



**Noojmowin Teg
Health Centre**
A place of healing

NEWSLETTER

January 2019

Manidoo—Giizis

Spirit Moon

Greetings from the Executive Director



Aanii and welcome to another year, everyone! The year 2019 is an opportunity for new starts – as individuals and as a collective of health providers. It is a chance to be resourceful, creative and to do things better! Noojmowin Teg Health Centre, as with many of our health partners, underwent significant changes in 2018. While changes can be difficult or exciting, all change requires planning and adjustment. It is an observation that we, as well as all of our colleagues, have weathered things well. As an organization, I believe we are working together more closely, and have an increasing sense of teamwork that resulted from having to work on so many things together.

To give you a better sense of what I am referencing, I am pleased to say that:

1. With a lot of effort from administration, program staff, and board members on Noojmowin Teg Health Centre policies and processes, Noojmowin Teg become certified through the Canadian Centre of Accreditation. It was a high moment for all of us.
2. We also experienced a number of staff who moved on, as well as new staff joining us to fill vacant and new positions. You will have seen those announcements in previous newsletters. If you still wish to receive further updates, please check out our web-site at www.noojmowin-teg.ca. Recruitment continues to be a challenge that prevents or impacts the services we provide to community members. Most of our positions took extended time to fill. While living in the north is a blessing, it limits the number of potential service providers who may seek to work in a rural setting. We thank our First Nation health and other partners, and community members for your understanding and for working with us to maximize existing and new services.
3. There was an expansion of new services to Indigenous people living in Espanola and area including a Nurse Practitioner, Mental Health and Addictions Counsellor, Healthy Living Children-Youth program (part-time), and Cultural support. These are culturally relevant services that were not available previously to Anishinaabe people living in this area.
4. There has been growth in the traditional services. Beginning in the new year, there will be a provision of more healing services available both at our site and in each of the communities. The priority will be on healing services, and working with community traditional programs to contribute to mentorship and to traditional-cultural learning opportunities. We look forward to becoming more involved with our area partners in responding to the viable and growing interest of our people in original ways of living.
5. Over the past several years and supporting many existing programs, we have been able to secure a number of projects with a focus on encouraging use of local and indigenous food – through growing, harvesting, and purchasing locally. We are pleased to be a part of such exciting developments that contribute to food security.

In this year, we look forward to continued work and collaborations with community health partners as we remain committed to being responsive and in supporting the holistic health of all we serve. Toward this end, we anticipate the continuation of the good things being accomplished, a drive to do better, and in seeing better health outcomes of First Nation and indigenous individuals and families.

Wishing everyone a healthy New Year! Miigwetch.



Welcome Board Director, Janine Williams



Aanii

I am excited to be a Director with Noojmowin Teg Health Centre representing the Off Reserve population. This opportunity allows me to share my knowledge and give back to the people. During my employment with Sheguiandah First Nation; I had the privilege to work with some of the health staff.

I am originally from Sheguiandah First Nation. I feel I have come full circle back to my home roots as I was part of the 60's Scoop. I attended Northern College in 1993 where I met my husband (24yrs) ago! This was the beginning of discovering my culture. We have raised three beautiful girls and now I have the pleasure of helping to raise my two grandchildren. We also have many pets who are part of the family! In spirit, Janine Williams



Noojmowin Teg
Health Centre
A place of healing

Client Rights and Responsibilities

Serving Aundeck Omni Kaning, M'Chigeeng, Sheguiandah, Sheshegwaning, Whitefish River, Wikwemikong, Zhiibaahaasing First Nations, and the Off-Reserve Populations in the District of Manitoulin Island and Area.

Noojmowin Teg Health Centre supports the rights of every client to independent expression, choice and action, and strives to ensure that each individual is given respect, dignity, consideration, privacy and opportunities to participate without discrimination. Noojmowin Teg Health Centre follows the Teachings of the Seven (7) Grandfathers; Love, Respect, Honesty, Bravery, Humility, Truth and Wisdom, to ensure all workers and services provided demonstrate **Cultural Awareness, Cultural Sensitivity, and Cultural Competency** to provide culturally safe services.

