



Kanesatake Health Center Inc. Annual Activity Report 2016-2017

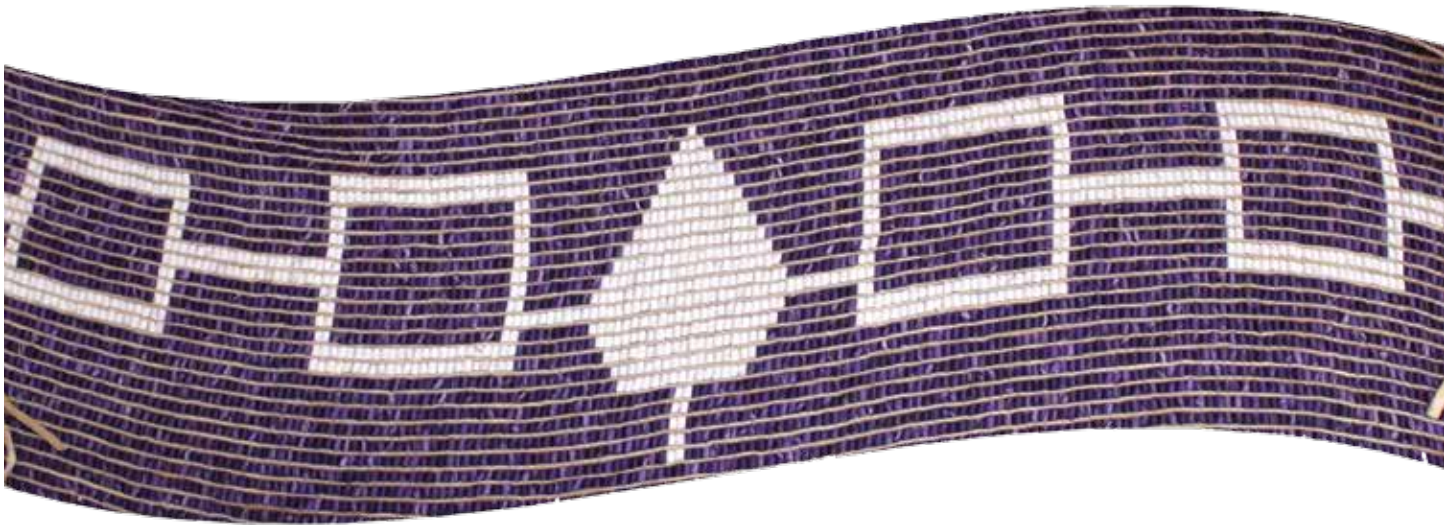


Photo: Lynn Cataford Gabriel



Photo: Crystal Diabo

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April 1, 2016-March 31, 2017
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July 29, 2017



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Kanesatake Health Center Inc.

Board of Directors 2016-2017

Louise Godbout, President (as of January 15, 2017)

Keith Nelson, Vice-President (as of November 10, 2015)

Dakota Simon, Treasurer (as of November 10, 2016)

Marie Josée Martin, President (resigned December 22, 2016)

Myrna Gabriel, Vice-President (resigned October 24, 2016)

Wanda Gabriel (resigned October 24, 2016)

Vivian Oke (resigned January 8, 2017)

Joyce Bonspiel-Nelson, Ex-Officio Member



Message From the President & the Executive Director

We are honored to present the 2016–2017 Annual Report. This is the second report under our 5-year block funding agreement outlining the achievements and challenges that occurred during the fiscal year April 1, 2016 to March 31, 2017.

In keeping with our mission, vision, and guiding principles, the Annual Report highlights key community based and wellness programs that reflect specific objectives from our Health Plan and funding requirements with a commitment to client satisfaction, patient safety, and continuous quality improvement of our health services.

In terms of activities and achievements this past year, there was no shortage of work with many challenges such as:

- October 2016 the Kanesatake Health Center Inc. received our 'Accreditation Qmentum Award Certificate' from Accreditation Canada, with a full review of all policies, protocols and procedures;
- October 1, 2016, through a resolution from the Mohawk Council of Kanesatake, the Kanesatake Health Center Inc. received the mandate to be accountable and responsible for the implementation and management of the In-Home Support Program from Centre Jeunesse de Laurentides;
- December 22, 2016, through a resolution from the Mohawk Council of Kanesatake, the permanent transfer of the operations of Riverside Elders Home from the Mohawk Council of Kanesatake to the Kanesatake Health Center Inc. The building and land that is housed by Riverside Elders Home will remain the property of the Mohawk Council of Kanesatake.

The Board of Directors were influential and supportive in our efforts to improve the quality of our services by reviewing policies, protocols and procedures including attending the Quebec First Nations' health and social services governance process with the AFNQL and the FNQLHSSC.

The Kanesatake Health Center Inc. remains committed in 2017 – 2018 to working with our partners to continue improving the quality of our health care services.

Reflecting over the past year's achievements, it is obvious to see the dedication and commitment of the employees for their quality of services they provided to our community members within their programs.

Louise Godbout
President

Joyce Bonspiel-Nelson
Executive Director



Incorporation of the Kanesatake Health Center Inc.

In 2006, the 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 (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 2017-2018

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"> Put in place Rapid Response Team Develop Case Management Framework Restructure and Revise 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-free 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 Luncheons Ongoing awareness/education/promotion MCH/FLS Develop Home Visiting Program Ongoing support/counseling activities More awareness family violence/consequences Ongoing support/counseling activities at High School Workshop for men on traditional roles 	<ul style="list-style-type: none"> Continued support services Ongoing education program at the two schools Decolonization workshops 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 recipes, etc in Karihwios Ongoing breastfeeding teaching and support Complete BFI Kits Provide baby food making classes
4. Community will benefit from an increased quality, safety and efficiency of client services at the Health Center.	<ul style="list-style-type: none"> Develop policy for electronic board Increase the communication going to community Review communication strategies/prepare binder Maintain and modify communication plan Review policies and job descriptions for Riverside 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 Riverside Elders Home.	<ul style="list-style-type: none"> Ongoing work to integrate Riverside Elders to KHC Work on continuum of care for Elders Evaluation form for clients/families by March 31, 2018 Start next phase for longterm care/palliative care 	
6. The community will benefit from health and wellness services that stem from increased interdisciplinary practice	<ul style="list-style-type: none"> Work in progress with CISSS: agreement to purchase professional services Development of an agreement with Youth Protection des Laurentides Ongoing to attract students into health careers 	
7. Community members will benefit from prevention and promotion activities directed to those health issues raised by the community during needs assessment.	<ul style="list-style-type: none"> Ongoing psycho-social support for palliative care Provide access to cultural support services Education with CISSS/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 CISSS screening
8. To implement Health Plan and review Health Plan annually to adjust strategies as needed.	<ul style="list-style-type: none"> Special training for Riverside staff/in-home support Ongoing training as required Update Health Plan annually Upgrade accreditation standards for March 27, 2018 	
9. To promote a healthy work environment for KHC staff	<ul style="list-style-type: none"> Establish Terms of Reference for a Healthy Work Environment Committee Annual staff survey Team-building activities Staff appreciation incentives 	

Board of Directors Priorities: 2017-2018

Board of Directors	2017-2018 Priorities	Ongoing	New	Proposed activities	Time Frame
Board	Governance	X		Recruit another Board member	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
Chair/ED		X		Develop board job descriptions	November 2017
Board		X		Signing of Contribution Agreement	Annually
Board	Accountability	X		Compliance review of By-laws	Annually
Board/ED			X	Assessing & monitoring progress against goals	Quarterly
Board			X	Self evaluation	Annually
Board		X		Annual General Assembly	November 2017
Board/ED			X	Accreditation Governance R. O. P's	March 2017- March 2018
Board/ED		X		ED evaluation and review of job description	October 2017
Board/ED	Communications	X		Communication/board training	November 2017



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.

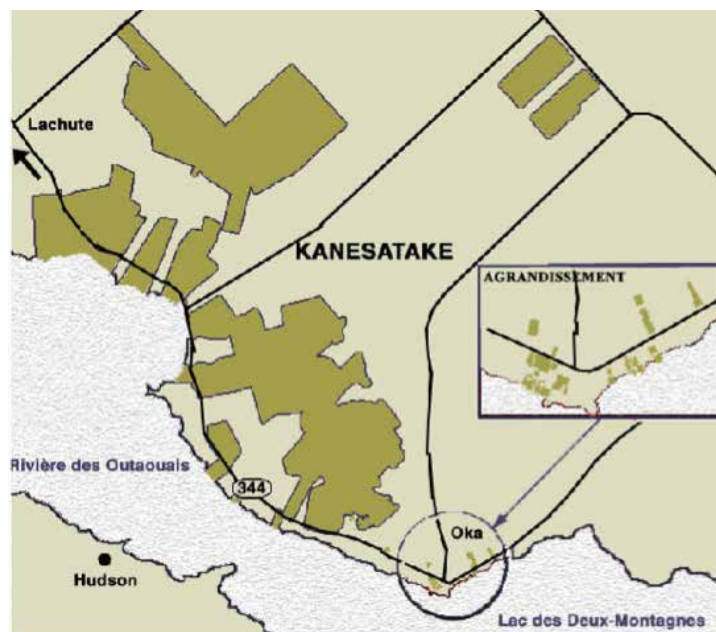
Community Services:

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

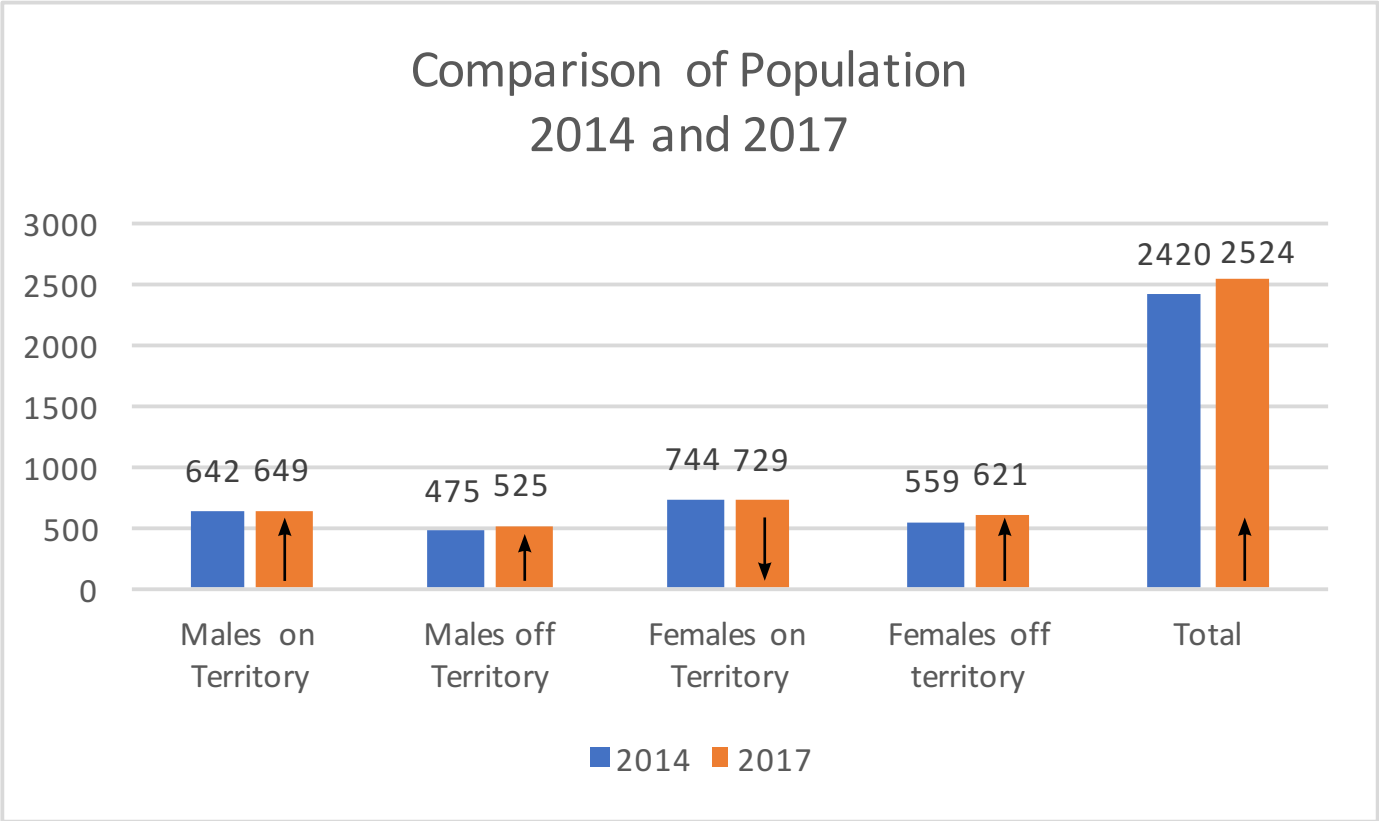
The following services are available to the community through the Kanesatake Health Center Inc.:

- 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.



