12 year-olds

#### Healthy eating environment during homework assistance

-The inclusion of vegetables and fresh fruit in the 7-day Fruit and Vegetable Challenge was an attempt to introduce a healthy snack policy during homework assistance in the future. The experiment was more difficult in the 6-12 year-old age group than in the 13-18 age group, despite the fact that the Étincelle worker went in person to promote the challenge and that a positive reinforcement panel measuring the level of achievement of the challenge was placed in the hall. Most of the children ate the food offered, but a few were reluctant. It should be noted that, unlike the adolescents, the 6-12 year-olds did not participate in the preparation of fruit and vegetables, for lack of time. The preparation of these fruits and vegetables by the children would surely have had a positive impact on their consumption.

#### Environment promoting physical activity among 6-12 year-olds

There were no interventions in 2017-2018 since the Étincelle worker responsible for physical activity interventions was absent for a large part of the year.





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### Instructor-led courses offered in the community

Given that there was no replacement for the kinesiologist during her maternity leave, no instructor-led sports activities (e.g. zumba, yoga, martial arts, etc.) were offered to parents and children in 2017- 2018. It would be important to reintegrate these community-based classes because they provide a good opportunity for youth and their parents to participate in low-cost activities in the community. This is a particularly positive step for low-income families who cannot afford such recreation activities outside of Odanak.

### 6.3 Skweda program activities

#### - Skweda committee

- Following the interview results with adolescents conducted at the end of 2016-17, a Skweda committee was formed with three teenagers from the community. This committee met twice, at the beginning of 2017-2018 (May), to participate in the development of Skweda's annual activity planning and then to plan the community garden activity. During the school year, it was easier for the Skweda worker to communicate via Messenger with the committee members. They were contacted on two other occasions, for the planning of the educational grocery tour activity and preparation of a healthy dinner;

-However, we learned during the course of the year that a committee including some of the same youth had been formed at the Espace Jeunesse. So we decided to join this committee, rather than duplicate the interventions. Skweda program workers were therefore invited to participate in the youth committee meetings to discuss healthy lifestyle interventions to be implemented, but no committee meeting has yet taken place to date at the Espace Jeunesse.

#### -Spring 2017 (May):

- Community garden workshop (selecting and planting seedlings and seeds in the community garden/educating youth in relation to gardening);

- A collaboration agreement was made with the head of the summer camp for regular maintenance of the garden plot by the teenagers during the summer.

#### -Summer 2017:

- 2 workshops at the Espace Jeunesse teen summer camp:
  - Nutrition/physical activity workshop at the teen summer camp (initiation to yoga/stretching, educational nutrition capsule) (July);
  - Educational cooking workshop (vegetarian cuisine) and group dinner (August).

- Colour run (uncompetitive race between youth) (August).

- Cooking workshop as part of the Île Ronde activity organized by FNCFS: activity cancelled by the FNCFS due to lack of registration, thus cancelling the cooking workshop.

#### -Fall 2017:

- Hiking Mont Saint-Hilaire/Equinox Day (climbing, healthy breakfast, traditional name ceremony): activity for children aged 6-12, teenagers aged 13-18 and their parents (or grandparents) (September);

- Initiation to archery (November);

- Presentation activity by the kinesiologist to teenagers participating in homework assistance. In collaboration with the teenagers present, planning active breaks during homework assistance (November).

#### -Winter 2017-2018:

-Solstice activity (in collaboration with Nicole O'bomsawin): Family walk and legends around a fire (December);

- Snowshoe rally (January);

- Grocery store educational tour/cooking workshop and group dinner (January);

- Active breaks during homework assistance: yoga initiation (February): activity cancelled due to the absence of the person responsible for homework assistance;

- Introduction to salsa at the Espace Jeunesse (February): activity cancelled, professor ill;

- Carnival activity: Snow snake (February);

- Educational cooking workshop at the Espace Jeunesse (February);

- Spring break: Sports activity outing: climbing/lasertag (March);

- Feel-good workshop (Bien dans sa peau) at the Espace Jeunesse: workshop to promote positive body image and self-esteem, prevention of eating disorders (March).





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### 6.4 Skweda program activities assessment

#### Participation rate in the Skweda program activities

- Our goal was to increase the outreach to youths through various means (outreach and setting up a Skweda committee) and these means worked really well. **The number of teenagers participating in the Skweda program has almost doubled, with 13 participants in a target population of 30 13-18 year-olds. We reach 43% of the target population, compared to 23% last year and we achieved our target of reaching 40% of the target population;**

-Not only are teens now more involved in the Skweda program that is starting, but the teens have also been much more involved in the activities. **In 2017-2018, more than half of the adolescents participated in Skweda activities 4-7 times. The participation rate is twice that of 2016-2017, i.e. on average 5 to 9 participants per activity.** Once again, this is very positive because the more frequently they are exposed to the interventions during the year, the more impact these activities will have on their attitude, knowledge and behaviour towards their lifestyle. In addition to more personalized ways of reaching them for the activities (Messenger, committee), the teenagers have also developed a relationship with the Skweda worker, which increases their participation in the activities. Upon her return to work in November, the kinesiologist also became better known by these teenagers: she met with them during homework assistance; she participated in the grocery store educational visit with the other worker, etc. It is normal that the development of a meaningful relationship takes a little time and we will probably see more impact in 2018-2019;

-As far as parents are concerned, only one teenager's parent was reached. We note that adolescents prefer to spend time alone together: they participate very little in activities open to all age groups (e.g. snowshoeing) and had in fact mentioned in an interview last year that except for some activities (e.g. Equinox activity/traditional name ceremony, Carnival group cooking activity), they preferred to stay with their teenage group.

#### Other assessment elements of the Skweda program

-The most successful activities were those proposed and developed by the teenagers themselves: educational visit to the grocery store, cooking workshops. Time and resources were lacking to have the same approach with physical activities but we hope to use the same process with physical activities next year, by mobilizing teens more;

- In 2016-2017, some of the youths showed interest in learning to fish and hunt, as well as learning more about harvesting and using plants, wild fruits and vegetables. However, these activities did not take place this year for several reasons: the absence of the kinesiologist to participate in organizing and leading these activities, the fact that Mr. Watso was not replaced to lead these activities, the budgetary constraints and the presence of ticks in the forest that scared teenagers. In addition, the Environment and Land Office had also started organizing these types of activities (fishing) and we decided to avoid replicating.

#### Analysis of the steps taken to develop an environment conducive to healthy eating and the practice of physical activity among 13-18 year-olds

#### Healthy eating environment during homework assistance for adolescents

The 7-day Fruit and Vegetable Challenge was also implemented as an attempt to introduce a healthy snack policy during homework assistance at the Espace Jeunesse. The result was more conclusive than among the 6-12 year-olds, because the teens themselves had prepared the vegetables and fruits. However, the absence of the person responsible of homework assistance and the Skweda worker complicated the challenge. The person in charge of homework assistance improvised by organizing a cooking workshop with teens to exploit unused vegetables, which they found very interesting.

#### Environment promoting physical activity among 13-18 year-olds

As with Étincelle program, since the person assigned to physical activity interventions was absent for a large part of the year, no intervention was made in this area in 2017-2018.

#### - Instructor-led courses offered in the community

As mentioned for the Étincelle program, instructor-led sports activities that could be offered to teens and other age groups in the community have been suspended since November 2016, due to the fact that the kinesiologist was not replaced during her maternity leave.

### 7. Cost and budget for Étincelle and Skweda activities

Since 2016-2017, special attention has been paid to the costs of activities carried out in both programs. Certain more expensive activities are sometimes led to attract the clientele (e.g. Colour run, climbing/laser tag during the break) and to allow them to better know the workers and other regular participants.







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Activity budgets are usually \$ 2,000 each. A little less was disbursed this year (about \$ 1,800 each), given the absence of the physical activity worker half of the year, which resulted in less expenditure for physical activity interventions.

In addition, the coordinator called on the FNQLHSSC to obtain a budget for nutritional activities for 6-12 year-olds (On the Path to Health program). A refund for these activities (\$ 360) will be issued by the FNQLHSSC at the end of the fiscal year.

### 8. Recommendations for the Étincelle program (N'Ponsa) and the Skweda program

In 2017-2018, we made progress in both programs: the Étincelle and Skweda programs both saw more youths join and participate more actively in these programs. However, we remain below our five-year goal (90% vs. 95%) of reaching 6-12 year-olds to join, and we hope to reach more parents for both age groups. In addition, we want to maintain and even increase the participation rate in activities and to focus more on the environments that facilitate healthy eating and physical activity in the community.

To increase the outreach of 6-12 and 13-18 year-olds and their parents, and to encourage more active participation of youths in interventions promoting healthy lifestyles, while avoiding duplicating activities with other organizations and staff exhaustion, the recommendations are as follows:

- Apart from the two day camp workshops, the culinary activities were somewhat overlooked this year in the Étincelle program in order to focus on interventions with both age groups and in both spheres of activity (diet, physical activity). The culinary workshops with parents for the Île Ronde activity were also cancelled and no activity of this type could be held with youths during the break because they were already overloaded with the FNCFS programming. It would be preferable to resume these culinary workshops because youths enjoy these activities and they are particularly effective for developing healthy eating habits, teaching youths about healthy eating and developing their culinary skills. In addition, they strengthen their self-esteem and parents' appreciation;

- The homework assistance clientele in the family hall now only reaches 5 to 6 children ages 6-12. Unless the situation changes, consideration should be given to more activities outside of this environment (e.g. Étincelle pedagogical day led by two workers, larger-scale Solstice activity, etc.) to reach more children and parents;

- Discussions between the various organizations (FNCFS,

and now Environment and Land, which also offers activities to the community's youth) are essential and sometimes difficult to hold, since the organizations plan activities during the year without validating whether other the organizations have already planned annual interventions. These interventions can overlap at different levels and overburden youths. It would be important to communicate early in the fiscal year, in April, to discuss our mutual planning. The situation has already been discussed with Mr. Michel Thibault at the FNCFS and a meeting of youth sector workers is scheduled for April 2018 to present and adjust our respective plans. Such a meeting early in the fiscal year would allow us to immediately identify what activities can be planned as a team;

- The integration of healthy snacks during homework assistance (6-12 and 13-18 year-olds) will have to be reviewed initially with the homework assistance workers, then with the youths. Both the community workers and the youths must feel involved in the process so that changes to the environment are accepted and applied;

- It will become important to integrate environmental actions in 2018-2019 to facilitate the regular practice of physical activity in the community (e.g. reduced fees for instructor-led classes, etc.);

- Environmental actions (both in nutrition and physical activity) are very effective on youth behaviour, but they require constant monitoring by community workers. This follow-up can be provided in part by the Étincelle and Skweda workers, but it is important to ensure collaboration with FNCFS workers to maintain these actions over time. Regular meetings between these workers during the FNCFS meetings led by the coordinator should be considered by the FNCFS Director;

- Maintenance of the garden plot by the 6-12 and 13-18 year-olds will need to be reinforced with the youths and with the individuals responsible for the day camp;

- Coordination and regular team meetings remain important for these two emerging visionary programs. It allows us to stay focused on our objectives, despite the various obstacles and requests for activities from other sectors, to support the team of workers, to recruit more vulnerable families who are less involved in the Health Centre activities, and to develop collaborations with other organizations in order to achieve our goals. In addition, the coordinator guides community workers in developing effective interventions not only for youths but for anyone who may have an impact on them (increase interventions) and developing positive environments. Coordination provides something very important: follow-up, consistency and coherence of actions undertaken, providing maximum impact on the youths' lifestyle habits;



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- Collaboration with Ms. Nicole O'bomsawin to integrate cultural elements into the Étincelle and Skweda programming has begun and should continue. We would like to further develop the Solstice and Equinox activities, to reach more parents and youths in these important cultural activities;

- The development of activities by adolescents themselves is a strategy that increases their mobilization and therefore increases the participation rate in Skweda activities. It will be important to verify whether the youth committee set up at the Espace Jeunesse is functional in order to begin this approach in the spring of 2018. Otherwise, resuming the Skweda committee is recommended as early as April-May 2018;

- The return of the kinesiologist two days a week greatly reduces the time the kinesiologist can give to the Étincelle and Skweda activities. It is advisable to maintain a motivating frequency to activity planning for youths, to avoid draining the existing staff and avoid over stimulating these clientele already solicited by other organizations. The monthly integration of physical activity and nutrition interventions for both programs seems adequate, and more energy can be invested in interventions to change their food environment (e.g. Espace Jeunesse canteen, healthy snacks during homework assistance for 6-12 and 13-18 year-olds, healthy cooking workshops at Espace Jeunesse);

- It is recommended to continue activities with captive clientele, such as homework assistance (6-12 and 13-18 year-olds), Espace Jeunesse and the summer camp. Thus, this will ensure a certain participation rate and the availability of youths, reducing the energy spent by community workers to publicize and recruit customers.

### 9. Conclusion

Despite the fact that the kinesiologist was absent for half of the year, we managed, through the team's efforts and the collaboration of other workers (FNCFS), to reach a greater proportion of Odanak's youth: 90% 6-12 year-olds and 40% 13-18 year-olds participated in at least one activity of both programs in 2017-2018, which is very close to our intended goals. Thanks to the different recruitment techniques of participants and the collaboration developed with the FNCFS, youths in both age groups were also exposed to the interventions much more frequently than last year, which is very promising for the adoption of healthy lifestyle habits in this population.

In addition, new interventions to modify the food environment of youths have been integrated in order to act concretely on the adoption of healthy eating habits among these age groups. Environmental changes will be further developed in the future, as will collaboration with all workers involved with youth in the community, so that we can increase our impact on these youths. We are also aiming for greater involvement by parents, who will be directed to the Étincelle and Skweda programs through other initiatives by the Health Centre (group purchasing, deer distribution, etc.) and the FNCFS (collective kitchens).

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### FOOD SECURITY ACTION-RESEARCH

#### I. Improvement and assessment of food security measures in Odanak

The food security study conducted in 2015-2016 demonstrated several needs that influenced food security among vulnerable clients, including access to nutritious, low-cost foods, knowledge of healthy eating, development of culinary skills, and ways to counter isolation and promote positive mental health.

##### 1. Collective kitchen

##### Reminder of changes made to collective kitchens since 2016

Following the 2016 food security study, a project to realign Odanak's collective kitchens began to better influence the factors promoting food security. In consultation with the Director of the FNCFS and of Social Services, Mr. Michel Thibault, and the person responsible for collective kitchens, Ms. Caroline Cardin, the roles of each were determined last year and new goals for collective kitchens were established, including:

- Provide low-cost, nutritious meals to participants and their families;
- Break social isolation and foster networking among participants;
- Promote good mental health by enjoying cooking in groups;
- Encourage the adoption of healthy eating habits by participants and their families;
- Foster good self-esteem through the development of social and culinary skills.

Various actions were undertaken last year (2016-2017) to improve collective kitchens and facilitate the participation of vulnerable people in the activity, including:

- develop outreach methods to recruit the more vulnerable population;
- acquire new culinary equipment essential to collective cooking sessions (knives, cutting boards, measuring cups, etc.);
- repair the old stove and purchase a new stove (stove in place was not very functional);
- train cooking groups with similar participants (e.g. elderly, young mothers, etc.) to better meet their needs;
- set up a babysitting service during collective kitchens for

parents with young children;

- reduce cost per serving of collective kitchens (from \$ 2/serving to \$ 0.50/serving), to reach more low-income customers;

- implement operating rules for collective kitchens to reduce issues among the participants and the lead cook.

##### 1.1 Collective kitchens activities carried out in 2017-2018:

##### 1- Work meetings with the lead cook responsible for collective kitchens:

Regular work meetings were held throughout the year with the collective kitchens' lead cook to provide training on healthy cooking, support her in her role, provide nutritious recipes and help her overcome the obstacles encountered (e.g. missing or defective equipment, lack of babysitters, issues with some participants, etc.), ensure that the participation rate remains steady and refer new registrations as appropriate;

➤ I also provided a practical training session (preparing healthy desserts) to the collective kitchen's lead cook on October 3, 2017, to help her teach the same to the collective kitchen participants. This coincidentally followed a request made around the same time by a participant of the young mothers group. This practical training session was very much appreciated by the lead cook, who then repeated this teaching for the young mothers group;

➤ In addition, more nutritious recipes were integrated (purchase of a book of nutritional recipes for collective kitchens, adjusting the choice of recipes) in the young mothers group because this group is more open to healthy eating and some participants mentioned wanting to prepare more nutritious recipes. It should be noted that a binder of nutritional recipes was also provided to the lead cook at the beginning of 2016-2017 and had been used occasionally.

##### 2-Recruiting participants:

➤ The advertising of collective kitchens is now under the responsibility of the food security project manager, to ensure timely distribution. Advertisement for the activity was made a little before each new session (spring-summer 2017, fall 2017 and winter 2018) via a mailing and by word of mouth;

➤ The recommended minimum of 2 to 3 weeks delay between collective cooking sessions at the end of 2016-2017 is now respected, allowing the lead cook and food security project manager to better prepare the upcoming cooking session. This deadline also gives the food security manager time to take certain steps to recruit the more vulnerable population;



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➤ Outreach method for recruiting the more vulnerable population:

In collaboration with community members working at the Health Centre and other Health Centre staff (nurses, addiction workers and psychologist) and the FNCFS, vulnerable individuals were screened a little before each community cooking session (spring-summer, fall, winter), then contacted directly by the food security project manager to guide them to collective kitchens. Recruitment was also done during the distribution of deer to the more vulnerable population. These recruitment methods are particularly effective in bringing the more vulnerable population to collective kitchens;

➤ The food security project manager guided new pregnant women and new mothers on maternity leave to collective kitchens, in order to promote the development of culinary skills among young families, a need identified during the 2016 Food security Study. There are now 10 mothers with young children (or pregnant women) among the 21 participants in collective kitchens;

➤ Thanks to the continued recruitment of the population (vulnerable and other) and advertising (mailing, word of mouth), **the number of participants enrolled in collective kitchens remained fairly stable for 2017-2018, with 6 new registrations, or about 20 of participants per session.** This demonstrates how collective kitchens have responded to a critical need in the community.

### 3-2017-2018 cooking sessions

➤ **Three collective cooking sessions were held in 2017-2018, namely the spring-summer, fall and winter sessions.** The spring-summer session included 4 cooking sessions per group for 4 groups (total of 16 sessions), 7 cooking sessions per group for 4 groups for the fall session (total of 28 sessions), and finally 7 sessions per group for 3 groups for the winter session (total of 21 sessions). **A total of 65 collective cooking sessions were held in 2017-2018;**

➤ With the reactivation of the food security manager, the collective kitchen operating rules were presented to the participants at the beginning of each cooking session;

➤ **A collective kitchen group for men was attempted in May 2017,** following a request made by some men in the community to the food security manager. Twelve men in a more vulnerable situation (living alone or as a single-parent) had been contacted by the food security manager, and fathers of young families had been approached by the FNCFS community worker. Some were interested but had different obstacles (personal life, working on the road). In

total, 4 men registered but the 4 men were not available at the same time. Two men participated in a cooking session and the project aborted due to lack of participants. The fall and winter mailings mentioned the possibility of resuming a men's cooking group, but this type of advertising was ineffective in recruiting male customers;

➤ **A nutrition education workshop** was developed and led in the collective kitchen groups on October 10, 2017. The workshop was held for the young mothers group, more interested in healthy eating, but the activity was open to all collective kitchen participants. Participants (7) were interested in learning more about healthy eating during this session and asked several questions, both in nutrition and cooking techniques. In addition, I encouraged the collective kitchens lead cook to teach participants certain cooking techniques (techniques that I had taught her beforehand), by showing them how to cook a nutritious dessert. The cook felt supported in her skills and the participants present very much enjoyed developing their culinary techniques through her teaching;

➤ **Some participants from the young mothers group mentioned that they would like to cook more nutritious recipes in collective kitchens.** Recipes prepared in the collective kitchens could actually be more in line with healthy eating recommendations, reducing sources of saturated fat, trans fats and concentrated sugars, and incorporate more vegetables and fresh fruits, whole-grain products, legumes and other vegetable protein sources. This request was also made by some young mothers participating in the evaluation of collective kitchens in 2016-2017;

➤ **Following the team evaluation in December 2017, the integration of more nutritious recipes was started in January 2018 in the young mothers group.** A healthy recipes book for the family and generally appreciated by the population was bought for the lead cook and the food security manager guided her in the choice of recipes from this book. Some recipes from this book were prepared by the young mothers group during the 2018 winter session.

