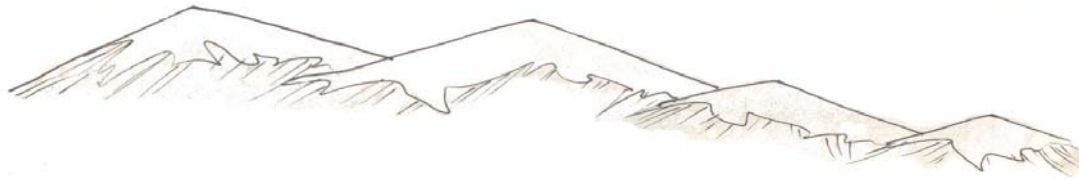


Ktunaxa Nation Health News

February, 2008



Keep up the good work! We are making headway but it is still a struggle because Aboriginal health is still worse than the general population



ANNOUNCEMENT: The Ktunaxa Nation Health Department has come a long way and we have grown in staff size and capacity. Along with this growth comes a newsletter that highlights the health related issues and accomplishments for January and February, 2008.



Debbie Whitehead,
Ktunaxa Health Director



Kathy Clarke,
Ktunaxa Health Nurse



Shannon Girling-Hebert,
Strategies Coordinator



Diane Whitehead,
Ktunaxa Health Clerk



Velma Hogan,
Interior Health Aboriginal Liaison



Myanne Peacock,
Ktunaxa Health Nurse

Health Newsletter Report - Health Transfer
Shannon Girling-Hebert
Aboriginal Health & Wellness Strategies Coordinator

AHWAC

In January I attended the Aboriginal Health and Wellness Advisory Committee (AHWAC) meeting in Kamloops as an Alternate.

ST. MARY'S BAND

On January 22, 2008 I met with Vickie Thomas and discussed program clustering as well as health needs for the St. Mary's Band. Subsequently, on February 6th I attended the SMB Health Team's work session which was very impressive. They are working diligently on their Work Plans. I was very pleased to see that they are well on their way to completing their Community Health Plan. I will continue to participate in this process with them and hope to have their Plan completed by the close of March.

ʔUWUKIN PA#KIY

Also in January and February, I have been assisting a Women's Leadership Initiative by developing a mini-proposal for funding to hold a Camp Out for 75 women in May. This group is also working with a student of the University of Lethbridge who will be writing her Thesis around Aboriginal Women and Violence. This Student, Crystal Phillips is very keen to be involved in this project and will assist the group with proposal writing and fund development to expand and grow into a larger organization: ʔuwukin pa#kiy (Stand Up Woman). I have encouraged this group to consider how they can assist Men to develop their own Group as it has become clear that local Men require support and encouragement to become leaders themselves.

LOWER KOOTENAY BAND

I have had three meetings with the Lower Kootenay Band and they are well on their way to writing their Community Health Plan. That said, more effort is required to encourage them to write and incorporate their health goals into their Community Development Plan. I have provided the LKB with documentation of our discussions thus far as well as a template from which to identify their health goals and create their corresponding work plans. I am booked to return to LKB on February 18, 2008.

TOBACCO PLAINS BAND

On January 29th I traveled to Tobacco Plains and attended their Community Kitchen. The ladies prepared a Chinese Dinner second to none. It was very "healthy" and fun. I did manage a brief discussion with Zoe regarding their health planning; however, I need to encourage them to move the process forward in a timely manner. I have called Zoe to set up a time so that we can look closely at their work plans and their progress.

RESIDENTIAL SCHOOL TRAUMA

On January 31st I met with Herman to discuss Residential School Trauma as a result of a request for more information from the Lower Kootenay Band. I was mesmerized for two hours while I listened to Herman's story. Herman has indicated that he would very much like to work with the LKB if they feel they have issues in this area. Recently, IHA has announced funding which could possibly assist in providing some service. I have discussed this with Eva and she is taking the lead on these proposals.

LEARNING CENTRES

I met with the UBC Professors on the Learning Centre Initiative and was pleasantly surprised that they feel these Centres could be branded for health information. This needs to be included in the Nation Health Plan.