Noojmowin Teg Health Centre strives to ensure that all clients receiving services in an individual, group or community based setting understands their responsibilities and roles in maintaining standards of high quality in all the programs and services provided.

CLIENT RIGHTS

Every client has the right to:

- Have their privacy respected by staff wherever Noojmowin Teg Health Centre care is provided. Information gathered from and about the clients throughout the course of their care is subject to the laws, regulations and processes of confidentiality.
- Understand the nature and implications of the care proposed by the provider before receiving care. For consent to be valid, the client must be able to understand and appreciate the implications of the intervention. The client must also be physically and mentally capable of providing consent.
- Expect that all care provided on their behalf will be conducted in a professional and respectful manner.
- Make a complaint regarding their care at the Centre.
- Access their record, to receive clarification about the information contained in the record and to receive a copy of all or any part of the record, unless there is proof that to do so will cause harm to the person.
- Appeal decisions to withhold or limit access to their records. Clients have the right to correct factual errors in their record.
- Know when they are receiving services of a student and the right to refuse these services.
- Understand when disclosure of information to another party may be mandatory, even when the client does not wish the information to be disclosed. Service providers will aim to respect the wishes of the client regarding information. However, clients need to be aware that some disclosure and consultation between providers may occur in order to maintain/provide an appropriate standard of care.
- Know about all available services.
- Be aware of the limits to confidentiality (i.e. harm to self/others, legal requirements, etc.).
- Refuse treatment and be informed of the consequences.

**Website to access Client Rights and Responsibilities,
Privacy Statement, and Complaint Process**
www.noojmowin-teg.ca

Accredited by
Canadian Centre
for Accreditation



Agréé par
Centre canadien
de l'agrément

CLIENT RESPONSIBILITIES

Noojmowin Teg Health Centre expects clients to:

- Respect the policies of Noojmowin Teg Health Centre and the Centre where the services are offered, and act in a respectful manner.
- Be respectful and considerate of the staff, students and other clients of the Centre.
- Ensure they arrive on time for appointments and/or group programs and advise us at least 24 hours in advance of appointments which cannot be attended.
- Inform Noojmowin Teg Health Centre and/or Community receptionist know if the clients has changed their address, phone number and/or Health Card Number.
- Accept responsibility for the decision they make about their care plan with the Noojmowin Teg Service provider and follow through with the plan of care.
- Notify Noojmowin Teg Health Centre of any diagnosed communicable diseases, if participating in group programs (when a child participating in a group program is diagnosed with i.e. Measles, Chicken Pox, etc.).

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Postal Bag 2002, Hwy 540
48 Hillside Road, Aundeck Omni Kaning
Little Current, Ontario
POP 1K0

For General Information on Services:

Phone: 705-368-2182

Fax: 705-368-2229

Email: info@noojmowin-teg.ca
www.noojmowin-teg.ca

Telehealth Ontario: 1-866-797-0000



Thyroid Awareness Month

What is Thyroid Cancer?

The **thyroid** is a butterfly-shaped gland at the front of the neck, just below the larynx (voice box) and on top of the trachea (windpipe).

The thyroid gland tends to develop nodules (small lumps). In fact, at least half of the population has nodules – 95% of which are benign (non-cancerous). If you have a nodule, make an appointment with your Doctor and/or Nurse Practitioner to have it checked.

Thyroid cancer, know that you're not alone. AND, it's often curable.

What's important is to be engaged in your own care, which includes:

- Being informed. Learn about your condition and treatment options.
- Asking for help. Don't be afraid to reach out for support. Your family and friends.
- Thyroid Cancer Canada provides support by telephone and email.
- Talk with your Doctor and/or Nurse Practitioner. Ask questions, get copies of your results/reports, and follow-up if you don't have the answers you need.