### 4- Evaluation process

- An evaluation process was held continuously during the working meetings between the food security manager and the collective kitchen lead cook. In addition, more formal evaluation meetings were held by the food security manager with the collective kitchen lead cook and the Director of the FNCFS and of Social Services upon completion of each collective cooking session (April 2017, June 2017, December 2017; March 2018), to discuss the results of the previous cooking session and the orientation of the next session;







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- A summary evaluation sheet was completed by the lead cook at each cooking session and these sheets were analyzed by the food security project manager thereafter;

- An evaluation questionnaire was also completed by the participants in order to evaluate their level of satisfaction, their needs and also to evaluate whether the collective kitchens were well suited for the more vulnerable population of Odanak.

### 1.2 2017-2018 Analysis of collective kitchen activities

➤The collective kitchens initiative now operates continuously with a stable structure (fixed sessions in a specific schedule, babysitting services in the young mothers group, regular team meetings between the food security project manager and the lead cook, evaluation meetings at the end of each session), without interruption of service as in previous years. Through the collaborative work of the food security project manager, the lead cook and the Director of the FNCFS and of Social Services, and with the ongoing assessment process, this important food security initiative is sustainable over time by maintaining a very positive participation rate;

➤We have noticed however that when sessions become longer (more than 6 sessions/semester), the participation rate in cooking sessions can decrease and the community worker responsible for the kitchens becomes somewhat fatigued. It would be advisable not to exceed 6 cooking sessions per semester to maintain a good participation rate and avoid tiring the staff;

➤According to the cooking session participation sheets, the participation rate is sometimes fluctuating, but most of the time absences are motivated (e.g. travel or outside training, flu, sick child, etc.). At the beginning of the fall, some young mothers were absent at the cooking sessions because of the lack of babysitting services, but the problem was corrected after discussion in a team meeting. The number of participants per cooking session is approximately 4 to 5 participants, except for a larger group (7 to 9 participants). In the spring of 2018, the lead cook decided to form only three groups and have more participants per group, which is recommended to promote a certain atmosphere in the collective kitchens and to account for a certain rate of absenteeism in regular group activities;

We noted that some more vulnerable people are absent more frequently, but are not alone in doing so. However, unlike other participants, these people fail to advise the lead cook in advance, which can lead to problems with food purchasing and session planning. However, this is a very isolated situation for the moment.

➤The 6 new people enrolled in collective kitchens include 2 new mothers with food-insecurity issues who were recruited, once again demonstrating the importance of outreach recruitment methods to reach the vulnerable population. Interestingly, 3 new registrations were men (2 of them are spouses of participants, who replace them or even participate in the cooking sessions with them), while the male clientele did not participate in collective kitchens in the past;

➤The goal of promoting the development of healthy eating habits among participants in collective kitchens is to be achieved more in the years to come. This is an established goal for collective kitchens and requests for more nutritious recipes have become increasingly frequent for some collective kitchen participants (especially young mothers). However, there are some obstacles to overcome: some participants are very critical of the choice of recipes. The fact of participating in the choice of these recipes would make them less critical, but they do not get involved because they are accustomed to seeing the lead cook choose the recipes and they prefer this approach. In addition, some participants also have very little interest in new recipes and their lack of food variety negatively influences the rest of the group. In addition, the lead cook is naturally more comfortable preparing recipes that she knows well;

The integration of healthier recipes which began in the young mothers group in the winter of 2018 raised some challenges: the participants were more or less motivated to choose their recipes themselves (they prefer when the lead cook decides) and the results obtained from the recipes were not always suitable, probably due to the fact that they were new recipes that the lead cook is not used to preparing. Some recipes that meet healthy eating criteria (less fat, less saturated and trans-fat, less concentrated sugars) use different cooking techniques and require more training from the participants in order to obtain the best result. Some nutritional recipes that were prepared in the collective kitchens in the spring of 2018 were, however, highly appreciated. The lead cook was open to receiving more support from the food security manager in preparing these nutritious recipes and integrating them into the collective kitchens (cooking test, occasional co-leading the collective kitchen sessions);

➤The importance of time, perseverance and flexibility with people who are more vulnerable was demonstrated by the ongoing assistance of a participant and her spouse to the collective kitchens, while the same person did not participate in the 2016 fall session and then only occasionally participated in the winter of 2017. This participant's periodic requests and the manager's opening finally ensured a continuous participation and the acquisition of extremely beneficial culinary skills for this family.





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### -Drop-out rate:

-4 people dropped out of the collective kitchens in 2017-2018. For 2 of them, the reasons were personal, i.e. return to work after maternity leave and outside employment. For the other 2, it was their first attendance at collective kitchens which did not continue, for some unknown reason.

### 1.3 Recommendations for collective kitchens

- Men seem to be interested in cooking. It would therefore be worthwhile to try a kitchen group for men again in 2018-2019, by recruiting a greater number of men using outreach methods and targeting young families in particular. Outreach recruitment by the food security manager, in collaboration with the OHC and FNCFS workers, would be recommended as early as April 2018. It would indeed be important to reach vulnerable men for several reasons: according to the interviews conducted with young disadvantaged families in the 2015-2016 food security study and according to dietary consultations, fathers often oppose the adoption of healthy eating habits at home and men living alone experience food-insecurity more often. Some co-led collective kitchen sessions with the food security project manager/nutritionist should be included in a kitchen group for men in 2018-2019, to address these issues;

- Outreach recruitment of participants (screening of more vulnerable people in collaboration with the health centre staff and phone calls by the food security manager, direct recruitment during deer meat distribution, etc.) is effective in reaching the more vulnerable population and maintain a good participation rate in collective kitchens. For 2018-2019, the food security manager will also directly contact young family members at the FNCFS to expand the screening and recruitment of vulnerable individuals;

- The collective kitchens manager may sometimes be difficult to reach via personal phone number. It would be advisable to add another telephone reference in the collective kitchens advertising so that people can register easily and quickly;

- When someone is referred, it would be better to immediately include the referred people in the collective kitchen groups and not wait until the next session because their interest is now. According to the information collected in 2017-2018, submitting their registration for the next session may impact their participation.





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### Collaboration between the food security project manager and the lead cook/How cooking sessions work:

- In order to better meet the objectives of providing a nutritious meal and to promote the development of healthy eating habits for participants and their families, it would be recommended that the recipes be selected and/or adapted as a team (food security project manager and lead cook) every two weeks, at least for the young mothers group. Ideally, these same recipes could be used in other groups. A work session could be scheduled on a regular basis in the lead cook's schedule. Some nutritious recipes could be pre-tested in hands-on training sessions with the food security manager and lead cook and/or tastings in groups to facilitate their integration;

- In order to further meet the goal of developing healthy eating habits among participants, it would be recommended that the food security project manager co-lead cooking sessions with the lead cook on a more regular basis starting with the more open groups (young mothers, men) in 2018-2019, while keeping the formula flexible and open which pleases the participants. The teaching of healthy eating would be integrated in a natural and practical way, by cooking and talking with the participants. In addition, the food security project manager can discreetly bridge the gap between participants and workers (e.g. psychologist, psychosocial worker, doctor, nurse, etc.), a strategy provided for in the five-year plan. This co-leading of collective kitchens could also be done occasionally with a psychosocial worker. These strategies were discussed with the Director of the FNCFS and of Social Services and could be implemented as early as 2018-19;

- Provide more follow-ups to people who only attended once or sporadically in collective kitchens. It was agreed with the Director of the FNCFS and of Social Services and the lead cook that she would notify the food security project manager when a participant has missed 2 consecutive non-motivated sessions. The food security project manager will then contact the person in question to assess the situation and, if necessary, refer them to an appropriate worker (e.g. psychosocial worker, doctor, nurse, budget planning resource, etc.). A system of promoting participation (attendance card with bonus) will also be implemented in 2018-2019.

## 2. Odanak community garden

### 2.1 Community garden activities carried out in 2017-2018

#### 2017 Community garden planning meeting

- In April 2017, a meeting was held with the Director of the FNCFS and of Social Services and the two workers responsible for the community garden (Jenny M'Sadoques,

Myriam Beauchamp) to discuss the 2016 community garden evaluation results and recommendations for the 2017 community garden;

- The issues in terms of the physical layout of the community garden (problems with running water, composting bins not emptied, no aisle to facilitate circulation in the garden, land with low fertility, etc.) and an increased need to support participants through regular information sessions during the summer were addressed.

#### Registration/recruitment of the vulnerable population

- The community garden was not advertised by mail this year, for environmental purposes. There were some posters placed at strategic points in the community;

- In general, social assistance recipients and single-parent families seen during the deer distribution campaign showed little interest in participating in the community garden. An announcement was made in the groups by the person responsible for collective kitchens, but participants also showed little interest in this kind of initiative;

- Following the planning meeting in April, it was decided that the food security project manager would recruit more vulnerable participants in the 65+ age group. This recruitment was done in collaboration with the OHC nurses as well as with the FNCFS community worker responsible for elders, Mr. Mathieu Laforce. Mr. Laforce was also given the responsibility for transportation and support for these participants during the summer. Given the number of spaces available in Mr. Laforce's vehicle, the number of registrations for elders with reduced mobility was limited to 4 individuals;

- The food security manager asked for a plot in the garden for the Étincelle program youths and teens from the Skweda project. A collaborative agreement was established between the person responsible for the two programs and the summer camp monitors (6-12 year-olds) and the Espace Jeunesse (13-18 year-olds) to ensure the maintenance of this plot by the youths throughout the summer;

- **A total of 11 participants registered or were recruited to participate in the community garden**, the same number as last year. Six participants were individuals who had participated in the summer of 2016 and repeated the experience. Five were new registrations. In addition to these 5 new individuals, there were the children from the day camp (6-12 year-olds) and adolescents from the Espace Jeunesse (13-18 year-olds). Thus, the community garden now reaches a larger population;

- People who did not re-register this year did so for a variety of reasons: lack of time for gardening, too much travel in the summer, busy schedule for activities and vacations.



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### Community garden activities carried out in 2017

- The maintenance of the individual plots by the participants was more difficult this summer: according to one of the individuals responsible for the garden, the lack of support explains this situation. Indeed, due to a lack of human resources (one of the individuals responsible for the garden left her job and the other person ran out of time because she became head of the day camp), the support sessions during the summer could not be offered to participants like last year;

- The person responsible for preparing the garden maintenance booklet for the participants left her job. Thus, no document was prepared for the participants as planned;

- The youths from the day camp and Espace Jeunesse maintained their plots on a few occasions over the summer, thanks to the community workers (day camp worker, Espace Jeunesse worker, Étincelle worker). However, according to one worker, more frequent visits would be needed in the future to ensure better maintenance. On the positive side, teenagers and 6-12 year-olds who participated in the community garden with the Étincelle/Skweda worker were very interested in gardening during the sessions. They chose and planted their own seeds (kale, cabbage, climbing beans, strawberries, etc.), which contributed to their enthusiasm;

-Experience with the elders: the elders participated for the first time as a group in the gardening of a common plot this year. The FNCFS community worker for elders led and supported participants in the garden maintenance, bringing them once every two weeks throughout the summer. This new clientele of the community garden was very positive: the 4 elder participants were contacted by the food security manager to understand their needs and opinions. They expressed they enjoyed getting out of their isolation to garden and they enjoyed the experience. However, some mentioned that they would have liked to have more space to grow a larger variety of vegetables and that they would have preferred to have an individual plot rather than a collective plot. A few problems were noted by other community workers and participants regarding the participation of elders: some more invasive species were planted by the elders and should have been in separate bins so as not to interfere with the gardening of other vegetables, and certain elders harvested vegetables from plots that did not belong to them. Note that some of these elders have cognitive impairments that may explain this behaviour. In addition, since the elders were recruited after the general planting session, they were less aware of the vegetables to be planted and the assigned spaces;

- The harvest was very poor this year. The person responsible for the community garden mentioned bad weather and some

participants pointed to the need for soil enrichment, but this was done in early summer. Some believe that a layer of grass under the ground blocks the growing of some vegetables and others mentioned that the land was not sufficiently prepared for seeding. The opinion from an experienced gardener would be necessary before starting a new garden;

- Unlike other years, some vegetable thefts were reported by participants this summer;

- A mulch pathway was created in the middle of the plots to facilitate access, as requested, but several participants did not approve. No problems were observed in the water supply during the summer of 2017, but the compost bins continued to overflow;

- A new community garden team was established in the fall of 2017 (see section 2.2) and the community garden work sessions were held this year in a more continuous fashion, with a fall meeting, a winter meeting and another in March, and will continue at a more steady pace starting in April, to prepare the garden.

### **2.2 2017 Analysis of the community garden**

#### Formation of a new community garden team

- In response to some of the issues, the community garden team joined the Ndakinna Office team to identify solutions. A team meeting was held in the fall between FNCFS community workers and management, the food security manager, management and two Ndakinna Office workers, to discuss these issues and the needs that had been raised by the participants during the interviews conducted in the summers of 2016 and 2017 by the food security project manager;

- Given the various problems encountered and the lack of human resources to monitor the community garden, the FNCFS decided to transfer the responsibility of the community garden to the Ndakinna Office, while continuing to be involved in the project. A new team was formed with people from the following organizations:

- Community worker, elder worker and FNCFS Director;
- Director, project manager and biologist from the Ndakinna Office;
- Food security project manager.

The roles and responsibilities of each team member were established. The Ndakinna Office prepared a grant application for the garden in which each member from the various organizations prepared a letter of support defining their role and mandate;







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- A plan for a new garden was developed by the Ndakinna Office in order to better meet the needs of the participants and to offset the various problems encountered (individual plots in raised individual bins, new compost bins), while adding a very interesting ecological component (bee hives);

- The maintenance, monitoring and supervision of the garden are essential. It was therefore decided that a person (student, trainee, or social assistance recipient from the community) would be hired on a part-time basis to ensure part of the garden maintenance and answer questions from participants who come to maintain their plot;

- Recruitment and participant support remain key to the success of the community garden. Without recruitment, there are not enough participants and the vulnerable population is poorly reached. Without support, the plots are poorly maintained by the participants, who in return receive few harvests, discouraging them from participating again; The mandate of the food security project manager was expanded to include participant registration and recruitment (in collaboration with FNCFS and OHC workers). Support for participants in the summer of 2017 could be shared among OHC and FNCFS workers (food security manager, FNCFS community worker for elders, youth workers, etc.);

- The team meetings, coordinated by the FNCFS community worker, are now taking place throughout the year, which is very positive for working on the inherent reorganization of the garden. On the other hand, having expanded the team can make team meetings more difficult because of everyone's availability;

- Elder participation, new this year, remains an important success of the 2017 community garden. Indeed, we recognize that when we explain the nature of the community garden in person, when we provide them with support from a community worker for elders, and provide transportation during summer sessions, elders value the experience. There is little doubt this represents a clientele who has past gardening experience, who loves gardening and who has the time to do so, but who no longer has the energy to have their own garden at home. Community gardens can make a significant contribution to their food security by not only providing fresh vegetables directly, but also by acting positively on their mental health and by removing them from their isolation, which stimulates their sometimes poor appetite.

### 2.3 Recommendations for the community garden

- Continue the process undertaken but in larger teams and integrate a member from the public works team to contribute by preparing the soil in advance before the seeding;

- Begin recruitment of participants starting in April (elders,

6-12 year-olds, 13-18 year-olds, vulnerable population). In addition to outreach recruitment methods, mailings could be reconsidered in order to reach an older population or those who circulate less in the community;

- Information session for everyone at the beginning of the season: include information at the beginning of the season to start a home garden (or provide a separate information session) to meet the needs of the vulnerable population in terms of food insecurity. This request was made by the vulnerable population in 2016, but has not yet been answered. By explaining the benefits of a community garden vs. a home garden, this type of session could also be effective in recruiting other participants for the community garden;

- Prepare a maintenance booklet for the participants, to hand out at the beginning of the community garden;

- Ensure support from an experienced gardener at the beginning of the season and to help with issues encountered in the maintenance of the community garden;

- Provide at least 3 support sessions to participants over the summer and maintain the level of support for elders (once/2 weeks);

- Better monitor the plot maintenance to be done by 6-12 year-olds and 13-18 year-olds by mobilizing more youths and in collaboration with the workers involved (meeting with workers from Étincelle/Skweda, Espace Jeunesse and day camp to discuss issues encountered and solutions to ensure greater monitoring of their plot);

- Group sowing, at the same time for everyone (as much as possible, since the youths' schedule is not the same as that of adults and elders) to strengthen the garden's community spirit and to provide the same information to all the participants.

### 3. Food assistance (deer meat donation) in the community

The food security interventions as part of the five-year health plan were intended to facilitate the use of food assistance (deer meat donation) for the vulnerable population. In 2016, it was determined that this food aid measure was very beneficial because it did not affect people's self-esteem: people who had received deer meat did not consider it a form of charity, and they did not consider themselves degraded. Moreover, deer meat is very nutritious and appreciated by many.

#### 3.1 Distribution of deer meat to the population in 2017-2018

Following a change in the description of tasks at the Health Centre in 2017-2018, deer meat distribution is now entirely under the responsibility of the food security project manager.



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### New distribution procedure

As recommended following the 2016-17 evaluation report, the distribution process was modified to reach more people experiencing a food insecurity situation.

#### 1) Eligibility list

A list was first developed with the names of members meeting at least 1 of the 3 eligibility criteria established by the Band Council:

- Person aged 65 and over (current list provided by the OBC Revenue Officer for each distribution period);
- Single parent family;
- Social assistance recipients (an up-to-date list provided by the OBC Revenue Officer for each distribution period). From now on, this list is updated shortly before each game distribution period to reflect changes in the situation of people in the community.

#### 2) Screening of vulnerable people on this eligibility list

In collaboration with the Health Centre personnel (nurses, psychologist, addiction worker, etc.), the food security manager identified the most vulnerable people on this list.

#### 3) Direct telephone calls to vulnerable people on the eligibility list/Hand delivery of deer meat by the food security manager

The food security project manager contacted these more vulnerable people by phone. This approach can sometimes require several calls before reaching the target population, as they are often more difficult to reach. All these individuals were contacted, but on very rare occasions (e.g. they do not like deer meat or there is a hunter in the family), certain individuals did not want any wild game meat. The number of people who prefer not taking part in the deer meat donation is limited to 3 people per distribution period.

The screening of vulnerable individuals in collaboration with the Health Centre staff is also conducted at each deer meat distribution period.