FIRST NATIONS' LEADERSHIP COUNCIL

The First Nation's Leadership Council has requested a meeting with our Nation Health Team and Diane is making the necessary arrangements for March 4, 2008 from 10 a.m. to 2 p.m. at St. Eugene.

KUNTAXA HEALTH PROTOCOL

On February 5, 2008, a meeting was held with Allan Sinclair, Robert Bush, Gwen Phillips, Velma Hogan, Debbie Whitehead and I, to discuss Ktunaxa Health Protocol as well as the AHWAC. Subsequently, representatives AHWAC are: Debbie Whitehead and Samantha Sam with Velma and I designated alternates.

AKISQNUK BAND

On February 12, 2008 I attended the Akisqnuq Council meeting. It was determined that I will meet with Patsy when she returns from holidays and discuss their health work plan process. I will provide templates of work plans and begin working with them to identify their health goals and process to achieve them. On February 28th we will hold a Community Dinner where I hope to get a sense from the members what their health priorities are.

TRAINING DEPARTMENT

Next week I am meeting with the Training Department to get input from them on what they view as their programs that impact health.

FIRST NATIONS DETERMINANTS OF HEALTH

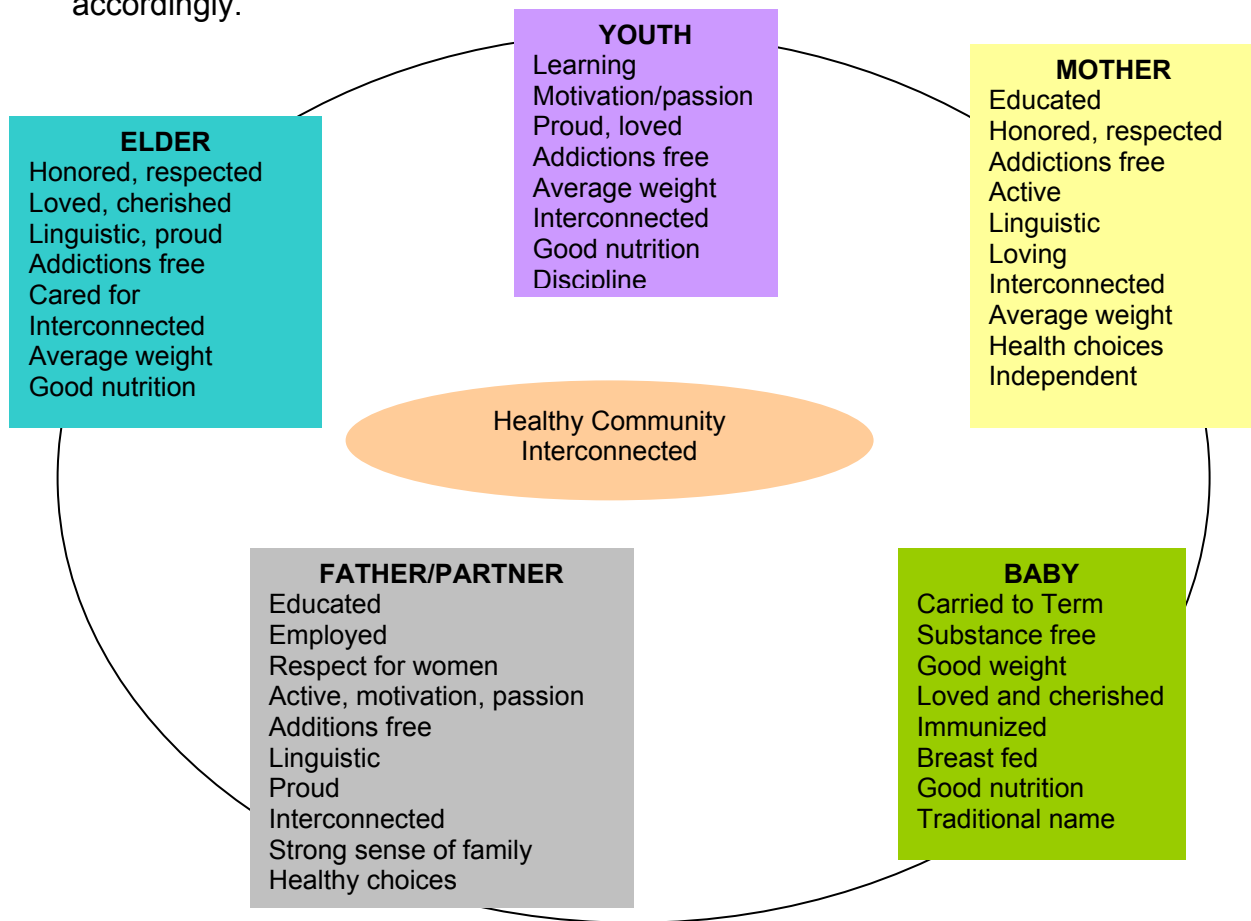
The Transfer Process has identified determinants of health as follows:

| | |
|----------------|---|
| Environmental: | Housing, Water, Land |
| Community: | Diabetes, Alcohol & Drug, Immunization, Traditional, Primary & Mental, Home Care & Satisfaction |
| Individual: | Life Expectancy, Suicide, Infant Mortality, Income, Education, Injuries |

Social: Residential Schools, Self-determination, Youth, Elders, Ceremonies, Land Use.

Ownership, Control, Access and Possession (OCAP) is the basis for the reporting framework as set out in the Transfer Process. This Health Plan will be written based on “Healthy” Individuals, Community and Nation. With a view to mobilizing towards empowerment and organization, the Health Plan will position itself positively through research without racial profiling.

Unfortunately, in the past, research and profiles are based upon poor health and the unhealthy predisposition that First Nations People are not healthy people. By looking through this screen and identifying best practices, centres for excellence and success stories, the Health Planning Process can identify what works to promote the health and wellbeing of the Ktunaxa Nation and set their goals accordingly.



REGIONAL MEDICAL TRANSPORTATION GUIDELINES

Working on providing input into the draft version of the Regional MT Guidelines for NIHB that is part of a working group. Zoe Gravelle, Tobacco Plains Band (TPB) and I share seats on this committee depending on our availability.

GUIDE BOOKLET FOR HEALTH SUPPORT WORKERS

Working on “Embracing Our Elders” (Communicating With Our Ktunaxa Elders) guide booklet with Nation, Bands and elders to get ready for print and use. This booklet was written by Irena Whitehead and input from others to finalize. Diane Whitehead and I will be doing an Elder’s presentation on February 29, 2008.

COMMUNITY HEALTH MEETINGS

Akisqnuq Healthy Community Table was attended in January. This table was cancelled for February and will resume again in March.

Ktunaxa Nation Health staff is meeting regularly now that we have our team in place. Regular communication with all Bands and Métis organization is ongoing.

HONOR YOUR HEALTH CHALLENGE (HYHC)

Working with Tobacco Plains as part of funding received for Honor Your Health Challenge. I obtained the \$1000 grant for health initiatives. Our area is working on the Biggest Loser Challenge and also working in conjunction with Leanne Gravelle (TPB) to host a Health Fair for Bands at the end of March/08.

Sun Run 2008 – Coordinating the Vancouver Run for HYHC. I am working with Pauline Andrew who is the team leader to get our group ready for this run in April/08.

ʔUWUKIN PAᑕKIY

Continuing meetings and planning for the Mini-Minerva women’s gathering in May. This resulted from the women’s leadership series that I facilitated during May – December of 2007 for Minerva Foundation that involved Aboriginal and non-Aboriginal women. This series was complete but it has lead into a much bigger project that will involve all the Bands and other women to form a group that will deal with health and many issues. I have been asked to retain my position as facilitator until the new group is up and running.

KTUNAXA COMMUNITY LEARNING CENTRES (KCLC)

The launch of two learning centres was held on February 4/08 at St. Mary’s Band and in Lower Kootenay Band on February 5/08. I attended the launch on February 4/08 and continue to work on this initiative as a health member.

INTERIOR HEALTH (IH)

Paul Vieira, Human Services Administrator (for Cranbrook and Kimberley Health Service Area) met with the Ktunaxa Health staff to discuss concerns and a cross sharing of job duties and how to work together in the future.

