

Kanesatake Health Center Inc. Annual Activity Report 2017-2018



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KHC BOARD OF DIRECTORS 2017-2018

Dakota Simon, President
Keith Nelson, Vice-President
**Marie-Claude Bernard, Secretary/
 Treasurer**
Louise Godbout (resigned Nov. 2017)

Message From The Executive Director

Our Annual Report briefly describes the major accomplishments of the organization in providing mandated programs and services for our community members. The report also includes a brief financial report on how the organization utilized the funds received for this fiscal year.

As you know, the Kanesatake Health Center Inc. team keeps evolving. The team is dynamic and we have always found creative solutions to address pressing issues. I am personally grateful for the support and dedication from the Kanesatake Health Center Inc. staff, volunteers, as well as, internal and external professionals.

As a strong, skillful and committed team, we work very hard to meet our commitments, reach our milestones and provide our deliverables. Over the past year, we have undertaken many tasks and new initiatives, which continue to move our strategic key objectives forward, while addressing our operational work plan activities.

We are continuing to add to our success in moving the organization forward. We are more focused on what needs to be done and how to get there to better serve the interests of our community. We want to ensure that our next generation carries on in a good way; from our children to our youth, finding their identities and learning new skills to finally arrive at that secure place in the community.

The tasks ahead are daunting, and despite any challenges along the way, I trust that each and every one in this organization will continue to provide the safe and quality services that Kanesatake Health Center Inc. is known for. It is that spirit of creativity, the pursuit of opportunities, and our determination, that has ensured the strength and vitality of our health center for all these years.

Joyce Bonspiel-Nelson



Guiding Principals

Incorporation of the Kanesatake Health Center Inc.

In 2006, the Kanesatake Mohawk Council gave the mandate for the transfer of responsibility for the funding for health and wellness programs, as well as, the delivery of these and related services to the Kanesatake Health Center on the condition that the center became an incorporated body. The Kanesatake Health Center Inc. (KHC) received its Letters Patent in August 2007, and has been incorporated since that time. A Certificate of Continuance for the corporation under the new Corporations Canada's Not-For-Profit Act was issued in June 2014.

Mission

The Kanesatake Health Center Inc. will provide community-based, culturally-adapted health and wellness services that are holistic, universally accessible, inclusive, and which provide high quality, safe care and respect the rights of individuals to make informed decisions regarding their health and well-being.

Organizational Values

The values which define our organization and services are:

- Respect
- Culturally safe care
- Integrity
- Universality
- Inclusivity
- Fairness
- Right of informed choice

Guiding Principles

The guiding principles on which we will successfully build and grow our organization, and deliver our health and wellness programs are:

1. All of our programs and services will provide culturally appropriate care.
2. We will provide quality programs and services using a holistic approach.
3. We will ensure that all clients are treated with courtesy and respect; and make certain they have the right of informed choice.
4. We will network with other community services and outside agencies as part of our inter-collaborative practice.
5. All programs and services will include components of language and cultural practice.
6. We will ensure that all community-based programs are universally accessible and inclusive to all community members.
7. We will endeavor to address the diversity of needs in our population through flexibility in our service delivery.
8. Community involvement will be at the fore-front of all our health planning.



Health Priorities: 2018-2019

Goals	Objectives	
1. Community members will have a healthy lifestyle through mental wellness and an improved sense of belonging and/or Mohawk identity.	<ul style="list-style-type: none"> • Develop case management framework • Restructure and revise the Mental Health Program • Increase access to traditional healing 	<ul style="list-style-type: none"> • Ongoing addictions services • Develop policy on harm reduction • Ongoing prevention/promotion activities • Advertise alcohol and drug free activities • Positive anger response counselling.
2. Community wellness will improve due to the implementation of strategies to address situations of abuse.	<ul style="list-style-type: none"> • Information sessions at elders luncheon • Ongoing awareness/education/promotion MCH/CFS • Develop home visiting program • Ongoing support/counselling activities • More awareness on family violence/ consequences • Ongoing support/counselling activities at high school 	<ul style="list-style-type: none"> • Workshop for men on traditional roles • Continued support services • Ongoing education program at the two schools • Decolonization workshop • Continue working on inter-agency collaboration • Information to community/services/band council
3. Community members will have a healthy lifestyle through physical activity and healthy eating	<ul style="list-style-type: none"> • Promotion and support of physical activities • Ongoing support; nutritionist, nurses, ADI • Work on community kitchen • Ongoing organized physical activities with youth • Work with youth to video a weekly recipe/meal 	<ul style="list-style-type: none"> • Ongoing healthy recipes etc, in Karihiwios • Ongoing breastfeeding teaching & support • Provide baby food making classes
4. Community will benefit from an increased quality safety, and efficiency of client services at the Kanesatake Health Center.	<ul style="list-style-type: none"> • Develop policy for electronic billboard • Increase the communication going to community • Review communication strategies prepare communication binder 	<ul style="list-style-type: none"> • Maintain & modify communication plan • Ongoing job descriptions with restructuring
5. Elders and community members will benefit from a continuum of care provided by the integration of Home and Community Care, Assisted Living and the Kaniatarak'ta Riverside Elders Home.	<ul style="list-style-type: none"> • Ongoing work to integrate Kaniatarak'ta Riverside Elders Home into the Kanesatake Health Center • Work on continuum of care for elders 	<ul style="list-style-type: none"> • Start next phase for longterm care/palliative care
6. The community will benefit from health and wellness services that stem from increased interdisciplinary practices.	<ul style="list-style-type: none"> • Development of an agreement with Youth Protection des Laurentides 	<ul style="list-style-type: none"> • Development of communication plan • Hold info sessions with community and services
7. Community members will benefit from prevention and promotion activities directed to those health issues raised by the community during the needs assessment.	<ul style="list-style-type: none"> • Ongoing psycho-social support for palliative care • Provide access to cultural support services • Education with CISS/CLSC on community situation • Screen/diagnose/treat/monitor chronic diseases • Provide access to traditional healing/support 	<ul style="list-style-type: none"> • Continue to build capacity/self-efficacy • Information sessions about andropause • Provide cultural teachings around menopause • Continue education and information at high school • Continue STI Clinics/Collaborate with CISS screening
8. To implement the health plan and review the health plan annually to adjust strategies as needed.	<ul style="list-style-type: none"> • Special training for elders home staff/in-home support • Ongoing training as required 	<ul style="list-style-type: none"> • Ongoing
9. To promote a healthy work environment for the KHC staff.	<ul style="list-style-type: none"> • Establish Terms of Reference for a Healthy Work Environment Committee • Annual staff survey 	<ul style="list-style-type: none"> • Team-building activities • Staff appreciation incentives

Board of Directors Priorities: 2018-2019

Board of Directors	2018-2019 Priorities	Ongoing	New	Proposed activities	Time Frame
Board	Governance	X		Recruitment	Immediate
Board		X		Establish a schedule for quarterly board Meetings	Annually
Board		X		Review and approve Integrated Quality & Risk Management Plan	Annually
Board		X		Review quarterly reports	Quarterly
Board		X		Develop key indicators to monitor service delivery	Annually
Board		X		Signing of Contribution Agreement	Annually
Board	Accountability	X		Compliance review of By-laws	Annually
Board/ED			X	Monitoring progress against goals & objectives	Quarterly
Board			X	Self evaluation	Annually
Board		X		Annual General Assembly	November 2017
Board/ED		X		Review Executive Director's performance objectives	Annually
Board/ED	Communications	X		Communication/board training	November 2018





Clients Rights and Responsibilities

The Kanesatake Health Center endeavors to provide health services within program guidelines that are accessible to all Kanesatake community members regardless of age, race, sex, income, education, lifestyle choices, or religion. The Kanesatake Health Center Inc. is committed to delivering quality health and wellness services to all members of the Kanesatake community, and therefore supports the following rights and responsibilities of clients:

Clients' Rights:

- The right to be treated with courtesy, empathy and respect;
- The right to be informed about policies, procedures and guidelines;
- The right to receive a punctual, polite response to a request;
- The right to receive quality and dependable services tailored to meet the needs of the individual;
- The right to treatment based upon assessed needs and available resources;
- The right to privacy;
- The right to make an informed choice regarding health and wellness services;
- The right to appeal whenever there is justifiable cause.

Clients' Responsibilities:

(or their representatives, as allowed under the Canada Health Act)

- Respect the confidentiality and privacy of other clients and KHC personnel.
- Be considerate of KHC personnel and other clients attending or receiving treatment at the KHC.
- Participate actively in their plan of care and services,

Including:

- *providing information about health and wellness practices, present and past illnesses, hospitalizations, medications and other matters relating to their health history;*
- *helping their healthcare staff in providing care by following instructions and medical orders; and, accepting medical consequences if they do not follow the care, service, or treatment plan provided;*
- *using medical equipment and supplies wisely (avoiding overuse) and generally respecting the property of other people and of the KHC;*
- *authorizing members of their family to review their treatment, if they are unable to communicate with doctors or nurses.*

Play an active part in their own safety by:

- *understanding and adhering to their prescribed medications and treatments; and asking questions if they do not understand directions or procedures;*
- *avoiding drugs, alcoholic beverages or toxic substances, which have not been administered by their doctor;*
- *not sharing their medications with others;*
- *keeping their homes safe and free from risk (i.e. falls, fires etc.); or asking for help with this if needed;*
- *reporting safety concerns immediately to their doctor, nurse, or any health care support staff.*

Community Profile

Kanehsatà:ke is a Kanien'kéha:ka Mohawk settlement on the shore of the Lake of Two Mountains in southwestern Quebec, Canada. The Kanien'kéha:ka historically were the most easterly nation of Haudenosaunee.

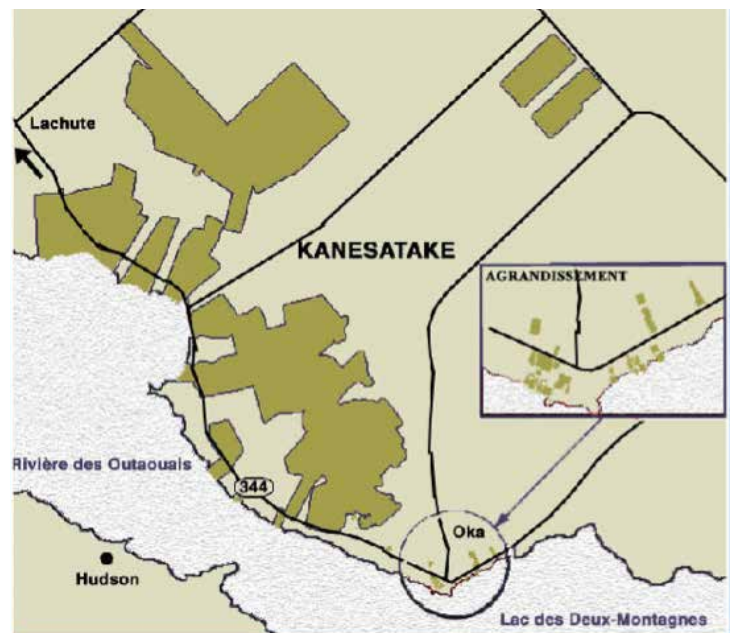
Geography of Community:

Kanesatake is located on the north shore of the Ottawa River, 53 kilometres west of Montreal. According to Indian and Northern Affairs Canada, Indian lands in accordance with the 91(24) article of the Constitution Act constitute 907.7 hectares (2 242.9 acres) of land for the use of the community; however, Kanesatake was granted the Seigneurie of Lake of Two Mountains by the King of France in 1717, and in 1735, a second grant enlarged the original land base. Kanesatake presently lays claim to an area of 260.11 square miles, bounded by Argenteuil (St. Andrews east), St. Canute, Mirabel and St. Eustache.

Community Services:

The following services are available to the community through the Mohawk Council of Kanesatake:

- Education, including primary and secondary schooling, postsecondary, transportation and counselling services
- Social Assistance
- Economic Development
- Human Resources (KHRO)
- Band Operations for Finance and Resource Management
- Public Works
- Housing and Infrastructure
- Lands and Trust
- Membership
- Daycare
- Culture and Language Services
- Kanesatake Crime Prevention Program
- Onen'to:kon Healing Lodge

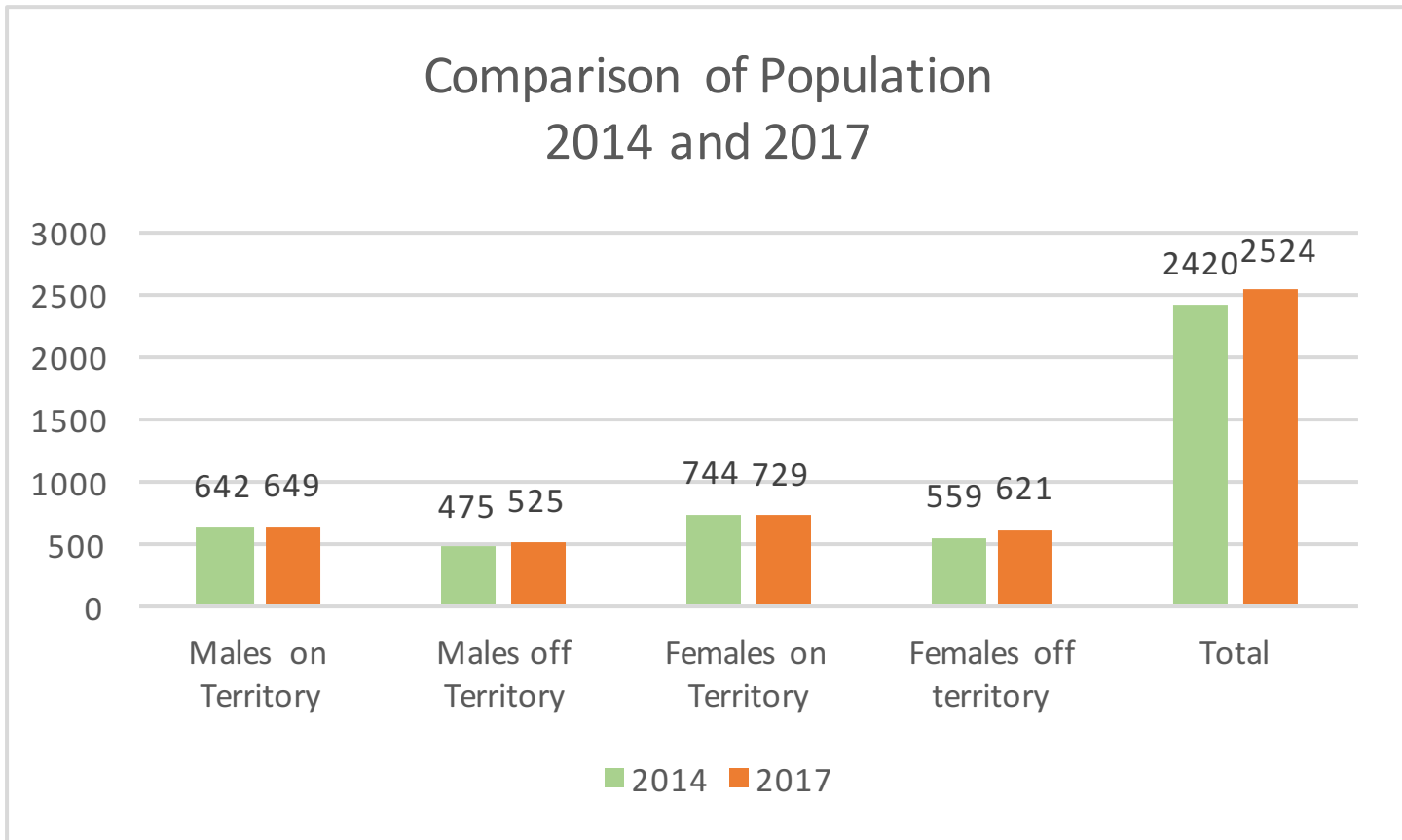


The following services are available to the community through the Kanesatake Health Center Inc.:

- Primary Care
- Medical Services
- Medical Transportation
- Home and Community Care
- Riverside Elders Home
- In-home Support
- Immunizations
- Infection Prevention and Control
- Community Based Drinking Water Monitoring
- Child and Family Support Services
- Mental Wellness
- Head Start
- Diabetes Prevention

Kanesatake Registered Population

According to Aboriginal Affairs and Northern Development Canada, as of June 2017, the current total registered population is 2,524, of which 1,378 are living on reserve, (729 females and 649 males) and 1,146 (621 females and 525 males) are living off reserve. The total registered population is up 4.3% from 2014.