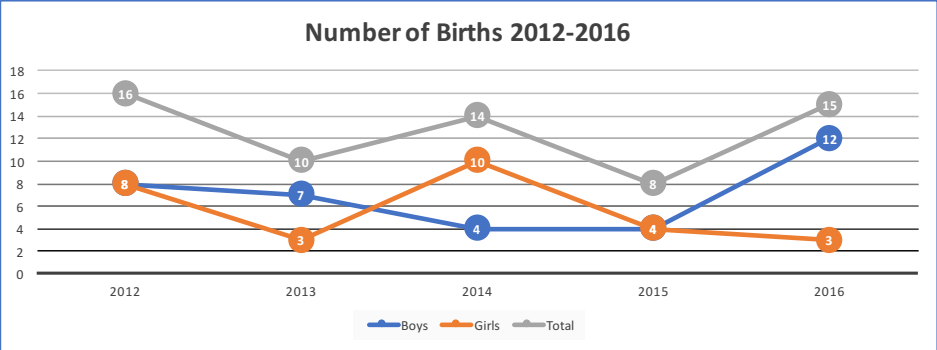
Births

Number of Births in the Calendar Year
(January 1- December 31) 2012-2016

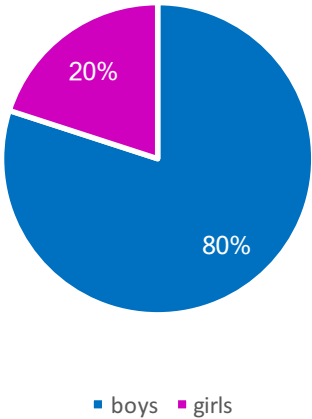
Year	Gender				Birth Weight (Kg)								Total	
	Boys		Girls		Under 2.5		2.5 to 4.0		Over 4.0		Unknown			
	Nb	% line	Nb	% line	Nb	% line	Nb	% line	Nb	% line	Nb	% line	Nb	% column
2012	8	50%	8	50%	1	6.25%	14	87.5%	1	6.25%	0	0%	16	25.4
2013	7	70%	3	30%	0	0%	7	70%	3	30%	0	0%	10	15.9
2014	4	29%	10	71.4%	2	14.28%	11	78.5%	1	7.14%	0	0%	14	22.2
2015	4	50%	4	50%	1	12.5%	6	75%	1	12.5%	0	0%	8	12.7
2016	12	80%	*3	20%	2	13.3%	11	73.3%	2	13.3%	0	0%	15	23.8
Total	35	56%	28	44%	6	9.5%	49	77%	8	12.6%	0	0%	63	100%

*2015-2016 annual report incorrectly reported 5 girls born. This is likely due to reporting method (ie. fiscal year vs. calendar year.)

In the last 5 years we have been averaging 13 births per year. In 2016, 80% were males and 20% females, taking an average of the last 5 years there were 56% male and 44% female. (If one uses statistics for the last 8 years the male to female percentage balances out at 49% to 51%!)



Number of Births in 2016



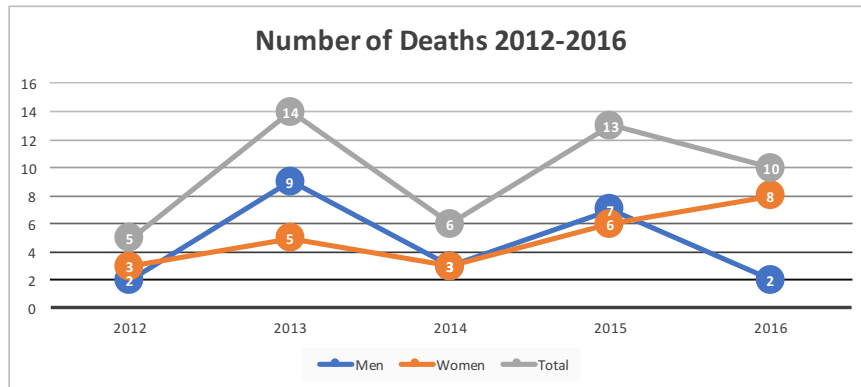
Deaths

According to the Kanesatake Health Center's data, there were 48 deaths between 2012 and 2016 in Kanesatake.

Number of Deaths 2012-2016

Year	Men		Women		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
2012	2	40%	3	60%	5	11%
2013	9	64%	5	36%	14	29%
2014	3	50%	3	50%	6	13%
2015	7	54%	6	46%	13	27%
2016	2	20%	8	80%	10	20%
Total	23	48%	25	52%	48	100%

Annual data is according to calendar year.



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.



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:

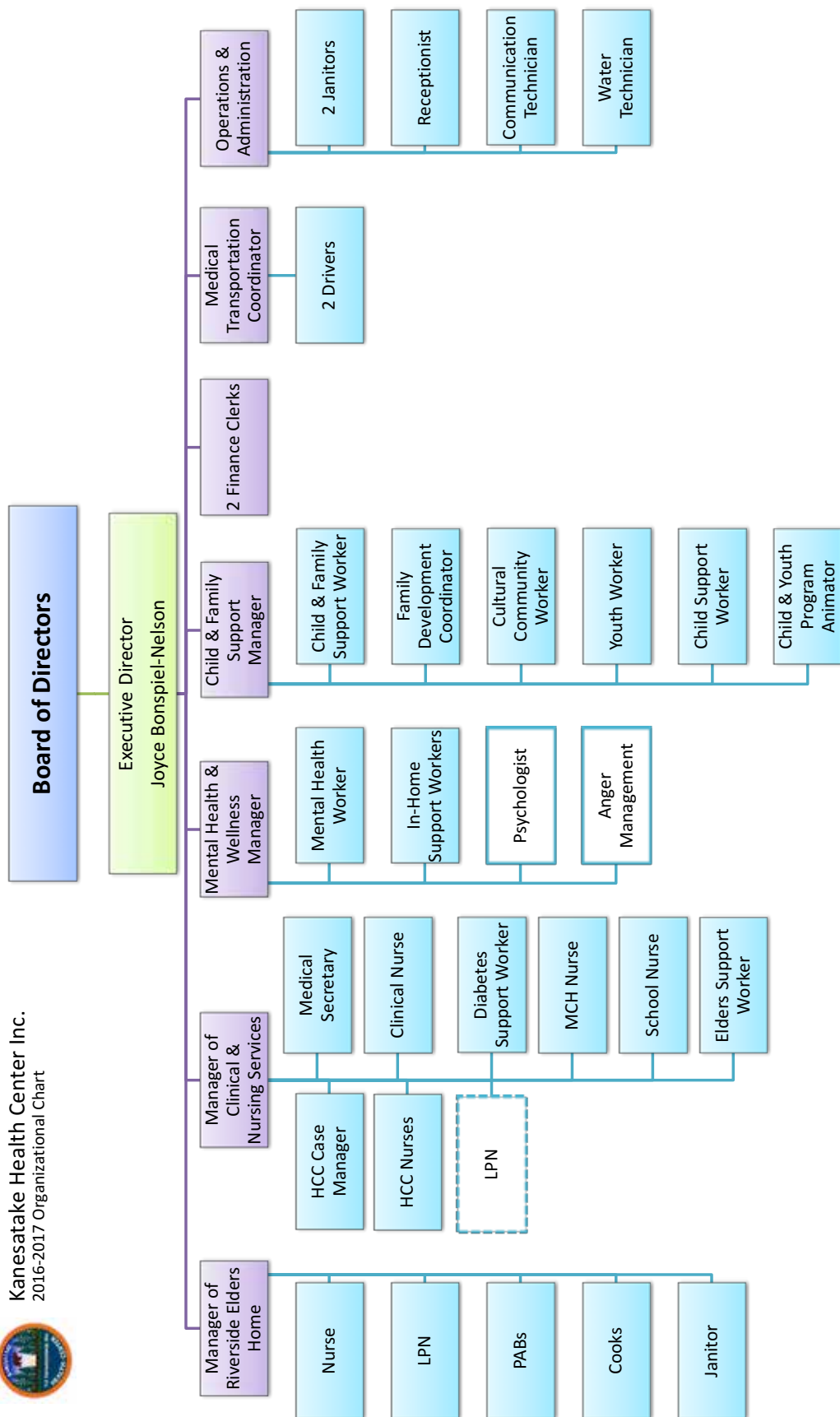
The following sections describe the types of community programs and services that are being provided. However some programs are the result of collaboration with other services and partners.



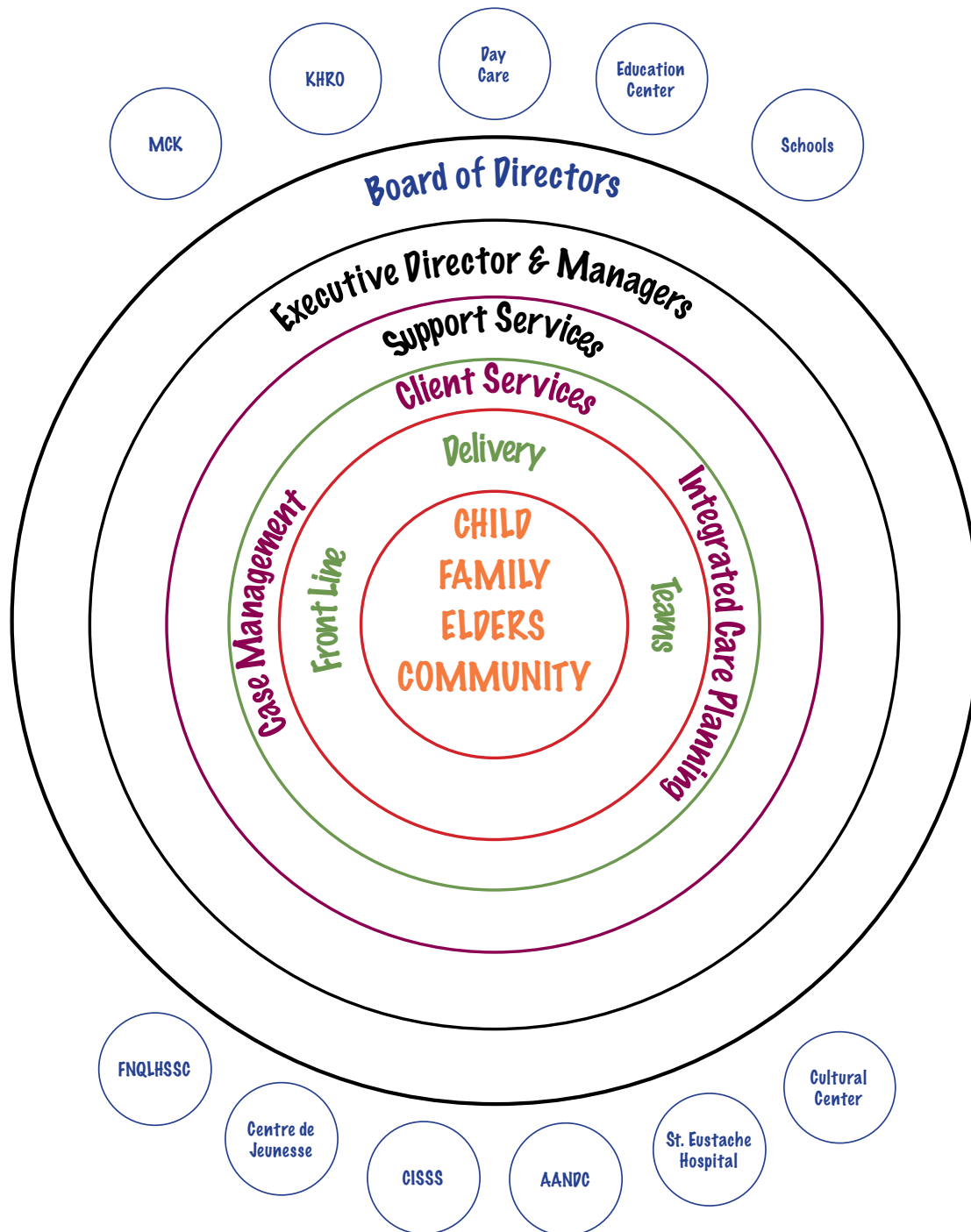
Organizational Chart



Kanesatake Health Center Inc.
2016-2017 Organizational Chart



Culturally-Adapted Client & Family-Centered Care Approach



SUPPORT SERVICES: Operations & Administration: Communications, Community Based Drinking Water Program, Operations & Maintenance, Information Management Systems, Human Resources, Finance