I attended the Interior Health Career Fair at the Tamarack Mall on February 4/08 with other IH Department personnel. We received good turnout and I distributed pamphlets and Health Career Guides from the First Nations Chief's Health Committee. These resources were well received. I have extra copies of the guides for IH East Kootenay Human Resources team (for our next meeting).

Met with Robert Bush and Allan Sinclair to discuss the Ktunaxa Protocol that is getting ready to be put in place. The specific Ktunaxa Nation needs and concerns got identified about the process and tables that are currently in place. Gwen Phillips reiterated the fact that she would be willing to do cross cultural teachings as well as have someone talk to IH Senior Management about Aboriginal issues in this area and what that means (i.e. Treaty negotiations).

EMERGENCY RESPONSE & PANDEMIC PLANNING

I was going to help do a pandemic presentation with the Health Nurses for Akisqnuq but it conflicted with stats training day. I prepared some documentation for them to use instead.

Emergency response and pandemic planning is ongoing until training is complete and community members are aware of all aspects.

PERSONAL DEVELOPMENT

Automatic External Defibrillator course – most of the health staff has been trained in the use of this machine and we also took CPR training. The training was held on January 14/08.

Ktunaxa Nation – Employment Services provided free training to Module 1 of the Aboriginal Statistical Training Program from Stats Canada to Diane Whitehead and Velma Hogan. Certificates obtained.

COMPLAINTS AND ISSUES

I am working with community members, staff and Interior Health to address recent concerns regarding dental and medical treatment in finding an appropriate process to deal with them. James Neve, IH Patient Representative is working with us to set up a protocol and meeting with personnel from Interior Health.

UPCOMING

Request to do a presentation to Aboriginal Health & Wellness Advisory Committee (AHWAC) about past experiences and learning regarding Cross Cultural Training and Curriculum. The next meeting is on March 12 and 13th in Kelowna.

Kathy Clarke
Community Health Nurse (CHN)

Myanne Peacock
Community Health Nurse (CHN) + Home & Community Care Coordinator

The services below are offered by the CHN on a continuous and ongoing basis dependent on the needs of the individuals, families and communities at each specific moment.

INFANT/ADULT IMMUNIZATION

The goal of those concerned with immunization is the elimination of vaccine-preventable diseases. Ongoing immunization programs with high vaccine coverage are needed to maintain low levels of vaccine-preventable diseases. The community health nurse offers immunizations throughout the year for infants, children and adults.

Infant's basic immunization schedule includes protection against the diseases tetanus, diphtheria, polio, pertussis, haemophilus influenza, pneumococcal, meningococcal, hepatitis B, measles, mumps, rubella and varicella. Immunizations are given at 2, 4, 6, 12 and 18 months of age. The CHN sees the infants in the health centre or home visits to immunize accordingly.

Children who have been fully immunized as infants receive a booster dose of tetanus, diphtheria, polio and pertussis between ages 4 and 6. The CHN completes these immunizations within the Health Centre on appointment basis.

School immunizations are conducted for catch up immunizations for infants who did not receive meningococcal, hepatitis B or varicella vaccines. The CHN goes into the school or makes appointments in the office for those requesting this protection.

Adult immunizations are offered by appointment basis for routine immunization. Tetanus/diphtheria vaccines are recommended for adults every 10 years. Other vaccines offered include Hepatitis A, B and measles, mumps and rubella as needed.

TB SCREENING AND FOLLOW UP

Incidence rates of tuberculosis reveal a disproportionate burden of disease among Aboriginal peoples. The CHN is working to decrease the rates of tuberculosis through screening using tuberculosis testing, following up with positive cases alongside the physician and centre for disease control and prevention through increasing knowledge of community members.

MATERNAL CHILD HEALTH

The CHN provides services to families both pre and post natal. These services include information, guidance and support on issues including: breastfeeding, child health and development, infant and child nutrition, maternal health, parenting skills, home safety for children, immunization, relationships, nutrition and local support services. Home visits are offered after birth to provide more support and services.