AANDC (2017). Aboriginal Community Populations viewed at www.aandc.gc.ca June 2017.



Births

Number of Births followed by the Kanesatake Health Center by Calendar Year 2013-2017 (January-December)

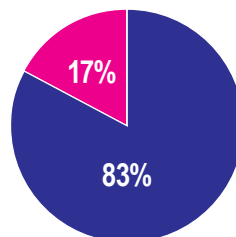
Year	Gender				Birth Weight (Kg)								Total	
	Boys		Girls		Under 2.5		2.5 to 4.0		Over 4.0		Unknown		Nb	% column
	Nb	% line	Nb	% line	Nb	% line	Nb	% line	Nb	% line	Nb	% line		
2013	7	19%	3	14%	0	0%	7	15%	3	43%	0	0%	10	17%
2014	4	11%	10	45%	2	33%	11	24%	1	14%	0	0%	14	24%
2015	4	11%	4	18%	1	17%	6	13%	1	14%	0	0%	8	14%
2016	12	32%	3	14%	2	33%	11	24%	2	29%	0	0%	15	25%
2017	10	27%	2	9%	1	17%	11	24%	0	0%	0	0%	12	20%
Total	37	100%	22	100%	6	100%	46	100%	7	100%	0%	0%	59	100%

Since 2013, there have been 59 babies born. In the last 5 years the community of Kanesatake has averaged around 12 births per year.

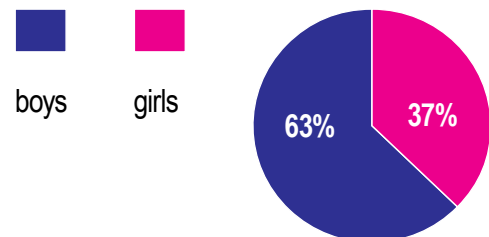
Since 2009, there were 62 (51%) males born and 59 (49%) females born, totaling 121 births over nine years, averaging 13.4 births per year.



Dispersion of births
2017



Dispersion of births
(2013-2017)



Deaths

Causes of death are primarily related to cardio-vascular conditions, pulmonary conditions and cancer.

Note: No official registry is kept as to the causes of death in Kanesatake. In the older population however, cardio-vascular and pulmonary conditions appear to be the most frequent causes of death.

Cancers are the second leading cause of deaths in the community. Men are screened for prostate cancers and women have access to pap tests and mammograms through the provincial health ministry as well as screening initiatives for ovarian cancers.

Chronic diseases which impact the quality of life include diabetes, musculo-skeletal and auto-immune diseases. Mental health concerns such as anxiety, depression and coping skills may contribute to various misuse of substances.

The KHC Inc. continues to invest heavily in chronic disease management from prevention to intervention to evaluation.

Number of deaths known to the Kanesatake Health Center by Calendar Year 2013-2017 (January-December)

Year	Men		Women		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
2013	9	39%	5	18%	14	27%
2014	3	13%	3	11%	6	12%
2015	7	30%	6	21%	13	25%
2016	2	9%	8	29%	10	20%
2017	2	9%	6	21%	8	16%
Total	23	100%	28	100%	51	100%



Management Structure

Board of Directors:

The Board of Directors is the administrative body responsible for overseeing the proper functioning of the Kanesatake Health Center Inc. As the governing body of the corporation, the board has the legal obligation and responsibility for strategic oversight of the organization in support of the Executive Director.

Executive Director:

The Executive Director is an employee of the Board of Directors, and is responsible for the daily operations of the Health Center. The Executive Director sees to the efficient operation of the Corporation in accordance with the policies and goals determined in collaboration with the Board of Directors.

Management:

Our managerial personnel work in close collaboration to ensure integrated service design and planning for Mental Wellness and Addictions Services, Child and Family Services, Nursing Services, and Human Resources and Administration.

Services:

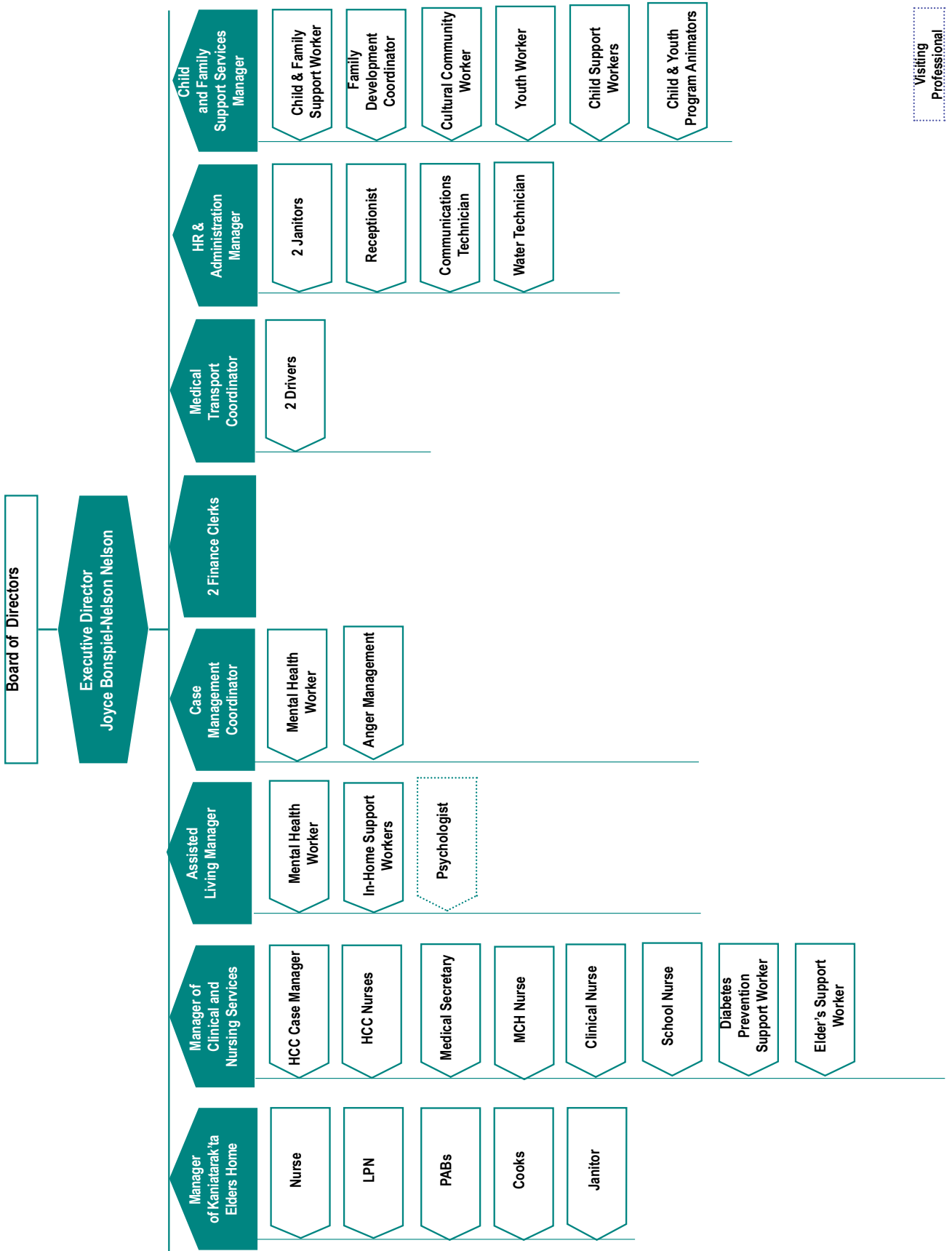
Services are centered around the assessed needs of clients, families, and the community as a whole in a collaborative practice model.

Overview of Kanesatake Health Programs and Services:

The following sections describe the types of community programs and services that are being provided. However some programs are the result of collaboration with other services and partners.

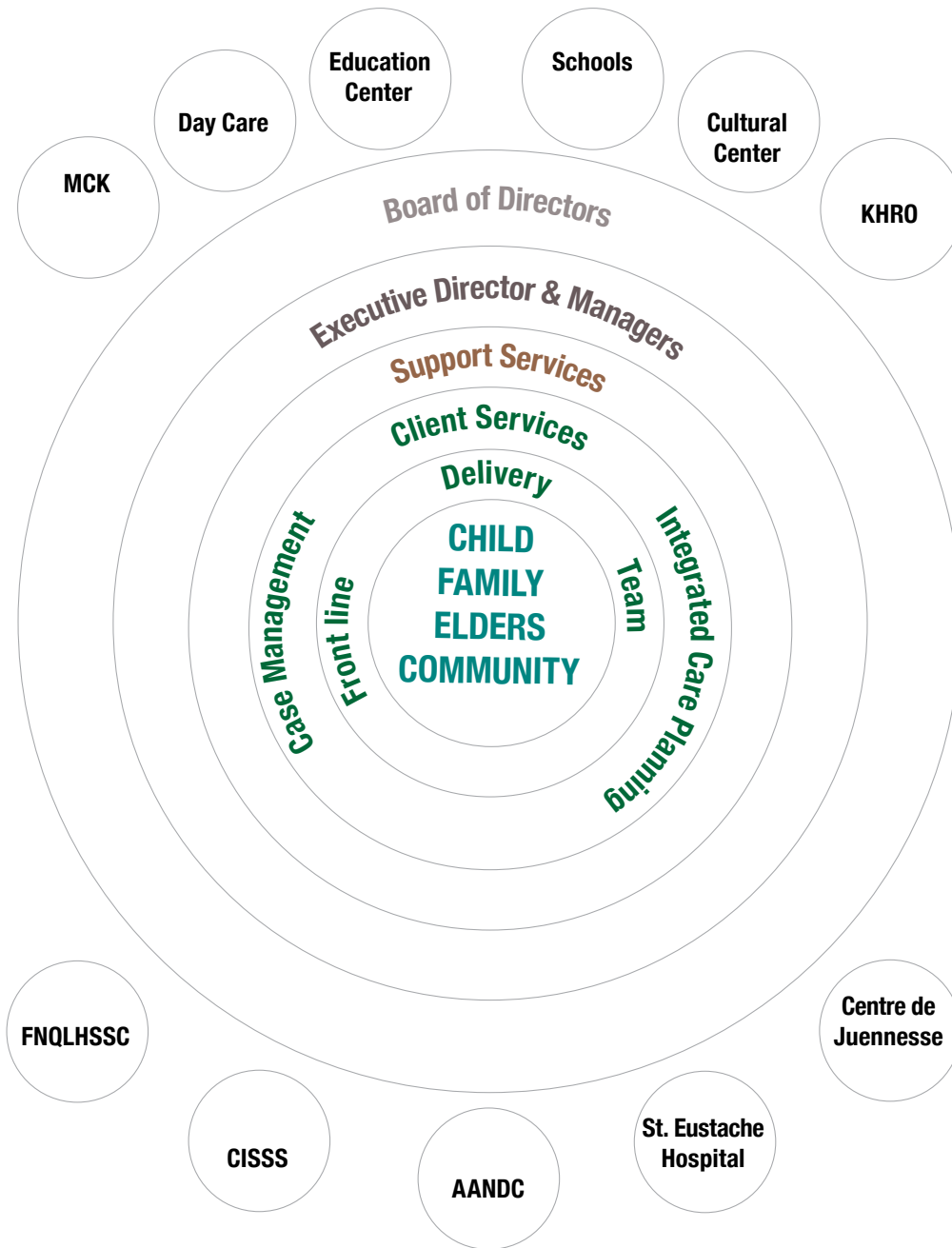


KHC Organizational Chart 2017-2018



Visiting Professional

Culturally-Adapted Client & Family-Centered Care Approach



SUPPORT SERVICES: Operations & Administration—Communication, Community Based Drinking Water Monitoring, Operations & Maintenance, Information Management Systems, Human Resources, Finance

CLIENT SERVICES: Mental Health & Wellness, CFS (Child & Family Services), Primary Care, Home Care, Kaniatarak'ta Riverside Elders Home, Assisted Living Program

Programs & Services

Primary Care

Primary Care refers to first-contact care, in which the majority of health problems are identified. Primary Care services and service providers are responsible for the diagnostic, curative, restorative and supportive elements required for holistic and comprehensive client-centered care. This would include appropriate referrals when needed. The Primary Care clinic offers services which cover a range of clinical assessments, interventions and evaluations as well as psychosocial support and monitoring of chronic illnesses and mental health & addictions issues as required. These may include the various screening initiatives such as diabetic retinopathy and sleep apnea screening. The Kanesatake Health Center Inc. offers medical and nurse clinics through the year with visiting specialists as needed

Medical Services

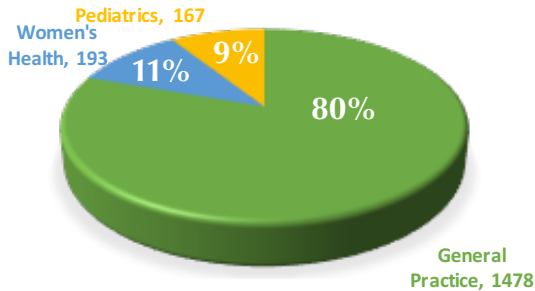
The majority of clients coming to the Kanesatake Health Center Inc. now have a family doctor or primary care physician. This is a

significant improvement from five years ago. Moreover, with the introduction of collective prescriptions (ordonnances collectives) or standing orders, clients have access to specific services by registered nurses, based on their assessments. This has proven to be an efficient and effective service to community members.