The deer meat was then hand-delivered by the food security manager, who took the opportunity to personally introduce other food security initiatives (collective kitchens, purchasing group) to more vulnerable people, as well as other Health Centre program activities, in particular for youths and adolescents (Étincelle and Skweda programs). This approach

made it possible to reach vulnerable people who are more difficult to access so they may enrol in the purchasing group and enrol their children in the Étincelle and Skweda programs.

For a small number of people physically unable to move, the distribution was done by the nurses. The psychologist and the addiction worker also helped by distributing the deer meat to a few individuals more difficult to reach.

#### 4) Distribution to others on the eligibility list

- The rest of the deer meat is then available for more global distribution to all members of the community who meet at least one of the three eligibility criteria established by the Band Council. A notice is sent by mail and people can come to the Health Centre to receive some deer meat.

### Deer meat distributed in 2017-2018

2017-2018 was particularly successful in terms of community hunting, with 746 pounds of deer (15 roe deer) to hand out vs. 171 pounds (3 roe deer) in 2016-17. In 2017-2018, the quota allocated to community hunting (15 deer) was reached.

- As always, distribution bags are prepared in the most equitable way possible, by placing more meat in bags for families and less for individuals.

- 1 individual: about 3 pounds
- 2 individuals: about 4 pounds
- 3 individuals: about 5 pounds
- 4 individuals or more (family format): about 6 pounds

(\*these quantities may vary slightly depending on the amount of deer meat available at the time of distribution)

### Fall 2017:

In November 2017, a first distribution took place.

- In total: 60 people received deer meat in the fall, 14 people more than in 2016-2017.

- These 60 people included:

- 13 social assistance recipients;
- 11 single-parent families;
- 30 people aged 65 and over.





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### Winter 2018:

A second and third deer meat distribution campaign took place in February and March 2018. The quantity was smaller than that accumulated in the fall, and the distribution was limited to direct calls to more vulnerable people (not including more well-off elders or single mothers with good jobs), for a total of 22 people.

-These 22 people included:

- 11 social assistance recipients;
- 6 single-parent families;
- 5 people aged 65 and over.

-10 pounds of ground deer meat were donated for community celebrations; 5 pounds for the 2018 winter Carnival and 5 pounds for a cooking activity for elders in the summer of 2018.

### **3.2 Analysis of food assistance (deer distribution) in 2017-2018**

**- An increasing number of vulnerable people have been served and have received more game meat**

Thanks to the new distribution procedure, very vulnerable people have received more game meat this year; two to three distribution campaigns rather than one. This procedure succeeded in reaching several individuals experiencing food insecurity who had not used this measure in the past.

- In 2016, 10 of the 20 people on social assistance and 5 single-parent families in the community (for a total of 35 people, including adults and children) did not use deer distribution for various reasons (they were not aware of this measure, they had a work schedule that did not allow them to go to the Health Centre during distribution hours, or they believed there were people who needed it more);
- In 2017-2018, thanks to the outreach methods, we have reached 100% of people on social assistance and single-parent families who experience food insecurity, so they could benefit from the deer meat donation campaign;
- The fact that the food security manager is now fully responsible for the deer meat distribution campaign facilitates the process and the collaborative work with the Health Centre staff and the Revenue Officer is very effective in identifying people in vulnerable situations;
- Very vulnerable people this year received between 6 and 9 pounds (single individual) and 10 to 15 pounds (family) of deer meat in the fall and winter.

**- The new distribution procedure (outreach) has been particularly beneficial in mobilizing vulnerable people and act on their mental and physical health.**

- Many of these food assistance recipients are isolated and experience mental health issues (e.g. depression, suicidal thoughts, chronic anxiety, etc.) that affect their physical and psychological well-being and impede their mobility. They are particularly grateful to be contacted personally and shown that they are not forgotten and that their well-being is important to us. Several such comments have been reported to us by these more vulnerable individuals;
- In discussions with people during the game meat distribution campaign, the food security manager was able to explain various OHC initiatives and guide those who are less prone to consult a physician or psychologist, or enrol in programs promoting health for youth (Étincelle, Skweda);
- Thanks to these outreach measures for the game distribution campaigns, vulnerable people were able to register for positive measures promoting action and food security, i.e. 3 new registrations for collective kitchens and 5 registrations for the purchasing group.

**-However, some individuals who do not meet Band Council eligibility criteria (for example, low-income families, unemployment insurance status, etc.) are vulnerable to food insecurity and do not currently benefit from the deer donation campaign.**

- There are approximately 8 families (16 adults and 14 children) who do not meet the current eligibility criteria but who would benefit from the deer donation campaign because their conditions could lead to food insecurity (very limited income, unstable employment and low pay, unemployment, etc.). New screening, in collaboration with a community nurse and FNCFS community workers, would be required to assess whether all these vulnerable members fall under this category.

- Given the large quantity of deer meat received in March, there is still a considerable amount of deer meat to distribute. The recommendations in section 3.3 could be discussed before proceeding with this distribution.

### **3.3 Food assistance recommendations (deer meat distribution)**

- In 2018-2019, it would be important to assess with management and Band Council members whether the criteria could be lowered in certain situations of financial vulnerability (debt, low income) or other situations having an impact on food security (e.g. job loss, illness, etc.);



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- If eligibility criteria were lessened, more collaboration with FNCFS staff combined with the health staff could be implemented to better identify people who need food assistance and who could be supported and guided in their well-being approaches;

- Continue this new distribution process, which reaches and supports more people experiencing food insecurity, mobilizes more vulnerable people to food security initiatives (collective kitchen, purchasing group) and serves as a bridge between this clientele that has little use of health services or the various programs and community workers;

- A larger amount of deer meat (15 deer/year) would provide deer meat at more regular intervals during the year to vulnerable people, thus increasing the impact on the health and well-being of these people who are not prone to using health initiatives, providing them with nutritious food but also by recruiting them to different food security activities, taking them out of isolation and serving as a bridge for them and their children to different health programs and workers (psychologist, physician, nutritionist, specialized educator, etc.). This approach to deer meat distribution would be particularly effective for countering social inequalities in terms of health care and should be further developed.

### II. Purchasing group

#### 1. Purchasing group pilot project in Odanak: 2017-2018 activities

As provided for in the five-year plan, a purchasing group was introduced by the food security project manager in 2017-2018. Given the size of the project, collaboration by the dietary technician was requested for certain development and implementation tasks, as well as during the pilot test in the fall of 2017.

#### Summer 2017:

- Following the steps taken in 2016-2017 with Moisson Mauricie, Moisson Québec and other community organizations in the region, the dietary technician and I went to visit various purchasing groups in the region who were doing various things to evaluate the pros and cons of each procedure and introduce the approach that most suited the people of Odanak, according to the needs identified with community members;

- A list of thirty or so nutritious, economical foods that met the tastes of the population was drawn up. This list consisted mainly of vegetables and fruits, in order to respond to the lack of freshness and variety of vegetables and fruits from the Pierreville grocery store and to encourage a greater consumption of vegetables and fruits in the population. It

also included nutritious and lean meats, regular and partly skim cheeses, and breads, including whole grain bread;

- The prices for these foods were reviewed through a comparative study between some grocery stores frequented by local people (IGA and Super C in Nicolet, Pierreville Métro), Costco in Trois-Rivières and AOF food distribution (distributor chosen after evaluation of a few distributors from the region, for their collaboration with us, because they agree to serve the community of Odanak, and for their supply of quality food). This study proved that it was actually more economical to buy vegetables and fruit from AOF food distribution (except occasional grocery store specials), and to buy meats, cheeses and breads at Costco. Some fruits and vegetables might have been cheaper at Costco at times, but for organizational reasons (food transportation) and food availability, it was much easier to do business with AOF;

- AOF food distribution was met a few times during the summer of 2017 to discuss prices and operations. An account was opened at the Band Council on behalf of AOF for the purchasing group. The distributor's invoice is sent to the Band Council, the food security project manager collects the members of the purchasing group when their order is received, and then remits the money to the Band Council's accounting department;

- An operating procedure for the purchasing group was introduced, taking into account the time limits of the workers, the space available for storing food, the space needed to transport food and the needs expressed by the population.

#### Recruitment of participants for the fall 2017 pilot test:

- Throughout the spring and summer of 2017, people were recruited to be part of a purchasing group pilot test in the fall. Those most vulnerable to food insecurity (limited income, welfare recipients, single mothers) were identified and the food security manager contacted them personally (during the deer distribution campaign or by phone) to present the purchasing group approach and to recruit them. The purchasing group approach was also explained in person to collective kitchen participants. In addition, following advice received by purchasing group managers, financially well-off participants were also recruited to ensure a certain purchase volume with the distributor. Indeed, as most fruits and vegetables are sold per case, it is necessary to buy a certain volume to obtain an economic cost per item;

- The person responsible for collective kitchens and Meals on Wheels, the Director of the FNCFS and of Social Services, and Ms. Claire O'bomsawin, Councillor at the Band Council, behind the Meals on Wheels initiative, agreed to have the lead





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cook buy food from the purchasing group for collective kitchens and Meals on Wheels. This collaboration allowed us to buy a volume of vegetables and fruit needed to obtain a reasonable rate from the distributor and also to sell some meat bought in large quantities at Costco;

- The Étincelle and Skweda programs also used the purchasing group to buy fruits and vegetables for a joint health challenge for children (6-12 year-olds) and teenagers (13-18 year-olds) during homework assistance. This not only allowed for the purchase of a larger quantity of vegetables and fruits at a reasonable rate from the distributor, but also introduced environmental changes for young people, promoting a greater consumption of vegetables and fruits;

- A total of 24 people were registered for the purchasing group pilot test, which was the minimum recommended number of people for a purchasing group. Among the 24 people, there were 11 young mothers, 5 welfare recipients, 4 single-parent families, and 2 disabled people;

- On August 21, 2017, an evening information session was held at the Health Centre among the members, to introduce them to the purchasing group approach and how it worked, as well as to answer people's questions and needs. 9 people were present. Some were unable to attend either due to their work schedule, vacations, post-natal period, but details of the purchasing group were explained to them over the phone;

- An order sheet with integrated cost calculations was developed, as well as an instruction sheet for the participants.

### Fall 2017:

- Two orders were placed, at two-month intervals, to test the purchasing group and then make the necessary changes to the process, before offering it to other people. The timing of the order was set to match the arrival of the social assistance check, to make it easier for social assistance recipients to make purchases.

### 1st order September 2017:

13 people placed an order in September. The findings of this first experiment were as follows:

- the purchasing group requires a lot of time, work and energy from the community workers, in terms of calculating the bills for each member (changes to food costs between order and reception, calculating the cost per food item while the purchase cost is based on volume), receiving orders and purchasing/transporting food from Costco to Odanak, contacting and supporting members of the purchasing group for ordering and portioning vacuum packed meats;

- operation methods were simplified for the next order, including portioning without vacuum packing, the number of members contacted for placing orders and calculating the cost of food.

### 2nd order November 2017:

- Fewer people placed an order; 8 people. These 8 people had also placed an order in September.

### Results:

- The simplified procedure has facilitated the work by community workers but still represents a strategy that involves a lot of time and work;

- The Étincelle worker was not available for portioning because she was busy with another youth intervention activity. However, the FNCFS community worker helped with the portioning process.

## **2. Analysis of the fall 2017 purchasing group pilot project**

- An informal assessment was conducted along the way by talking to the participants when placing their orders by phone and when picking them up. A written evaluation questionnaire was also sent by email and completed by a third of the participants;

- Virtually all of the participants in the pilot project were delighted with their experience, not only because of the money saved but also because of the simplicity of the process, which saves them time and energy and also because it gave them access to more fresh and varied foods than at the local grocery store;

- Participants were fully satisfied with the freshness, quality and format of the food purchased through the purchasing group. Some exceptions (a few packages of mushrooms, one onion) were noted and the problem was reported to the AOF representative, who also noted some occasional problems with the usual freshness of the vegetables and fruit delivered by the company. This was explained by the fact that the person responsible for the quality of fruits and vegetables at AOF was on sick leave. This person has been back to work since December and the problem should be fully resolved for future orders;

- Participants were fully satisfied with the operation and the support provided by the workers in the purchasing group. They all want to participate again and would recommend it;
- People who placed an order the first time and did not a second time did so for a variety of reasons, including the fact that they ordered a lot of food the first time. One person did not repeat the experience because she thought the prices were higher than she usually paid by looking for discounts at different grocery stores;



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- A few people experiencing severe food insecurity, need more support and flexibility when ordering. Some people need much assistance when placing an order by phone;
- Several participants who did not participate in the pilot project (12 of 24) asked to remain in the purchasing group. They would have liked to participate in the first orders but certain factors prevented them (personal issues, lack of time, lack of organization, etc.);
- Some people who did not have access to a computer found it difficult to complete their order form. A hard copy of the order form had been distributed but it is often more difficult for members to bring their order sheets in person to the OHC during business hours. The problem was solved by placing telephone orders with the food security manager;
- Collaboration with the cook responsible for collective kitchens and Meals on Wheels proved an invaluable resource: for each order placed, the cook showed a great openness and flexibility by buying vegetables, fruits and nutritious meats not bought by members of the purchasing group and used them into her collective kitchen and Meals on Wheels menus;
- This initiative has had several positive effects. Not only does it directly affect food security by providing easy access to nutritious, low-cost food, but it has also helped promote healthy eating among vulnerable elders and those participating in collective kitchens (many of whom are vulnerable in terms of food security: social assistance recipients, single-parent families and/or low-income families) by integrating more vegetables and fresh fruits and lean and nutritious meats into the menu of these two activities;
- The purchasing group also directly impacted the food environment of the community's 6-12 year-olds and 13-18 year-olds by providing fresh fruits and vegetables during homework assistance in the form of a 7-Day Fruit and Vegetable Challenge.
- Include others interested in the purchasing group, to ensure a larger purchase volume and better prices. Around 35-40 participants would be ideal, considering that not all members are ordering each time. Currently, 21 of the 24 people who were registered would like to participate in the group on a regular basis, and 3 other social assistance recipients would be interested in registering. It would be advisable to recruit other people with better financial conditions to ensure a certain volume;
- Identify, with the help of the FNCFS community worker for elders, which elders could benefit from participating in the purchasing group and what type of assistance would they need in placing orders. A catalogue including photos of the food and available formats could be created in order to make it simpler to place orders;
- Provide more support and flexibility to severely food-insecure people for group purchase orders (home visit if needed, telephone orders);
- Continue the valuable collaboration with the cook responsible for collective kitchens and Meals on Wheels for the purchase of various fresh fruits and vegetables and nutritious meat for use in collective kitchens and Meals on Wheels;
- Continue collaboration with the Étincelle/Skweda worker and the homework assistance workers (6-12 and 13-18 year-olds) to order fresh vegetables and fruit served as snacks during the homework period.

### 3. Recommendations for the purchasing group in 2018-2019

- Given the significant amount of energy and time required for placing purchasing group orders, it is recommended to set a maximum timeline of one order per two months;
- The development of collaborations with other workers (FNCFS, homecare workers) for different tasks (portioning, order taking) will be necessary to expand the clientele served and to place orders on a regular and continuous basis;
- Support from the dietary technician in the purchasing group is essential to pursue this strategy effectively;

### III. Budget planning training

There was no financial planning or consumer spending workshop in 2017-18 (to prevent debt-related food insecurity situations), as this initiative was somewhat beyond the food security mandate. However, it would be interesting to discuss with the FNCFS Director whether this measure could be integrated into the services offered by this organization, as it would meet a great need among the vulnerable population. The CIBES (Centre d'intervention budgétaire et sociale de la Mauricie) was ready to host various workshops according to the needs of the population and also to provide an individual consultation service (budget planning, approaches to over-indebtedness), if a room and remuneration was provided.

### IV. First Nations Food, Nutrition & Environment Study (FNFNES)

The food security manager contacted the University of Montreal research team and the University of Ottawa a few times to find out when the results of the 2016 study would







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be sent to the community. According to the information obtained, the results should be presented shortly between March and May 2018. Remember that we must be very careful in interpreting the results of this research, which included several biases in its food insecurity rate measurements. This is likely to be underestimated because interviews with community members were conducted in person by other members of the community. Indeed, we have seen in the past that people discussed their level of food insecurity only when it was done anonymously (via anonymous questionnaire distributed at home, 2012 food security study) and that when they were interviewed in person (2016 food security study), their pride prevented them from fully revealing their level of insecurity. The level of food insecurity was only revealed by digging a little further during the individual interviews, and by correlating it with other data (e.g. information collected during dietary consultations, food habits survey).

It would be advisable to re-measure the rate of food insecurity anonymously in the community, in order to truly assess the impact of the measures put in place as well as the effect of the constant increase in food basket costs.

### V. Conclusion

The various food security measures put in place according to the five-year plan and outreach methods to reach the vulnerable population require considerable energy from the food security manager and several workers (OHC community workers, FNCFS workers, OBC workers, community hunters, etc.) but it is paying off: a significant proportion of the vulnerable population that was not reached in the past is now involved in various food security measures which have stimulated their mobilization (collective kitchen, purchasing group). In addition, we are now able to reach a significant portion of this population and integrate them and their children into other OHC initiatives, which contribute to reducing social inequalities in health.

These efforts must be sustained over time because, according to the results, outreach recruitment and support to this vulnerable population must be constant and it is through the workers' perseverance and time that this population will mobilize little by little and participate in the interventions.

The food security budget was not renewed by Health Canada in 2018-2019, which considers food safety initiatives extremely important and highly relevant at a time when nutritious food is becoming increasingly expensive. Health Canada recommends integrating food security approaches into the community's health plan, which has already been done, and using budgetary funds allocated to programs related to food (Maternal and Child Health, Aboriginal Diabetes Initiative, OLO, etc.).

*Marie-France David,*  
Food Security Project Manager





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### FNHSP (First Nations Head Start Program)

Target: 2-5 year-old children

Number of children participating: 16; most are at the day-care centre except 1 who does not attend the day-care centre  
The FNHSP workshops are held Monday to Wednesday in the morning

I go to the library certain days

On Monday mornings I welcome 2 year-old children and in the afternoon 5 year-old children to provide culture-based crafts activities

On Tuesday mornings I welcome 3-4 year-olds and in the afternoon 5 year-olds

On Wednesday mornings I take a whole day-care centre group for outdoor physical activities

- walking in the forest, snowshoeing, sliding
- jogging in the forest
- psychomotor games: lacrosse, archery, running

I have attached two calendars as an example of what I send to parents once a month, as well as the attendance sheet for children in the different FNHSP activities.

*Raymonde Nolett,*  
FNHSP Educator

### Avenir d'enfants activities

Target: Families with 0-5 year-old children

Number of children: 26 children + parents

Activities carried out:

- Production of a DVD with songs and dances directed by Philippe Ile and led by Nicole O'Bomsawin
- About 35 DVDs were given to the children of the community
- A book of W8banaki legends with a CD produced by Christine Sioui Wawanoloath and Philippe Ile, will be available soon and will be distributed to families with 0-5 year-olds, in the library and in the museum
- Stimulus activities given once a month at the community hall led by Raymonde Nolett and Laure Tardif
- 18 children accompanied by day-care centre educators participate (without parents)
- 1 rabaska activity and an introduction to fishing were given in September with the participation of the Environment and Land Office. Led by Christopher Coughlin, Philippe O'Bomsawin also participated in the demonstration of smoking fish with our new smokehouse by the river which is available to all

Participation: 6 families and a few teenagers

- 2 traditional basket making demonstration workshops with Annette Nolett
- Participation: 10 families
- Several culture and language based games have been developed and made available to families at the library, the FNHSP and at the Musée des Abénakis

*Raymonde Nolett,*  
person responsible for Avenir d'enfants





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### MEDICAL TRANSPORTATION (MT)

I have several responsibilities as Medical Transportation Coordinator such as:

#### ➤ Submit to Health Canada a statistical report on medical transportation for the community of Odanak.

Three (3) reports per year are sent to Health Canada;

Period 1: April 1 to August 31

Period 2: September 1 to November 30

Period 3: December 1 to July 29 + annual written report

There were no problems reported by Ms. Dominic Sandy Pascal, Medical Transportation Coordinator (MTC) at Health Canada regarding the activity reports I sent for 2017-2018. No issues concerning the activity reports and the transmission delays. I am always available to coordinator to answer her questions regarding the activity reports.