CLIENT SERVICES: Mental Health & wellness, FLS Child & Family Services, Primary Care & Home Care Kaniatarak'ta Riverside Elders Home, Assisted Living Program

Programs & Services

Primary Care

Primary Care specifically refers to first-contact care, in which the majority of health problems are identified. Primary Care services and service providers are then responsible for the diagnostic, curative, rehabilitative and supportive elements required. Moreover, Primary Care provides patient advocacy in the health care system by promoting inter-collaborative practice. Primary Care also supports the capacity building of individuals, families and the community and encourages the role of the patient/client as a partner in their own health care.

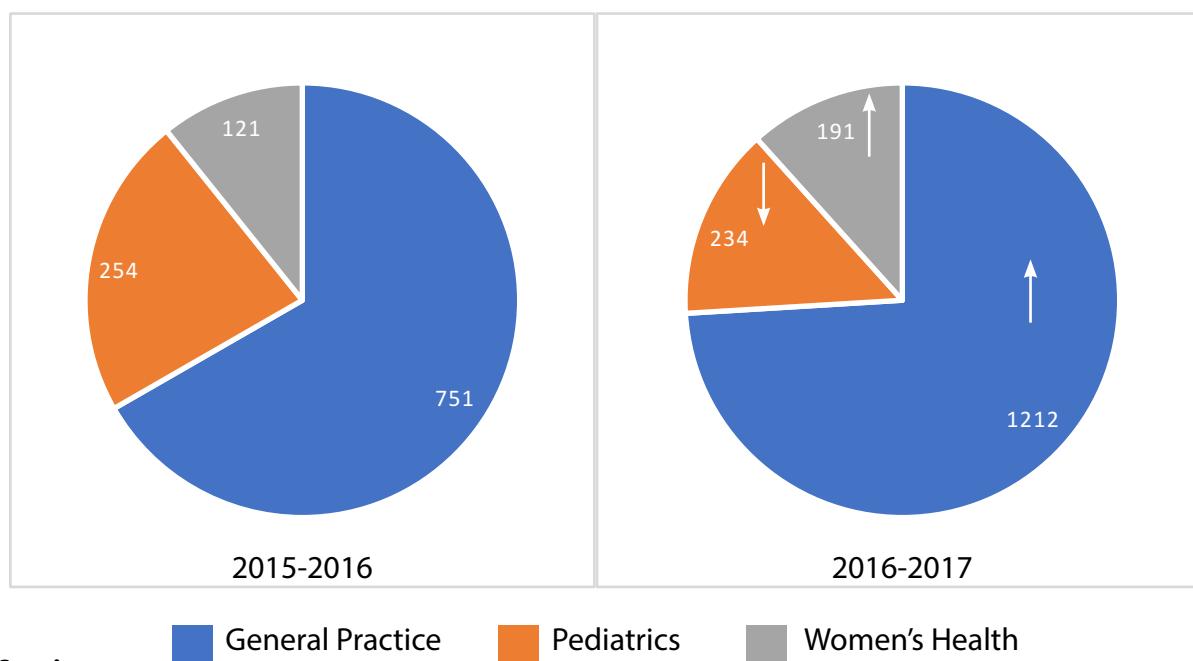
At the Kanesatake Health Center Inc., these guiding principles are well established. The organization strives to maintain a holistic and culturally appropriate milieu for the continued growth of its employees and to better serve the identified needs of the community. The provision of and access to these inter-collaborative services contributes to the mental wellness of the community and its 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

From
May 2016 to March 2017
there were **almost 3000 visits** to
the KHC Clinic.

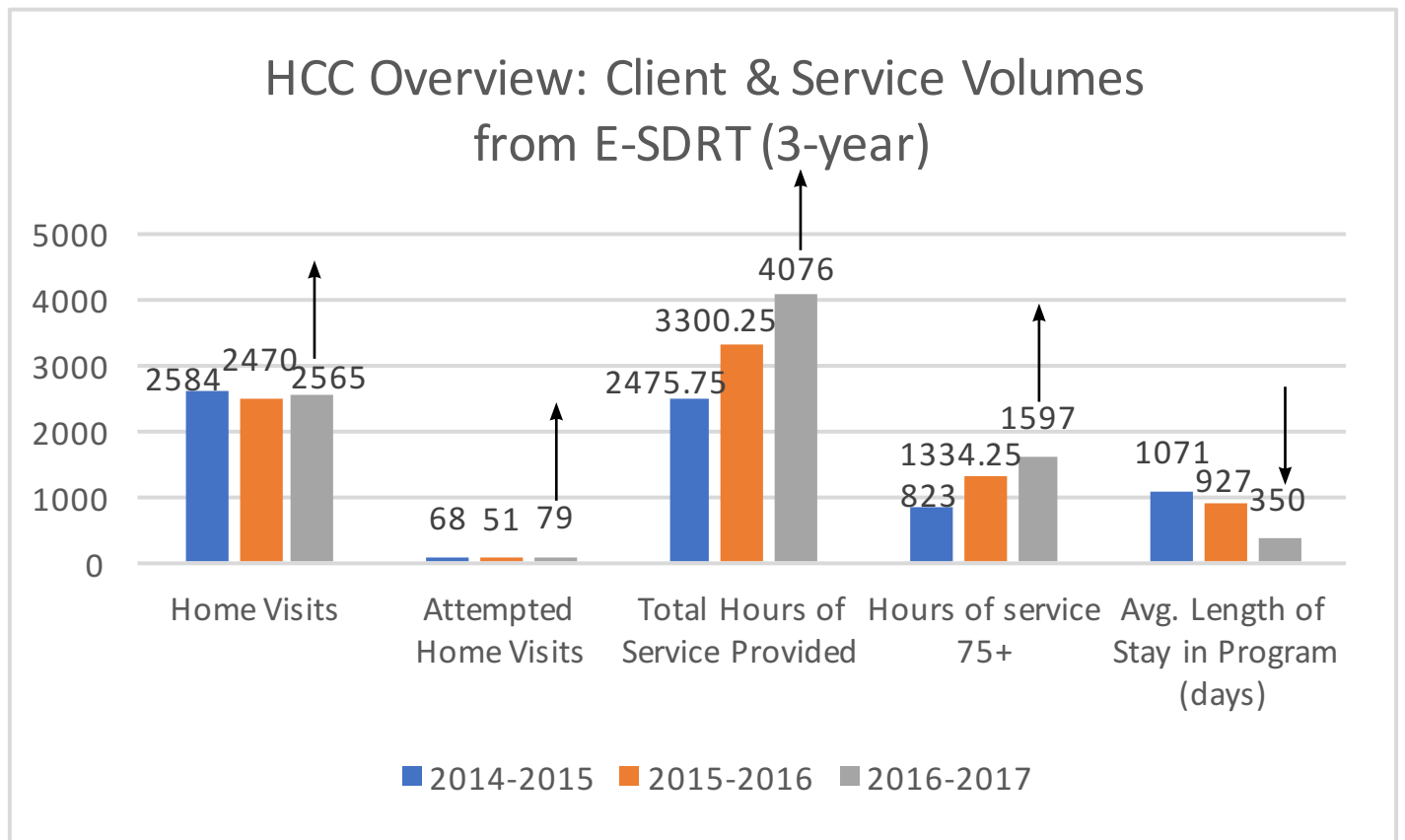
**Distribution of Client Visits to KHC Medical Services
2015-2016 & 2016-2017**



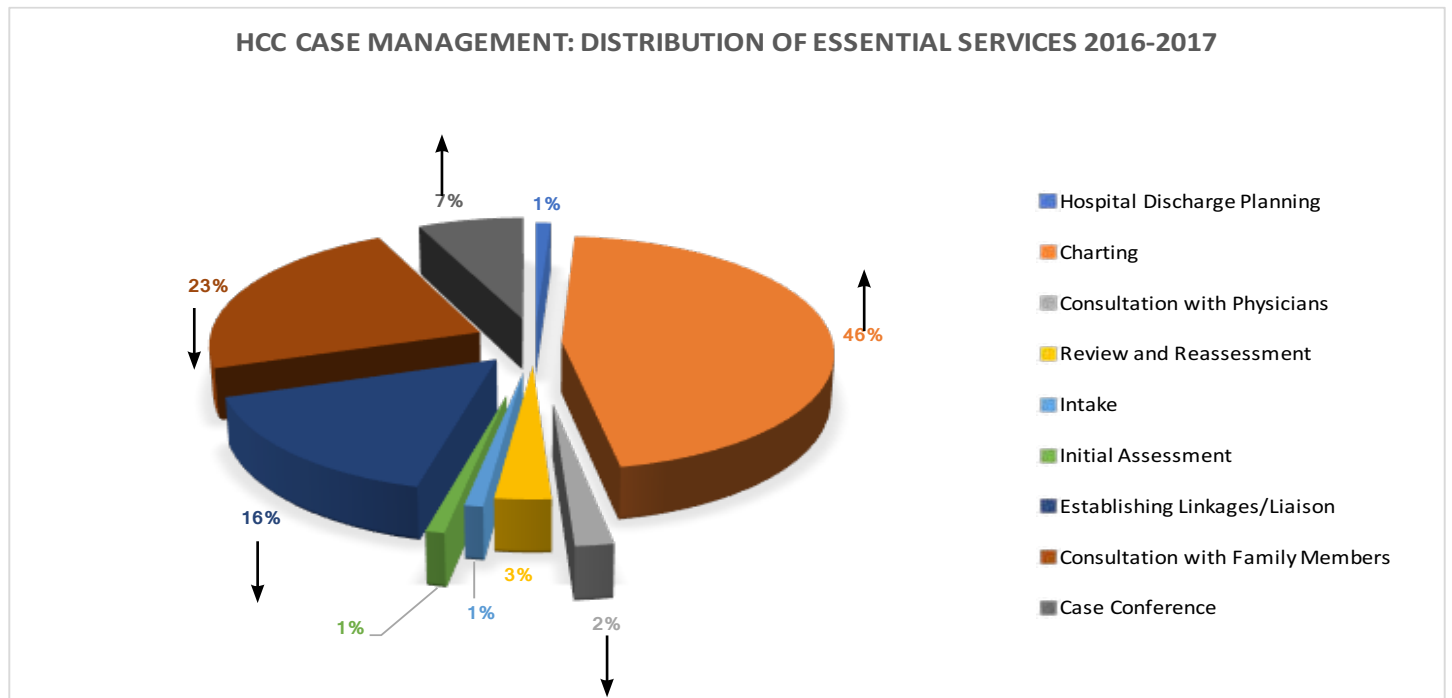
Medical Services

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.