At this time, the Kanesatake Health Center Inc. continues to collaborate with local, provincial and federal partners to address the primary care needs of individuals, families and the community through the following services:

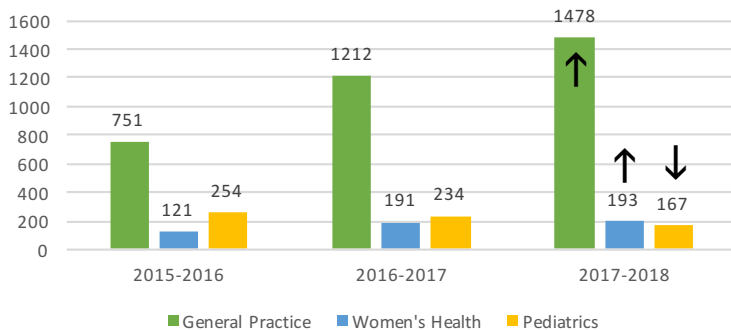
- **Primary Care and Medical Services**
- **Communicable Disease Prevention and Tuberculosis Monitoring**
- **Immunization**
- **Community-based Drinking Water Monitoring Program**

DISTRIBUTION OF CLIENT VISITS TO KHC MEDICAL SERVICES 2017-2018

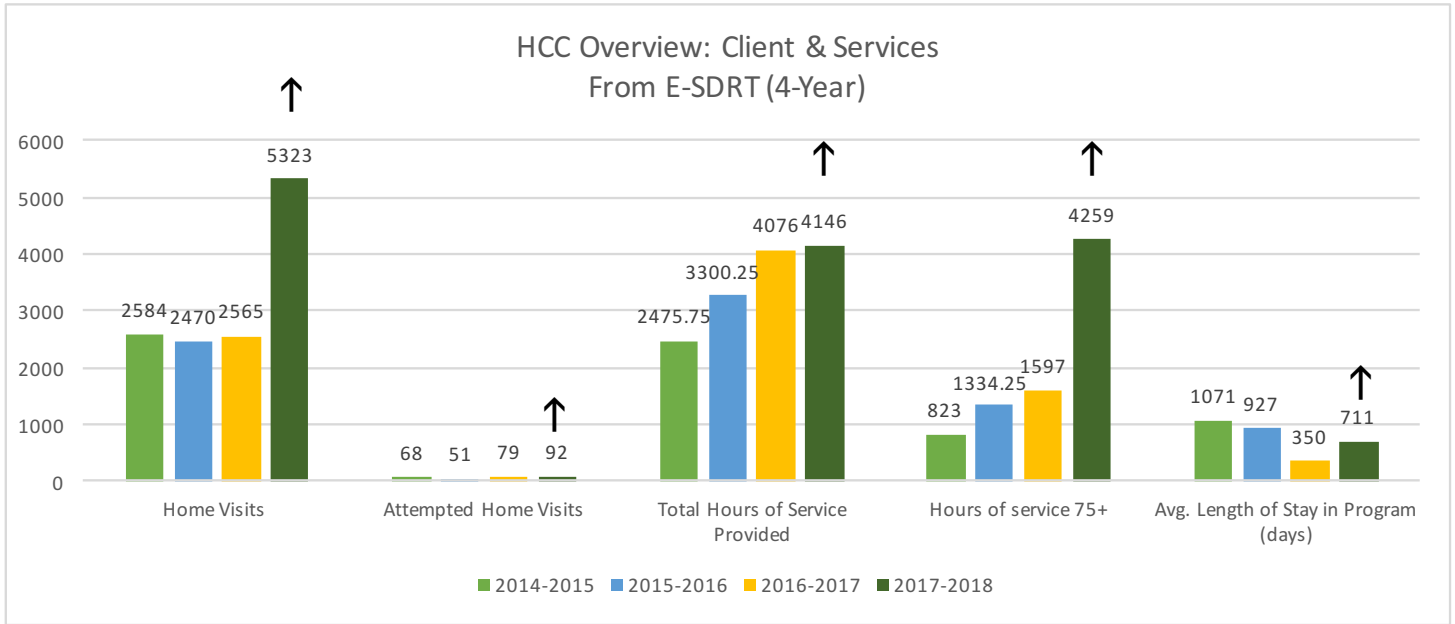


There were over 3000 visits to our clinic nurse; a slight increase from 2016-2017.

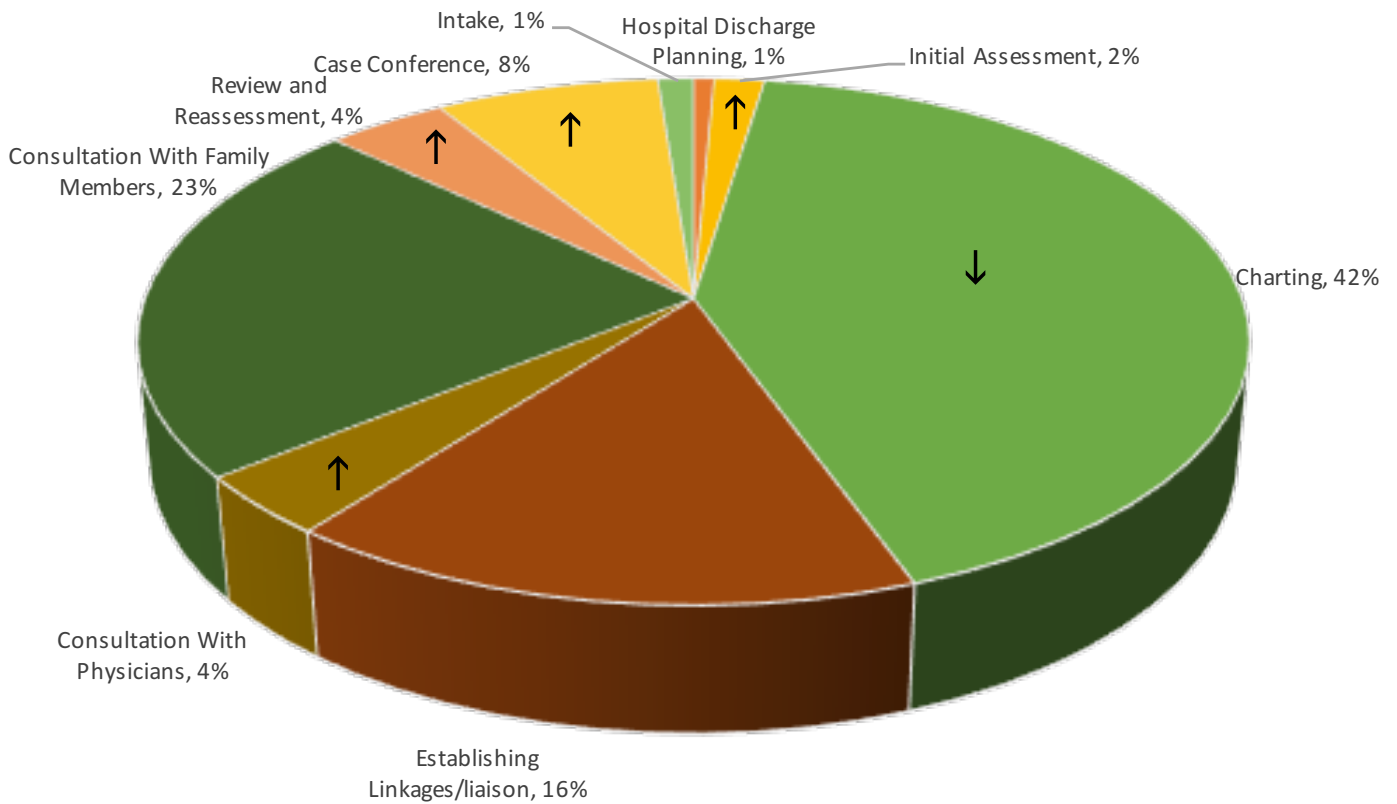
DISTRIBUTION OF CLIENT VISITS TO KHC MEDICAL SERVICES OVER THREE YEARS



Home & Community Care



HCC Case Management: Distribution of Essential Services 2017-2018



2017-2018 Highlights

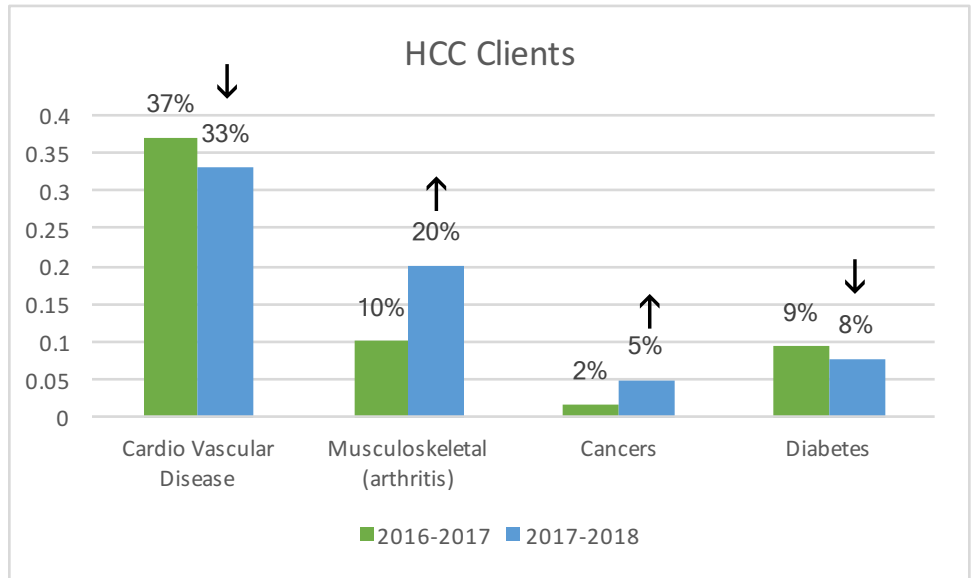
1. HCC Case Management Services 6% increase from last fiscal period (2145.00 hrs/yr vs 2017.75 hrs/yr).

2. Nursing Services remain the same (2001 hrs/yr) with an increase in the length of stay related to aging clientele with multiple comorbidities, complex wounds, and increased need for clinical assessments, planning, interventions and evaluations

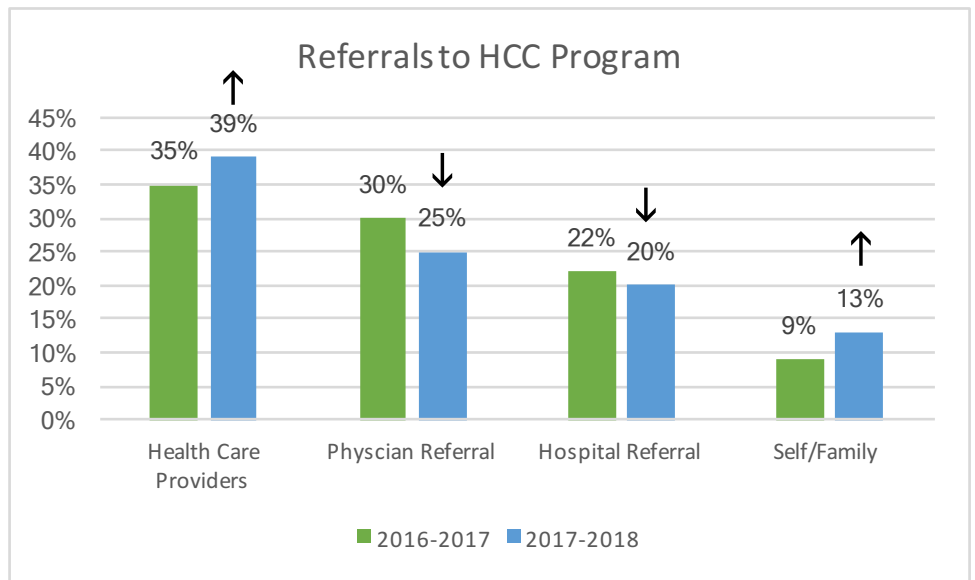
3. Total number of hrs. by HCC (Assisted Living Services and Nursing) 11,364 hrs/yr. This is a new stat so it will be interesting to see how it evolves over the next few years.

4. Total number of home visits 5,323/yr.

5. The vast majority of client type is long-term supportive or maintenance: 98%, unchanged from 2016-2017. This includes maximum capacity building and advocacy.



The decreases in cardiovascular diseases and diabetes may be attributed in part to improved awareness, access to multiple screening initiatives, health promotion / prevention activities such as improved diet and more active lifestyles, as well as, treatments. Cancers and musculoskeletal issues such as trauma or arthritis are either reported more frequently or harder to prevent with health promotion and illness prevention strategies.



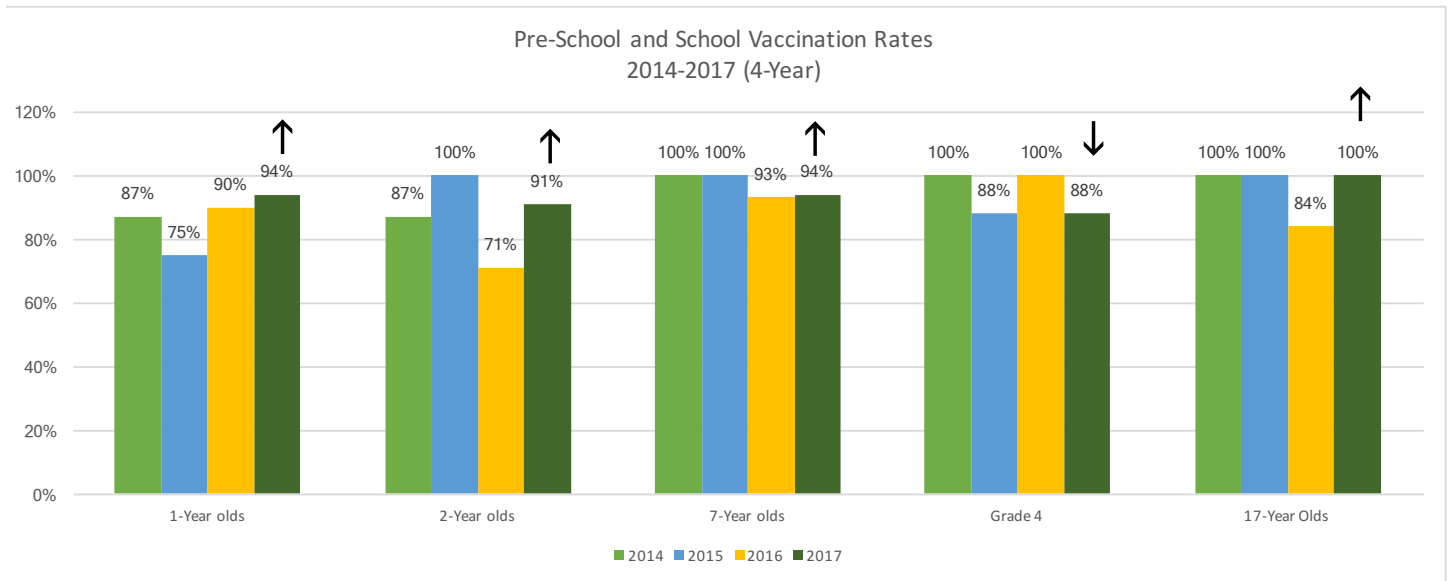
Increased community awareness and confidence in HCC services may account for increases in self/family referrals as well as referrals by other Health Care Providers besides physicians.