We have now been using a vehicle for medical transportation (MT) requests for the last four years. This major change has led to an increase in work to keep up to date the various related tasks.

#### ➤ Problem situations and improvements

##### Situation 1

The MT coordinator manages the medical transportation requests from the client to the MT driver's schedule. This change requires a better planning of the hours to be granted in this program. In response to community demand, the MT driver's availability schedule is spread throughout the week. The coordinator's objective is to coordinate transportation according to the same routes, but this is difficult because clients have medical appointments in several regions covered and MT has only one vehicle at their disposal. It is important to point out that some clients are once again showing discontent with the organization of the transportation going in the same direction as certain clients have to wait.

The MT coordinator must also manage the clients' medical appointments which intersect in opposite directions. With this type of conflict, an authorization to use a private vehicle is issued to the client. However, a problem occurs in the case where a client does not own a private vehicle or does not have anyone to accompany him to the medical appointment. This type of situation greatly complicates the management of these transportation requests. Sometimes, when possible, we try to change one of the client's medical appointments according to the priority code. Moreover, we have, together with the head nurse, issued a priority code for each type of appointment. This code allows us to classify the priority of an appointment while taking into account the client's health status.

When there is no possibility of obtaining a new medical appointment, we are faced with a problem since Health Canada does not authorize the use of a contract driver according to their analysis. It should be noted however that we used to have this

type of authorization in the past from our former MT coordinator, Ms. Fern Delgado of Health Canada. This authorization was given to us on April 16, 2015, by email. Following this authorization, with the collaboration of the Abenakis of Odanak Council, we posted several notices of competition to obtain a contract driver. After several attempts, Ms. Claire Laramée was hired on May 2, 2016. Considering we had found our contract driver and with the authorization to obtain a contractual driver for our community previously authorized in April 2015, we forwarded to Ms. Dominic Sandy Pascal, the following documents: employment contract, SAAQ file, proof of driver's license, proof of automobile insurance). Following this mailing, we received a call from Ms. Pascal, new MT coordinator assigned to our community, who mentioned the impossibility of obtaining a contract driver since no analysis had had been conducted and no approval had been issued by Health Canada.

This situation is incoherent since our request for a contract driver had been previously authorized by Ms. Fern Delgado and the decision was changed by the new MT coordinator. Despite this situation, we have nevertheless retained the services of Ms. Laramée since the need for a contractual driver in case of schedule conflicts is inevitable. Keeping this contract driver also allows us to have a replacement for our MT driver during vacation time or when he is unavailable (e.g. illness, leave, etc.). It would be interesting to seek Health Canada's approval to obtain funding from them for this benefit. In fact, this mention has been included in our financial planning for 2018-2019.

When a conflict occurs with medical transportation, we have contacted our MT Program Officer at Health Canada several times to better manage these conflict situations. For one of these situations, they recommended using a commercial taxi even if it was more expensive, but in another similar situation, the use of a commercial taxi was strongly discouraged. In fact, it was suggested that the client take a passenger bus. In addition, in the region, we do not have a commercial taxi service that can serve the community of Odanak. For the passenger bus situation, the closest are Sorel-Tracy, Drummondville or Trois-Rivières. The issue with this economic option from Health Canada is that the client must still travel to the bus station.

##### Situation 2

With regard to private vehicle transportation, we noticed that we had an increase of authorizations, even when we recommend the MT vehicle first and foremost. When there is no possibility of coordinating with another client or changing the medical appointment, private vehicle transportation is allowed where this is possible for the client.

When clients would like to use their vehicle for a medical appointment but the MT vehicle is available, we systematically refuse to refund their gas at a rate of \$ 0.225 per km.



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### Situation 3

During the 2017-2018 fiscal period, there were a few exceptional cases to manage. When a client requests transportation outside our usual territory, (example: surgery in Quebec City) this requires supporting documents from the referring physician as well as the attending physician's documents. This must be done before the transportation is authorized.

### Situation 4

We have had a few cases of clients living off-reserve, but residing in a city very close to Odanak (e.g. St-François du Lac or even Sorel) who wish to obtain our medical transportation services. We can no longer accept these off-reserve clients even though our MT vehicle is available and even though in the past we have received transportation requests directly from Health Canada.

Again this year, a client was assisted through the MT service for her medical appointments for the duration of her treatments and follow-ups. To accommodate this client's transportation, she was to be considered a temporary resident of Odanak. In order to complete this file, proof of temporary residence in Odanak was signed by the Abenakis of Odanak Council. This document is in the client's file.

### Situation 5

This year, we only received one request for transportation for therapy at the Wapan Centre.

The Wapan Centre is located in La Tuque and is one of six centres in Quebec exclusively for First Nations clients. It is part of Health Canada's National Native Alcohol and Drug Abuse Program (NNADAP).

To have access to medical transportation for the purpose of traveling to a NNADAP Centre, certain conditions must be respected including:

MT program criteria:

- one (1) treatment per year\*\*;
- one (1) client visit to the community during treatment if the visit is an integral part of the treatment plan;
- one (1) trip for up to two (2) family members to the treatment centre if this visit is part of the treatment plan (excluding the graduation ceremony).

\*\* If a second treatment is requested within a 12-month period, we must submit an application for authorization for an exception to Ms. Dominic Sandy Pascal of Health Canada for analysis. All the appropriate supporting documents must be attached to the application.

The required documents (at least 48 hours in advance,

working days) for analysis of an MT program transportation request to an NNADAP centre, a public centre or a private centre paid for by Health Canada are as follows:

- an official request from the NNADAP community officer;
- written confirmation of admission to the centre;
- a copy of the treatment plan (from the centre) for the requested transportation before treatment begins;
- written confirmation that the treatment has been completed (to obtain reimbursement for return to the community).

### Situation 6

Again this year, we had to change paratransit transportation company because the company Dessercom refused to continue providing their services. So in the space of 4 years, we had to change companies several times before finding a reliable transporter to travel to Odanak for our specific clientele. We are currently using Taxi Élite for our paratransit needs. This company offers a quality service to our special-needs clients and the cost is less than previous paratransit transportation companies.

### Situation 7

To avoid cancelling transportation services at the last minute, a notice was sent to remind the population of the delays to be respected before cancelling. This notice reads:

Following a first failure to notify, a verbal warning will be issued by the Medical Transportation Coordinator. Thereafter, after two failures, the medical transportation service will be refused to the offending client for a period of one month. If a third failure occurs, the medical transportation service will be refused a second time for a period of one month and a \$ 20.00 fee will be payable to the Odanak Band Council to compensate for the travel cost.

Since sending this notice, we have seen an improvement. Clients recognize that this service is offered free of charge and that it is their responsibility to contact us as soon as possible should their appointment be cancelled or if they no longer require transportation services for personal reasons.

In addition, a register of warnings, sanctions and refusals is maintained. When a medical transportation refusal is sent, a letter is sent to the client explaining the refusal and our directors are also informed (Director of the Odanak Health Centre, Director General of the Band Council and the Assistant Director of Human Resources). This letter mentions the reason for the refusal to offer transportation or to issue a refund in the case of private vehicle transportation.

In the most common cases of refusal, clients provide us with proof of visits that exceed the required time, i.e. these certificates are submitted more than one year after service delivery.





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### 2.1 TABLES SHOWING THE NUMBER OF MEDICAL TRANSPORTATIONS BY RESIDENT MEMBERS OF THE COMMUNITY IN 2017-2018

APRIL 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED	27
PARATRANSIT	2
COORDINATED TRANSPORTATION (JOINT)	2
TRANSPORTATION CANCELLED	4
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	0
MT BY CONTRACTUAL DRIVER	0
PRIVATE VEHICLE	4

AUGUST 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	28
PARATRANSIT	2
COORDINATED TRANSPORTATION (JOINT)	2
TRANSPORTATION CANCELLED	1
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	0
MT BY CONTRACTUAL DRIVER	3
PRIVATE VEHICLE	5

MAI 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	26
PARATRANSIT	0
COORDINATED TRANSPORTATION (JOINT)	0
TRANSPORTATION CANCELLED	4
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	0
PRIVATE VEHICLE	9

SEPTEMBER 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	22
PARATRANSIT	1
COORDINATED TRANSPORTATION (JOINT)	2
TRANSPORTATION CANCELLED	3
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	3
PRIVATE VEHICLE	8

JUNE 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	27
PARATRANSIT	2
COORDINATED TRANSPORTATION (JOINT)	4
TRANSPORTATION CANCELLED	6
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	3
MT BY CONTRACTUAL DRIVER	1
PRIVATE VEHICLE	12

OCTOBER 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED	19
PARATRANSIT	0
COORDINATED TRANSPORTATION (JOINT)	0
TRANSPORTATION CANCELLED	5
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	1
PRIVATE VEHICLE	2

JULY 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED	17
PARATRANSIT	0
COORDINATED TRANSPORTATION (JOINT)	4
TRANSPORTATION CANCELLED	4
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	5
PRIVATE VEHICLE	5

NOVEMBER 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	26
PARATRANSIT	1
COORDINATED TRANSPORTATION (JOINT)	1
TRANSPORTATION CANCELLED	5
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	0
MT BY CONTRACTUAL DRIVER	3
PRIVATE VEHICLE	5





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DECEMBER 2017 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	16
PARATRANSIT	1
COORDINATED TRANSPORTATION (JOINT)	3
TRANSPORTATION CANCELLED	3
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	2
MT BY CONTRACTUAL DRIVER	2
PRIVATE VEHICLE	6

FEBRUARY 2018 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	28
PARATRANSIT	4
COORDINATED TRANSPORTATION (JOINT)	2
TRANSPORTATION CANCELLED	4
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	3
PRIVATE VEHICLE	5

JANUARY 2018 TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED	23
PARATRANSIT	1
COORDINATED TRANSPORTATION (JOINT)	0
TRANSPORTATION CANCELLED	7
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	3
PRIVATE VEHICLE	9

MARCH 2018 <sup>1</sup> TRANSPORTATION REQUESTS	
TRANSPORTATION PERFORMED (MT vehicle)	28
PARATRANSIT	2
COORDINATED TRANSPORTATION (JOINT)	1
TRANSPORTATION CANCELLED	6
TRANSPORTATION CANCELLED AT MY REQUEST (MT CONFLICT)	1
MT BY CONTRACTUAL DRIVER	2
PRIVATE VEHICLE	4

### TOTAL STATISTICS FOR 2017-2018

Total transportation *requests for the year*: 389

Total transportation *performed with the MT vehicle*: 287

Total transportation performed *with contractual driver*: 27

Total transportation *authorized using a private vehicle*: 74

There was an increase in transportation compared to the previous year (276) and also an increase in MT by private vehicle. We can thereby conclude that it is necessary to increase the hours for the MT driver in the Health Canada budget and that it is also important to have a contract driver to replace our MT driver and minimize transportation conflicts.

This increase is explained by the fact that we have had many MT requests for medical appointments with children and therefore several follow-up visits.

In addition, a notice to the public is sent at least twice a year reminding them of the transportation options that may be authorized according to Health Canada's framework.

Since the beginning of 2018, we have been working with the Visiting Health Care Professional Services (VPS) program, which is now included in the MT budget. This program reimburses certain expenses (mileage, meals and accommodations) for self-employed professionals traveling to the community to provide their services. This reimbursement is done with a rate grid already established by the program. So we now offer the VPS to the psychologist and physician. We must now consider this in our financial planning for future budgets and also in the MT Coordinator's responsibilities.

*Paule Leiby,*  
Medical Transportation Coordinator





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### **NNADAP (National Native Alcohol and Drug Abuse Program)**

In 2017-2018, the focus of the NNADAP was on smoking cessation. This year, I twice made an advertising campaign to quit smoking, but without success. Only one person registered but then cancelled a few days later, even though I had created an advertisement with a focus on continuous registration with open dates to start the group. From the moment we have 4 registrations or more, we will meet and choose a starting date to hold the workshops.

However, the new SMOKING CESSATION program using SOFT LASER and hypnosis, was a success in terms of participation. The big difference was the budget. All forms of dependency have consequences, whether in the short, medium or long term. Awareness of certain addictions and subsequent consequences is not always visible and can be very different from one individual to another. 2017-18 will represent a promotional milestone in active advertising for upcoming workshops with ongoing registrations.

### **Abenaki representative on the Wapan Centre Board of Directors**

Since June 2016, I have assumed the position of Chair of the Wapan Centre Board of Directors. Our major purpose is to improve the well-being of our communities with respect to addictions. The Wapan Centre receives funds for 12 beds, but the ultimate goal over the next few years is to reach its maximum potential of 24 beds. I attended the four (4) Board of Directors meetings and the AGA, which takes place in June each year. In addition, 3 conference calls were made for specific dossiers.

Since the introduction of the new 34-day therapy, in August 2015, based on a 12-step approach combined with a cultural approach, the satisfaction rate has increased. Clients really appreciate being able to explore some of their roots.

As far as our community is concerned, there is unfortunately no cultural program in place to continue their cultural journey. I have tried to explore the possibility of introducing a cultural project but this did not make it to the Council's table. In the near future, I would like to modify this project in order to re-examine the possibility of creating something that could promote the continuity of cultural activities with people who wish to continue their journey. In addition, this could be an opportunity to expand the project and, as much as possible, work collaboratively with other workers to create traditional and contemporary activities related to their roots.

### **Pilot project to provide medical withdrawal at the Wapan Centre**

Wapan can accommodate up to 24 people with its 24 beds. But in reality, the Centre receives funds for only 12 beds. This limits the possibility of developing new therapeutic activities. During the past year, the Director, Ms. Louise G  n  reux,

tabled a proposal to the board of directors of exploring the possibility of carrying out a pilot project to offer medical withdrawal at the Wapan Centre.

In October 2017, we had a first exploratory meeting with Health Canada. Dr. Samuel Blain is responsible for a community care intervention team that he founded in January 2014. By making local health care his primary focus, this unconventional doctor wants to reach the most vulnerable people in society. The meeting yielded positive results. The possibilities of carrying out such a project are very interesting because we know that the needs are palpable in the francophone Aboriginal communities of Quebec. So we formed a small working committee to explore the project more closely and analyze what this medical withdrawal project may entail at the Wapan Centre.

The committee is comprised of Wapan management, the clinical coordinator, a board member, Health Canada and Dr. Samuel Blain. A consultant from the firm GRIPMA will join the committee to set up meetings and help implement the project.

At our second meeting, there was talk of organizing a visit to certain facilities offering medical withdrawal services. Dr. Blain and Mr. Pierre Picard, Aboriginal consultant, are responsible for organizing visits in May of this year to institutions such as Domr  my (Pointe-du-Lac) and Saint-Luc hospital.

### **Risk management committee representative (Wapan)**

I sit on this committee as a Board representative. The risk management committee usually meets the day before Board meetings.

The person in charge reports all incidents and accidents that occurred during the quarter. We monitor each event and ensure the files are complete. There are a lot of discussions to identify permanent solutions to the issues. Subsequently, a report is presented to the Board of Directors to inform, to provide a follow-up and to ensure effective execution.

### **Regional Addiction Working Group**

The Regional Addictions Working Group (WG) brings together workers from various First Nations communities in Quebec, a Health Canada representative, as well as mental health and addictions counsellors and the Community Wellness Program representative from the FNQLHSSC.

The issue of addictions is very hard on First Nations communities in Quebec, and the situation has not improved much. We have been exploring various alternatives related to addictions. In addition, during our two annual meetings, we have met for one-day meetings to address these issues



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with workers and the treatment centre directors to identify the problems concerning certain requests, to facilitate admission requests, to modify or reframe admission criteria, etc.

In the last meetings, the topics explored were addictions, of course, but also environmental factors, poverty, housing, etc.

- Addictions and social issues with negative consequences for the individual and family;
- Comorbidity, mental health and addiction issues;
- Increase in the type of addiction;
- More substances available;
- Increased gambling and cyber addiction.

New training will be necessary with the legalization of cannabis.

This year, I attended two (2) meetings with the purpose of implementing a three-year plan for the working group to provide assistance to NNADAP workers in Quebec. Worker support is the group's priority.

### Avenir d'enfants project

#### Collaboration with Raymonde Nolett

For the recipe book project, I worked on photos, editing and layout throughout 2016-2017.

#### Support relationship: follow-ups with addiction clients

This year, the number of follow-ups with clients with addiction issues totals about fifty-three (53) meetings. There is a certain level of stability in support relationships. With the intention of providing more support, I will be presenting a new advertisement concerning the support offered and I will provide more information on customized addiction information to the target population in 2017-18.

#### Referrals

This year, I referred three (3) clients to a psychologist after evaluating their needs.

#### Treatment centres

In 2017-2018, three (3) clients out of three were admitted to a treatment centre. Two (2) people were sent to the Wapan Rehabilitation Centre and one to a private treatment centre.

#### Hypnosis

#### Wapan workshops

We proposed a dinner-conference with the director of the Wapan Centre twice this year.

#### CHP (Community Health Program)

I attended CHP meetings with Isabelle Picard.

#### Information workshops with Wapan

For budget reasons, we had to postpone the scheduled workshops with Wapan.

#### Annual meeting

Attend the NNADAP officers' annual meeting at the Wapan Rehabilitation Centre.

#### Clinical meetings and/or case discussions

I attended about 14 meetings for case discussions and/or meetings with the clinical team.

#### Training

This year, I attended an interesting training on record-keeping given by the AIDQ (Association des intervenants en dépendance du Québec).

#### Accreditation

I attended the risk management team meetings and collaborated during the Accreditation Canada visits.

#### La Chrysalide, a community mental health centre

With the collaboration from the Chrysalide centre, I organized a visit to this mental health facility for Daphnée Couture, head nurse, and Anik Sioui, psychologist at the Health Centre, to raise awareness about the services offered.

#### Community brochure

As the person in charge of the community brochure, I produced the two (2) intended brochures.

#### NNADAP forms

Updates made and creation of a new form for follow-ups with support relationship clients.

#### Walgwan First Nations youth rehabilitation centre

Received the visit, at the Health Centre, of Ms. Nathalie Clark, worker at the Walgwan centre. She came to present the program. There will be a full article in the new 2017-2018 brochure.

#### Stop Smoking cessation program

Revising the program *J'arrête pour moi, mais à deux c'est mieux*.

#### Workshop revisions and updates

The program includes 7 workshops over 7 weeks and 5 others based on supporting participants. Each workshop proposes a specific theme in the stopping process.





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- **Workshops 1, 2 and 3:** Understanding when and why they smoke
- **Workshop 4:** Committing to quitting, developing an action plan
- **Workshop 5:** Weight gain issues. Understanding the sources of weight variations
- **Workshops 6 and 7:** Learning to resist the urge to smoke.

Each workshop includes a round table discussion, three parts of the workshop plus a 15 minute break. The personal journal is specifically designed for participants. It includes customized reminders of the procedure to be followed during the workshops. The workshops encourage group discussions for support. Practice relaxation exercises, communication activities (smoking is often a reaction to stress and everyday conflicts).