<https://www.throidcancercanada.org>



Pilot Project

Noojmowin Teg Health Centre is pleased to announce
an innovative pilot project working with Jim Roszell, Pharmacist.
Pilot project will end March 31, 2019

We are looking forward to working with our First Nations partners to discover how Western medicine and Traditional medicines blend to benefit the well being of the individual. Jim will review your list of medications and help you understand the medications and answer your questions with a view to reducing the number of medicines you take, if possible. He will provide education of any possible unsafe medication combinations.

Help is also available for smoking cessation, management of chronic conditions such as diabetes and high blood pressure and to answer questions about narcotics, opioids, pain medications and more.

Jim will be working at the Wiikwemkoong Health Centre on most Mondays. You may schedule an appointment by calling the Wiikwemkoong Health Centre. Please remember to bring all your medications to your visit with the pharmacist including any over-the-counter medications (this includes vitamins) and traditional medicine(s).

Working with you toward living a good life. Mino-bimaadiziwin.

1 855 554 HEAL

Talk4Healing
TALK • TEXT • CHAT

**Free, confidential help, advice
and support for Indigenous
women, by Indigenous women**

Call or text us at **1-855-554-4325**
Or visit **Talk4Healing.com** today

**HARVEST TO SHARE
INDIGENOUS FOOD ACCESS**
Contact Noojmowin Teg Health Centre at 705-368-2182
for more information.

**The Mshiikenh Mnis Wenjiing Program is
Accepting Referrals.**

Through the sacred method of land based knowledge sharing, the Mshiikenh Mnis Wenjiing - Turtle Island Roots Program encourages sustainable diets with opportunities to access local Indigenous Foods.

The Harvest to Share Initiative aims to provide access to Indigenous foods for those who are interested in incorporating wild game, fish, and gathered foods from the land through a referral process.

Please speak with your Noojmowin Teg Healthcare Provider to receive a referral, or feel free to contact the Indigenous Foods Coordinator for more information at:
705-368-0229 Ext. 218.

Find us on **Facebook** @turtleislandroots

Have your Diabetes Health Practitioner check your feet at least once a year? TO DETERMINE YOUR RISK!

HIGH RISK FOOT:

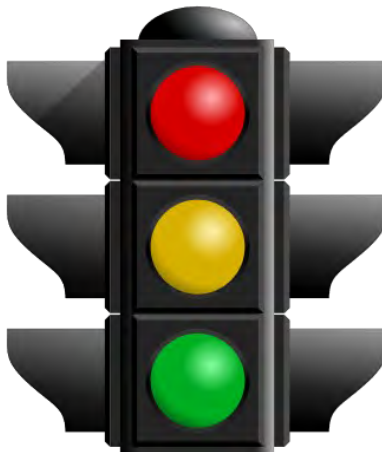
- History of ulcers/amputations
- Current foot ulcer

MODERATE RISK FOOT:

- Loss of normal feeling in the foot with or without an abnormal foot shape
- Absent pulses/poor circulation
- No history of ulcers/amputations
- No current ulcers

LOW RISK FOOT:

- Normal feeling in the foot
- Normal foot shape
- Good pulses/circulation
- No history of ulcers/amputations



What is a diabetic foot ulcer?

People with diabetes are at greater risk for getting a foot ulcer (sore) as they may have nerve damage in their feet. This nerve damage (neuropathy) can cause loss of feeling in the feet, change in the shape of the foot and can dry out the skin. Because of these changes, a person with diabetes

may not feel pain; therefore, not knowing that they have a sore. Shoes that are not fitting properly, may cause a callus or blister on their foot, cracks on their heels or an injury to their feet. People with diabetes may also have narrow or blocked blood vessels in their legs. (peripheral arterial disease) This poor blood supply can slow wound healing and increase your risk of infection. Diabetic foot ulcers, if not properly managed may become infected and may result in toe or foot amputations.

In order to improve outcomes for diabetic patients with foot ulcers, the Province of Ontario is funding casts/walkers devices to treat foot ulcers. Wound care devices, which include: removable, non-removable and total contact casts, can significantly improve patients' quality of life by relieving pressure around the heel, ankle and toes so the foot can properly heal. The goal is to improve wound healing and reduce risk of complications.