*Chart Data rounded to nearest percentage point.

Communicable Disease Control (CDC)

Immunizations

In 2017/18 the immunization coverage in Kanestake was between 88% and 100%. Our rates continue to be higher than the national average reported to be between 72% and 91% depending on the vaccine. Our lowest coverage (88%) was for Grade 4 students related to parental hesitancy for the HPV vaccine newly offered to boys. The incomplete coverage for other vaccines was related to the informed choice of a small number of parents not to vaccinate their children due to anti-vaccine perspectives and world view. Our overall coverage for 2017/18 was 93%, compared to 88% in 2016/17. While this significantly exceeds the national average, it falls below Canada's goal of 97% coverage. (<http://www.canada.ca/en/public-health/services/publications/healthy-living/vaccine-coverage-canadian-children-highlights-2013-childhood-national-immunization-coverage-survey.html>). The CHN and pediatrician continue to provide consistent messages of the safety and efficacy of vaccines.



The MCH nurse has been focusing on the implementation of evidenced-based clinical practice guidelines to reduce the pain of childhood vaccination. Each parent is informed of pain reduction strategies and given a handout on how to plan ahead to reduce pain during vaccination, including options of what they can give, e.g. topical anaesthetic or sugar water; what they can do, e.g. breastfeed and position baby securely and; how they can act, e.g. stay calm and positive, and distract the baby. A big hit with the babies (and their older siblings who accompany and often help with distraction), has been the addition of a bubble machine that makes a distracting noise and blows a room full of fragrant strawberry bubbles. Play acting giving injections to a plush toy, Mr Potato Head, has continued to be a source of preparation, laughter, and anxiety reduction for the 4-6 year olds. These positive experiences during vaccine injections maintain and promote ongoing trust in the health care provider both for the parent and the child. Minimizing pain can help to prevent distress, the development of needle fears and subsequent non-adherence with vaccination schedules.

Sexually transmitted and blood borne illnesses (STBBIs)

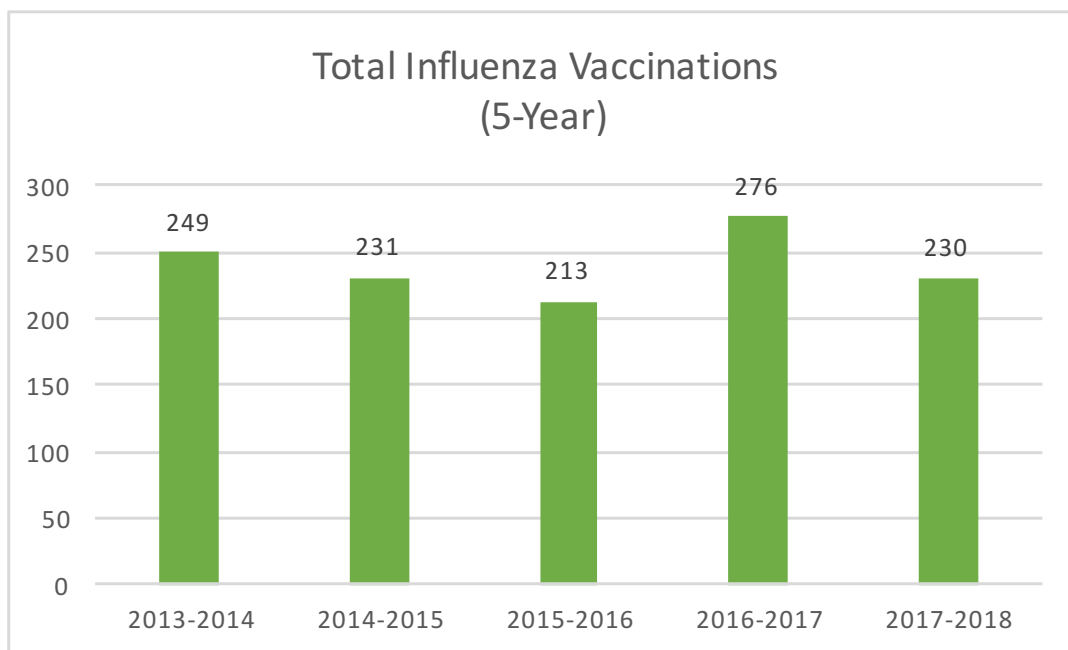
Quick and confidential STBBI testing is available at the Kanestake Health Center Inc. Clients can usually be seen within 24 hours of making their appointment and have their results usually within a week. Testing is the only sure way to know if you have infection as STBBIs do not always cause symptoms right away. Testing is also a good time to get up to date with vaccinations. Appointments can be made by calling Matthew Barr RN. **This past fiscal year this service was used 37 times.**

Tuberculosis

There have been no suspected cases of TB in Kanesatake for many years. TB testing is no longer routinely required. If TB screening is indicated for clients at risk or students or workers in health or treatment settings where there is risk of exposure, they are referred to the local CLSC for the TB skin test. The Health Center can do the reading/interpretation of the results. Recently the CLSC has in some cases declined TB testing to clients as they did not meet the eligibility requirements according to the Protocol d'immunisation de Québec Infection Prevention and Control



Infection Prevention and Control



In recent years, Kanesatake has had a cluster of parents with infants experiencing 'vaccine hesitancy' (delay in acceptance or refusal of vaccines). The issues include concern about the potential side effects from vaccines; distrust in the pharmaceutical industry or the motivations of policy makers; increasing anti-vaccination content online and on social and traditional media; and a differing world-view. Addressing these issues is complex and personal (it is not just about more information). This has resulted in increased time spent in discussing vaccination issues with concerned families.

A comprehensive Infection Prevention and Control Policy, with accompanying procedures, prepared according to Accreditation Canada standards, have been successfully implemented. Fundamental measures to prevent infection and to control the spread of illness require the cooperation of all community members and all Kanesatake Health Center Inc. employees. These include basic principles of hand hygiene and respiratory etiquette as well as annual influenza immunization for all service providers and high risk community members. To raise awareness of hand hygiene opportunities and to provide quality control & risk management, a hand hygiene audit is also done quarterly. An annual hand hygiene in-service is offered to all employees during

the summer months and at peak flu season. The MCH nurse and School nurse have done infection prevention and hygiene promotional activities in the Daycare and Elementary school. Nurses now prescribe lice treatment to individuals and families, saving a trip to the doctor, and thereby reducing the time between detection and treatment.

Aboriginal Diabetes Initiative (ADI)

The goal of the ADI is to reduce the incidence and prevalence of diabetes. To accomplish these goals, culturally-adapted activities are offered that promote healthy lifestyle choices, including increased activity and better food choices. Additional services are provided by:

- Nutritionist
- Community Health Nurses
- Diabetes Support worker
- Foot care nurse specialist
- Diabetic retinopathy screening
- Elders Support Worker

Aboriginal Diabetes Initiative Activities Participation 2017-2018

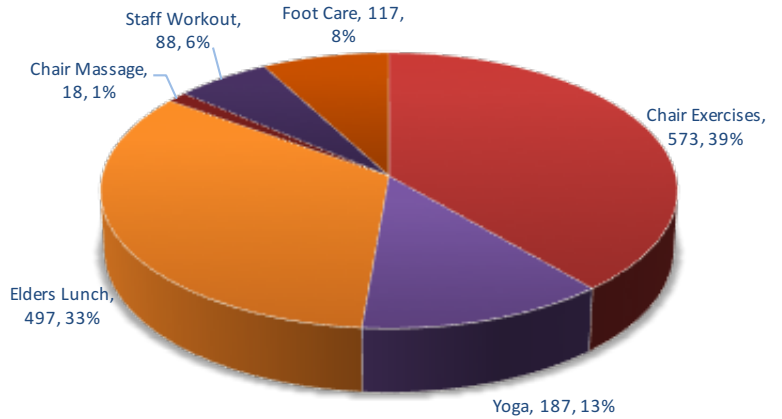


Photo: Tanya Denis



Photo: Tanya Denis



Physical Initiative	Provided	Number of Participants	Duration
Tubing March Break	Family Activity	105	One time
Dynamix March Break	Physical Activities for ages 7-12	40	Three Days (40 x 3 days)
Disney On Ice March Break	Family Activity	151	One time
Paw Patrol (Learn & Play)	Family Activity	43	One time
Ice Rink	Preparation and Maintenance		4 days



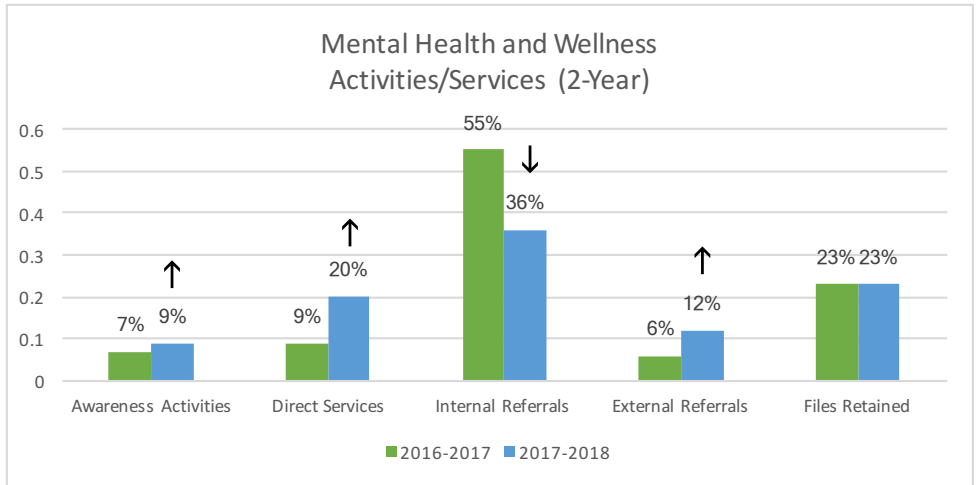
Mental Health and Wellness

Mental Health was identified in the community needs assessment as the priority in the Kanesatake Health Center Inc. five-year health plan (2015-2020) and is implemented by the Health Center's inter-collaborative mental health team including Child & Family Services, Home & Community Care, Primary Care Services and external collaborators providing promotion, prevention and direct services.

The Kanesatake Health Center Inc. Mental Health Program provides a wide range of specialized culturally adapted and family centered approach programs and services tailored to the needs of community members

Anger management support services were identified as a need in the community and were therefore made available as part of the mental health initiative. The one-on-one sessions are available two evenings a week. Unlike an anger management course, client needs are identified on a case by case basis and the service is catered to meet those needs. The service provides individuals and, where appropriate, couples and families, with the opportunity to process their feeling and discover methods for improved response to anger triggers. The schedule for meetings is discussed following the referral to best meet the needs of the client.

With the legalization of cannabis scheduled for October 2018, KHC Inc. will be taking part in regional meetings with the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) to discuss the matter and assist in formulating public information sessions on the subject, as well as enhanced prevention and harm reduction programs.



Food Security	Provided	Number of Participants	Duration
Summer Day Camp	Healthy meals & snacks	35	Daily for six weeks
Good Food Box	Healthy meals & recipes, food Boxes & Healthy Snacks	31	Once a week for six weeks
March Break	Provided healthy meal for tubing trip	105	One time
March Break	Provided healthy meals and snacks for Dynamix participants	40	Three Days (40 x 3 days)
March Break Paw Patrol (Learn & Play)	Provided healthy meal and snacks	43	One time

Assisted Living Program

Institutional Care

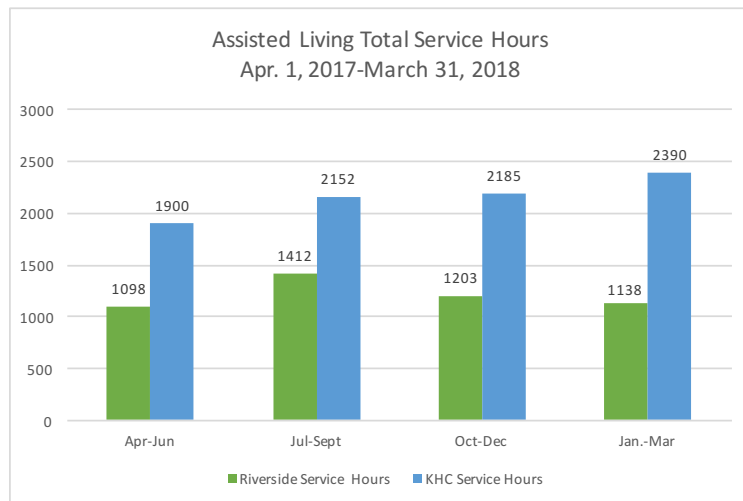
Under INAC, the "Assisted Living Program" provides supervision and care in a family-like setting for people who are unable to live on their own due to physical or psychological limitations, but do not need constant medical care.

The transfer of Riverside Elders Home on December 22, 2016 to the Kanesatake Health Center Inc. provides a continuum of quality safe care to our Elders and the disabled. Since the transfer the following initiatives have been completed:

- Re-certification of Riverside Elders Home from the Province;
- KHC Administrative Policies such as Code of Ethics, Code of Conduct, and Oath of Confidentiality are adhered to by all staff members;
- Policies/Procedures on Medication Management, Falls Prevention, and Infection Prevention have been implemented;
- An integrated care plan was completed for each resident to ensure continuity of care between nursing staff and other professionals treating the resident;
- Licensed Practical Nurses (LPN/RNA) have been evaluated;
- Personal Care Aids received a refresher course, and upon completion they were evaluated to ensure compliance with their roles and responsibilities;
- Incident/Accident Reporting requirements implemented.

In-Home Support

On October 1, 2016, the In-Home Support program was transferred from Centre de Jeunesse de Laurentides to the Kanesatake Health Center Inc. The In-Home Support program is funded by Indian and Northern Affairs of Canada (INAC) for First Nations to provide social support services to clients who require some type of assistance with their in-home daily activities.