Despite the advertising sent to the population, as mentioned in the introduction, unfortunately we did not have a sufficient number of registrations to start-up the workshops. Next June, we will re-launch the project with CONTINUOUS REGISTRATION ads for all upcoming workshops.

### Raising awareness about second-hand smoke

At the stop smoking cessation workshops, we use this opportunity to educate participants about second-hand smoke. With the new data on the long-term consequences of second-hand smoke, we explain how it can cause irreversible damage. Program participants will be able to make informed choices.

*André Gill,*  
Addiction Worker

## CHILDREN'S ORAL HEALTH INITIATIVE (COHI)

Dental hygienist began work in September 2017.  
Frequency of visits: One day per month

### 1. Recruitment activities for the 2017-2018 oral health program

#### 1.1 Sending parental consent forms

Thanks to the collaboration of Nathalie Nadeau, director of Aw8ssisak day-care centre, all parents of children attending this centre received an authorization form from the COHI

oral health program. Consent forms were sent systematically, regardless of whether the child had a band number or not.

- Total number of parental consent forms sent: 55
- Number of forms received: 47
- Number of forms not returned: 8
- Response percentage: 85%
- Number of positive responses: 47 (100%)
- Number of negative responses: 0 (0%)

It should be noted that some parents have accepted the service provided I do not apply fluoride to the teeth.

#### 1.1 Number of parental consents received based on the child's official status

	Number of parental consents received
Children with band number	14
Children without band number	33
Total	47

#### 1.2 Recruitment campaign highlights

- Collaboration with Nathalie Nadeau, Director of the Aw8ssisak day-care centre
- High response rate
- Clear information in the document

#### 1.3 Improvements for the next recruitment campaign

- Increase the number of workers distributing the forms in order to extend the age range of children enrolled in the program (e.g. nurses, Health Centre staff, anyone working with 0-8 year-olds)

- Possibility of sending more than one form to families with more than one 0-8 year-old child

- Distribute the forms to parents of 0-8 year-old children not attending the day-care centre (at home, in elementary school): through the mail?

## 2. Oral health screening

### 2.1 Oral screening

Oral screenings were performed on children previously enrolled by a parent in the COHI program. The location for



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these activities was at the day-care centre. The purpose of the screening is to identify:

- A) Current cavities
- B) Previous cavities (e.g., fillings, teeth extracted due to cavities)
- C) Obvious dental treatment needs (e.g. flawed or fallen fillings, carious lesions)

This information makes it possible to identify children vulnerable to cavities. It also makes it possible to determine the professional application of fluorides (2 to 4 applications per year).

### 2.2 Number of oral screenings based on the official status of children and the number of children vulnerable to cavities according to their official status

	Number of oral screenings performed in 2017-2018
Children with band number	6
Children without band number	29
Total	35

	Number of children considered vulnerable to cavities following screening	Percentage (%)
Children with band number	3	50%
Children without band number	3	10%
Total	6	17%

### 2.3 Oral screening highlights

- Collaboration with Nathalie Nadeau, Director of the day-care centre, and the entire staff
- When screenings are done at the day-care centre, possibility of seeing many children
- Possibility of meeting parents sometimes and talking with them

### 2.4 Improvements for the next oral screenings

- Better organize the logistics to see more children every day (e.g. ask the older children to leave the premises during screenings, perform screenings before 11am to avoid disrupting lunch and nap time, have a list of absentees at the beginning of the day, etc.)
- Diversify screening sites to serve other children than those at the day-care centre (e.g. at the Health Centre)

## 3. Professional application of fluoride varnish and oral health education

### 3.1 Application of fluoride finish.

The product used is a sodium fluoride finish (Fluorodose NaF 5%, by Centrix Dental) which adheres quickly to the teeth. The product promotes the remineralization of the enamel structure and thus the prevention/slowing of the carious process. Children can receive 2 to 4 applications of NaF finish depending on their cavity vulnerability (see Section 2.1).

In 2017-2018, I performed 14 fluoride finish treatments (all official statuses combined).

### 3.2 Oral health information sessions and distribution of oral health products

Information sessions were held for children only. Given their young age, the instructions were short (about 10 minutes) and accurate. The key messages included:

- A) The importance of letting a parent brush and put the toothpaste on the toothbrush
- B) Brush 2x/day

Children were also able practice brushing the teeth of an educational toy and look at the difference in appearance of healthy vs. carious teeth using a collection of photos.

Parents also received a document with tips on developing better oral hygiene practices at home. The document was accompanied by oral hygiene products for children, such as toothbrushes, fluoride toothpaste and floss holders.

### 3.3 Current and planned awareness projects

- Tchín-Tchín challenge, with the day-care centre team (March-April)
  - o Goal: discuss the benefits of drinking water
- Bedon Rond workshop, with Jenny M'Sadoques (May 31)
  - o Goal: promote better oral health for pregnant women and new moms, answer new moms' questions about the oral health of infants and children
- Soft drinks workshop, with Marie-Pier Desnoyers (date to be determined)
  - o Goal: promote the consumption of non-cariogenic drinks, discuss the consequences of drinking soft drinks/energy drinks/sports drinks
- Individual information sessions (dates to be determined)
  - o Goal: meet parents whose children do not attend the Aw8ssisak day-care centre, reach parents and siblings as a whole

*Marie-Claude Turcotte,*  
Dental Hygienist





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### Non-Insured Health Benefits (NIHB)

Health Canada's Non-Insured Health Benefits (NIHB) program is available to First Nations people. This program covers a defined range of medically necessary products and services that clients do not qualify for in other plans and programs. In the event that a benefit is covered under another health plan, the NIHB Program will coordinate the payment of eligible benefits. The Non-Insured Health Benefits (NIHB) Program covers the following benefits:

- Vision care;
- Dental benefits;
- Medical transportation;
- Medication benefits;
- Medical equipment and supplies;
- Mental health intervention services in a short-term crisis;
- Approved health services outside Canada;

As a health liaison officer, my mandate is to support health and social service providers who are members of the Odanak community in their access to health services. In addition, my mandate is to inform members of the Odanak community about the different health programs and services available to them.

#### 1.1 PHARMACY

Depending on the medication prescribed by a physician, the pharmacist follows a pre-approval process by Health Canada in order to provide the prescribed medication free of charge to the patient.

In 2017-2018, I made various appeals for resident and non-resident clients from the Odanak community for medication not initially covered by the NIHB program. Initiating an appeal requires a lot of work before receiving the supporting letter and the medical documents to help with the approval of the request. I need to obtain a supporting letter from the prescribing physician and other health professionals to aid my request to Health Canada.

#### DRUG EXCEPTION CENTRE

The Drug Exception Centre is located in Ottawa and several officers are responsible for evaluating, analyzing and authorizing all drugs requiring prior authorization. Until March 2018, only pharmacists could contact the Exception Centre which created several inconveniences. Fortunately, since March 2018, liaison officers and clients have been able to contact the Drug Exception Centre directly. This change is good for the pharmacists since for several years they have wanted us to contact the Exception Centre to facilitate the process.

For nearly two (2) years, Mr. Charles Leblanc was my reference at the Drug Exception Centre to answer my questions for my clients who were requesting a payment

exception. Unfortunately, in the last few months, Mr. Leblanc has left his position. Fortunately, before he left he gave me the name of one of his colleagues as a reference analyst. In fact, Ms. Jennifer Gallant is now the primary resource for my questions and/or inquiries.

When an exception request is authorized by the Drug Exception Centre, the pharmacist obtains a number associated with the authorization request. The decision whether or not to cover a drug will be confirmed by fax to the pharmacist as soon as the prescribing physician has completed the exception request form.

#### DRUG BENEFIT LIST

The NIHB Program has its own list of drugs. As mentioned above, this list is different from that offered by the provincial RAMQ plan for non-aboriginal people.

The NIHB Drug Benefit List is national and applies to First Nations. This list does not take into account the evolution of the list of drugs in provincial plans such as the RAMQ.

Most physicians do not know the list of drugs covered by the NIHB program. The RAMQ's list of drugs is used more in the daily practice of physicians since First Nations people represent a small percentage of the total population of Quebec.

The physician should ensure that the drug recommended to a First Nations patient is covered by the NIHB program. Obviously patients must make their status known to their physician.

#### EXCEPTION DRUGS

The NIHB program has a list of exception drugs. An exception drug is a drug that is not on the list and must be approved on a case-by-case basis with medical justification by Health Canada analysts.

In fact, some drugs require testing of several other drugs on the NIHB Drug Benefit List before being approved by Health Canada. This is often one of the reasons justifying the refusal of payment concerning exception requests.

#### REQUESTS FOR APPEALS

In 2017-2018, I made various appeals for resident and non-resident clients of the Odanak Band regarding drugs refused following an exception request. For each appeal, I must build a file including medical justifications (physicians and/or health professionals) so that the application is approved. A request for an appeal may require many steps before obtaining the supporting letter and a favourable response from Health Canada. We must ask the prescribing physician or even several other health care professionals for this justification document to complete the client's request.



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As was the case last year, it is important to consider that a growing number of drug appeal requests have been noted in 2017-2018. This increase in the number of appeals can be explained by an increase in drugs on the NIHB exception list.

In order for the appeal to be reviewed and analyzed, I must send a letter of request for review signed by the client along with a supporting letter prepared by the prescribing physician as described above. The following information must be provided in the explanatory letter from the prescribing physician:

1. The situation for the benefit request;
2. Diagnosis and prognosis, including alternatives that have been tested;
3. Results from the relevant diagnostic tests; and
4. Justification for the proposed treatment and any other additional information.

After I receive the physician's explanatory letter, I send the appeal request to the Drug Exception Centre in Ottawa. If the appeal is refused at level 1, I make a second request, in collaboration with the prescribing physician.

### EXCLUSION

Certain drugs are totally excluded from the NIHB program. Exception and appeal requests are not possible in certain situations.

The excluded medications are as follows:

- Anti-obesity agents;
- Household products (ordinary soaps and shampoos);
- Cosmetics;
- Products used in alternative medicine, such as evening primrose oil and glucosamine;
- Megavitamins;
- Drugs under clinical experimentation;
- Vaccinations related to travel abroad;
- Hair growth stimulants;
- Drugs used to treat infertility or impotence; some over-the-counter products;
- Cough preparations containing codeine;
- Dalmane®, Somnol® and generic products (flurazepam);
- DarvonMD and 642MD (propoxyphene);
- Fiorinal®, Fiorinal® C¼, Fiorinal® C½ and generic products (Analgesics containing butalbital with or without codeine);
- Librium®, Solium®, Medilium® and generic products (chlordiazepoxide);
- MStadol MD NS and generics (butorphanol, tartrate, nasal spray);
- Tranxene® and generic products (clorazepate);
- Imovane® and generics (zopiclone).

When a drug is excluded, the client must pay for access to treatment without obtaining a refund from the NIHB program. If the client does not wish to pay for the prescribed medication, they may contact their physician for alternative treatments covered by the NIHB program. Moreover, in several cases, I contacted the physicians to obtain a new alternative prescription to the previously prescribed medication.

### 1.2 VISION CARE

The NIHB program covers services and vision care not covered by the Quebec health insurance plan, the provincial income assistance program or any other private insurance plan.

Here is the list describing the vision care benefits covered by the program:

- Eye exams, when not insured by the province or territory (e.g. in certain provinces/territories, eye exams for children, elders and diabetic clients);
- Eyeglasses prescribed by an eye care provider;
- Eyeglass repairs;
- Ocular prostheses (artificial eye); and
- Other vision care, based on the client's specific medical needs.

All NIHB program services and vision care by the service provider (optometrist) must be previously authorized by Health Canada.

Some benefits are subject to frequency of reimbursement limits before being re-approved by Health Canada. For example, clients 18 years of age and older are eligible to receive an eye exam refund for each 24-month period. If the client wishes to have another eye exam within this period, reimbursement for this service is automatically declined. However, in specific situations, justified by a physician or other professionals, an additional exam may be authorized by sending an exception request to the NIHB program.

### 1.3 DENTAL CARE

Since February 2013, Health Canada's dental care pre-authorization has been provided by the Dental Predetermination Centre in Ottawa.

Clients eligible for the NIHB dental program are:

- Cleaning costs, scaling, applying fluoride and sealant for children 9 years and under;
- First Nations members 10 years and older (on and off reserve);
- Income security recipients living on reserve.





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Dental services and care for children aged 9 and under (excluding cleaning, scaling and fluoride) and for income security recipients in the province are the responsibility of the RAMQ.

Regarding dental care, several requests are made by members of the Odanak community for the following reasons;

- General information on dental benefits covered by the NIHB program;
- Determining whether a client is eligible for dental treatments;
- Refund requests sent to the NIHB program for dental treatments received;
- Appeal requests following an NIHB refusal.

Before beginning dental treatment, it is important for the dentist to obtain Health Canada's response to the treatment plan sent by the dentist or denturist to the NIHB program. The client will then be informed of the amount paid by the insurance in connection with the dental treatments requested. This authorization request will inform the client of the amount allocated by the NIHB program and, where applicable, the amount the client will be required to pay.

In 2017-2018, I noticed that many dentists do not want to deal directly with Health Canada. In this case, the clients must send us their invoices for us to begin the refund request process. Sometimes there are some financial surprises for the client. Moreover, when professionals (dentists) do not wish to deal with Health Canada, a payment authorization request is not made. There is a risk that the care and/or services received may not be included in the Health Canada Dental Benefits Guide and are eligible for reimbursement.

Once the treatments have been approved, Health Canada will send a predetermination confirmation letter to the Dental Centre. When there is a refusal by the NIHB program, the client contacts me to go file an appeal, which leads to additional steps.

The professional (dentist) must inform the client of any cost difference before providing the service. When this is not done, the client may have some unpleasant surprises.

Finally, if reimbursement for a dental service is denied by Health Canada, appeal requests may be initiated.

### 1.4 ORTHODONTICS

Health Canada also offers orthodontic services. Orthodontic care must be performed before the age of 18, with the exception of treatments for the following anomalies: cleft lip and cleft palate (no time limit).

The assessment of orthodontic cases is done on an individual basis by a team of professionals from the NIHB Dental Predetermination Centre. In the event a treatment plan is refused, the client can file an appeal with our help.

### 1.5 MEDICAL SUPPLIES

The NIHB Program covers a variety of medical supplies and equipment such as: hearing aids, foot orthotics, bath and toilet aids, walkers, oxygen therapy supplies, etc.

Professionals and providers wishing to serve First Nations and use the online billing system must be registered/connected to a national computer system that directly links professionals/providers to Health Canada (Express Script Canada).

Professionals/providers invoice Health Canada directly for equipment and supplies covered by the NIHB program. Express Script Canada has no authority to approve medical equipment and supplies. This organization is solely responsible for accounting. Prior authorization of medical equipment and supplies is necessary as there are exceptions and exclusions.

It is important to note that professionals are not required to comply with the fee schedule provided by Health Canada. At all times the client should be notified of the costs incurred before receiving the service. This is not always done by the professional providing care and/or services.

In case of refusal of payment/reimbursement, an appeal may be filed and will be evaluated case by case.

### 1.6 MENTAL HEALTH

Over the last year, we had the opportunity to respond to certain mental health information requests. Requests are always referred to the NIHB program Mental Health Counselling Services.



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### 1.7 STATISTICS REGISTER

Table 1: Distribution of the number of requests per correspondence type

APRIL, MAY, JUNE 2017			
	MEN	WOMEN	TOTAL
TELEPHONE CALLS	56	171	227
IN PERSON REQUESTS	23	28	51
EMAIL REQUESTS	4	13	17
FAX REQUESTS	0	0	0
<b>TOTAL</b>	<b>83</b>	<b>212</b>	<b>295</b>

Table 2: Distribution of the number of requests per correspondence type

JULY, AUGUST, SEPTEMBER 2017			
	MEN	WOMEN	TOTAL
TELEPHONE CALLS	60	163	223
IN PERSON REQUESTS	25	29	54
EMAIL REQUESTS	0	8	8
FAX REQUESTS	0	1	1
<b>TOTAL</b>	<b>85</b>	<b>201</b>	<b>286</b>

Table 1.1: Distribution per request type

TYPES OF REQUESTS APRIL, MAY AND JUNE 2017					
NIHB DENTAL CARE	13				
NIHB VISION CARE	8				
NIHB MEDICAL TRANSPORTATION	156				
NIHB MEDICATION	14				
NIHB MEDICAL SUPPLIES	23				
NIHB MENTAL HEALTH	5				
ENVIRONMENTAL HEALTH	7				
JORDAN'S PRINCIPLE	6				
NIHB GENERAL INFORMATION	3				
OTHER TYPES OF REQUESTS	13				
WILD GAME MEAT	8				
MEDICAL ARCHIVES	By telephone: 10	Email : 10	In person: 6	Access requests 10	Other: 13
PHYSICIAN	1				
<b>TOTAL REQUESTS</b>	<b>307</b>				

\* When the total differs: 1 (one) client made several types of requests.

Table 2.1: Distribution per request type

TYPES OF REQUESTS JULY, AUGUST AND SEPTEMBER 2017					
NIHB DENTAL CARE	5				
NIHB VISION CARE	5				
NIHB MEDICAL TRANSPORTATION	124				
NIHB MEDICATION	20				
NIHB MEDICAL SUPPLIES	13				
NIHB MENTAL HEALTH	4				
ENVIRONMENTAL HEALTH	0				
JORDAN'S PRINCIPLE	4				
NIHB GENERAL INFORMATION	6				
OTHER TYPES OF REQUESTS	18				
WILD GAME MEAT	2				
MEDICAL ARCHIVES	By telephone: 3	Email: 7	In person: 2	Access requests: 15	Other: 12
PHYSICIAN	51				
<b>TOTAL REQUESTS</b>	<b>291</b>				

\* When the total differs: 1 (one) client made several types of requests.



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\* When the total differs: 1 (one) client made several types of requests.

**Table 3:** Distribution of the number of requests per correspondence type

OCTOBER, NOVEMBER, DECEMBER 2017			
	MEN	WOMEN	TOTAL
TELEPHONE CALLS	49	140	189
IN PERSON REQUESTS	22	22	44
EMAIL REQUESTS	0	6	6
FAX REQUESTS	0	0	0
<b>TOTAL</b>	<b>71</b>	<b>168</b>	<b>239</b>

**Table 4:** Distribution of the number of requests per correspondence type

JANUARY, FEBRUARY, MARCH 2018			
	MEN	WOMEN	TOTAL
TELEPHONE CALLS	57	164	221
IN PERSON REQUESTS	24	27	51
EMAIL REQUESTS	0	4	4
FAX REQUESTS	1	1	2
<b>TOTAL</b>	<b>82</b>	<b>196</b>	<b>*278</b>

**Table 3.1:** Distribution per request type

TYPES OF REQUESTS OCTOBER, NOVEMBER AND DECEMBER 2017					
NIHB DENTAL CARE	5				
NIHB VISION CARE	3				
NIHB MEDICAL TRANSPORTATION	109				
NIHB MEDICATION	15				
NIHB MEDICAL SUPPLIES	17				
NIHB MENTAL HEALTH	4				
ENVIRONMENTAL HEALTH	0				
JORDAN'S PRINCIPLE	1				
NIHB GENERAL INFORMATION	3				
OTHER TYPES OF REQUESTS	7				
WILD GAME MEAT	3				
MEDICAL ARCHIVES	By telephone: 6	Email: 1	In person: 2	Access requests: 12	Other: 13
PHYSICIAN	40				
<b>TOTAL REQUESTS</b>	<b>241</b>				

**Table 4.1:** Distribution per request type

TYPES OF REQUESTS JANUARY, FEBRUARY AND MARCH 2018					
NIHB DENTAL CARE	6				
NIHB VISION CARE	6				
NIHB MEDICAL TRANSPORTATION	149				
NIHB MEDICATION	17				
NIHB MEDICAL SUPPLIES	19				
NIHB MENTAL HEALTH	2				
ENVIRONMENTAL HEALTH	0				
JORDAN'S PRINCIPLE	1				
NIHB GENERAL INFORMATION	6				
OTHER TYPES OF REQUESTS	11				
WILD GAME MEAT	3				
MEDICAL ARCHIVES	By telephone: 3	Email: 1	In person: 4	Access requests: 14	Other: 21
PHYSICIAN	18				
<b>TOTAL REQUESTS</b>	<b>18</b>				
<b>NIHB DENTAL CARE</b>	<b>*281<sup>1</sup></b>				

<sup>1</sup>When the total differs: 1 (one) client made several types of requests.