Home and Community Care



This program responds to the unique health and social needs of community members. It is a coordinated system of home and community-based health care services that enables community members of all ages with disabilities, chronic or acute illnesses and the elderly to receive the care they need in their homes.



Riverside Elder's Home

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 Elder’s 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 Elder’s 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.



Photo: Lynn Cataford Gabriel



In-Home Support

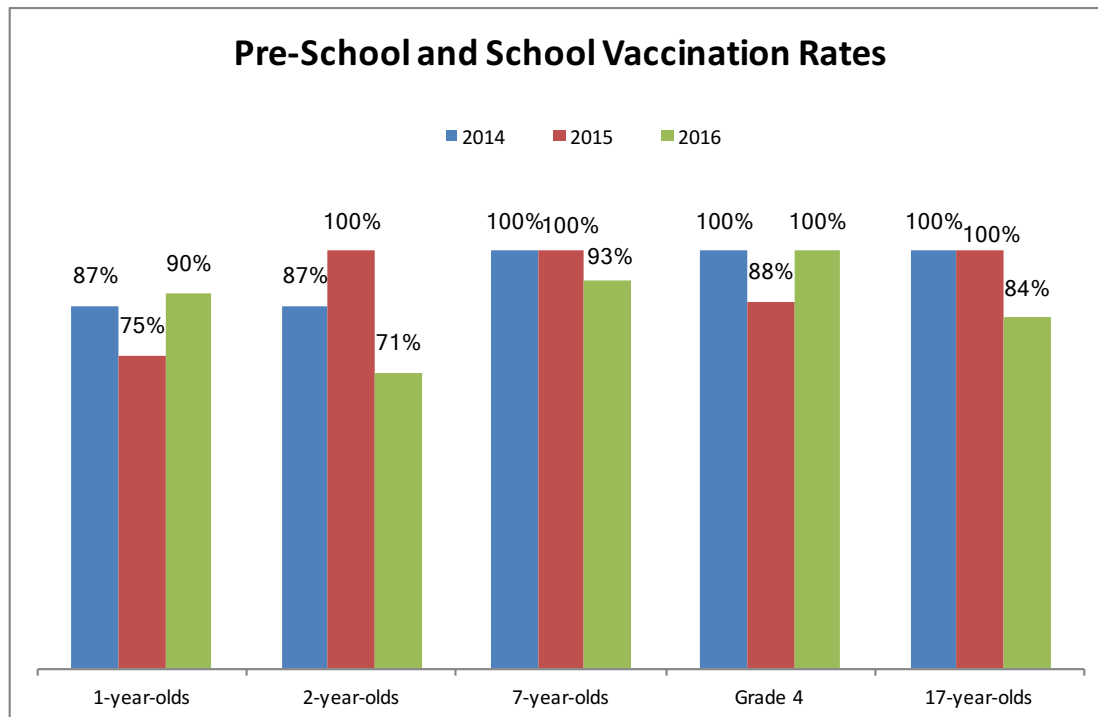
On October 1, 2016, the In-Home Support program was transferred from Centre de Jeunesse de Laurentides to the Kanesatake Health Center Inc. The In-Home Support program is funded by Indian and Northern Affairs of Canada (INAC) for First Nations to provide social support services to clients who require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

In-Home Support – Oct 1, 2016 – March 2017		
Reporting Month	Number of clients	Total service hours
Oct – Dec 31, 2016	30	2010.75
Jan – Mar 31, 2017	27	2130.75

Communicable Disease Control (CDC)

Immunizations

Immunizations for all infants and children are provided by the Kanesatake Health Center Inc. as part of the MCH program and school vaccination program. Vaccines for Hepatitis A and B, and Tetanus may be prescribed and administered at the clinic.



In the last 5 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 worldview. 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.

87% (62/71) of children born between 2012 and 2016 received infant vaccines. 13% (9/71) of children did not receive vaccines due to their parents' 'vaccine hesitancy'. In 2016, 90% of children had complete coverage for their one-year vaccines. National immunization coverage goals are 97%, for which we are not far behind. In fact, our rates appear to be better than the national averages, which were reported as between 72 and 91% coverage depending on the vaccine (<http://www.canada.ca/en/public-health/services/publications/healthy-living/vaccine-coverage-canadian-children-highlights-2013-childhood-national-immunization-coverage-survey.html>).

Sexually transmitted and blood borne illnesses (STBBIs)

Sexually transmitted and blood borne illnesses (STBBIs) are also communicable diseases requiring mandatory reporting to the provincial Public Health authorities. However, confidential STBBI testing and counseling are done at the Kanesatake Health Center Inc. The nurse involved facilitates the required contact tracing, provides client-centered education for prevention and follows up responsibly and with sensitivity.

Success: Free confidential STBBI screening is now offered by the nursing team whether you have a health care card or not. An increasing number of clients are protecting themselves and using this service. This fiscal year, there have been 36 interventions.

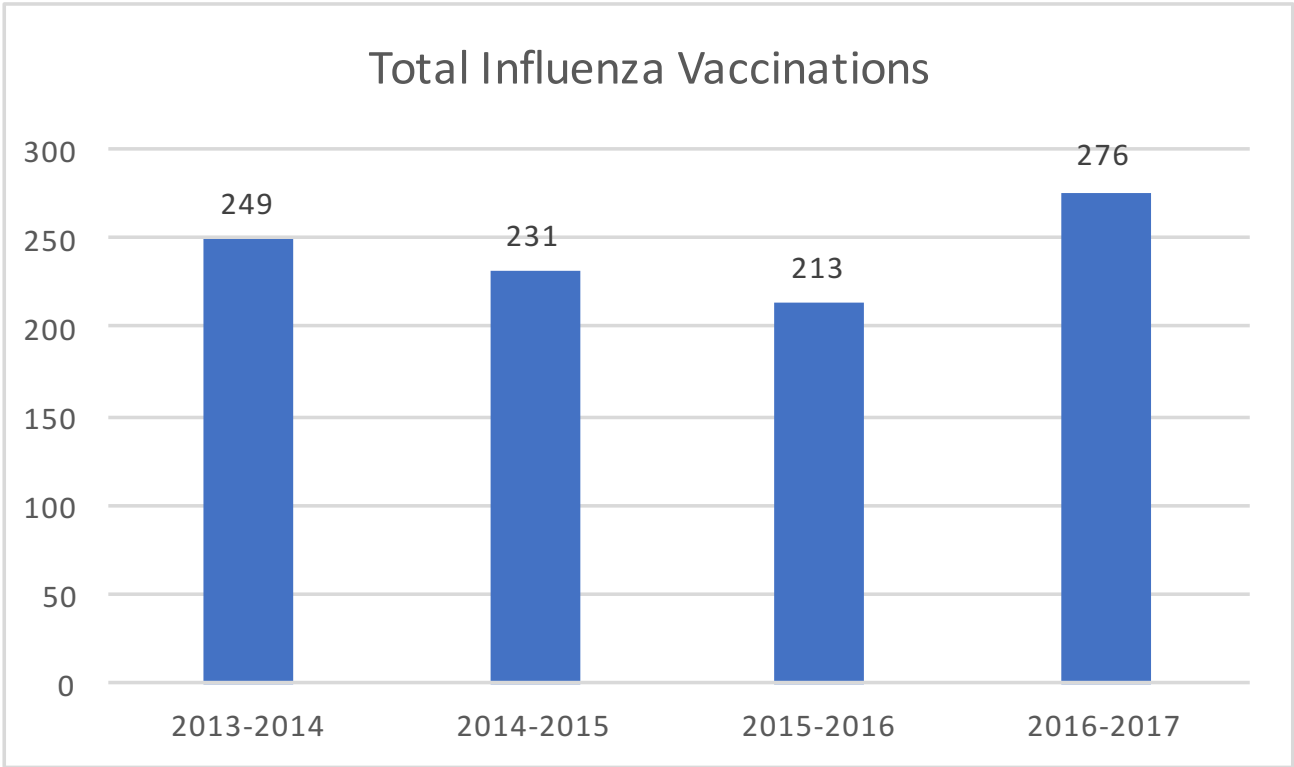


Tuberculosis

The Kanesatake Health Center Inc.'s mandate is to screen, detect and report TB infections among those who may have been exposed and prevent the spread of the disease to other people. To this end, we will continue to develop prevention awareness activities and relevant training opportunities. There have been no suspected cases during this reporting period.

Infection Prevention and Control

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.



2016 immunization coverage was highest for the most at risk groups which included 6-23 months (50%) and 60+ (39%)

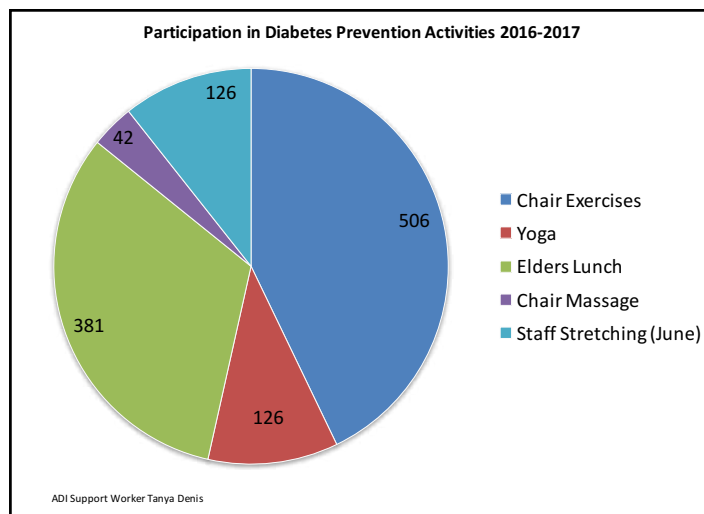
During the annual flu campaign of 2016-2017, 276 influenza vaccines were administered. This is an increase from the previous 3 years. However, service providers need to be vigilant in maintaining optimal hand hygiene and respiratory etiquette, especially if their immunization rates are as reported.



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
- Diabetes Support worker
- Foot care nurse specialist
- Diabetic retinopathy screening
- Elders Support Worker



A. FOOD SECURITY	# of activities	# of participants	In collaboration with;
Provided healthy snacks & meals – “Kids Zone” after- school program	9	192	FLS/KHC
Provided healthy snacks & meals for the Community Winter Carnival– Winter Carnival Broomball	1	54	FLS/KHC
Provided healthy snacks – Winter Carnival ice fishing event with healthy snacks & meals	1	70	FLS/KHC
Provided Mid-Winter event with healthy snacks & meals	1	130	FLS/KHC
Provided healthy snacks & meals/hot beverages for the Winter Carnival Obstacle Race	1	44	FLS/KHC
Provided healthy snacks & meals for the Winter Carnival – Polar Plunge	1	55	FLS/KHC
Provided a healthy meal for the end of the annual Winter Carnival Gala	1	41	FLS/KHC
Provided <u>Kanesatake</u> Youth of Today (KYOT) program healthy supper	1	6	FLS/KHC
Provided healthy snacks for KYOT skating activity	1	5	FLS/KHC
Contracted bi- weekly a Nutritionist to provide awareness, education to individuals and families to a healthier lifestyle change	18	4 – 5 clients bi-weekly	KHC- Clinical
Support food supplies for Cooking activities at KYOT	2	8	
Provided KYOT/Learn N Play, Programs with Healthy snacks	6	20	
Provided financial support for Staff Appreciation BBQ	1	55	
Total	44	680	

B. PHYSICAL INITIATIVE	# of activities	# of participants	In collaboration with;
Yoga in elementary school – weekly	40 classes	48 students each week (1920)	<u>Rotiwennakehte</u> School
Provided recreational <u>activity</u> (Bowling) at the end of year for <u>Kanesatake</u> Warriors Novice Lacrosse Team	1	25	
Provided financial support for the seasonal operation of the <u>Kanesatake</u> Paddling Club	1	100 (seasonal)	KHC/FLS/Crime Prevention
Provided financial support for the preparation & maintenance of the community Ice rink	1		Contracted 1 casual worker to maintain the ice rink
Purchased – 4 adult kayaks, 2 children’s kayaks, life jackets, canoes, 4 picnic tables and steel garbage cans for the grounds	1		Purchases to support the <u>Kanesatake</u> Paddling Club
Rental of a portable toilet with sink for June, July, August for members use during the Paddling Club season	1		Rental of <u>portable</u> toilet with sink
Total	45	125	

Injury Prevention

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

Activity	Number of Participants
Boat Licensing Training	15
Boat Safety Courses (8 participants)	8
Search & Rescue (9 participants)	9
Vet Clinic (40 participants)	40
CPR/First Aide Training (9 participants)	9
Wild Life Pathologies Course (17 participants)	17
Community Emergency Preparedness Day (85 participants)	85

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.