2017-2018: Total Number of Assisted Living Clients = 37



FLS Child and Family Services



Overview

The Kanestate Health Center Inc. Child & Family Support Services works as part of an inter-collaborative team with the Kanestate Health Center Inc. Mental Health and Nursing Services to offer a range of prevention programming and services that focus on three areas of activities:

Promotion Prevention Intervention

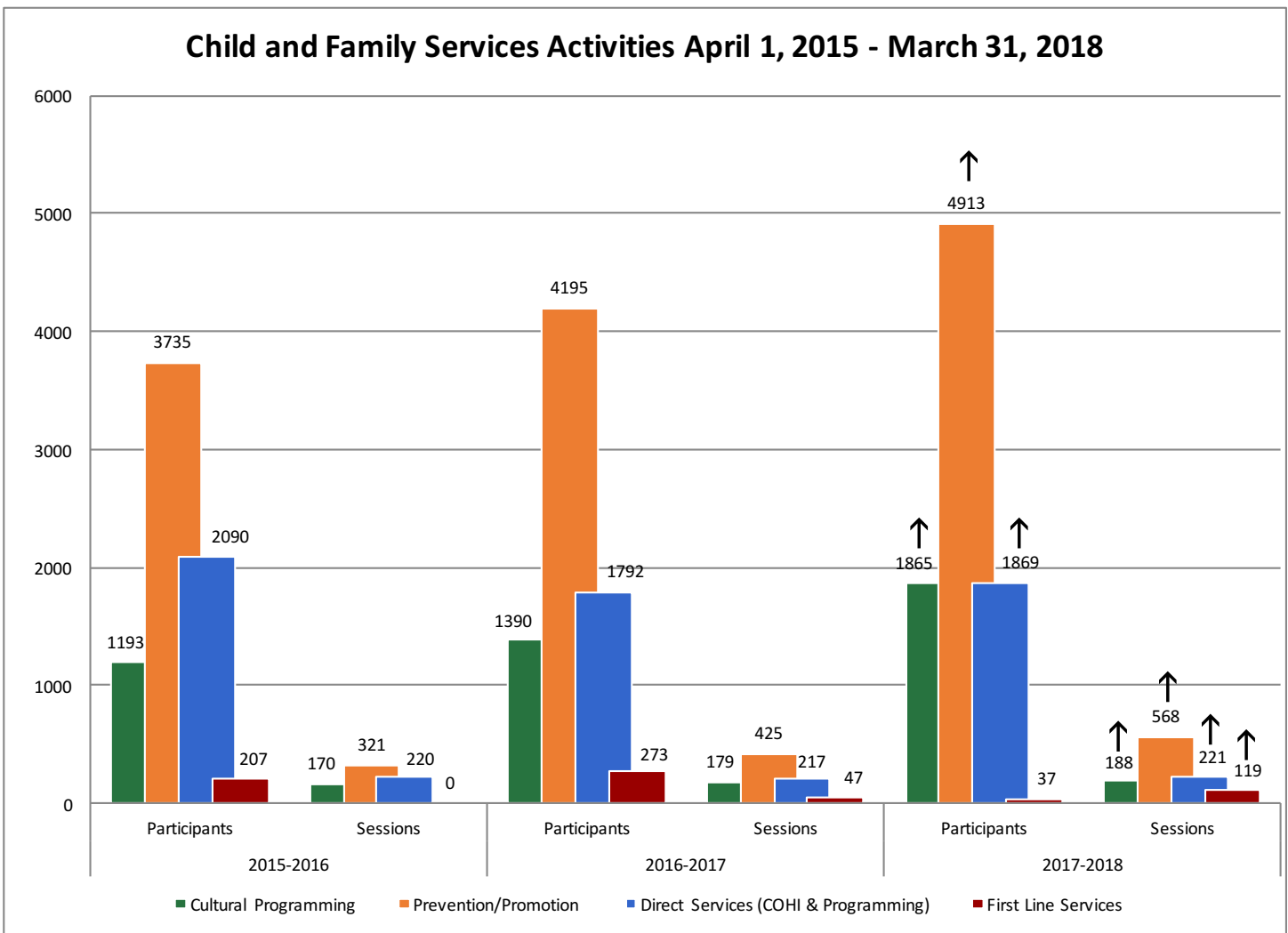
These areas of activities aim to support children, youth and their families with innovative support programs and services that are culturally appropriate, inclusive and non-judgmental. We strive to be consistent with the community values of love, respect and honesty so we can ensure that community members receive family services that are:

- Equitably accessible to children, youth and their families
- Guided by best practices
- Fact based and respect the assessed needs of the community
- Transparent and respect individual and family confidentiality with the highest priority

The department will continue to link with other community service providers, including external services, for the purpose of providing the necessary resources. This will inspire youth and families in their personal growth towards self-empowerment, stability and continuity for the next 7 generations.

The Child & Family Support Services consists of the following Programs

Healthy Child Development	First Line Services
Programs & Services Offered	
Learn & Play	Family Support Services
Parents & Tots	Youth Criminal Justice Support
Kid Zone	Paddling Club
Prenatal	Community Events
Maternal Child Health	Cultural Programming
Breastfeeding Support	Kanesatake Youth Of Today Program (KYOT)
Children's Oral Health Initiative	Child & Youth Sporting Activities
Parenting Program	Youth Support
Head Start	
Injury Prevention	



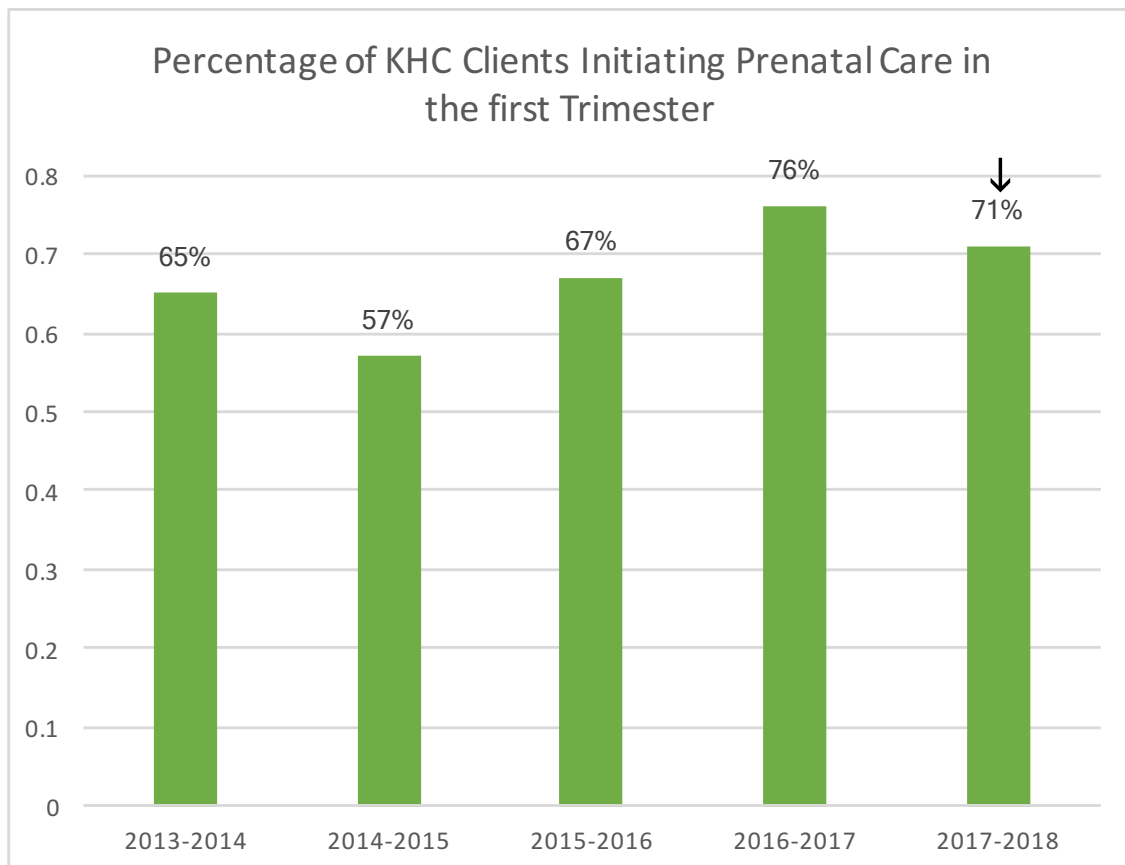
Maternal Child Health



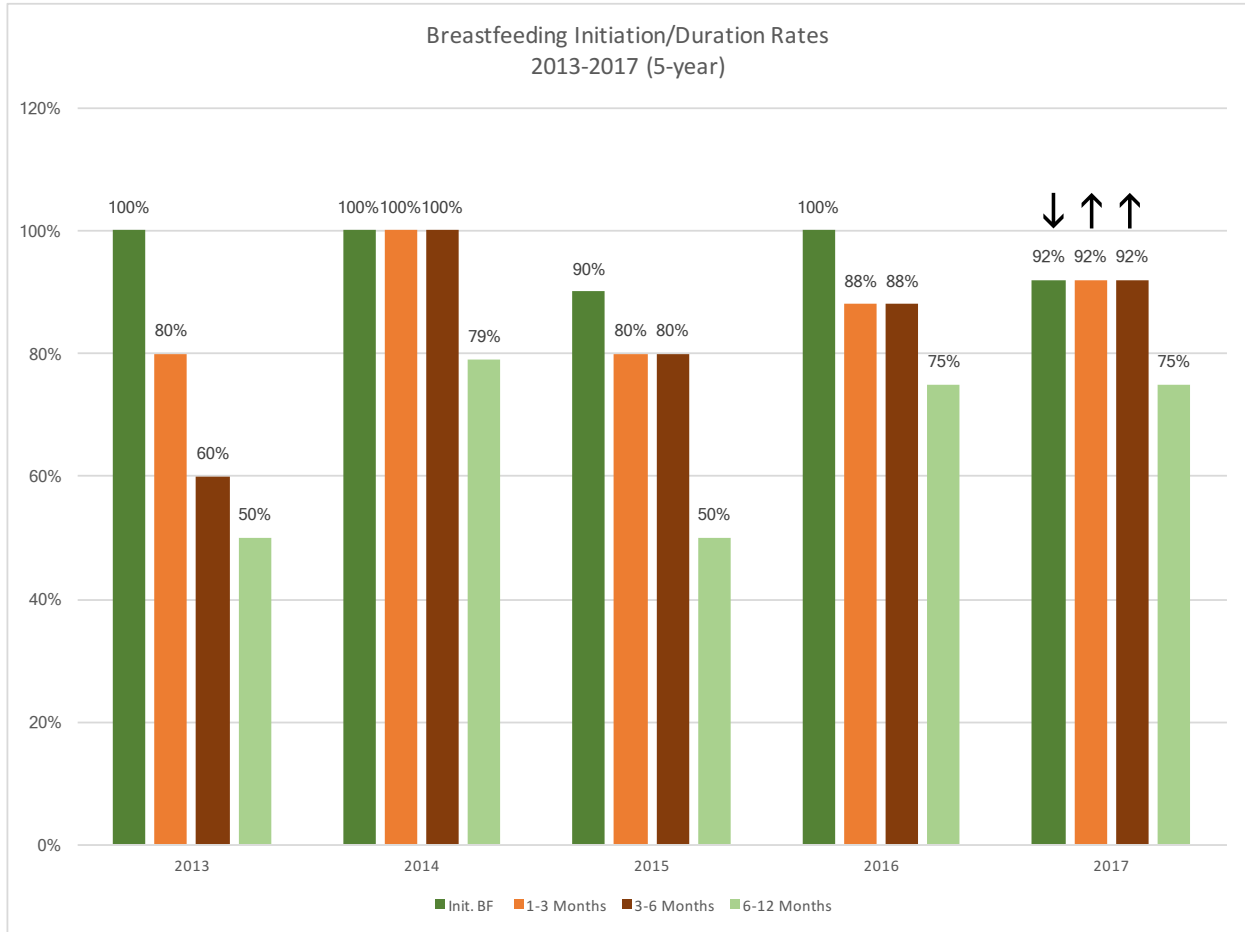
All newborns received a first home visit from the Maternal Child Health nurse of the Kanesatake Health Center Inc. within 24 - 48 hours of discharge from the hospital for assessment, including weight gain, monitoring of normal newborn jaundice and infant feeding support. In the last five years, all eligible mothers have chosen to receive newborn services from the nurse at the health center.

In 2017/18 the MCH nurse incorporated a greater emphasis on mental health and wellness into prenatal and postpartum follow-up. New parents receive timely anticipatory guidance on the introduction of solids at 6 months. They are given a hands-on experience of label reading and encouraged in making their own food for their baby. Breastfeeding assessment and support are provided at each postpartum contact and well baby visit. Mothers are also connecting to the breastfeeding support network available to them in the community.

Only 4 of 24 mothers in 2017/18 were first time mothers. It was not surprising therefore that there was a slight decrease in the numbers of mothers seeking services from the CHN in their first trimester - from 76% in 2016/17 to 71% this fiscal year. Nearly 60% (up from last year at just over 50%) received their prenatal medical care from Dr DeBroux at the Health Center in collaboration with the CHN resulting in more coordinated and comprehensive prenatal care. Group refresher classes and individual prenatal classes were offered this year.



Baby Friendly Initiative



2017/18 saw the completion and publication of Laying the Foundation for a Healthy Community - An Intergenerational Breastfeeding Support Guide and Tool Kit. A 2 1/2 day Train the Trainer was given by the Kanesatake BFI team to 50 workers (including nurses, dieticians, family support workers) representing 20 First Nations communities from Quebec and Labrador. The Health Canada representatives that attended gave high praise for the Guide and Kits that they helped to fund and offered to support us in its dissemination to other First Nations communities in Canada.

This year due to the high percentage of numbers of mothers who had previously attended Intergenerational Breastfeeding Support Gatherings, an Intergenerational Siblings Class was developed and offered for the first time. In addition to preparing older siblings for the changes a new baby brings, an emphasis continued to be on the importance of the support of the extended family and friends in the transition after birth.

Our breastfeeding initiation rates continue to be outstanding and mothers feel supported in their decision to initiate and continue breastfeeding. The average duration for mothers breastfeeding 12 to 18 months in 2014-16 was 51% compared to 36% in 2011-13! Kanesatake continues to strengthen its breastfeeding culture. This is encouraging as KHC approaches its 5-year re-assessment in Fall 2018 for the WHO Baby Friendly Initiative re-accreditation.

KHC participated in the annual WABA World Breastfeeding week with interoffice activities to promote and educate staff regarding breastfeeding. Three informative breastfeeding articles were written in Karihiwios, the KHC community publication.

In 2016
50-percent of
mother's followed by
MCH were still breastfeeding
their infants aged 12-18
months.



Special Projects

E-HEALTH:

The e-Health project aims to support the use of health technologies through innovative partnerships, communication technologies, tools and services that collect data on the services provided to clients and that generates statistics supporting health services delivery to the community. The activities that were completed this fiscal year were:

- Training of staff members on the communications technologies, their use and management;
- Continued to sustain the IT equipment;
- Purchase of Hardware such as desktops, laptop and peripherals.
- Increased the capacity of healthcare providers with new technology and tools to better support the delivery of health services to the community (I-CLSC Data Entering training)

Tobacco Initiative

- Survey conducted on the Number of Adult smokers, Men smokers, women smokers, teen smokers.

Survey response rate 70% completed the survey

Survey results show a baseline prevalence level of daily smokers is 26%

- Awareness activities to decrease in the Percentage of Daily Smokers:

Caregivers of infants/young children (less than 3 years of age) total = 3

Program participants in community-based smoking cessation programs total = 2

School-aged children and youth total = 75

Health care workers in specific settings (e.g. community health centres) Total = 5

Adults in the general population total =5

- Presentation at community schools and programs

Encouraging smoke-free vehicles if children/youth are present

Teaching community residents about the traditional use of tobacco

Distributing 'no smoking' signs and/or posters

Educating elementary school students about the negative effects of smoking

Educating junior high school students about the negative effects of smoking

Educating high school students about the negative effects of smoking

Educating parents/caregivers about the negative effects of smoking

- Health Promotion (related to prevention and education):

The children youth and community have been educated through various ongoing promotion activities to educate and raise awareness on the traditional use of tobacco. Some traditional activities included planting and harvesting tobacco in a traditional manner. The youth have been thoroughly involved with the planting and harvesting traditional tobacco; they understand the traditional uses and can explain the many traditional uses related to Kanien'kehaka traditions.