\* Note that the total is not final as we must report the statistics to Management by the end of March 2018

## 2. ENVIRONMENTAL HEALTH

• Inspections of community restaurants, Kiuna Institution, day-care centre, Odanak Band Council, Odanak Health Centre, community convenience stores, and community hall with Ms. Sonia Gavin and/or David Duval, Health Canada Environmental Health Officers, to ensure adequate safety of establishments frequented primarily by members of our community.

• I conducted a few inspections with the Environmental Health Officer in private homes in the community. Often, in the majority of the cases, the evaluation concerns sanitary conditions or problems concerning water infiltration.

These inspection visits are always followed by a report written by Health Canada's Environmental Health Officer to identify areas for improvement, recommendations and positive points observed during the inspection. In this way, a follow-up for each establishment is completed and archived.

It is important to note that since September 17, 2017, inspections of public establishments as well as community residences are carried out by Mr. Georges Normand. These tasks have been reappointed so I may concentrate fully on my other positions and that drinking water quality management and inspections are carried out by only one person.



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### 3. MEDICAL ARCHIVES

#### Single file management committee

The committee is made up of:

- Two (2) medical archivists from the Odanak Health Centre;
- One nurse;
- Psychologist representing psychosocial care;
- An FNCFS worker (First Nations Child and Family Services);
- Accreditation Canada Coordinator (General management of the Abenakis of Odanak Council);
- Health Services Director.

The committee meets approximately once (1) per month in order to follow up on questions, comments and modifications to be made for the single file management process.

#### Purging and conservation

In 2017-2018, we continued purging files from the Odanak Health Centre according to the established purging schedule. All of the Health Centre's and the FNCFS's files have been currently organized. For the purging of user files, we follow the procedure, on the conservation, purging and disposal of documents, which we wrote.

In addition, a schedule entitled "Purging Schedule" has been developed to purge and destroy inactive records. When a file becomes inactive (five (5) years of inactivity), as defined in the purging schedule, it is purged for destruction. Some documents are kept permanently to meet the requirements of

the Organization and Management of Institutions Regulation. (Access Act, Section 102.1) (ROAE, Section 64). A record-purging register is archived, by the medical archivists, at the reception-archives service in order to keep a list of purged files. One in every hundred files must be kept entirely for historical purposes. We therefore randomly chose folders and we place a sticker on the cover with the words: do not purge.

Finally, when a file is destroyed, the file number assigned to it cannot, under any circumstances, be redistributed to another user.

#### File circulation to users

Now that the single file has been put in place, we have developed a procedure entitled: Procedure for the internal circulation of medical records at the Odanak Health Centre. The circulation of the file allows accessibility and sharing of information for all workers within the Odanak Health Centre and First Nations Child and Family Services.

To request a file, the worker must complete the file request form. Medical archivists replace the relevant documents by the file.

#### Completion sheets

The analysis of the user files is an opportunity to detect major problems (possible prosecutions) and report them, if necessary, to Management. If necessary, to make the necessary corrections to the user files, we include on the top of the file an orange completion sheet intended for the worker who must modify and/or correct an item in the file.

#### ✓ Completion sheet statistics

STATISTIQUES FEUILLES DE PARACHÈVEMENTS 2017												
	Janvier	Février	Mars	Avril	Mai	Juin	Juillet	Août	Septembre	Octobre	Novembre	Décembre
CSO	3	1	1	2	1	2		1		5	4	
SEFPN	0	0	0									
TOTAL:	3	1	1	2	1	2	0	1	0	5	4	0

STATISTIQUES FEUILLES DE PARACHÈVEMENTS 2018												
	Janvier	Février	Mars	Avril	Mai	Juin	Juillet	Août	Septembre	Octobre	Novembre	Décembre
CSO	4	3	1									
SEFPN	0	0	0									
TOTAL:	4	3	1	0	0	0	0	0	0	0	0	0



## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### Physician at the Odanak Health Centre

Dr. Pascale Robert is available one day per every two weeks by appointment. Appointments are scheduled every 30 minutes between 9:30am and 2:30pm. Conditions to access the service:

- User registered on the band list,
- Non-status member registered on the band list,
- Spouse and child of a member of the Abenaki Nation,
- Resident of another Aboriginal band, residing in Odanak (Kiuna Institute)

When Dr. Robert is present, I assist her with the users' biopsychosocial files. In addition, I have to manage the OFYS software "Rendez-vous" module to manage time schedules.

Requests for outpatient consultations are also managed, at my office, following her client appointments.

### Statistics

With the physician's arrival, we have kept statistics for users and their appointments. The data is compiled every appointment day. We then collect the data to analyze quarterly statistics. With the numbers, we can evaluate:

- Performance;
- Target population (member VS non-member);
- Sample size.

### Physician appointment statistics:

#### July 2017

STATISTIQUES DES RV DU MÉDECIN	
MOIS	JUILLET 2017
	2017-07-26
Rendez-vous	10
Sans rendez-vous	1
RV annulé (24hrs avant)	0
RV annulé (- de 24 hrs)	2
Ne s'est pas présenté	0
Total	11
Membre d'Odanak	8
Non Membre (de l'extérieur et non statué)	2
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	8
Total du mois (non membre)	2
Grand total des RV	10

#### August 2017

STATISTIQUES DES RV DU MÉDECIN		
MOIS	AOÛT 2017	
	2017-08-09	2017-08-23
Rendez-vous	12	12
Sans rendez-vous	2	0
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	0
Total	14	12
Membre d'Odanak	7	11
Non Membre (de l'extérieur et non statué)	7	1
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	18	
Total du mois (non membre)	8	
Grand total des RV	26	

# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



### August 2017

STATISTIQUES DES RV DU MÉDECIN		
MOIS	AOÛT 2017	
	2017-08-09	2017-08-23
Rendez-vous	12	12
Sans rendez-vous	2	0
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	0
<b>Total</b>	<b>14</b>	<b>12</b>
Membre d'Odanak	7	11
Non Membre (de l'extérieur et non statué)	7	1
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	18	
Total du mois (non membre)	8	
<b>Grand total des RV</b>	<b>26</b>	

### September 2017

STATISTIQUES DES RV DU MÉDECIN		
MOIS	SEPTEMBRE 2017	
	2017-09-06	2017-09-20
Rendez-vous	10	10
Sans rendez-vous	1	2
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	1	0
Ne s'est pas présenté	1	0
<b>Total</b>	<b>11</b>	<b>12</b>
Membre d'Odanak	8	6
Non Membre (de l'extérieur et non statué)	3	6
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	14	
Total du mois (non membre)	9	
<b>Grand total des RV</b>	<b>23</b>	

### October 2017

STATISTIQUES DES RV DU MÉDECIN		
MOIS	OCTOBRE 2017	
	2017-10-04	2017-10-18
Rendez-vous	10	11
Sans rendez-vous	2	2
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	0
<b>Total</b>	<b>12</b>	<b>13</b>
Membre d'Odanak	11	12
Non Membre (de l'extérieur et non statué)	2	1
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	23	
Total du mois (non membre)	3	
<b>Grand total des RV</b>	<b>26</b>	



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE

### November 2017

STATISTIQUES DES RV DU MÉDECIN			
MOIS	NOVEMBRE 2017		
	2017-11-01	2017-11-15	2017-11-29
Rendez-vous donné	11	10	11
Sans rendez-vous	2	1	2
RV annulé (24hrs avant)	0	0	0
RV annulé (- de 24 hrs)	0	0	0
Ne s'est pas présenté	2	0	0
<b>Total</b>	<b>15</b>	<b>11</b>	<b>13</b>
Membre d'Odanak	12	9	11
Non Membre (de l'extérieur et non statué)	1	2	2
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	32		
Total du mois (non membre)	5		
<b>Grand total des RV</b>	<b>37</b>		

### December 2017

STATISTIQUES DES RV DU MÉDECIN		
MOIS	DÉCEMBRE 2017	
	2017-12-13	2017-12-20
Rendez-vous	Annulé	13
Sans rendez-vous	Annulé	2
RV annulé (24hrs avant)	Annulé	0
RV annulé (- de 24 hrs)	Annulé	0
Ne s'est pas présenté	Annulé	1
<b>Total</b>		<b>16</b>
Membre d'Odanak	Annulé	13
Non Membre (de l'extérieur et non statué)	Annulé	2
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	13	
Total du mois (non membre)	2	
<b>Grand total des RV</b>	<b>15</b>	

### January 2018

STATISTIQUES DES RV DU MÉDECIN		
MOIS	JANVIER 2018	
	2018-01-10	2018-01-26
Rendez-vous donné	12	10
Sans rendez-vous	2	1
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	0
<b>Total</b>	<b>14</b>	<b>11</b>
Membre d'Odanak (statué et conjoint sur la communauté)	12	9
Non Membre (de l'extérieur et non statué)	2	2
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	21	
Total du mois (non membre)	4	
<b>Grand total des RV</b>	<b>25</b>	



# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



### February 2018

STATISTIQUES DES RV DU MÉDECIN		
MOIS	FÉVRIER 2018	
	2018-02-07	2018-02-21
Rendez-vous	5	8
Sans rendez-vous	5	4
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	0
<b>Total</b>	<b>10</b>	<b>12</b>
Membre d'Odanak	10	9
Non Membre (de l'extérieur et non statué)	0	3
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	19	
Total du mois (non membre)	3	
<b>Grand total des RV</b>	<b>22</b>	

### March 2018

STATISTIQUES DES RV DU MÉDECIN		
MOIS	MARS 2018	
	2018-03-07	2018-03-21
Rendez-vous	11	10
Sans rendez-vous	0	2
RV annulé (24hrs avant)	0	0
RV annulé (- de 24 hrs)	0	0
Ne s'est pas présenté	0	2
<b>Total</b>	<b>11</b>	<b>12</b>
Membre d'Odanak	11	9
Non Membre (de l'extérieur et non statué)	0	2
Total du mois (membre et membre code vivant sur la communauté, et conjoint)	20	
Total du mois (non membre)	2	
<b>Grand total des RV</b>	<b>22</b>	



## ACTIVITY REPORT 2017-2018

# ODANAK HEALTH CENTRE

### File output statistics per worker in 2017-2018

Worker	April 2017	May 2017	June 2017	July 2017	August 2017	Sept. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018	March 2018
Accreditation (file verification)	0	0	0	0	0	0	0	0	0	0	15	0
Archives (filing) <sup>1</sup>	0	0	0	0	0	0	0	0	0	0	53	45
MAD coordinator	9	68	23	22	15	25	17	17	25	14	15	16
Nurses	161	231	198	213	194	182	187	168	172	155	175	128
Addiction worker	0	1	0	0	0	0	1	2	1	0	0	0
Kinesiologist <sup>2</sup>	0	0	0	0	0	0	0	0	0	2	0	1
Physician	0	0	0	8	19	37	38	75	46	63	42	38
Nutritionist (Line Capistran)	6	6	6	1	1	8	1	2	0	3	5	2
Nutritionist (Marie- France David)	3	6	10	11	5	6	7	5	0	2	3	5
Psychologist	25	58	35	34	22	43	37	41	30	63	41	32
Head nurse	0	0	4	3	0	3	0	1	1	0	0	3
FNCFS	0	0	0	0	0	1	2	1	1	3	2	0
<b>TOTAL:</b>	<b>204</b>	<b>370</b>	<b>276</b>	<b>292</b>	<b>256</b>	<b>305</b>	<b>290</b>	<b>312</b>	<b>275</b>	<b>412</b>	<b>351</b>	<b>267</b>

### Access requests

All access requests must be processed by the medical archivists. For this reason, we have developed an access to information procedure. When we receive access requests, we must, depending on the type of claimant and relevant legislation, remove third-party information.

More specifically, Section 17 of the Act Respecting Health Services and Social Services establishes, for any user of fourteen (14) years of age and over has the right to access their record as follows: "Every user 14 years of age or over has right of access to his record. However, the institution may deny him access to it temporarily if, on the advice of his attending physician or the physician designated by the executive director

of the institution, communication of the record or any part thereof would likely be seriously prejudicial to the user's health. In that case, the institution, on the recommendation of the physician, shall determine the time at which the record or the part thereof to which access has been denied can be communicated to the user, and notify him thereof."

All access requests, for the transmission of documents or any request for information on a user must be made in writing by completing the form provided for this purpose (Authorization to communicate information contained in the file).

Following the receipt of an access request, the persons in charge of the archives proceed to the verification of the right of access according to the following procedure:

# ACTIVITY REPORT 2017-2018

## ODANAK HEALTH CENTRE



- When the access request is made in writing, the verification of the right of access is done by comparing signatures already in the file. If the signature is not valid, another authorization request must be made;
- Verify the general restrictions on the right of access;
- Consult with the relevant worker for the injury assessment and the duration of the suspension of the right of access when necessary;
- Consult the user as needed when requesting access for personal information;
- If summoned before a court (subpoena), make sure who issued the subpoena;
- If the third party is a person designated by law to have access to certain information for the purposes of the application of a law or regulation, ensure the identity of the applicant, the scope of his mandate and intended purposes;
- If the access request is made for the purpose of a study, research or teaching, ensure the identity of the responsible professional and the intended objectives.

### Activities 2017-2018

#### 1. Legal training by Mr. Éric Séguin, December 1, 2017

##### RECENT CASE LAW AND YOUR CONCERNS

- ✓ Applicable legislative and regulatory framework
- ✓ The notion of uniqueness of a user's record
- ✓ of a user's record
- ✓ of confidentiality of a user's record
- ✓ notion of personal information
- ✓ mandatory content of a decision in response to an access request
- ✓ Analysis of 10 practical cases submitted by the archivists.

##### RECORDS MANAGEMENT AT THE YOUTH CENTRE

- ✓ Applicable legislative framework
  - ✓ confidentiality principle (Right to confidentiality)
  - ✓ The main applicable exceptions
  - ✓ The authorization of the user, the parent or a person implicated in the report
  - ✓ A professional's obligation to report
  - ✓ Legal exceptions allowing the circulation of information
1. Reception and processing
  2. Evaluation
  3. Direction
  4. Application of protective measures
  5. Review
  6. End of the DYP intervention
- ✓ DYP's involvement in an access request to a child's record
    - Restrictions
    - User aged 14 and over
  - ✓ Bill no. 10: Principles applicable to the DYP
  - ✓ Analysis of 7 practical cases submitted by the archivists

##### MANAGEMENT OF INFORMATION CONTAINED IN AN ADOPTION FILE

- ✓ Applicable legislative framework
- ✓ Adoption in Quebec is plenary (absolute)
- ✓ Confidentiality of the adoption file is the principle
- ✓ amendments (Bill 113)
  - o Customary adoption
  - o International adoption by Quebecers
  - o Recognition of pre-existing filiation
  - o Confidentiality of the adoption record
  - o Health Insurance Act
  - o Act respecting health services and social services
  - o Youth Protection Act
- ✓ Reminder of the steps involved in processing a user file of an adopted child
- ✓ Analysis of 7 practical cases submitted by the archivists

Privacy week was held between November 19 and 25, 2017. The theme of the activity was; Nouvelle réalités: Confidentialité toujours d'actualité!

#### 2. Privacy week – November 2017

Privacy week was held between November 19 and 25, 2017. The theme of the activity was; Nouvelle réalités: Confidentialité toujours d'actualité!

1. Distribution of promotional material to all employees of the Odanak Health Centre, First Nations Child and Family Services, to certain members of the Abenakis Of Odanak Council and users of the Odanak Health Centre.

- Leaflet "Les renseignements de tiers"
- Leaflet "Aide-mémoire pour l'employé"
- Leaflet "Connaissez-vous vos droits ?"

2. Display of promotional posters at the health centre

3. Confidentiality awareness questionnaire handed out to all Odanak Health Centre staff, Odanak First Nations Child and Family Services, Odanak Police Force and the Abenakis of Odanak Council.

Objectives for privacy week:

- Clarify the role of medical archivists concerning information security;
- Multidisciplinary collaboration;
- Explain legal references that govern the user's medical file;
- Promote the importance of privacy and security of information.







Summary financial statements of the

**Odanak Band Council**

March 31, 2018

# **Odanak Band Council**

March 31, 2018

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## **Independent auditor's report on the summary financial statements**

To the members of  
Odanak Band Council

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2018 and the summary statements of revenues and expenses, surplus under I.S.C. rules, revenues and expenses, surplus under I.S.C. rules and fund balances - by department and segment information and the summary statement of change in net financial assets for the year then ended, and a summary of significant accounting policies and other explanatory information, are derived from the audited financial statements of Odanak Band Council for the year ended March 31, 2018. We expressed a qualified audit opinion on those financial statements in our report dated July 4, 2018. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Odanak Band Council.

### **Management's responsibility for the summary financial statements**

Management is responsible for the preparation of a summary of the audited financial statements in accordance based on criteria describe in Note 1.

### **Auditor's responsibility**

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard 810, *Engagements to report on summary financial statements*.

### **Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of Odanak Band Council for the year ended March 31, 2018 are a fair summary of those financial statements, based on criteria describe in Note 1. However, the summary financial statements contain an anomaly equivalent to audited financial statements of Odanak Band Council for the year ended on March 31, 2018.

The anomaly contained in the audited financial statements is described in our qualified opinion formulated in our report dated of July 4, 2018. Our qualified opinion is based on the fact that the Odanak Band Council did not consolidated Development Corporation Odanak Inc. The investment has been accounted for by the modified equity method. According to the Canadian Accounting standards for the public sector, this society should have been considered as a government unit and to be on the financial statements because it does not answer all the characteristics of a government business enterprise. Had Development Corporation Odanak Inc. been consolidated, many elements in the financial statements would have been affected. The effects of the non-consolidation consolidated on the financial statements ended March 31, 2018 and 2017 have not been determined.

Our qualified opinion indicates that, except for the effect of the matter described, financial statements present fairly, in all material respects, the financial position of the Odanak Band Council as at March 31, 2018 and the results of its activities, the variation of its net financial assets and its cash flows for the year then ended in accordance to the Canadian Accounting standards for the public sector.

**Observation**

Without modifying our opinion, we draw attention on the fact that Odanak Band Council includes in its financial statements certain financial information that are not required upon the Canadian public sector accounting standards. These informations, established in conformity with Indigenous Services Canada, are the summary statement of surplus under I.S.C. rules.

1

Deloitte LLP

July 4, 2018

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<sup>1</sup> CPA auditor, CA, public accountancy permit No. A122666



## **Odanak Band Council**

### Summary statement of revenues and expenses

Year ended March 31, 2018

	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
Revenues	<b>11,796,399</b>	9,675,698
Expenses	<b>8,757,418</b>	8,266,575
Surplus	<b>3,038,981</b>	1,409,123

The accompanying notes are an integral part of the summary financial statements.