SCHOOL HEALTH

The CHN provides services around immunization, infectious diseases follow up, resource and support for Healthy School Initiatives, Health education support (nutrition, prevention of head lice, hygiene, etc.), consultation for students with special health needs, health counseling for students. The CHN connects children with health services for hearing, vision, speech and dental.

HEALTH PROMOTION

The CHN engages with the community to enhance health through many health promoting strategies. These include initiatives such as tobacco reduction, healthy heart, exercise promotion and nutritional information. The strategies are delivered through offering a variety of programs, educational sessions and ongoing support.

SEXUAL HEALTH

The CHN provides education and counseling related to sexual health to youth and adults on request. Services available include pregnancy testing and counseling, dispensing of emergency contraceptive pills, sexual health education, counseling and ongoing support. The CHN is a key link to other resources in the surrounding community for STI testing. The CHN works closely with the physician on site at Akisqnuq.

CHRONIC DISEASE

The CHN plays an integral part in supporting those in the community facing chronic disease. The CHN supports the resident care aids through ongoing communication and expertise opinion related to each unique situation.

HEALTH NEWSLETTER

The CHN distributes a monthly health newsletter. This newsletter has health advice, updated health information and a pertinent health focus each month.



RECENT HIGHLIGHTS

FLU CLINICS

The flu continues to be a serious health risk for elders and young. An estimated 4,000 to 8,000 Canadians, mostly seniors die every year from pneumonia related to flu and many others die from other serious complications of flu. Influenza season usually occurs late January to early March and influenza vaccines are distributed in November. The CHN continues to offer flu clinics weekly for those wishing to receive their flu shot during flu season.

NEW TRAINING FOR CAREGIVERS

The CHN has been working alongside the College of the Rockies (COTR) in initiating a program (Aboriginal Health project) that aims to build capacity within the communities through supporting and training caregivers. The Aboriginal Health project will be offering training to trained caregivers as well as homemakers and family members. The goal is to examine what skills would

further benefit the caregiver's role and help them attain these skills. Mike Goertzen, COTR has come aboard to initiate the Aboriginal Health project. Watch for updates coming soon and opportunities to provide input into this project. Interested people can contact their local CHN.

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) TRAINING

AED's were installed in Akisqnuq, Lower Kootenay, St. Mary's and Tobacco Plains. AED training was offered to individuals from each community. The CHN was a key contributor in making the installation of AED's and training a success. This initiative will promote optimum healthy outcomes in the event of a cardiac arrest.

PANDEMIC PLANNING

Pandemic planning session took place at Akisqnuq Band Hall. Community health nurses presented on pandemic preparedness, prevention and planning to leaders within the community to increase the knowledge base of participants and strive to be better prepared in the event of a pandemic. Pandemic tool kits were brought to the community.

HOME AND COMMUNITY CARE

With the assistance of the community health nurse the home and community care program continues to run. A new registered nurse, Myanne Peacock has joined the health team and will be taking off where the previous home and community care coordinator left. Reassessments of the elders and those living with chronic disease are underway within the community. This information will enable the caregivers to provide necessary services and care to promote optimum health outcomes.

PARTNERSHIPS IN HEALTH

The CHN continues to work alongside the physician who visits the community of Akisqnuq every two weeks. This partnership aims at providing continuity of care between health professionals and the client while providing holistic client centered care.

Facilitating communication and support between family members when necessary is an integral role the CHN plays when appropriate. At times, there are families who need support in developing plans around the caregiving roles the family members will play in caring for their loved ones. When the community health nurse is notified of an issue she works to develop, implement, plan and evaluate strategies to bring the family together with a plan to caregive effectively.



COUNSELLING - NIHB - STATUS FN CHILDREN & CHILDREN WHOSE PARENTS ATTENDED RESIDENTIAL SCHOOL – Submitted by Bart Knudsgaard, Ktunaxa Kinbasket Child & Family Services Coordinator

Follow up from conversation with Douglas Andrie from Health Canada about funding for counseling services. This came out of a Lower Kootenay need to access counseling services.