- Working to expand outdoor smoke-free zones (ex. increase distances from entrances)

The Kanesatake Health Center Inc. has partnered with Terra Cycle a recycling company. Through the program with Terra Cycle we launched a cigarette butt recycling program within Kanesatake. The Kanesatake Health Center purchased 7 cigarette butt recycling receptacles that were set up at key establishments within the community, such as Band Council, Human Resources, The Healing Lodge, The Health Center, and 2 community halls. The program pays out \$1per pound for each pound over 3 pounds. The monies raised through the program will be reinvested into the tobacco cessation program to insure that the program is always ongoing to serve the community. We also seen a decrease in the amount of smokers as the public is exposed to the truth about what cigarette butts are recycled into. The program extracts the plastic by products from the cigarette butts and uses it to build plastic benches and other plastic materials. Some chemicals in the cigarette butts are used in the making of jet fuel. We also have yearly planting and harvesting of traditional tobacco in which the youth of the youth center tend to.

Avenir d'Enfants

The Avenir project focuses on the global development of children ages five years and under living in poverty in order to promote success as they start school and over the course of their education by intervening as early as possible in the life of the child, from a physical, psychological, cognitive, linguistic, social and emotional perspective, while recognizing the important role played by the parents. The project also focuses on parental support, which provides parents, as of pregnancy, with the tools that are likely to contribute to this development.

The goal of the project is to evoke lasting changes in practices, the project supports the development of preventive initiatives focused on early childhood and families that are designed by and for First Nations, and with a concern for sustainability. We have engaged collectively in a strategic planning process and determined the success of this project through five areas which will enable us to target longer-term effects and program sustainability.

1. Preserving Language/Capacity building in personnel
2. Cultural Programming integration/Community programming based on cultural calendar. Ceremonial/traditional foods.
3. Father/male role model involvement.
4. Parental capacity building within programming/Integrate training through our Parents n tots Program that builds on parental capacity.
5. Increase Community Involvement

The Avenir d'Enfants project has been extended to 2020, because of this extension we were offered the opportunity to review the objectives within it. This resulted in the decision to integrate the 5 objectives above into one main objective; titled, "Traditional Learning Through Living".

This year we hosted 4 major activities in relation to our ceremonial calendar. Strawberry, Harvest, Mid-Winter and Maple festivals and cultural teachings were held. We also partnered with the Kanesatake Cultural Center to register two staff to participate in their weekly Kanien'keha classes to build their capacity in the language and intern pass this knowledge to the children and youth attending programming.

AVENIR STATS:

of Activities held Sessions = 57

of Participants = 1,080



National Aboriginal Youth Suicide Prevention Strategy

The objective of the NAYSPS project is to increase awareness of effective prevention strategies in the school system and strengthen the health and social system response to suicidal behaviours.

The outcomes that our project is seeking to achieve is to provide continuous and concerted successful interventions with youth in an enhanced in-school outreach program, which will be a life span approach, collaborative and concerted traditional and cultural components in the prevention strategies. Such efforts are to increase help-seeking and reduce stigma related to mental health care. Therefore, immediate and intermediate outcomes, such as knowledge and attitudinal changes, become useful tools for evaluating the effectiveness of youth suicide prevention programs.

The objective of the NAYSP project is to address risk factors and increase prevention strategies. Therefore, our project will focus on enhancing intrinsic and extrinsic protective factors at play in and around these at-risk youth. We will implement an interdisciplinary team (composed of health and psychosocial personnel) in a unified Case Management approach to identify, support and re-connect our youth with their Mohawk traditions and cultural identity. To do this, we will collaborate closely with our local high school and key community partners /agencies (i.e. Crime prevention, addictions treatment, youth protection etc.) to develop a school outreach program beginning in the elementary school and extending into the secondary school (i.e. a life span approach). This program will have a strong and collaborative traditional and cultural focus; a critical protective factor as an overriding theme;

More specifically, we will Build on prevention strategies and protective factors (see examples below) by focusing on;

- Systematic identification of at-risk youth
- Integrated Case Management designed to reduce risk factors and enhance protective factors.
- Helping to ensure that school environments are is safe and accepting, especially for vulnerable students.
- Cultural re-connection strategies (for individuals and groups) to enhance sense of belonging, increase connectedness and cultural identity.
- Community sensitization and educational activities;

We have developed a prevention team consisting of support workers, as well as, a community health Nurse, who have been providing one on one and group support and intervention sessions to youth aged 8 to 18, within the local schools, community programs, and activities.

NAYSPS STATS:

of Activities held Sessions = 57

of Participants = 1,080

Childrens Oral Health Initiative

Main Objectives	To re-establish the COHI program in the elementary school, daycare, parent/play groups and health center clients	To provide dental screenings, referrals, fluoride and sealants to children enrolled in the program	To promote healthy oral health practices to parents, caregivers of young children, organized groups and the community at large
Long Term Goals	To reduce dental disease in babies and children	To reduce the number of children who require dental treatment under general anesthesia	Prevent dental disease through education and health promotion

COHI STATS:

of sessions: 9

of Participants: 77

Jordan's Principle

Jordan's Principle is a **child first principle** that is used in Canada to resolve jurisdictional disputes within, and between governments, regarding payment for government services provided to First Nation's children. This includes services in education, health, childcare, recreation, and culture and language. Under this principle, where a jurisdictional dispute arises between two government parties (provincial/territorial or federal) or between two departments or ministries of the same government, regarding payment for services for a Status Indian child which are otherwise available to other Canadian children, the government or ministry/department of first contact must pay for the services without delay or disruption. The paying government party can then refer the matter to jurisdictional dispute mechanisms.

JORDAN'S PRINCIPLE STATS

- # Participants = 2
- # Sessions = 18



Three Main Areas of Activity in Service Coordination

1) Outreach:

- to enhance awareness in the First Nations Communities of existing programs, and
- to help proactively assist in identifying children with unmet needs to facilitate early intervention and timely access to services and supports;

2) Intake, Assessments and Coordination:

- to help families navigate the system;
- to facilitate access to appropriate health and social professionals for needs assessment, or provide professional assessment services where there are gaps, and;
- coordinate access to services in a timely manner.

3) Case Management:

- to support a collaborative, client-driven process to ensure children receive quality and culturally appropriate health and social services and supports a continuum of care.



Photo: Crystal Diabo



Injury Prevention

Our Injury Prevention Program collaborated with other community services promoting injury prevention knowledge and skills. Activities included:

Activity	Number of Participants
Vet clinic	78 pets
CPR/CPR First Aid (2 English/1 French)	3 sessions
Canoe Kids	6

Almost all unintentional injuries can be prevented; these program activities encourage children, youth, and families to learn ways to participate safely in traditional and contemporary outdoor activities while respecting individual and family's physical, mental, emotional and spiritual needs.





Accreditation

OVERVIEW OF ACCREDITATION WORK IN DEVELOPMENT

(Qmentum A four Year Cycle of Quality Improvement)

1. Ongoing annual review of Key Policies & Procedures
2. A healthy / safe work environment was identified as a strategic priority for the 2017-2018 work plan
3. Accreditation of Primary Care, Home and Community Care, and Riverside Elders Home
4. Review all key Job descriptions for Riverside Elders Home
5. Implement Kanesatake Health Center Inc. policies/procedures at Riverside Elders
6. Develop In-Home Support Policies and Procedures
7. Risk Management/ Quality Improvement Plan (Annually)
8. Required Organizational Practices (ROPs) Minor Tests for Compliance Requiring Follow-up: Governance (12.1.1), (12.1.5) and Leadership for Aboriginal Health Services (14.6.2), (14.6.6)

OVERVIEW OF ACCREDITATION WORK COMPLETED IN 2016-2017

1. Received our "Accreditation Qmentum Award Certificate"
2. Review of all key job descriptions
3. Ongoing key Policy & Procedure Review
 - Infection Prevention and Control Policy (and related procedures)
 - Suicide Assessment and initial management (to include standardized screening too)
 - Crisis Management
 - Case Management
 - 19 various administration policies
4. Ongoing tool development
5. Standardized communication and referral forms
6. Integrated Care Plan
7. Required Organizational Practices (ROPs) Minor test for compliance in Governance
8. Required Organizational Practices (ROPs) Minor test for compliance in Leadership for Aboriginal Health Services.
- 9.. October 2016 the Kanesatake Health Center Inc. became Accredited by Accreditation Canada

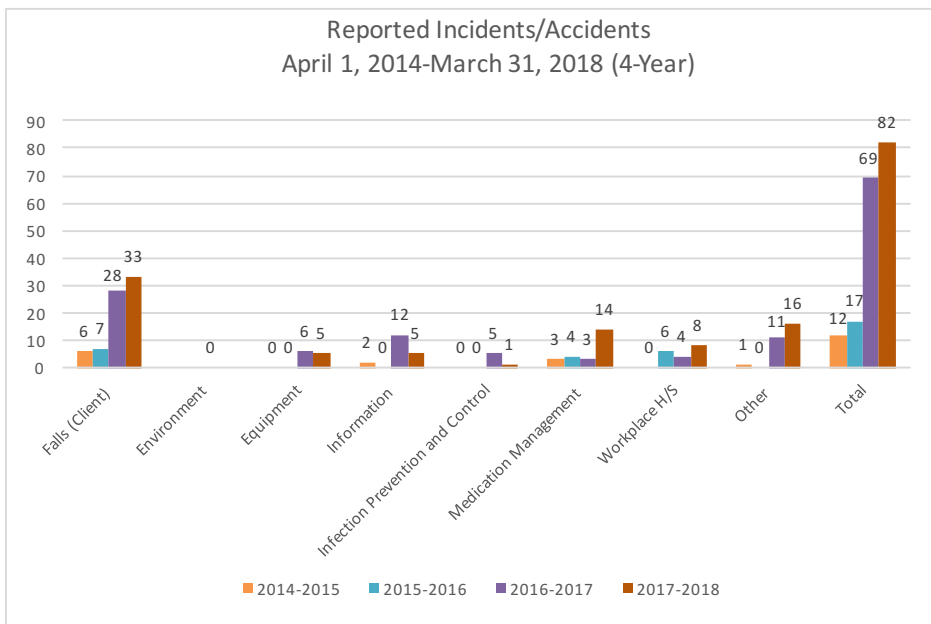
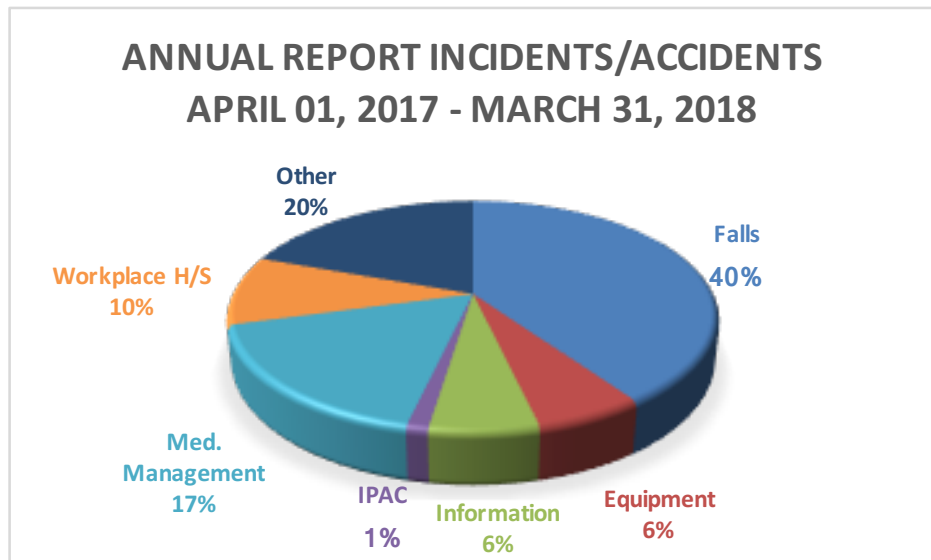
Integrated Quality, Safety, and Risk Management

Percentage of total incidents/accidents								
	2014-2015		2015-2016		2016-2017		2017-2018	
Falls (Client)	6	50%	7	41%	28	41%	33	40%
Environment	0		0		0		0	
Equipment	0		0		6	9%	5	6%
Information	2	17%	0		12	17%	5	6%
Infection Prevention and Control	0		0		5	7%	1	1%
Medication Management	3	25%	4	24%	3	4%	14	17%
Workplace H/S	0	0	6	35%	4	6%	8	10%
Other	1	8%	0		11	16%	16	20%
Total	12	100%	17	100%	69	100%	82	100%

The Kanesatake Health Center Inc. has a system of comprehensive measures to evaluate and improve our services. We track the number of various types of incidents and accidents (see charts below for recent results) and audit client files to ensure that high quality, safe practices are being used.

The regulation of these services requires a review by a committee. To increase efficiency and effectiveness, the Kanesatake Health Center Inc. has integrated the review of Risk Management, Quality Improvement and Health and Safety under one committee.

The Integrated Quality Safety & Risk Management Committee has a responsibility to identify, evaluate and recommend the necessary corrective actions to the Executive Director, who then presents a Risk Management Plan and a Quality Improvement Plan to the Board of Directors, this is done annually.