## Odanak Band Council

### Summary statement of surplus under I.S.C. rules

Year ended March 31, 2018

	2018 \$	2017 \$
Surplus	3,038,981	1,409,123
Reconciliation of I.S.C.		
Fixed assets		
Additions of fixed assets	(2,739,302)	(1,651,433)
Depreciation of fixed assets	786,298	719,510
Gain on disposal	(35,760)	(9,000)
Disposal of fixed assets	106,504	9,000
	(1,882,260)	(931,923)
Financing		
Product of long-term receivables	(700,000)	-
Repayment of long-term debt	(178,716)	(141,024)
Product of long-term debt	842,780	-
Financing to be received on fixed assets	271,282	217,061
	235,346	76,037
Allocation		
Various reserves	(72,375)	(154,475)
Accumulated surplus	(130,392)	-
	(202,767)	(154,475)
Surplus under I.S.C. rules	1,189,300	398,762

The accompanying notes are an integral part of the summary financial statements.

## Odanak Band Council

Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information  
Year ended March 31, 2018

Program, nature of funding and service number	Description	Revenues	Expenses	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - other than I.S.C.	Unrestricted accumulated surplus March 31, 2017	Allocation 2017-2018	Unspent amount as at March 31, 2018	Unrestricted accumulated surplus March 31, 2018 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2018
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>I.S.C. SERVICES</b>												
GOVERNANCE ET GOVERNMENTAL INSTITUTIONS												
ADMINISTRATION												
<u>Block contribution</u>												
NG00-001	900, 906, 907, 917 and 918 Indian government support 920 and 950 Special projects	1,132,180 8,346	1,114,834 206,330	17,346 (197,984)	(3,781) -	13,565 (197,984)	- -	(290,344) (390,270)	- -	(624,733) (197,984)	347,954 (390,270)	(276,779) (568,254)
<u>Set contribution</u>												
NG0M-001	913 RPC/RRQ and private pension plans - employer contributions First Nations	34,663	34,663	-	-	-	-	-	-	-	-	-
<u>Fixed contribution</u>												
NG0L-001	915 Band employee benefits - Administrative and employer contributions to benefit plans not covered by the law	1,275 1,176,464	1,275 1,357,102	- (180,638)	- (3,781)	- (184,419)	- -	- (680,614)	- -	- (822,717)	- (42,316)	- (865,033)
EDUCATION												
<u>Block contribution</u>												
NP00-001	600 and 620 Education - Elementary and secondary	581,543	542,644	38,899	(10,000)	28,899	-	(75,616)	-	28,899	(75,616)	(46,717)
NP50-001	670 and 675 Education - Post-Secondary	1,664,552	1,219,321	465,231	-	465,231	-	2,306,565	-	465,231	2,306,565	2,773,796
<u>Set contribution</u>												
NP5A-001	671 Special funding-Postsecondary education	3,000 2,289,095	3,000 1,764,965	- 504,130	- (10,000)	- 494,130	- -	- 2,232,949	- -	- 494,130	- 2,232,949	- 2,727,079
COMMUNITY DEVELOPMENT												
<u>Block contribution</u>												
NTF0-001	700, 701, 702 and 703 Water and sewage - Capital assets	-	4,722	(4,722)	10,000	5,278	-	(844)	-	-	4,434	4,434
NTF1-001	700 Water and sewage - Renovation - Extension and major repairs	272,043	-	272,043	(272,043)	-	-	(81,525)	81,525	-	-	-
NTK0-001	705, 804 and 880 Housing	-	-	-	-	-	-	(7,756)	-	-	(7,756)	(7,756)
NTM0-001	700 Other - Capital assets	480,904	-	480,904	(480,904)	-	-	(48,867)	48,867	-	-	-
NTM1-001	700 Other - Extension and major repairs	676,434	767,229	(90,795)	(53,165)	(143,960)	-	(829,572)	-	(147,620)	(825,912)	(973,532)
<u>Set contribution</u>												
NTDN-002	712 Project: cultural and recreational facilities - cycling trail Kiuna	-	4,722	(4,722)	-	5,278	-	(844)	-	-	4,434	4,434
NTFW-001	719 Drinking water- <1.5 M-Looping sewer and aqueduct system Mgezo	272,043	-	272,043	(272,043)	-	-	(81,525)	81,525	-	-	-
NTMB-001	722 Relocation of the Post office	-	-	-	-	-	-	(7,756)	-	-	(7,756)	(7,756)
NTFY-001	723 and 724 Community building - Garage	480,904	-	480,904	(480,904)	-	-	(48,867)	48,867	-	-	-
NTND-001	725 Waste water < 1.5M- Repairing of storm sewer pipe	416,912	-	416,912	(416,912)	-	-	(5,195)	-	-	(5,195)	(5,195)
NTMB-001	909 Project: cultural and recreational facilities - Library and Post office	-	-	-	-	-	-	(1,017,617)	-	141,399	(1,017,617)	(876,218)
	916 Community building	-	-	-	-	-	-	(135,356)	-	(11,350)	(135,356)	(146,706)
	714 Project - Pavement and equipment	-	-	-	(11,350)	(11,350)	-	-	-	-	-	-
<u>Fixed contribution</u>												
NTM1-001	700 Bridge and pavement	3,681	3,681	-	-	-	-	-	-	-	-	-
NTFG-001	700 Water conveyance network	1,849,914	775,632	1,074,342	(1,224,374)	(150,032)	-	(2,126,732)	130,392	(17,571)	(1,987,402)	(2,004,973)
LAND, INCOME AND TRUST												
<u>Set contribution</u>												
NTVC-001	418 Environment protection of aboriginal territories	45,155	45,155	-	-	-	-	(1,606)	-	-	(1,606)	(1,606)
NTRO-001	923 Planning - Emergency - Emergency plan update and exercise	-	-	-	-	-	-	(2,313)	-	-	(2,313)	(2,313)

## Odanak Band Council

Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information

Year ended March 31, 2018

Program, nature of funding and service number	Description	Revenues	Expenses	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. services other than I.S.C.	Unrestricted accumulated surplus March 31, 2017	Allocation 2017-2018	Unspent amount as at March 31, 2018	Unrestricted accumulated surplus March 31, 2018 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2018
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Fixed contribution</b>												
NT4X-001	Land and environment management program - Allocation	28,328	53,847	(25,519)	-	(25,519)	-	(76,503)	-	(25,519)	(76,503)	(102,022)
438	Waste diversion program - Improvement of projects on waste management	99,148	22,905	76,243	(76,243)	-	-	-	-	-	-	-
		172,631	121,907	50,724	(76,243)	(25,519)	-	(80,422)	-	(25,519)	(80,422)	(105,941)
<b>INDIAN REGISTRATION</b>												
<b>Block contribution</b>												
NPG0-001	Core funding of lands and trust services - indian registration	21,981	28,349	(6,368)	-	(6,368)	-	(102,308)	-	(6,368)	(102,308)	(108,676)
<b>SOCIAL DEVELOPMENT</b>												
<b>Block contribution</b>												
NP80-001	715 Social security	853,781	297,530	556,251	-	556,251	-	2,179,955	-	556,251	2,179,955	2,736,206
160	Day camp	828	10,825	(9,997)	-	(9,997)	-	(23,452)	-	(9,997)	(23,452)	(33,449)
<b>Fixed contribution</b>												
NPE0-001	349 Prevention programs	-	-	-	-	-	-	(5,376)	-	-	(5,376)	(5,376)
<b>Set contribution</b>												
NP1W-001	908 Cultural and Educational Centers	16,005	17,440	(1,435)	-	(1,435)	-	(7,455)	-	(1,435)	(7,455)	(8,890)
		870,614	325,795	544,819	-	544,819	-	2,143,672	-	544,819	2,143,672	2,688,491
<b>NEGOCIATIONS</b>												
<b>Set contribution</b>												
NGBM-001	903 Submission special specific claims (Surrender 38 lots St-Fran-ois (1858-1884))	38,400	47,396	(8,996)	-	(8,996)	-	(66,466)	-	(8,996)	(66,466)	(75,462)
904	Submission special specific claims (Seigneurial system (1662-1863))	43,400	43,400	-	-	-	-	(135,013)	-	-	(135,013)	(135,013)
		81,800	90,796	(8,996)	-	(8,996)	-	(201,479)	-	(8,996)	(201,479)	(210,475)
<b>ECONOMIC DEVELOPMENT</b>												
<b>Set contribution</b>												
NT91-001	Community Readiness and Opportunities Planning (CROP) - Major projects - Industrial park infrastructures	293,207	-	293,207	(293,207)	-	-	(1,458)	-	-	(1,458)	(1,458)
NT90-001	COR - Economic development opportunities (feasibility study-tourism offer)	-	-	-	-	-	-	-	-	-	-	-
		293,207	-	293,207	(293,207)	-	-	(1,458)	-	-	(1,458)	(1,458)
	Balance of funds as at March 31, 2017	-	-	-	-	-	-	(473,570)	-	-	(473,570)	(473,570)
	Share of the surplus for the year of block contributions not attributable to I.S.C.	-	-	-	-	-	-	-	-	-	-	-
	<b>Total fund balance as at March 31, 2017 (in 5-year agreement)</b>	6,735,766	4,464,546	2,271,220	(1,607,605)	663,615	-	710,038	130,392	157,778	1,487,666	1,645,444
<b>SERVICES - OTHER THAN I.S.C.</b>												
<b>ADMINISTRATION</b>												
315, 615, 810 and 905	Contributions and miscellaneous projects	(289,323)	100,896	(390,219)	-	(390,219)	-	(438,953)	-	-	(829,172)	(829,172)
<b>LAND MANAGEMENT</b>												
425	Land management program of First Nations	-	-	-	-	-	-	-	-	-	-	-



## Odanak Band Council

Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information  
Year ended March 31, 2018

Program, nature of funding and service number	Description	Revenues	Expenses	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - I.S.C. services	Surplus (deficit) under I.S.C. rules other than I.S.C.	Unrestricted accumulated surplus March 31, 2017	Allocation 2017-2018	Unspent amount as at March 31, 2018	Unrestricted accumulated surplus March 31, 2018 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2018
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>COMMUNITY DEVELOPMENT</b>													
155, 770, 772, 780, 781, 782, 783, 784, 785, 786, 860, 862, 885 and 866	Operation and maintenance	605,686	1,185,108	(579,422)	703,919	124,497	-	124,497	734,124	-	-	858,621	858,621
916	New administrative office	676,186	16,158	660,028	-	660,028	-	660,028	(660,028)	-	-	-	-
909	Expansion of the library	-	-	-	-	-	-	-	-	-	-	-	-
745	Upgrading at the Day Care building	-	-	-	-	-	-	-	-	-	-	-	-
746	Daycare building improvement (FNQLHSSC)	29,037	-	29,037	(34,057)	(5,020)	-	(5,020)	(57,205)	-	-	(57,205)	(57,205)
761	Pacte rural - Outdoor fitness equipments installation	-	-	-	-	-	-	-	-	-	-	(5,020)	(5,020)
762	Industrial incubator - Phase 2	555,883	2,530	553,353	(561,196)	(7,843)	-	(7,843)	-	-	-	(7,843)	(7,843)
763	Leasehold improvement - commercial premises 3 to 6 of Industrial incubator 1	4,451	-	4,451	(4,451)	-	-	-	-	-	-	-	-
764	Leasehold improvement for the industrial incubator - Phase 2	-	-	-	(8,152)	(8,152)	-	(8,152)	-	-	-	(8,152)	(8,152)
769	Multifunctional grandstands	-	-	-	(440)	(440)	-	(440)	-	-	-	(440)	(440)
774	CIP 150 - Museum	99,483	-	99,483	(99,483)	-	-	-	-	-	-	-	-
775	CIP 150 - Community centre	55,283	-	55,283	(55,283)	-	-	-	-	-	-	-	-
754	Construction of FNP1 (Kiuna)	(14,601)	-	(14,601)	(14,601)	-	-	(14,601)	-	-	-	-	-
		2,011,408	1,203,796	807,612	(58,143)	748,469	-	748,469	18,891	-	-	(14,601)	(14,601)
									765,360			765,360	765,360
<b>ECONOMIC DEVELOPMENT</b>													
120	Economic development	53,991	53,991	-	-	-	-	-	(6,279)	-	-	(6,279)	(6,279)
122	Olakoka project	-	-	-	-	-	-	-	-	-	-	-	(6,279)
<b>SOCIAL DEVELOPMENT</b>													
320	Doctor project	17,602	17,602	-	-	-	-	-	-	-	-	-	-
NZ19-011	Program - Health planning and management	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-020	Capital properties - Operation and Management	542,659	328,386	214,273	(5,192)	209,081	-	209,081	181,323	-	137,885	252,519	390,404
NZ19-023	AIDS strategy (ADS)	942	942	-	-	-	-	-	-	-	-	-	-
NZ19-002	Fetal alcohol syndrome effects initiative (SAFFAE)	341	341	-	-	-	-	-	-	-	-	-	-
NZ19-016	Aboriginal Diabetes initiatives (ADI)	35,278	35,278	-	-	-	-	-	-	-	-	-	-
333 and 368	Home care (contribution)	148,323	148,323	-	-	-	-	-	-	-	-	-	-
NZ19-015	Nursing care	69,925	67,971	1,954	(1,954)	-	-	-	-	-	-	-	-
NZ19-009	Immunisation influenza (FLU)	1,826	1,826	-	-	-	-	-	-	-	-	-	-
NZ19	Planning and health management	13,098	13,098	-	-	-	-	-	-	-	-	-	-
NZ19-337	Home care	(14,879)	(14,879)	-	-	-	-	-	-	-	-	-	-
NZ19	Kinesiology consultation	351	351	-	-	-	-	-	-	-	-	-	-
NZ19-012	Medical transportation (NIHB/MTB) (set contribution)	81,124	81,124	-	-	-	-	-	-	-	-	-	-
NZ19-024	National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)	-	-	-	-	-	-	-	-	-	-	-	-
341 and 376	(set)	9,951	9,951	-	-	-	-	-	-	-	-	-	-
NZ19-005	Physical education	-	-	-	-	-	-	-	-	-	-	-	-
NZ19	Quality of life	8,353	8,353	-	-	-	-	-	-	-	-	-	-
NZ19-004	Alcohol and drugs	63,732	63,732	-	-	-	-	-	-	-	-	-	-
NZ19-006	Nutrition	30,905	30,905	-	-	-	-	-	-	-	-	-	-
NZ19-001	Environmental health	30,192	30,192	-	-	-	-	-	-	-	-	-	-
NZ19-008	Maternal child health (MCH)	16,426	16,426	-	-	-	-	-	-	-	-	-	-
NZ19-018	Head start for natives on reserve	23,060	23,060	-	-	-	-	-	-	-	-	-	-
NZ19-017	Program - Children's oral health initiative activities for children and oral health professionals (COHIOHPA)	1,966	1,966	-	-	-	-	-	-	-	-	-	-
NZ19-014	Program - Jordan's principle	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-021	Program - Jordan's principle	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-030	Program - Jordan's principle - Professional services	33,511	33,511	-	-	-	-	-	-	-	-	-	-
NZ19-022	Program - Jordan's principle - Mental health services	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-031	Program - Jordan's principle - Medical transportation	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-029	Program - Jordan's principle - Supplies and equipment	26,486	26,486	-	-	-	-	-	-	-	-	-	-
NZ19-032	Canada Agreement	18,468	18,468	-	-	-	-	-	-	-	-	-	-
NZ19-028	Program - First Nations and Inuit home and community care - Training (FNHCC-training)	3,428	3,428	-	-	-	-	-	-	-	-	-	-
NZ19-033	Health information system	2,339	2,339	-	-	-	-	-	-	-	-	-	-
NZ19-027	Drugs distribution	-	-	-	-	-	-	-	-	-	-	-	-
NZ19-035	Brighter Futures Program (BF)	4,703	4,703	-	-	-	-	-	-	-	-	-	-
NZ19-013	Project - Avenir Enfant (start up phase)	47,054	47,054	-	-	-	-	-	-	-	-	-	-
NZ19-010		1,916	1,916	-	-	-	-	-	-	-	-	-	-
NZ19-007		-	-	-	-	-	-	-	-	-	-	-	-
NZ19-003		-	-	-	-	-	-	-	-	-	-	-	-
364 and 369		-	-	-	-	-	-	-	-	-	-	-	-
NZ19		-	-	-	-	-	-	-	-	-	-	-	-

## Odanak Band Council

Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information  
Year ended March 31, 2018

Program, nature of funding and service number	Description	Revenues	Expenses	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - other than I.S.C.	Unrestricted accumulated surplus March 31, 2017	Allocation 2017-2018	Unspent amount as at March 31, 2018	Unrestricted accumulated surplus March 31, 2018 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2018
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
NZ19	Project - Avenir Entant FNQLHSSC (starting the project)	48,118	48,118	-	-	-	-	-	-	-	-	-
375	Single medical record and archives	54,896	54,896	-	-	-	-	-	-	-	-	-
366	FNQLHSSC Tobacco control project	18,666	18,666	-	-	-	-	-	-	-	-	-
367	On the path to health program (FNQLHSSC)	357	357	-	-	-	-	-	-	-	-	-
NZ19	Kirano Project	-	-	-	-	-	-	-	-	-	-	-
370	Project - Food security	45,127	45,127	-	-	-	-	-	-	-	-	-
NZ19	University of Ottawa project-Diet and nutrition research	-	-	-	-	-	-	-	-	-	-	-
372	Program - Aboriginal Health Human Resources Initiative (AHHRI)	11,522	11,522	-	-	-	-	-	-	-	-	-
NZ19-026	Social worker	311	311	-	-	-	-	-	-	-	-	-
NZ19	Project - Québec Ami des Autochtones	45,096	45,096	-	-	-	-	-	-	-	-	-
379	Program - Mental health - Traditional healer (MH-Traditional healer)	-	-	-	-	-	-	-	-	-	-	-
383	Cultural projects	30,000	30,000	-	-	-	-	-	-	-	-	-
NZ19-034	Canadian heritage (Aboriginal Languages Initiative) -	63,640	63,640	-	-	-	-	-	-	-	-	-
384	Aln8ba8wa8da : Le@s speak abenakis vol. 2	1,536,813	1,320,586	216,227	(7,146)	209,081	209,081	181,323	-	137,885	252,519	390,404
926												
929												
COMMUNITY ACTIVITIES												
801	Abenakis police services	816,817	768,225	48,592	(48,592)	-	-	(185,966)	-	-	(185,966)	(185,966)
410 and 430	Project - Endangered species	70,371	66,718	3,653	(3,653)	-	-	(49,117)	-	-	(49,117)	(49,117)
416	Project - Consultation under the aboriginal initiatives fund	14,127	18,184	(4,057)	12,237	8,180	8,180	2,500	-	-	10,680	10,680
419	Project - Perch	-	-	-	-	-	-	(3,981)	-	-	(3,981)	(3,981)
427	Project - Plains and specifications 2nd marsh (perch)	-	-	-	-	-	-	-	-	-	-	-
428	Project - Development at 2nd marsh (perch)	61,991	33,555	28,436	(28,436)	-	-	-	-	-	-	-
429	Project - Consultation group on Becancour river watershed (GROBEC)	-	-	-	-	-	-	-	-	-	-	-
431	Project - construction of a greenhouse	3,502	3,502	-	-	-	-	-	-	-	-	-
432	Project - Planning tool for forest management	3,124	3,124	-	-	-	-	-	-	-	-	-
773	Project - Energy East Pipeline	4,877	4,877	-	-	-	-	-	-	-	-	-
		974,809	898,185	76,624	(66,444)	8,180	8,180	(236,564)	-	-	(228,384)	(228,384)
EMPLOYMENT												
680	First Nation of Quebec Human Resources Development Commission	489,396	489,396	-	-	-	-	(94,888)	-	-	(94,888)	(94,888)
601	FNEC - Youth Employment - Science and technologies	11,888	11,888	-	-	-	-	(2,541)	-	-	(2,541)	(2,541)
602	FNEC - Youth Employment - Summer employment	14,414	14,414	-	-	-	-	(3,271)	-	-	(3,271)	(3,271)
603	FNEC - Parental involvement and New Paths in Education	8,400	8,400	-	-	-	-	(4,139)	-	-	(4,139)	(4,139)
604	FNEC - Language and culture	21,146	21,146	-	-	-	-	-	-	-	-	-
605	FNEC - New Paths for Education	11,447	11,447	-	-	-	-	-	-	-	-	-
607	FNEC - Professional development	30,192	30,192	-	-	-	-	-	-	-	-	-
609	FNEC - First Nations Language and culture	6,000	6,000	-	-	-	-	-	-	-	-	-
		592,883	592,883	-	-	-	-	(104,839)	-	-	(104,839)	(104,839)
SOCIAL HOUSING												
870	Housing Committee (CMHC)	180,052	64,368	115,684	(80,693)	34,991	34,991	149,117	-	-	184,108	184,108
818	Twinhouse construction on Managan	-	-	-	(26,650)	(26,650)	(26,650)	(56,432)	-	-	(83,082)	(83,082)
		180,052	64,368	115,684	(107,343)	8,341	8,341	92,685	-	-	101,026	101,026
TOTAL		11,796,399	8,699,251	3,097,148	(1,849,681)	1,247,467	583,852	214,302	130,392	295,663	1,437,897	1,733,560
Balance of funds as at March 31, 2017 (as per previous year with I.S.C. and inactive funds)												
		-	-	-	-	-	-	2,033,752	-	-	2,033,752	2,033,752
Share of the Development Corporation Odanak Inc.		-	58,167	(58,167)	-	(58,167)	(58,167)	(768,503)	-	-	(826,670)	(826,670)
Total		11,796,399	8,757,418	3,038,981	(1,849,681)	1,189,300	525,685	1,479,551	130,392	295,663	2,644,979	2,940,642