Mental Health & Wellness

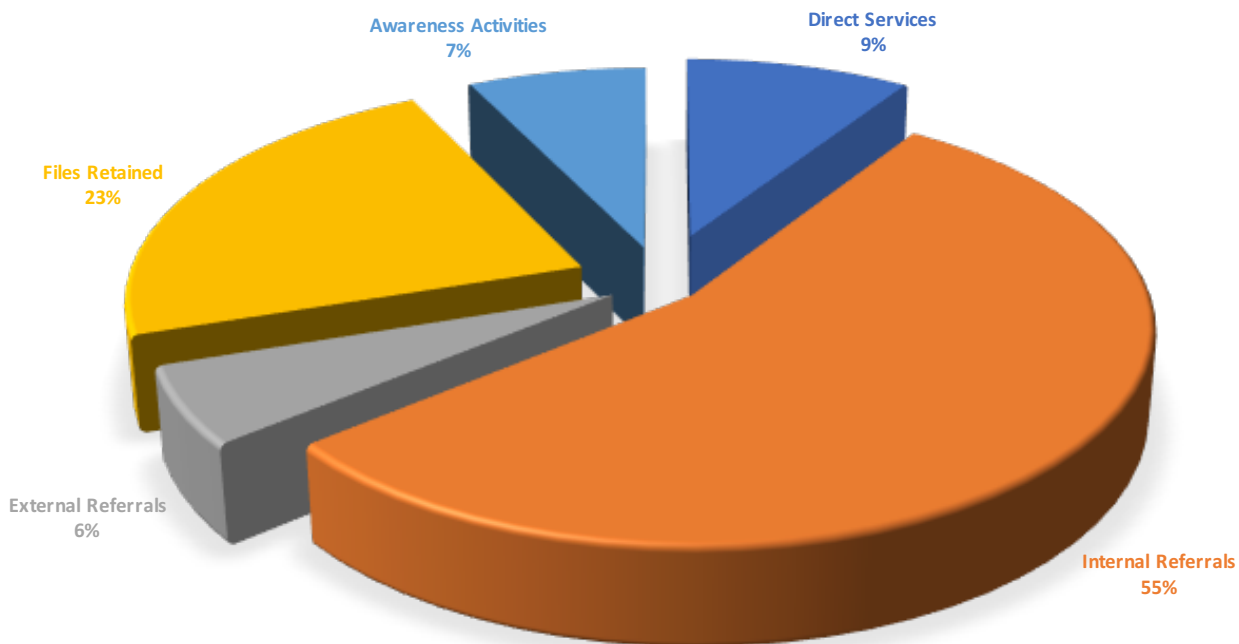
"There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business. "

~Vikram Patel

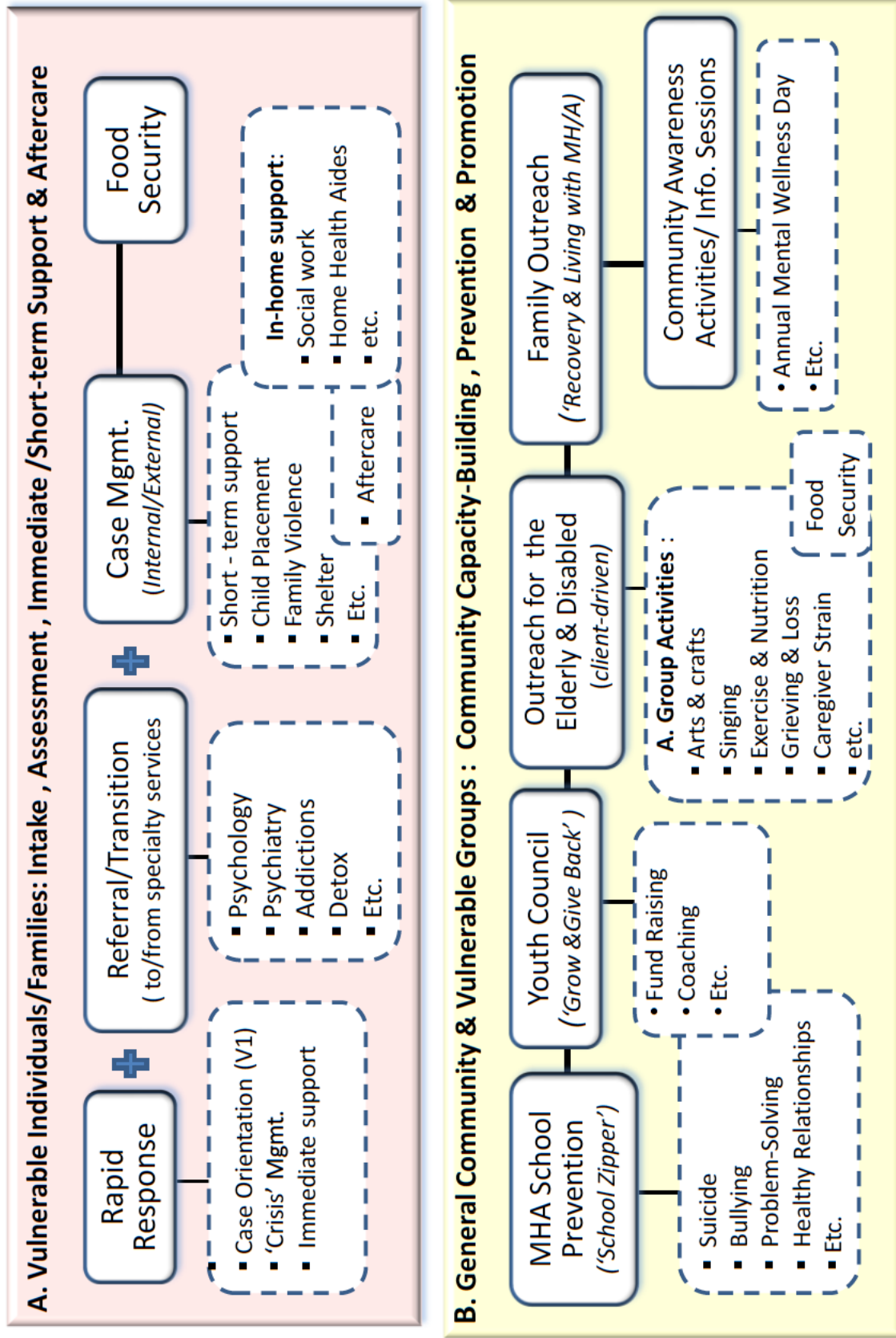
Mental Health was identified in the community needs assessment as the priority in the Kanesatake Health Center Inc.'s five year health plan (2015-2020) and is implemented by the Health Center's inter-collaborative mental health team including Child & Family Services, Home & Community Care, Primary Care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

The Kanesatake Health Center Inc.'s 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.

MENTAL HEALTH & WELLNESS 2016-2017



MENTAL HEALTH AND WELLNESS SERVICE STREAMS



Child & Family Support Services (CFSS)

Overview

The Kanesatake Health Center Inc.'s Child & Family Support Services works as part of an inter-collaborative team with the Kanesatake Health Center Inc.'s 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

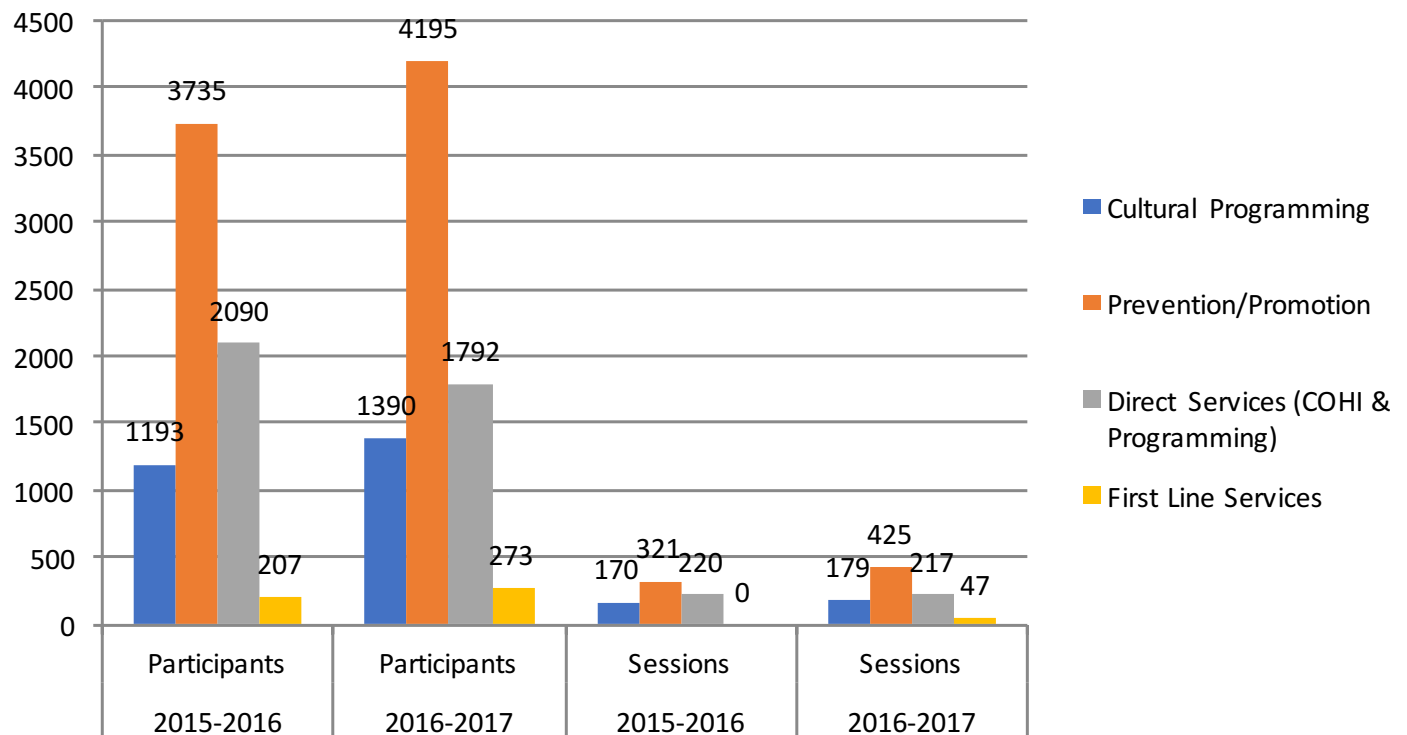
The department will continue to link with other community service providers, including external services, for the purpose of providing the necessary resources. This will inspire youth and families in their personal growth towards self-empowerment, stability and continuity for the next 7 generations.