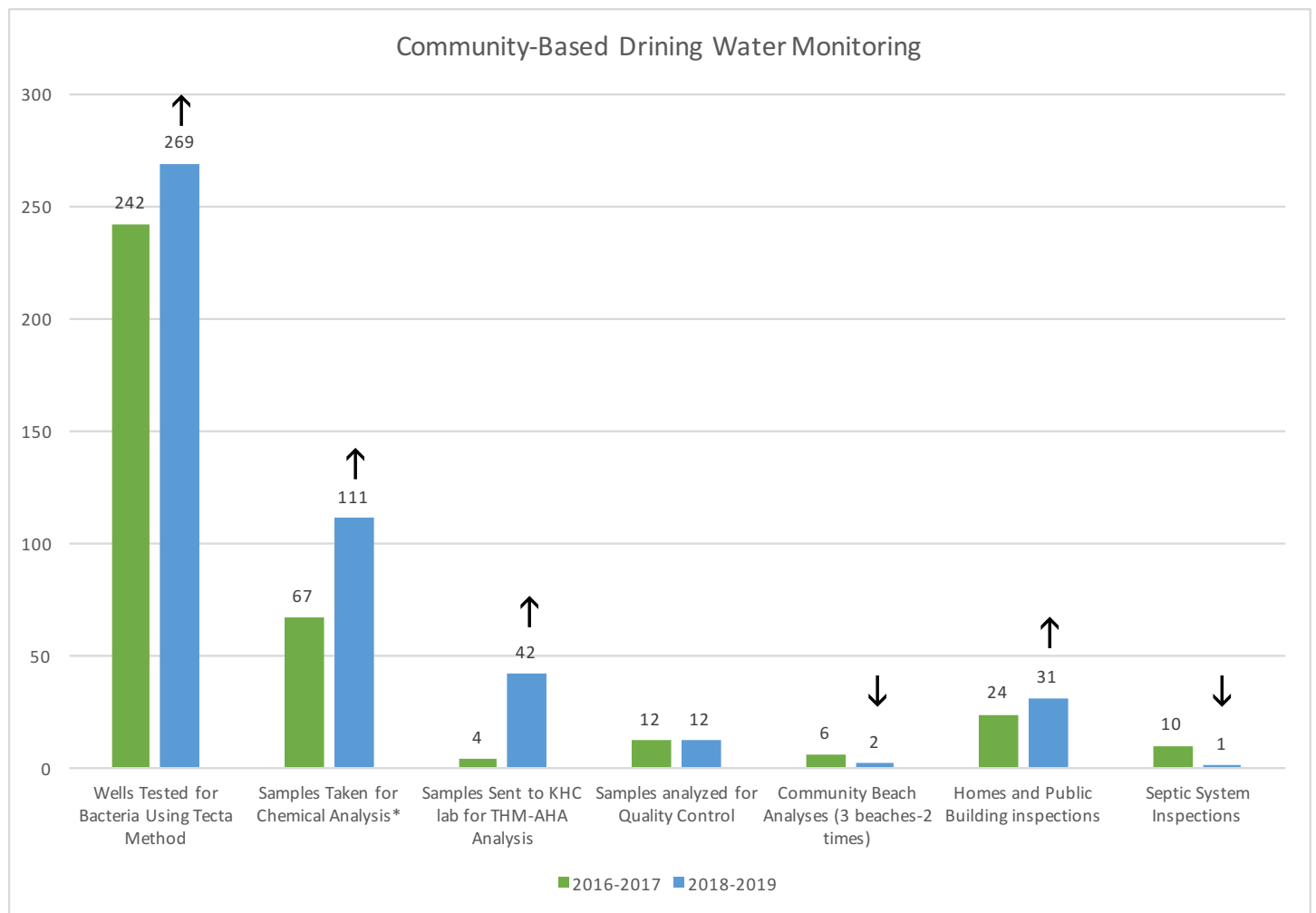


Environmental

Environmental Health Program:

The Environmental Health Program is a community-based program that aims to raise awareness of environmental health hazards such as water, food and vector borne illnesses including health problems associated with indoor air quality, mold in housing and pest control. The program identifies and defines health risks, monitors environmental conditions and risks and supports activities in the following areas:

- Drinking water and sewage;
- Food safety;
- Facilities health inspections;
- Housing;
- Transportation of Dangerous Goods;
- West Nile Virus.



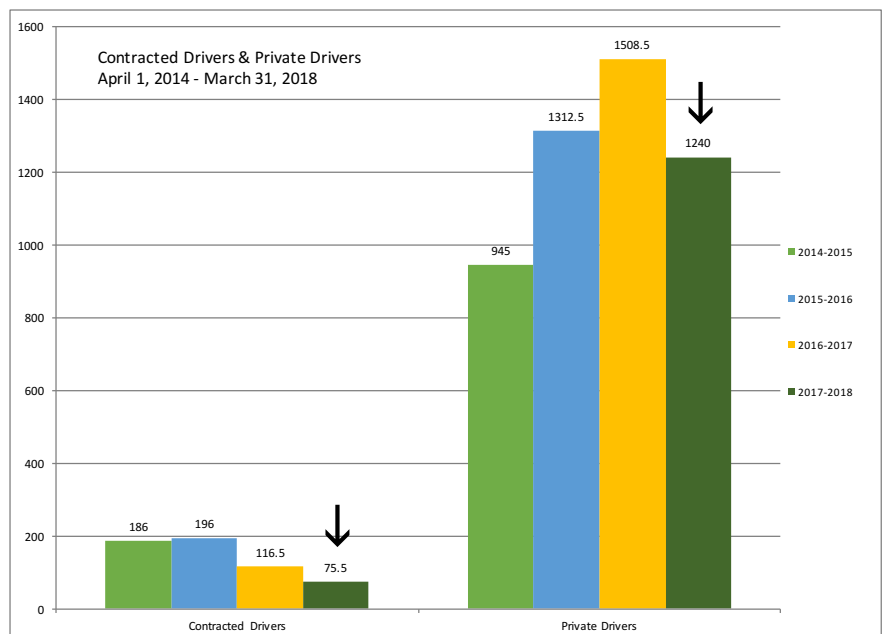
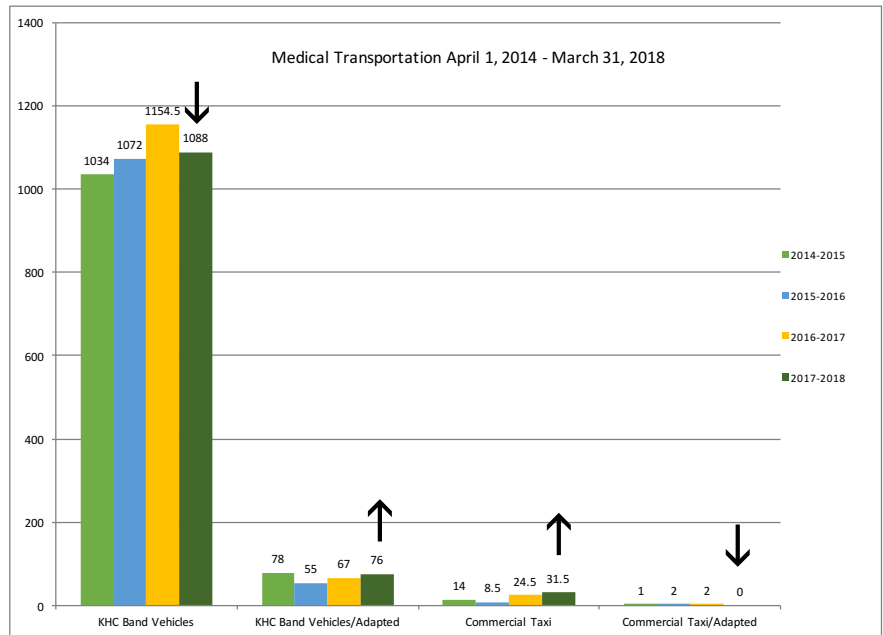
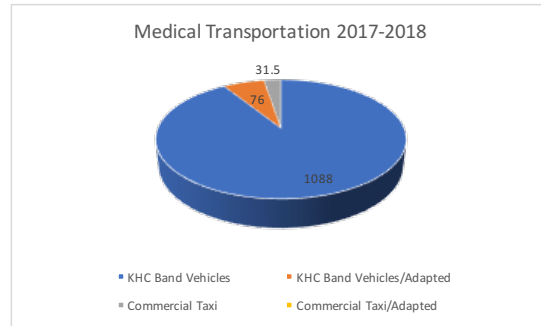
Non-Insured Health Benefits (NIHB) Program

Medical Transportation

The Kanesatake Health Center Inc. Medical Transportation Program provides transportation for eligible registered First Nations and recognized Inuit (clients) to access medically required health services not provided in the community of residence. Medical transportation benefits may be provided to access the following types of medically necessary health services:

- Medical services defined as insured services by provincial/territorial health plans RAMQ – Medicare Card (e.g. Appointments with physician, hospital care);
- Diagnostic tests and medical treatments ordered by a physician or other health professional within his or her scope of practice and which are covered by RAMQ – Medicare Card;
- Publically-funded alcohol, solvent, drug abuse and detox treatment;
- Non-Insured Health Benefits (Vision Care, Dental care/Orthodontics, Mental Health, Medical Supplies and Equipment).

The Medical Transportation coordinator is responsible for verifying service eligibility before authorizing the travel and the Medical transportation benefits. For example: services in a private clinic, chiropractic, laser surgeries, podiatrists, acupuncturists and any appointment for which doctor services are not covered by the provincial/ territorial health plans RAMQ (paying the doctor for service).



Staff & Community Training

April 2017

Transportation of Dangerous Goods (On line)

May 2017

Retinopathy Training (Commission)

Elders Autonomy

CPR

June 2017

OEMC (CESS)

CPR Training

CPR level C

Canoe Kids

July 2017

Mental Health/Mental Illness Presentation (Ami-Quebec)

First Nations Risk Management and Emergency Planning
and Emergency Social Services

August 2017

September 2017

ICLSC Training (Commission)

Emotional Freedom Technique (Onentokon Healing Lodge)

Nuero Linguistic Programming (Onentokon Healing Lodge)

Trauma Sensitive Care (Onentokon Healing Lodge)

October 2017

Suicide Prevention Training

November 2017

NCF Canada

Smoking Cessation (OIIQ)

CTRI – Critical Incident Group Debriefing

Dealing With Difficult People (Acheive Training Center)

Safe-Talk (Living Works)

February 2018

OCARE Training Certificate of Qualification

Personal Empowerment for Diabetes Prevention & Healthy
Lifestyles (facilitated & sponsored by KSDPP)

Harm Reduction (Feb. 28/March 1)

Working Together to Prevent Elder Abuse (4 Korners)

March 2018

Forum on Sexual Assault (Quebec Native Women)

Community Events and Activities

Chair Exercises (twice a week)

Cultural Night (weekly)

Elder's Luncheon (weekly)

Yoga (weekly Sept.-June)

Paddling Club (Seasonal)

Vet Clinic (July 2018)

Influenza Vaccination Clinic (November 2017)

Holiday Toy and Grocery Bingo (December 2017)

Winter Carnival (January/February 2018)

Family Day/Kahwatsí:re Enhontenikonhró:ri (June 2017)

Paw Patrol Event (March 2018)

Easter Hunt (March 2018)



Successes, Lessons Learned & Ongoing Initiatives

Successes:

- Completion and publication of Laying the Foundation for a Healthy Community - An Intergenerational Breastfeeding Support Guide and Tool Kit.
- 2 1/2 day “Train the Trainer” work shop presented by the BFI team to 50 workers representing 20 First Nations communities from Quebec and Labrador.
- Inter-collaborative meetings with KHC, School and West Island Therapy Center for development of strategies for early identification and intervention for children at risk.
- Promotion in the community of health careers through Dr. Dumont’s presentation in the schools and Dr Saylor’s new program at McGill University.
- Harm Reduction Training given by KHC staff to other native communities.
- This year we hosted 4 major activities in relation to our ceremonial calendar. Strawberry, Harvest, Mid-Winter and Maple festivals and cultural teachings were held. We also partnered with the Kanesatake Cultural Center to register two staff to participate in their weekly Kanien’keha classes to build their capacity in the language and intern pass this knowledge to the children and youth attending programming.

Lessons Learned:

- To involve clients and community members in key organizational decision making.
- Using data to drive critical organizational decision making.
- Communication at all levels of services and the community.

Ongoing Initiatives:

- Add protocol to communication plan regarding client satisfaction.
- Timely intervention for children at risk.
- Culturally sensitive programming at all levels.
- Increase links and referrals to local and external treatment centers.
- Develop policy on harm reduction.
- Provide short-term and long-term support to clients.
- Provide accompaniment to external emergency services as needed.
- Revise Mental Wellness and Addictions programs and services.
- Collaboration across Kanesatake Health Center Inc. programs.
- Develop specific communication plan for the implementation for KHC Youth Protection.
- Planning for long-term care and palliative care.



Financial Statements 2017-2018

Management's Responsibility

To the Members and Directors of Kanesatake Health Center Inc.

The accompanying financial statements of Kanesatake Health Center Inc. are the responsibility of management and have been approved by the Board of Directors.

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

Kanesatake Health Center Inc.'s Board of Directors is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial statements. The Board of Directors fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board of Directors is also responsible for recommending the appointment of the Organisation's external auditors.

MNP S.E.N.C.R.L., s.r.l is appointed by the Members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board of Directors and management to discuss their audit findings.

July 16, 2018


Executive Director


Finance Director

Independent Auditors' Report

To the Members and Directors of Kanesatake Health Center Inc.:

We have audited the accompanying financial statements of Kanesatake Health Center Inc., which comprise the statement of financial position as at March 31, 2017, and the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kanesatake Health Center Inc. as at March 31, 2018 and the results of its operations, changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Montréal, Québec

July 16, 2018

MNP SENCRL, srl¹

¹ CPA auditor, CA, public accountancy permit No. A124849

Kanesatake Health Center Inc.
Statement of Financial Position

As at March 31, 2018

	2018	2017
Financial assets		
Cash (Note 3)	2,061,439	1,498,605
Accounts receivable (Note 4)	133,281	130,375
Total financial assets	2,194,720	1,628,980
Liabilities		
Accounts payable and accruals (Note 5)	265,723	370,012
Deferred revenue (Note 6)	2,011,993	1,238,411
Total liabilities	2,277,716	1,608,423
Net financial assets (net debt)	(82,996)	20,557
Contingencies (Note 7)		
Non-financial assets		
Tangible capital assets (Note 8)	704,270	707,447
Prepaid expenses	22,285	16,152
Total non-financial assets	726,555	723,599
Accumulated surplus (Note 10)	643,559	744,156

Approved on behalf of the Board of Directors

 Director

 Director

The accompanying notes are an integral part of these financial statements

Kanesatake Health Center Inc.
Statement of Operations and Accumulated Surplus

For the year ended March 31, 2018

	<i>Schedules</i>	2018 <i>Budget</i>	2018	2017
Revenue				
Indigenous and Northern Affairs Canada		1,032,106	1,032,106	386,520
Health Canada		2,953,704	3,183,279	3,337,050
CISSS		-	-	102,264
FNQLHSSC		59,230	59,283	54,150
Ministère de la Famille		-	-	33,910
Le Centre Jeunesse des Laurentides		-	-	51,902
Other revenue		39,536	8,685	39,384
Rental income		152,040	154,586	42,700
Repayment of funding		-	(78,110)	(14,187)
Deferred revenue - prior year		-	1,238,411	441,031
Deferred revenue - current year		-	(2,011,993)	(1,238,411)
		4,236,616	3,586,247	3,236,313
Expenses (Schedule 2)				
Health Canada block and flexible funded programs	4	1,904,739	1,674,164	1,674,991
Health Canada set funded programs	5	590,169	613,948	636,567
INAC set funded programs	6	776,576	868,124	367,681
First line services	7	317,768	350,405	282,037
Other programs	8	145,068	87,223	56,128
Capital fund	9	-	92,980	101,160
		3,734,320	3,686,844	3,118,564
Surplus (deficit)		502,296	(100,597)	117,749
Accumulated surplus, beginning of year		744,155	744,156	626,407
Accumulated surplus, end of year		1,246,451	643,559	744,156

The accompanying notes are an integral part of these financial statements

Kanesatake Health Center Inc.
Statement of Change in Net Debt

For the year ended March 31, 2018

	<i>2018 Budget</i>	<i>2018</i>	<i>2017</i>
Annual surplus (deficit)	502,296	(100,597)	117,749
Purchases of tangible capital assets	-	(89,803)	(93,448)
Amortization of tangible capital assets	-	92,980	101,160
Acquisition of prepaid expenses	-	(6,133)	-
Use of prepaid expenses	-	-	4,914
Decrease (increase) in net debt	502,296	(103,553)	130,375
Net financial assets (net debt), beginning of year	20,557	20,557	(109,818)
Net financial assets (net debt), end of year	522,853	(82,996)	20,557

The accompanying notes are an integral part of these financial statements

Kanesatake Health Center Inc.
Statement of Cash Flows

For the year ended March 31, 2018

	2018	2017
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	4,380,771	4,102,927
Cash paid to suppliers	(1,377,670)	(976,077)
Cash paid to employees	(2,350,464)	(1,864,006)
	652,637	1,262,844
Capital activities		
Purchases of tangible capital assets	(89,803)	(93,448)
Increase in cash resources	562,834	1,169,396
Cash resources, beginning of year	1,498,605	329,209
Cash resources, end of year	2,061,439	1,498,605

The accompanying notes are an integral part of these financial statements



Kanesatake Health Center Inc. Notes to the Financial Statements

For the year ended March 31, 2018

1. Operating status

Kanesatake Health Center Inc. (the "Organization") was incorporated as a not-for-profit organization on August 15, 2006 under Part II of the Canada Business Corporations Act and is exempt from tax under Section 149 of the Income Tax Act.