(1) Access to Counselling through non-insured health benefits:

- children in care with status are not eligible - provincial responsibility
- children not in care with status residing on reserve - refer to local band who receives funding
- children not in care with status residing off reserve - can make application for emergency/crisis funding

(2) Indian Residential School Survivor Counselling:

- for adults and children of adults (if the parent was alive in May 2007) who attended residential school
- children in care, whose parent attended residential school, are not eligible - provincial responsibility
- children not in care, whose parent attended residential school, are eligible
- toll free number to access this service - 1-877-477-0775

(3) July 31st, 2002 letter to MCFD from Director of Benefit Management Non Insured Health Benefits (D. Tattrie) outlines that NIHB does not provide for children in care as they fall under provincial responsibility

(4) Qualifications for Counselors under NIHB and Residential School Survivor Programs

- this information is not on line
- qualifications of counselor: Masters in Coun Psyche, PHD, or Registered Social Worker with MSW
- additional checks such as insurance and reference checks required

I believe we have counselors in the Cranbrook area that meet the requirements under (4) above. Based on the above children in care are not eligible for funding from these programs. For other children with status or whose parent did attend residential school and was alive in May 2007 we can refer such children. The reason for contact with Doug was to attempt to secure counseling services for youth in Lower Kootenay. Although this will not work for the youth in care we have other children and youth receiving services from our offices that may qualify. We should explore our current counseling caseload and see if any children are eligible under (1) or (2) above. This will help stretch our services. If our counselor's time is too stretched we may be able to identify other counselors in the area that could contact Non Insured Health Benefits and request consideration to be put on the eligible counselors' list.

- Doug's contact information is 604-666-0550.
- Al Williams is another contact at 604-666-2358.

JORDAN'S PRINCIPLE

In December 2007 Jordan's principle was unanimously passed in the House of Commons. This principle says that help for children comes first before the decision is made on who pays the bill. Premier Gordon Campbell is the first premier to publicly support this policy.

To find out who Jordan is and why this is such an important principle to First Nations children then go First Nations Child and Family Caring Society web site at www.fncfcs.com and also find a petition to support Jordan's principle.

SOME PICS AND POSES



Defibrillator & CPR Training on January 14, 2008 at KKCFS Boardroom



COMMUNITY ENGAGEMENT MEETING

Phil Hall, Community Engagement Coordinator, First Nations Health Council

Phil Hall is scheduled to facilitate a Community Engagement Meeting at St. Eugene Mission as follows:

DATE: March 4, 2008

TIME: 10:00 a.m. to 2:00 p.m.

ROOM: St Mary's Meeting Room.

GOALS:

1. To implement a 10 year community engagement strategy
2. To ensure all First Nations communities are informed about the Tripartite Health Plan purpose and initiatives
3. To Ensure all First Nation's communities have the capacity to participate in the Tripartite Health Plan to govern the design and delivery of First Nation's health services
 - a. Including Community Health Planning, two way communication, proposal writing and program development
4. To promote innovation in First Nation's health services through collaboration and partnerships

OBJECTIVES AND ACTIVITIES:

1. Information sharing with First Nation's communities and First Nation Health Service providers
2. Timely, useful, efficient, effective processes and tools
3. Initial introduction meetings out in the regions – Work with SDC & CHC and technical staff
4. Align with FNIH and FHA meetings with First Nation's communities and Health Service providers
5. HA regional sessions
6. FNIH sessions – Health Directors, Nurses Conference, etc.

Please plan to attend this meeting. Your travel will be paid and Mr. Hall will be buying lunch. He will also cover your accommodation should you need to stay over. Your RSVP is requested as soon as possible, by calling Diane Whitehead at 1-888-489-4563.

I am looking forward to seeing you there.

Shannon Girling-Hebert



-EVERYONE WELCOME-
Ktunaxa/Kinbasket Child & Family Services along with Lower Kootenay Band invites you to attend a Dinner Meeting...

What: Dinner Meeting
When: March 5, 2008 (Wednesday)
Time: 5:00 p.m.—8:00 p.m.
Where: Lower Kootenay Band
Why:

1. To talk about existing services in the community and services needed
2. Discuss other enhancements to services
3. Presentation by Bart Knudsgaard and Eva Coles

***** Great Kid and Adult Prizes Too *****

What's For Dinner? Indian Taco's
How Much? Free