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	

Child & Family Services Activities



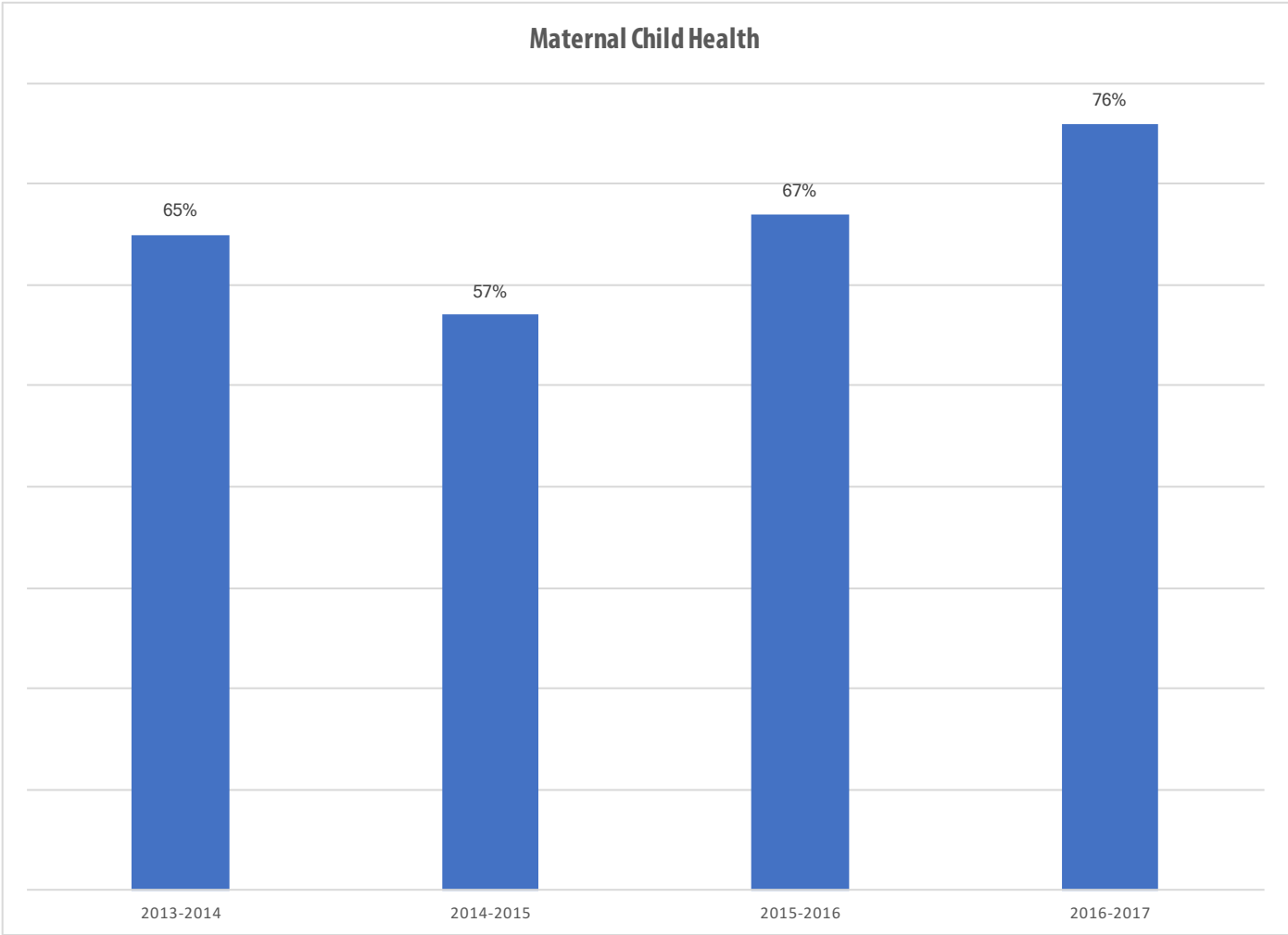
Maternal Child Health

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.

Low birth weight rates are known to be strong indicators of numerous public health problems, such as sudden infant death syndrome (SIDS), diabetes, hypertension, heart disease and asthma. Kanesatake’s low birth weight rate averaged 9.5% in the past five years, compared to a national average of 6%. A review of Kanesatake’s statistics suggest a correlation between low birth weight babies and smoking or drug use in pregnancy. Pre-pregnant and pregnant women are informed about the risks associated with substance use and encouraged and supported with resources to quit or practice harm reduction strategies.

New within the scope of practice for nurses is the authorization to prescribe nicotine replacement therapy (NRT). This will make support and treatment more readily accessible to clients with the ultimate goal of healthier mothers and babies.

Compared to the previous 3 years, a higher percentage of women in 2016/17 initiated prenatal care from the MCH nurse in their first trimester, which is a known to have positive correlation to pregnancy outcomes. More than half of our mothers are being followed by Dr DeBroux at the Health Center which has resulted in greater continuity of care for more prompt follow-up.



Baby Friendly Initiative

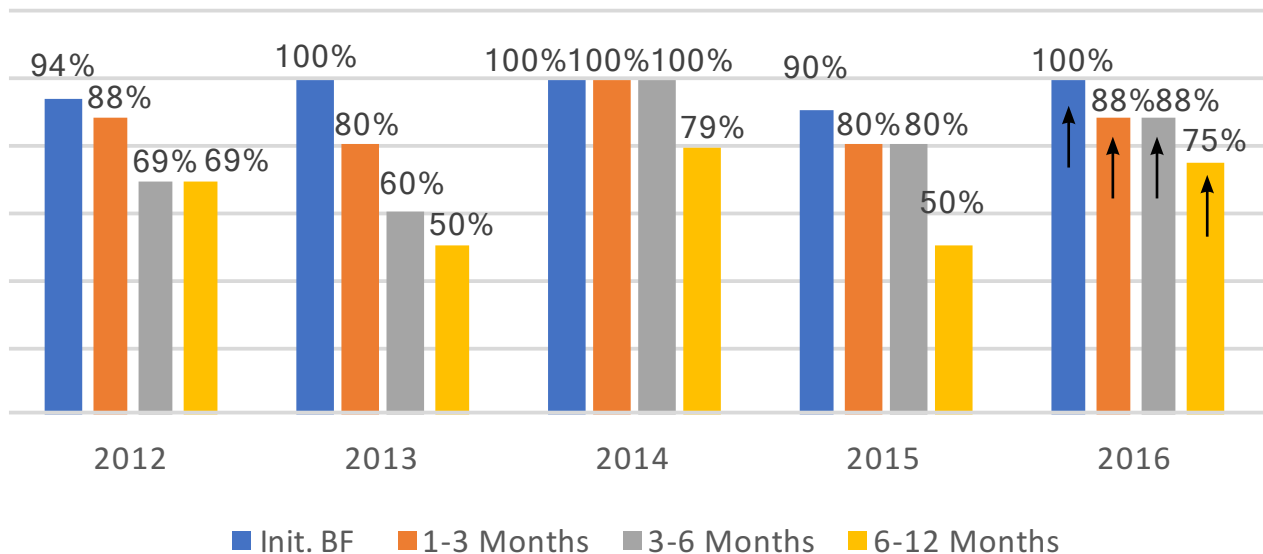
2012-2016 Kanesatake Five-Year Average

97% breastfeeding initiation rate! 2016 = 100%
 2 of 3 (65%) babies breastfed 6-12 months. 2016 = 3 of 4 or 75%
 4 in 10 (41%) babies breastfed 12 – 18 months. (2016 TBD)
 1 in 4 (25%) babies breast fed 18-24 months (2016 TBD)



In 2016, 44-percent of mothers breastfed **exclusively** for the first 5 to 6 months.

Breastfeeding Initiation/Duration Rates 2012-2016



It will be 5 years, in December 2017, that KHC has been accredited with the WHO Baby Friendly Initiative. The Health Center is preparing for re-accreditation in the 2017/18 fiscal year. We are proud to see that our breastfeeding initiation and duration rates continue to increase and demonstrate a community who has embraced breastfeeding as a valued norm. All our numbers have increased from the last fiscal year (2015-2016).

Special Projects

Jordan's Principle

This principle helps to ensure that these children get the care and support that they need, and that it is comparable to other Canadian children. It is intended to resolve jurisdictional disputes within, and between governments, regarding payment for government services involving the care of First Nation's children. This approach focuses on the most vulnerable children, children with a disabilities or short-term living conditions, including services in education, health, childcare, recreation, 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, 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.

Three Main Areas of Activity in Service Coordination

1. Outreach:

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

2. Intake, Assessments and Coordination:

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

3. Case Management:

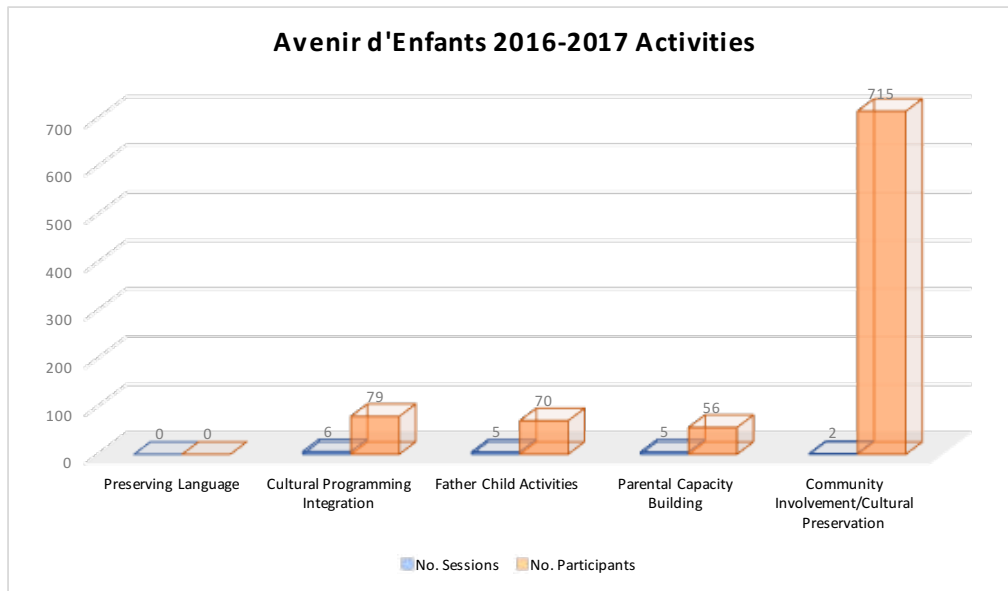
- Support a collaborative, client-driven process to ensure children receive quality and culturally appropriate health and social services that supports a continuum of care.



Avenir d'Enfants

The Avenir d'Enfants project focuses on early childhood development for children ages 0 to 5 years 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 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.



National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

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. We have integrated a strong and collaborative traditional and cultural focus; a critical protective factor as an overriding theme. We have developed a Kanesatake Health Center Inc. 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 within the local schools, community programs and activities to youth aged 8 to 18.

National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)		
Activities	Sessions	Number of Participants
Systematic Identification of at Risk Youth	2	N/A
Case Management	2	N/A
Ensuring a Safe School Environment	6	36
Cultural Programming	20	180
Educational Activities	19	171

Together Against Bullying Project

Together Against Bullying project identifies, addresses and reduces bullying among school-aged children in our community. In collaboration with families, local schools, and other partners, the following activities were implemented as part of the Kanesatake Health Center Inc. prevention program.

Together Against Bullying Project		
Activities	Sessions	Participants
Individual Interventions	69	N/A
Activities	6	229
Information Sessions/Workshops	6	138

Head Start

The primary goal is to provide preschool children with a positive sense of themselves, a desire for learning and opportunities to develop fully and successfully as young people. The pre-school intervention supports the development of the physical, intellectual, social, spiritual and emotional well-being.

Stats are included in the chart on pg. 27

Head Start Renovation Project (KYOT)

The Kanesatake Health Center is proud to report that the Kanesatake Youth of Today building has been newly renovated to accommodate for our programming geared for children aged 0-5. The renovation began in October 2016 and was completed by March 2017. The completion of this project has been approved by Health Canada and is up to their required quality, health and safety standards.



Photo: Shaelyn Nelson

Tobacco Initiative

The children, youth and adults of the community have been educated through various ongoing promotional activities raising awareness on the traditional use of tobacco. Some activities included planting and harvesting tobacco in a traditional manner. The youth were involved with the planting and harvesting, and now understand and can explain the many traditional uses related to Kanien'kehaka traditions.

What's New

Working to expand outdoor smoke-free zones (ex. increase distances from public entrances), the Kanesatake Health Center Inc. has partnered with Terra Cycle, a recycling company, to launch a cigarette butt recycling program within Kanesatake. The Kanesatake Health Center Inc. 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 \$1 per 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 have 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.