The purpose of the Organization is to provide health services to members of the Kanesatake community through the operation of a health facility center.

2. Significant accounting policies

These financial statements are the representations of management, prepared in accordance with Canadian public sector accounting standards and include the following significant accounting policies:

Basis of presentation

Sources of revenue and expenses are recorded on the accrual basis of accounting. The accrual basis of accounting recognizes revenue as it becomes available and measurable; expenses are recognized as they are incurred and measurable as a result of the receipt of goods or services and the creation of a legal obligation to pay.

Segments

The Organization conducts its business through five reportable segments:

- Health Canada Block and Flexible funded programs
- Health Canada Set funded programs
- First line services
- Other programs
- Capital Fund

These operating segments are established by senior management to facilitate the achievement of the Organization's long-term objectives, to aid in resource allocation decisions and to assess the Organization's operational performance.

For each reported segment, revenue and expenses represent both amounts that are directly attributable to the segment and amounts that are allocated on a reasonable basis. Therefore, certain allocation methodologies are employed in the preparation of segmented financial information.

The accounting policies used in these segments are consistent with those followed in the preparation of the financial statements as disclosed in Note 2, *Significant accounting policies*.

Asset classification

Assets are classified as either financial or non-financial. Financial assets are assets that could be used to discharge existing liabilities or finance future operations. Non-financial assets are acquired, constructed or developed assets that do not normally provide resources to discharge existing liabilities but are employed to deliver government services, may be consumed in normal operations and are not for resale in the normal course of operations. Non-financial assets include tangible capital assets and prepaid expenses.

Net financial assets (net debt)

The Organization's financial statements are presented so as to highlight net financial assets (net debt) as the measurement of financial position. The net financial assets (net debt) of the Organization is determined by its financial assets less its liabilities. Net financial assets (net debt) combined with non-financial assets comprise a second indicator of financial position, accumulated surplus (deficit).

Cash and cash equivalents

Cash and cash equivalents include balances with banks and short-term investments with maturities of three months or less.

Kanesatake Health Center Inc.
Notes to the Financial Statements

For the year ended March 31, 2018

2. **Significant accounting policies** *(Continued from previous page)*

Tangible capital assets

Tangible capital assets are initially recorded at cost based on historical cost accounting records. Contributed tangible assets are recorded at their fair value at the date of contribution. Tangible capital assets include acquired, built, developed and improved tangible capital assets whose useful life extends beyond one year and which are intended to be used on an ongoing basis for delivering services.

Amortization

Tangible capital assets are amortized annually using the following methods at rates intended to amortize the cost of the assets over their estimated useful lives:

	<i>Method</i>	<i>Rate and periods</i>
Buildings	straight-line	20 years
Building improvements	straight-line	5 years
Vehicles	straight-line	3 years
Equipment	declining balance	20 %
Furniture & fixtures	declining balance	20 %

Long-lived assets

Long-lived assets consist of tangible capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

The Organization performs impairment testing on long-lived assets held for use whenever events or changes in circumstances indicate that the carrying amount of an asset, or group of assets, may not be recoverable. The carrying amount of a long-lived asset is not recoverable if the carrying amount exceeds the sum of the undiscounted future cash flows from its use and disposal. Impairment is measured as the amount by which the asset's carrying amount exceeds its fair value. Fair value is measured using discounted future cash flows. Any impairment is included in surplus for the year.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of tangible capital assets. These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in surplus in the year in which they become known.

Revenue recognition

Government Transfers

The Organization recognizes a government transfer as revenue when the transfer is authorized and all eligibility criteria, if any, have been met. A government transfer with stipulations giving rise to an obligation that meets the definition of a liability is recognized as a liability. In such circumstances, the Organization recognizes revenue as the liability is settled. Transfers of non-depreciable assets are recognized in revenue when received or receivable.

Externally restricted revenue

The Organization recognizes externally restricted inflows as revenue in the period the resources are used for the purpose specified in accordance with an agreement or legislation. Until this time, the Organization records externally restricted inflows in deferred revenue.

Kanesatake Health Center Inc.
Notes to the Financial Statements

For the year ended March 31, 2018

2. **Significant accounting policies** *(Continued from previous page)*

Employee future benefits

The Organization's employee future benefit programs consist of a defined benefit plan.

The Organization is part of a multi-employer plan for which there is insufficient information to apply defined benefit plan accounting. Accordingly, the Organization is not able to identify its share of the plan assets and liabilities, and therefore, the Organization uses defined contribution accounting for this plan.

The Organization contributions to the defined contribution plan are expensed as incurred.

Financial instruments

The Organization recognizes its financial instruments when the Organization becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, the Organization may irrevocably elect to subsequently measure any financial instrument at fair value. The Organization has not made such an election during the year.

The Organization subsequently measures investments in equity instruments quoted in an active market and all derivative instruments, except those that are linked to, and must be settled by delivery of, unquoted equity instruments of another entity, at fair value. Fair value is determined by published price quotations. Transactions to purchase or sell these items are recorded on the trade date. Investments in equity instruments not quoted in an active market and derivatives that are linked to, and must be settled by delivery of, unquoted equity instruments of another entity, are subsequently measured at cost. With the exception of those instruments designated at fair value, all other financial assets and liabilities are subsequently measured at amortized cost using the effective interest rate method.

Transaction costs directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in operating surplus (deficit). Conversely, transaction costs are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

All financial assets except derivatives are tested annually for impairment. Management considers whether the investee has experienced continued losses for a period of years, recent collection experience for the loan, such as a default or delinquency in interest or principal payments, etc. in determining whether objective evidence of impairment exists. Any impairment, which is not considered temporary, is recorded in the statement of operations. Write-downs of financial assets measured at cost and/or amortized cost to reflect losses in value are not reversed for subsequent increases in value. Reversals of any net remeasurements of financial assets measured at fair value are reported in the statement of remeasurement gains and losses.

3. **Cash**

Included in cash is \$213,418 (2017 - \$246,055) restricted as described in Note 11.

4. **Accounts receivable**

	2018	2017
Indigenous and Northern Affairs Canada	50,611	29,375
CISSS	-	36,840
FNQLHSSC	11,857	11,830
Other government agencies	6,782	23,737
Rent receivable	15,410	5,075
Sales taxes receivable	34,622	19,206
Other accounts receivable	13,999	4,312
	133,281	130,375

Kanesatake Health Center Inc.
Notes to the Financial Statements

For the year ended March 31, 2018

5. Accounts payable and accrued liabilities

	2018	2017
Accounts payable and accrued liabilities	160,824	131,413
Accrued salaries and benefits	59,199	137,404
Unspent government funding	45,700	49,795
Payable to Mohawk Council of Kanesatake	-	51,400
	265,723	370,012

Included in accounts payable and accrued liabilities is \$14,520 payable to CISSS.

6. Deferred revenue

Deferred revenue consists of government transfers received under various programs as described below which the Organization did not expend during the year.

The following table represents changes in the deferred revenue balance attributable to each major category of external restrictions:

	Balance, beginning of 2017	Contributions received in 2018	Contributions recognized in 2018	Balance, end of 2018
Block and Flexible funded programs	1,232,566	2,524,247	1,744,820	2,011,993
Ministère de la Famille	5,845	-	5,845	-
	1,238,411	2,524,247	1,750,665	2,011,993

7. Contingencies

The organization has entered into contribution agreements with various government departments. Funding received under these contribution agreements may be subject to repayment upon review by the funder.

8. Tangible capital assets

The tangible capital assets reconciliation is included in Schedule 1.

9. Government transfers

During the year, the Organization recognized the following government transfers:

	Operating Transfers	Deferrals and repayment	2018	2017
Health Canada	3,183,279	(840,456)	2,342,823	2,352,501
Indigenous and Northern Affairs Canada	1,032,106	(7,132)	1,024,974	426,610
Ministère de la Famille	-	-	-	28,065
	4,215,385	(847,588)	3,367,797	2,807,176

Kanesatake Health Center Inc.
Notes to the Financial Statements
For the year ended March 31, 2018

10. Accumulated surplus

Accumulated surplus consists of the following:

	<i>2018</i>	<i>2017</i>
Equity in tangible capital assets		
Balance, beginning of year	707,447	715,159
Additions to tangible capital assets	89,803	93,448
Amortization of tangible capital assets	(92,980)	(101,160)
	704,270	707,447
Deficit		
Balance, beginning of year	(209,346)	(88,752)
Annual surplus (deficit)	(7,617)	218,909
Transfer to capital asset fund	(89,803)	(93,448)
Transfer from/to restricted fund	32,637	(246,055)
	(274,129)	(209,346)
Restricted Fund		
Balance, beginning of year	246,055	-
Transfer from/ to operating programs	(32,637)	246,055
	213,418	246,055
	643,559	744,156

11. Restricted fund

	<i>2018</i>	<i>2017</i>
First line services surplus carryforward	204,830	237,467
First Nation child and family services	8,588	8,588
	213,418	246,055

12. Annual surplus / deficit

Annual surplus / deficit is comprised of the following:

	<i>2018</i>	<i>2017</i>
Operating surplus (deficit)	(7,617)	218,909
Capital deficit	(92,980)	(101,160)
	(100,597)	117,749



Kanesatake Health Center Inc.
Notes to the Financial Statements

For the year ended March 31, 2018

13. Pension plan

Multi-employer pension plan

The Organization participates in a multi-employer pension plan on behalf of its employees. The Organization's contributions to this plan and corresponding expense totalled \$133,201 (2017 – \$86,506).

14. Economic dependence

Kanesatake Health Center receives 72% (2017 - 82%) of its revenue from Health Canada. The ability of Kanesatake Health Center to continue operations is dependent upon the Government of Canada's continued financial commitments.

15. Budget information

The disclosed budget information has been approved by the Board of Directors of the Kanesatake Health Center on May 31, 2018.

16. Financial Instruments

The Organization, as part of its operations, carries a number of financial instruments. It is management's opinion that the Organization is not exposed to significant interest, currency or credit risks arising from these financial instruments except as otherwise disclosed.

Liquidity Risk

Liquidity risk is the risk that the Organization will encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivery of cash or another financial asset. The Organization enters into transactions to purchase goods and services on credit for which repayment is required at various maturity dates. Liquidity risk is measured by reviewing the Organization's future net cash flows for the possibility of negative net cash flow.

The Organization manages the liquidity risk resulting from its accounts payable by regularly monitoring actual expenditures against budgeted amounts.

17. Commitments

The Organization has entered into a long term lease agreement for the of office equipment. Annual lease payments are approximately \$4,000 until 2023.

Kanesatake Health Center Inc.
Schedule 1 - Schedule of Tangible Capital Assets
For the year ended March 31, 2018

	Buildings	Building Improvements	Vehicles	Equipment	Furniture & Fixtures	2018	2017
Cost							
Balance, beginning of year	1,082,313	17,778	181,967	136,957	80,754	1,499,769	1,406,322
Acquisition of tangible capital assets	-	-	89,803	-	-	89,803	93,447
Disposal of tangible capital assets	-	-	(24,000)	-	-	(24,000)	-
Balance, end of year	1,082,313	17,778	247,770	136,957	80,754	1,565,572	1,499,769
Accumulated amortization							
Balance, beginning of year	493,977	14,450	181,967	93,853	8,075	792,322	691,163
Annual amortization	54,116	740	14,967	8,621	14,536	92,980	101,159
Accumulated amortization on disposals	-	-	(24,000)	-	-	(24,000)	-
Balance, end of year	548,093	15,190	172,934	102,474	22,611	861,302	792,322
Net book value of tangible capital assets	534,220	2,588	74,836	34,483	58,143	704,270	707,447
2017 Net book value of tangible capital assets	588,336	3,326	-	43,104	72,679	707,447	

Kanesatake Health Center Inc.
Schedule 2 - Schedule of Expenses by Object

For the year ended March 31, 2018

	<i>2018 Budget</i>	<i>2018</i>	<i>2017</i>
Consolidated expenses by object			
Salaries and benefits	2,281,716	2,350,464	1,864,006
Amortization of tangible capital assets	-	92,980	101,160
Audit and accounting fees	36,219	22,387	30,728
Bad debts	-	-	38,391
Computer equipment and software	5,049	27,547	162
Direct services	22,134	240	2,433
Electricity	40,000	51,998	35,138
Equipment leasing	-	48,400	30,411
Equipment repairs and maintenance	9,738	37,488	22,577
First aid courses	-	-	2,050
Fuel medical vans	20,000	19,770	20,155
Insurance	40,000	19,244	18,172
Interest and bank charges	-	1,702	2,071
Internal administration fees	315,296	(1)	(1,073)
Janitorial supplies	6,000	18,476	9,241
Medical supplies	10,000	27,923	15,264
Membership fees	7,521	822	544
Nutritional supplies	42,694	54,255	47,777
Office	-	24,891	28,054
Payroll service fees	-	3,744	2,584
Postage	-	3,295	3,510
Printing and translation	10,000	8,087	7,331
Professional development	41,589	15,765	44,381
Professional fees	276,641	244,265	196,506
Professional fees - nurses	13,650	10,961	3,287
Program activities	281,253	335,107	300,129
Recreation activities	5,000	-	-
Recreational supplies	2,465	-	695
Rental of premises	18,600	15,000	15,000
Resource materials / subscriptions	35,950	8,726	7,774
Service contracts	6,000	7,375	11,358
Snow removal	-	3,525	3,525
Specialized materials	24,546	3,062	71,791
Telecommunications	9,368	39,689	29,820
Training	8,128	-	-
Transfer of operations from Mohawk Council of Kanesatake	-	-	51,400
Travel	108,563	142,080	49,550
Vehicle	56,200	47,577	52,662
	3,734,320	3,686,844	3,118,564