## Odanak Band Council

Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information

Year ended March 31, 2018

Program, nature of funding and service number	Description	Revenues	Expenses	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - services other than I.S.C.	Unrestricted accumulated surplus March 31, 2017	Allocation 2017-2018	Unspent amount as at March 31, 2018	Unrestricted accumulated surplus March 31, 2018 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2018
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>CUMULATIVE SUMMARY BY DEPARTMENT</b>												
ADMINISTRATION		887,141	1,457,998	(570,857)	(3,781)	(574,638)	(390,219)	(1,119,567)	-	(822,717)	(871,488)	(1,694,205)
EDUCATION		2,269,095	1,764,965	504,130	(10,000)	494,130	-	2,232,949	-	494,130	2,232,949	2,727,079
COMMUNITY DEVELOPMENT		1,849,974	775,632	1,074,342	(1,224,374)	(150,032)	-	(2,126,732)	130,392	(17,571)	(1,987,402)	(2,004,973)
LAND, INCOME AND TRUSE		172,631	121,907	50,724	(76,243)	(25,519)	(25,519)	(80,422)	-	(25,519)	(80,422)	(105,941)
INDIAN REGISTRATION		21,981	28,349	(6,368)	-	(6,368)	-	(102,308)	-	(6,368)	(102,308)	(108,676)
SOCIAL DEVELOPMENT		2,407,427	1,646,381	761,046	(7,146)	753,900	209,081	2,324,995	-	682,704	2,396,191	3,078,895
NEGOTIATIONS		81,800	90,796	(9,996)	-	(9,996)	-	(201,479)	-	(9,996)	(201,479)	(210,475)
COMMUNITY DEVELOPMENT		2,011,408	1,203,796	807,612	(68,143)	748,469	748,469	16,891	-	-	765,360	765,360
ECONOMIC DEVELOPMENT		347,198	53,991	293,207	(293,207)	-	-	(7,737)	-	-	(7,737)	(7,737)
COMMUNITY ACTIVITIES		974,809	898,185	76,624	(68,444)	8,180	8,180	(236,564)	-	-	(228,384)	(228,384)
EMPLOYMENT		592,883	592,883	-	-	-	-	(104,839)	-	-	(104,839)	(104,839)
SOCIAL HOUSING		180,052	64,368	115,684	(107,343)	8,341	8,341	92,685	-	-	101,026	101,026
Balance of funds as at March 31, 2017		-	-	-	-	-	-	1,560,182	-	-	1,560,182	1,560,182
Share of the Development Corporation Odanak Inc.		-	58,167	(58,167)	-	(58,167)	(58,167)	(768,503)	-	-	(826,670)	(826,670)
		11,796,399	8,757,418	3,038,981	(1,849,681)	1,189,300	663,615	1,479,551	130,392	295,663	2,644,979	2,940,642

The accompanying notes are an integral part of the summary financial statements.

# Odanak Band Council

## Summary statement of change in net financial assets

Year ended March 31, 2018

	2018 \$	2017 \$
Surplus of the year	<b>3,038,981</b>	1,409,123
Net change in amounts unspent fixed contributions	<b>(206,672)</b>	47,841
Adjustment of unspent net sums for block contributions 2017-2018	<b>141,399</b>	-
Variation of unspent net sums for block contributions related to the current year	<b>(65,273)</b>	47,841
Variation of capital fund	<b>58,616</b>	50,274
Variation of the operating reserve CMHC	<b>34,991</b>	11,411
Fixed assets variation		
Additions	<b>(2,739,302)</b>	(1,651,433)
Depreciation	<b>786,298</b>	719,510
Gain on disposal	<b>(35,760)</b>	(9,000)
Disposal	<b>106,504</b>	9,000
Increase of financing to be received on fixed assets	<b>271,282</b>	217,061
	<b>(1,610,978)</b>	(714,862)
Variation of non-financial assets	<b>(21,673)</b>	(7,999)
Variation of financial assets	<b>1,434,664</b>	795,788
Net financial assets at beginning	<b>2,965,963</b>	2,170,175
Net financial assets at the end	<b>4,400,627</b>	2,965,963

The accompanying notes are an integral part of the summary financial statements.

# Odanak Band Council

## Summary statement of financial position

As at March 31, 2018

	2018 \$	2017 \$
<b>Financial assets</b>		
Cash	2,230,343	1,914,381
Assets subject to restrictions		
Replacement reserve	194,821	165,948
Operating reserve	192,590	157,599
Trust fund - Liquid assets in the Ottawa Trust Fund	2,820,737	2,762,121
Short-term investments	167,685	147,393
Accounts receivable	2,958,138	1,402,655
Long-term investments	131,777	198,901
Long-term receivables	700,000	-
	<b>9,396,091</b>	<b>6,748,998</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities	1,048,625	1,116,663
Accrued contributions	62,421	35,971
Deferred income	484,412	101,131
Long-term debt	3,104,343	2,440,279
Net amounts unspent contributions for fixed	295,663	88,991
	<b>4,995,464</b>	<b>3,783,035</b>
<b>Net financial assets</b>	<b>4,400,627</b>	<b>2,965,963</b>
<b>Non-financial assets</b>		
Prepaid expenses	218,702	197,030
Fixed assets	16,112,636	14,230,376
	<b>16,331,338</b>	<b>14,427,406</b>
<b>Accumulated surplus</b>	<b>20,731,965</b>	<b>17,393,369</b>

The accompanying notes are an integral part of the summary financial statements.

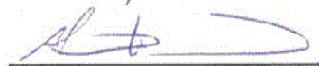
Contingencies (note 3)

Commitments (note 4)

On behalf of the board

  
Richard O'Bomsawin, chief

  
Florence Benedict, councillor

  
Alain O'Bomsawin, councillor

  
Claire O'Bomsawin, councillor





# Odanak Band Council

## Notes to the summary financial statements

March 31, 2018

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### 1. Summary financial statements

The summary financial statements present historical financial information derived from the complete financial statements and are less detailed than them.

They include complete financial statements with the exception of cash flow statements and some information from the notes to the complete financial statements. They do not include complementary information of revenues and expenses, budget data and some complementary notes included in the complete financial statements.

To obtain a copy of the complete financial statements, a request must be made to the Odanak Band Council managements.

### 2. Various reserves

	2018 \$	2017 \$
Income security	150,000	150,000
Health center	87,000	87,000
Band Council	53,080	53,080
Economic development funds	150,898	150,898
Ministerial guarantee - Housing	230,000	230,000
Replacement reserve - Real estate	63,000	59,500
Public works	120,000	90,000
School bus	110,000	100,000
	<b>963,978</b>	<b>920,478</b>

### 3. Contingencies

#### Potentially refundable loans

Loans extended by the Canada Mortgage and Housing Corporation for a total amount of \$49,959 concerning the R.R.A.P. program are payable by annual payments varying between \$2,475 and \$3,200, gratuitously and fall due between August 2018 and July 2019. As of March 31, 2018, the loans balance is \$7,025 (\$21,137 in 2017). The loans are conditional upon the maintenance of the homeowner's title to the houses. In default of which, the loans become due.

#### Guarantees

The Council endorsed loans contracted by community members for the acquisition of personal residences for a maximum amount of \$3,528,857. As of March 31, 2018, these loans endorsed total \$2,714,585 (\$2,825,190 in 2017). Furthermore, the amount the Council might have to pay in the event of default by the Community members cannot be determined with precision. Any payment by the Council would be charged as expense in the year they occurred.

In addition, the Council jointly and solidarily guarantees loans contracted by the Société Historique d'Odanak (Musée) for maximum amount of \$1,725,604. As of March 31, 2018, these loans total \$1,077,971 (\$1,229,403 in 2017). The amount the Council might have to pay in the event of default by the Société Historique d'Odanak (Musée) cannot be determined with precision. Any payment by the Council would be charged as expense in the year they occurred.

#### Eventual liability

The Council entered into contribution agreements with various federal government departments. The funding provided under these agreements is subject to a refund if the Organization does not comply with their conditions.

# Odanak Band Council

## Notes to the summary financial statements

March 31, 2018

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### 3. Contingencies (suite)

#### Eventual liability (suite)

In addition, the Odanak band council is the subject of a \$ 315,837 claim for a dismissal during the year. It is currently impossible to assess the outcome of the litigation and the amount that the Odanak band council could have to pay. No provision has been made in the financial statements. Any settlement under this litigation will be expensed in the financial statements of the Odanak band council in the current year.

### 4. Commitments

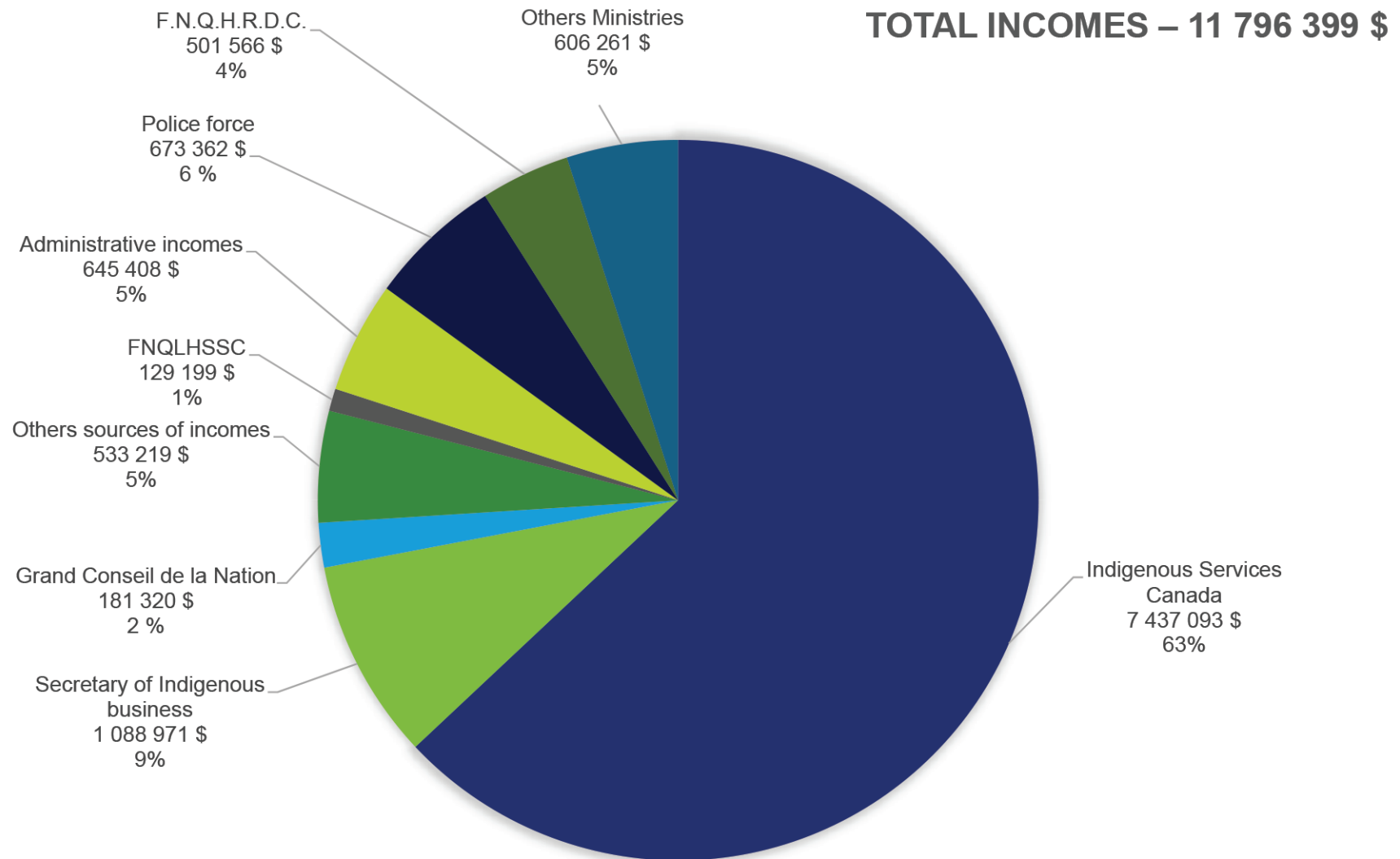
The Organization contracted agreements that fall due through 2026. Future payments amount to \$1,151,158. Payments required over the next years are as follows:

	Ententes diverses	Location d'équipements	Total
	\$	\$	\$
2019	557,542	10,948	568,490
2020	146,986	10,948	157,934
2021	87,116	4,752	91,868
2022	62,929	-	62,929
2023	62,639	-	62,639
2024 à 2027	207,298	-	207,298
	<u>1,124,510</u>	<u>26,648</u>	<u>1,151,158</u>

The heading "various agreements" includes agreements signed for the control of blackflies, the works for the drinkable water system, waste collection, fire protection management, management of buoys, rental of land, air conditioning systems maintenance, equipment maintenance, housekeeping, health center acces, Internet service and building project.

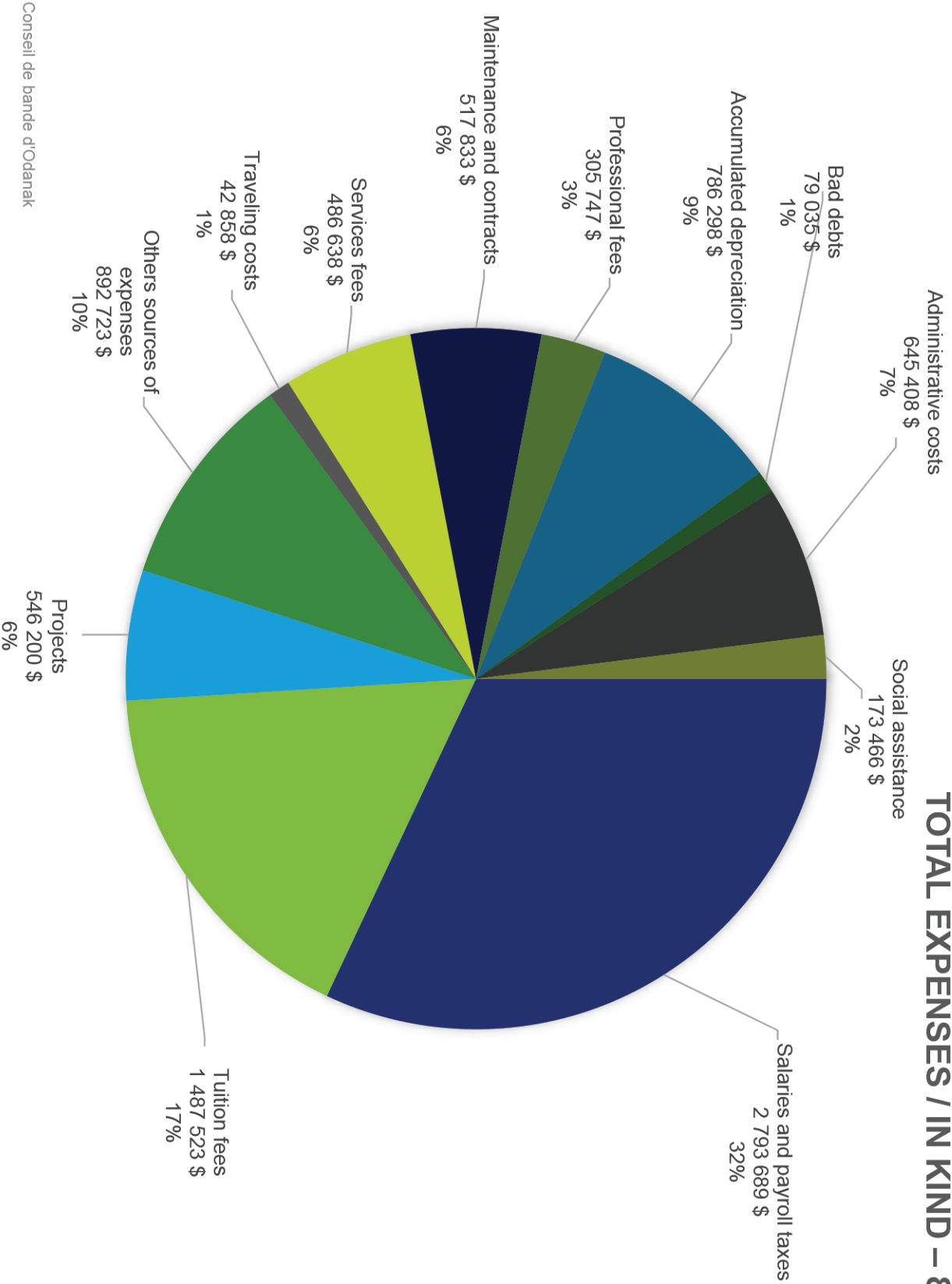
In addition, Odanak Band Council is committed by resolution to pay the annual operating deficit of the Centre de la petite enfance "Aw8ssisak" of Odanak.

# Summary of operations – pie charts



# Summary of operations – pie charts

## TOTAL EXPENSES / IN KIND – 8 757 418 \$



# Summary of operations – pie charts

**TOTAL EXPENSES / SECTOR – 8 757 418 \$**