Tobacco Initiative		
Activity	Sessions	Participants
Awareness Activities	15	161
Communications	7	3070
Information Sessions/Workshops	6	138
Individual Support	2	2
Cultural/Traditional	2	14

E-Health

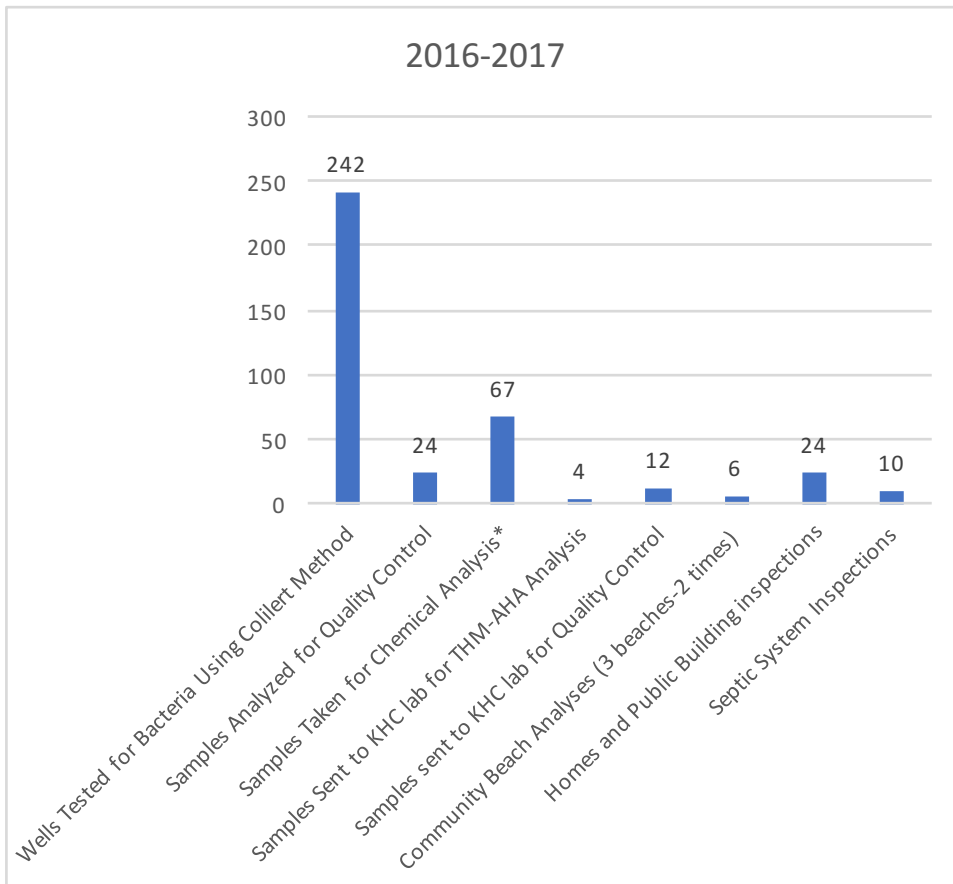
The e-Health project aims to support the use of health technologies through innovative partnerships, communication technologies, tools and services that collect data on the services provided to clients and that generates statistics supporting health services delivery to the community. The activities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

- I-CLSC Data Entry;
- Training of staff members on the communications technologies, their use and management;
- Continued to provide funding to sustain the IT equipment;
- Purchase of hardware such as desktops, laptop and peripherals



Environmental

Community-based Drinking Water Monitoring Program: April 1, 2016 - March 31, 2017



*including THM-AHA (other parameters analyzed)

Two wells tested positive for E-coli

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

Ongoing Initiatives

- To provide food safety courses
- To increase water sampling
- To update certificates for transportation of dangerous goods



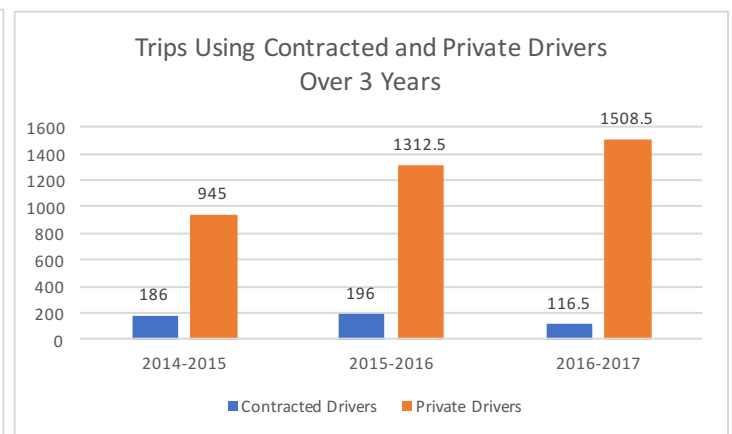
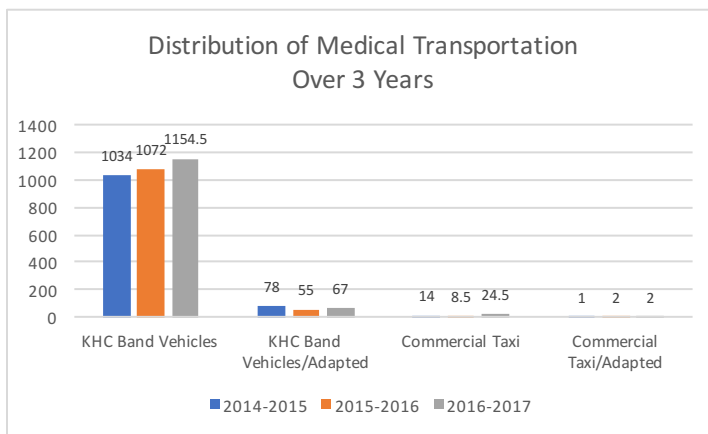


Medical Transportation

The Kanesatake Health Center Inc. Medical Transportation Program provides transportation for Registered Band Members to their medical appointments. It also provides the service to those that possess a band number from another reserve, or a child less than one year of age of a parent who is registered with a band number residing in the local area of Kanesatake.

The types of medical appointments include those that ARE covered by RAMQ (Medicare card), such as: family doctors, specialists, hospital visits, medical supplies and equipment, vision, dental and crisis intervention (mental health counseling) appointments.

Examples of medical appointments, which are NOT covered, are those to private doctors, podiatrists, acupuncturists, cosmetic and any appointment for which you are paying the doctor for service.



Non-Insured Health Benefits (NIHB) Program

The NIHB program provides a range of health benefits to meet medical or dental needs not covered by provincial, territorial or other third party health plans. Third party health plans are those usually provided by insurance companies, the benefits and services of the NIHB Program are in addition to provincial and territorial insured health care programs.

Some of the benefits provided are under the categories of

- Vision Care
- Medical Supplies and Equipment
- Drug Benefits
- Medical Transportation
- Mental Health
- Dental Care
- Orthodontics

The liaison for NIHB at the Health Center is the Medical Transportation Coordinator. She also coordinates medical needs with Medi Gas, CEO Medic, as well as dentists, denturologists and opticians as required by clients.





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

OVERVIEW OF ACCREDITATION WORK IN DEVELOPMENT (Qmentum A four Year Cycle of Quality Improvement)

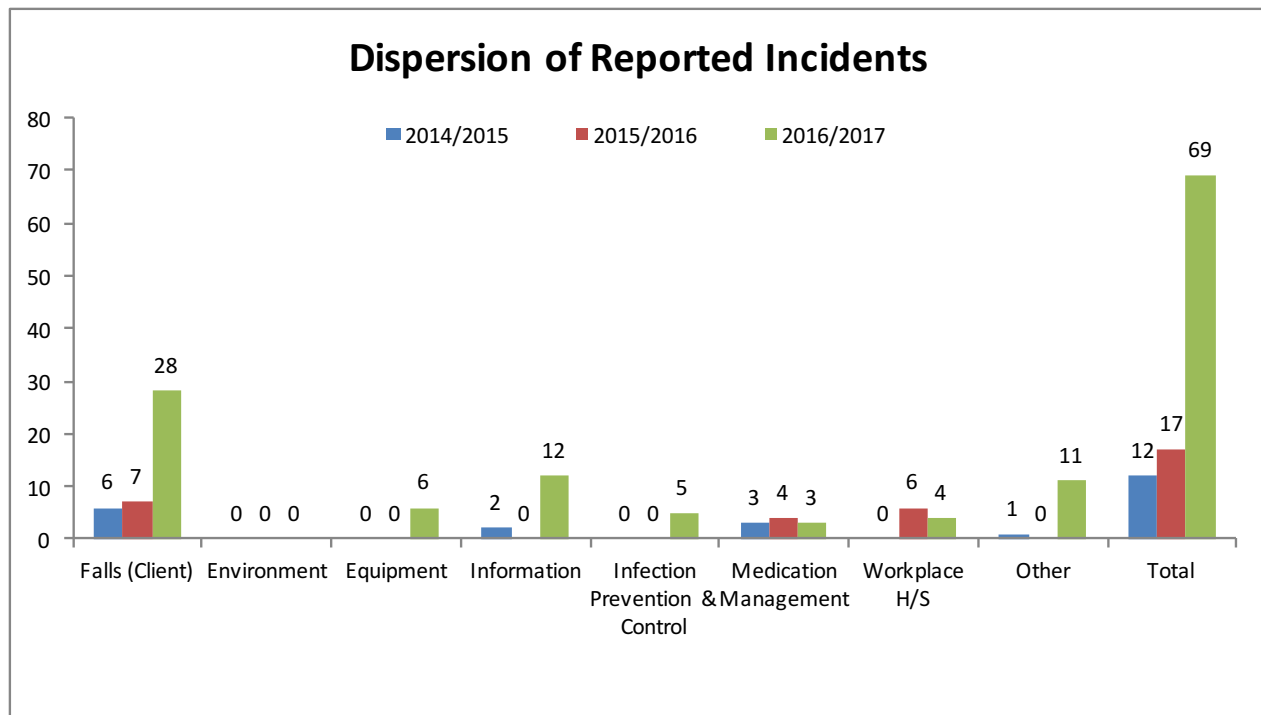
1. Ongoing annual review of Key Policies & Procedures
2. A healthy / safe work environment was identified as a strategic priority for the 2017-2018 work plan
3. Accreditation of Primary Care, Home and Community Care, and Riverside Elders Home
4. Review all key Job descriptions for Riverside Elders Home
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)



Integrated Quality, Safety, and Risk Management

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 graph 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.

Comparison of the Incidents/ Accidents reported to our Integrated Quality, Safety & Risk Management Committee Over the last Three Years



Note: * The higher number of incidents reported this year reflects the additional services added to Kanesatake Health Center Inc.

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

Staff and Community Training

April 2016

DYP Training, Parents Rights: April 13, 14, 2016

Introduction to the Youth Protection Act & Rights of Parents (FNQLHSSC)

Completion of Advanced Practice nursing degree (MSCN from University Ottawa)

May 2016

Collaborated with community services to offer a community Emergency Preparedness Day May 7 2016

Boat Licensing Training: May 4, 2016

Boat Safety Course: May 19 2016

Les Causes Physique de manqué de lait (Isabelle Cote de CSSS)

Diabetes Prevention (Kanawake)

June 2016

N-95 Mask fittings (Health Canada)

CPR/First Aide Training: June 10 & 13 2016

Search & Rescue Training: June 16 2016

July 2016

Vet Clinic

September 2016

Why Childbirth Education is Important (Injoy)

Smart Board Training: September 15, 2016

October 2016

Vaccinations (Canadian Pediatric Society)

PTI-plan thérapeutique infirmiers (OIIQ)

November 2016

Motivational Interviewing (FNQLHSSC)

Act Early for 7 Generations (FNQLHSSC)

Diabetes Educator (University of BC)

December 2016

Colloque on Contraception & ITSS (INSPQ)

Crisis Response Training: December 5-9 2016

January 2017

Wild Life Pathologies Course: Jan 21, 22 2017

Physical assessment of the Adult (FNQLHSSC)

Competency Framework for Nurses in FN Communities (U de M; HC)

Crisis Response Training: January 23-27 2017

February

March 2017

Physical Assessment of the Adult (FNQLHSSC)

Community Events and Activities

Chair Exercises (twice a week)

Cultural Night (Weekly)

Elder's Luncheon (weekly)

Yoga (Weekly)

Paddling Club (Seasonal)

Vet Clinic: (July 2016)

Annual Flu Vaccination Clinic (November 2016)

Live Pro Wrestling at the gym (November 2016)

Holiday Toy and Grocery Bingo (December 2016)

Winter Carnival (February 2017)

Wahta Family Gathering (March 2017)

WWE Event Father/child Outing (March 2017)

Disney Princesses on ice (March 2017)



Successes, Lessons Learned and Ongoing Initiatives

SUCCESSSES:

We are very proud of the following initiatives begun this past year:

- Integrating the Riverside Elders Home and Assisted Living into our corporate structure (Fall 2016), providing continuum of care for elders;
- A full review and revision of our Mental Wellness and Addictions programs and services;
- Consolidating integrated Case Management across Kanesatake Health Center Inc. programs
- Accreditation Qmentum Award Certification;
- Continued expansion of Child and Family Support Services cultural and prevention programming;
- Proposal for Jordan's Principle.

LESSONS LEARNED:

Some valuable lessons learned include:

- The value of internal collaboration across programs and services;
- To involve clients and community members in key organizational decision making;
- To use data to drive critical organizational decision making

ONGOING INITIATIVES:

As the Kanesatake Health Center Inc. moves forward, we will be focusing on:

- Client satisfaction forms to be assessed at every activity
- To focus on timely intervention for children at risk;
- To reinforce culturally sensitive programming at all levels;
- Increase links and referrals to local and external treatment centers;
- Developing a Harm Reduction program;
- Continuing same day crisis intervention based on the urgent needs of the client;
- Continuing to provide short term/long term support;
- Continuing to provide accompaniment to external emergency services as needed;
- Review and revision of our Mental Wellness and Addictions programs and services;
- School Outreach approach;
- Integrated Case Management across Kanesatake Health Center Inc. programs;
- Development of an agreement with Youth Protection des Laurentides;
- Continue to build capacity/self-efficacy, ongoing training as required;
- Begin next phase for long-term care/ palliative care



Financial Statements



Independent Auditors' Report

To the Board 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, 2017 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.

Other Matter

The financial statements for the year ended March 31, 2016 were audited by another firm of chartered professional accountants who expressed an opinion without modification on those statements on July 25, 2016.

Montréal, Québec

July 31, 2017

MNP SENCRL, srl¹

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



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Kanesatake Health Center Inc.

Statement of Financial Position

As at March 31, 2017

	2017	2016
Financial assets		
Cash (Note 3)	1,498,605	329,209
Accounts receivable (Note 4)	130,375	237,998
Total financial assets	1,628,980	567,207
Liabilities		
Accounts payable and accruals (Note 5)	370,012	235,995
Deferred revenue (Note 6)	1,238,411	441,030
Total liabilities	1,608,423	677,025
Net financial assets (net debt)	20,557	(109,818)
Contingencies (Note 7)		
Non-financial assets		
Tangible capital assets (Note 8)	707,447	715,159
Prepaid expenses	16,152	21,066
Total non-financial assets	723,599	736,225
Accumulated surplus (Note 10)	744,156	626,407
Approved on behalf of the Board of Directors		



Director



Director

Kanesatake Health Center Inc. Statement of Operations and Accumulated Surplus

For the year ended March 31, 2017

	<i>Schedules</i>	2017 Budget	2017	2016
Revenue				
Health Canada		3,337,050	3,337,050	2,331,256
Indigenous and Northern Affairs Canada		317,770	386,520	-
CISSS		102,264	102,264	-
FNQLHSSC		54,150	54,150	-
Ministère de la Famille		33,910	33,910	-
Le Centre Jeunesse des Laurentides		-	51,902	317,768
Other revenue		-	39,384	24
Rental income		-	42,700	-
Repayment of funding		-	(14,187)	(35,608)
Deferred revenue - prior year		282,341	441,031	138,738
Deferred revenue - current year		-	(1,238,411)	(441,031)
		4,127,485	3,236,313	2,311,147
Expenses (Schedule 2)				
Health Canada block and flexible funded programs	4	1,407,778	1,660,070	1,449,954
Health Canada set funded programs	5	616,586	651,488	584,186
First line services	6	317,768	282,037	277,678
Other programs	7	(40,584)	423,809	(20,810)
Capital Fund	8	-	101,160	93,281
		2,301,548	3,118,564	2,384,289
Surplus (deficit)		1,825,937	117,749	(73,142)
Accumulated surplus, beginning of year		-	626,407	699,549
Accumulated surplus, end of year		1,825,937	744,156	626,407

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, 2017

	<i>2017 Budget</i>	<i>2017</i>	<i>2016</i>
Annual surplus (deficit)	1,845,991	117,749	(73,142)
Purchases of tangible capital assets	-	(93,448)	-
Amortization of tangible capital assets	-	101,160	93,281
Net change in prepaid expenses	-	4,915	(682)
	-	12,627	92,599
Decrease (increase) in net debt	1,845,991	130,376	19,457
Net debt, beginning of year	(109,819)	(109,819)	(129,275)
Net financial assets, end of year	1,736,172	20,557	(109,818)

Kanesatake Health Center Inc.
Statement of Cash Flows
For the year ended March 31, 2017

	<i>2017</i>	<i>2016</i>
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	4,445,317	2,380,243
Cash paid to suppliers	(983,850)	(586,747)
Cash paid to employees	(2,198,623)	(1,565,451)
	1,262,844	228,045
Capital activities		
Purchases of tangible capital assets	(93,448)	-
Increase in cash resources	1,169,396	228,045
Cash resources, beginning of year	329,209	101,164
Cash resources, end of year	1,498,605	329,209



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.

Cash and cash equivalents

Cash and cash equivalent 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, 2017

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:

	Method	Rate and periods
Buildings	straight-line	20 years
Leasehold 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, 2017

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.

3. Cash

Included in cash is \$237,467 (2016 - \$nil) restricted as described in Note 11.

4. Accounts receivable

	2017	2016
Health Canada	-	225,055
Indigenous and Northern Affairs Canada	29,375	-
CISSS	36,840	-
FNQLHSSC	11,830	-
Other government agencies	23,737	-
Rent receivable	5,075	-
Sales taxes receivable	19,206	9,332
Other accounts receivable	4,312	3,611
	130,375	237,998

5. Accounts payable and accrued liabilities

	2017	2016
Accounts payable and accrued liabilities	131,413	72,392
Accrued salaries and benefits	137,404	127,995
Unspent government funding	49,795	35,608
Payable to Mohawk Council of Kanesatake	51,400	-
	370,012	235,995



Kanesatake Health Center Inc.

Notes to the Financial Statements

For the year ended March 31, 2017

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:

	<i>Balance, beginning of 2016</i>	<i>Contributions received in 2017</i>	<i>Contributions reconized in 2017</i>	<i>Balance, end of 2017</i>
Le centre jeunesse des Laurentides	178,827	51,902	230,729	-
Block and Flexible funded programs	262,204	2,671,969	1,701,607	1,232,566
Ministère de la Famille	-	33,910	28,065	5,845
	441,031	2,757,781	1,960,401	1,238,411

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:

	<i>Operating</i>	<i>Capital</i>	<i>2017</i>	<i>2016</i>
Health Canada	3,337,050	-	3,337,050	2,331,256
Indigenous and Northern Affairs Canada	386,520	-	386,520	-
Ministère de la Famille	33,910	-	33,910	-
	3,757,480	-	3,757,480	2,331,256



Kanesatake Health Center Inc.

Notes to the Financial Statements

For the year ended March 31, 2017

10. Accumulated surplus

Accumulated surplus consists of the following:

	2017	2016
Equity in tangible capital assets		
Balance, beginning of year	715,159	808,440
Additions to tangible capital assets	93,448	-
Amortization of tangible capital assets	(101,160)	(93,281)
	707,447	715,159
Deficit		
Balance, beginning of year	(88,752)	(108,890)
Annual surplus	218,909	20,138
Transfer to capital asset fund	(93,448)	-
Transfer to restricted fund	(246,055)	-
	(209,346)	(88,752)
Restricted Fund		
Transfer from operating programs	246,055	-
	744,156	626,407

11. Restricted fund

	2017	2016
First line services surplus carryforward	246,055	-

12. Annual surplus / deficit

Annual surplus / deficit is comprised of the following:

	2017	2016
Operating surplus	218,909	20,138
Capital deficit	(101,160)	(93,281)
	117,749	(73,143)

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 \$86,503 (2016 – \$77,313).



Kanesatake Health Center Inc. Notes to the Financial Statements

For the year ended March 31, 2017

14. Economic dependence

Kanesatake Health Center receives 65% (2016 - 83%) 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 March 30, 2016.

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. Comparative figures

Certain comparative figures have been reclassified to conform with current year's presentation.



Kanesatake Health Center Inc.
Schedule 1 - Schedule of Tangible Capital Assets
For the year ended March 31, 2017

	Buildings	Building improvements	Vehicles	Equipment	Furniture & Fixtures	2017	2016
Cost							
Balance, beginning of year	1,082,313	14,080	181,967	127,962	-	1,406,322	1,406,322
Acquisition of tangible capital assets	-	3,698	-	8,995	80,754	93,447	-
Balance, end of year	1,082,313	17,778	181,967	136,957	80,754	1,499,769	1,406,322
Accumulated amortization							
Balance, beginning of year	439,862	14,080	153,020	84,201	-	691,163	597,882
Annual amortization	54,115	370	28,947	9,652	8,075	101,159	93,281
Balance, end of year	493,977	14,450	181,967	93,853	8,075	792,322	691,163
Net book value of tangible capital assets	588,336	3,328	-	43,104	72,679	707,447	715,159
2016 Net book value of tangible capital assets	642,451	-	28,947	43,761	-	715,159	

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

For the year ended March 31, 2017

	<i>2017 Budget</i>	<i>2017</i>	<i>2016</i>
Consolidated expenses by object			
Amortization of tangible capital assets	-	101,160	93,281
Audit and accounting fees	26,319	30,728	25,023
Bad debts	-	38,391	-
Transfer of operations from Mohawk Council of Kanesatake	-	51,400	-
Computer equipment and software	25,000	162	13,210
Computer technician	-	2,433	10,219
Electricity	18,000	35,138	22,615
Equipment leasing	-	30,411	29,984
Equipment repairs and maintenance	1,500	22,577	33,464
First aid courses	-	2,050	-
Honourarium	-	-	56
Insurance	15,000	18,172	17,039
Interest and bank charges	-	2,071	1,819
Janitorial supplies	6,000	9,241	8,885
Medical supplies	10,000	15,264	8,883
Membership fees	-	544	2,555
Miscellaneous	28,377	-	-
Nutritional supplies	20,000	47,777	5,739
Office	-	28,054	26,466
Internal administration fees	92,895	(1,073)	-
Payroll service fees	-	2,584	2,016
Postage	-	3,510	4,439
Printing and translation	-	7,331	2,011
Professional development	37,459	44,381	19,996
Professional fees	116,750	196,506	74,945
Professional fees - nurses	13,650	3,287	11,350
Program activities	188,340	300,129	233,967
Recreation activities	-	-	1,500
Recreational supplies	7,000	695	2,510
Rental of premises	15,000	15,000	15,000
Resource materials / subscriptions	17,000	7,774	1,670
Salaries and benefits	1,490,295	1,864,006	1,565,451
Service contracts	10,000	11,358	10,749
Snow removal	3,500	3,525	3,525
Specialized materials	46,800	71,791	19,625
Telecommunications	3,500	29,820	21,791
Travel	42,963	49,550	25,693
Vehicle	66,200	72,817	68,813
	2,301,548	3,118,564	2,384,289