[continue on page 9.....](#)



**MONDAY & TUESDAY
JANUARY 14 & 15, 2019**

NOOJMOWIN TEG HEALTH CENTRE

Traditional Healing Services

WITH ESSTIN MCLEOD

Esstin is an Anishnaabe kwe from Mississauga First Nation and shares her many gifts in healing.

To Book An Appointment Contact
Evelyn Leeson at 705-368-2182 Ext. 201
www.noojmowin-teg.ca

**Find us on
Facebook**
"Noojmowin Teg Health Centre"



**Noojmowin Teg
Health Centre**
A place of healing



Health
Canada
Santé
Canada

Noojmowin Teg Traditional Program Presents

WORKING WITH ENERGY

With Isabelle Meawasige

**TUESDAY & WEDNESDAY
JANUARY 8 & 9, 2019**

Contact Evelyn Leeson at
705-368-2182 Ext. 201 to book appointment.
www.noojmowin-teg.ca



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**Find us on
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AUNDECK OMNI KANING BOWLING

Espanola Ventures Lanes Inc.

EVERY FRIDAY from 5:00 to 6:00pm
January 25, February 1, 8, 15, 22, March 1, 2019

INFORMATION ON HEALTH RELATED TOPICS PROVIDED:

- * Nutrition
- * Smoking Cessation
- * Traditional Teachings
- * Mental Health

**FOR AGES
6 - 14
YEARS**



Aundeck Omni-Kaning
First Nation



**Noojmowin Teg
Health Centre**
A place of healing

**Snacks &
Transportation Provided**

**Find us on
Facebook**
"Noojmowin Teg Health Centre"

Please pick up registration forms at the 4 Directions Complex
in AOK. For more information, call Mandy Shawanda at
705-368-0739 or Mark Peltier/Nelson Wood at 705-368-0229.
www.noojmowin-teg.ca

Whitefish River First Nation

SNOW SHOEING

**For Ages
6-10 Years**

**4:00 to
5:30 pm**



**January 17th, 24th, 31st,
February 7th, 14th, 21st, 2019**

Meet at Shawanosowe School

INFO SESSIONS

- Nutrition
- Traditional Teachings

SNOW SHOES AVAILABLE



**Noojmowin Teg
Health Centre**
A place of healing



Whitefish River
First Nation



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

**Find us on
Facebook**
"Noojmowin Teg Health Centre"

Registration forms can be picked up at the Whitefish River Health Centre.
For more information, contact Crystal McGregor - Right to Play Community
Mentor at (705) 285-4354 or Nelson Wood at 705-368-0229 Ext. 245.
www.noojmowin-teg.ca



Cervical Health Awareness Month

The main cause of cervical cancer is the human papillomavirus (HPV), a common sexually transmitted virus. There are several things you can do to lower your risk of cervical cancer:

Reduce HPV Exposure	The more sexual partners you have, the greater your risk of being infected with HPV. Your risk may also be increased if a partner is a carrier of HPV or has had multiple sexual partners in the past. Most HPV infections occur in the first few years of sexual activity. There is some evidence that regular use of condoms or a diaphragm can help reduce the risk of cervical cancer by reducing exposure to HPV. The evidence is stronger for condoms than diaphragms. It's important to know that even condoms can't protect 100% against HPV or eliminate the risk of cervical cancer.
Consider HPV Immunization	The HPV vaccine (Gardasil®) is available at no charge to all Grade 7 girls and boys through Ontario's publicly funded school-based program. In addition, the HPV vaccine is available on a user-pay basis. It is approved for women up to 45 years of age. If you are a woman, we encourage you to speak to your doctor Nurse Practitioner or Community Health Nurse about getting immunized. It is ideal to have the vaccination before you become sexually active and may be exposed to the HPV virus. However, even if you are already sexually active you may also benefit from the vaccine. The vaccine prevents most but not all cervical cancers.
Do Not Smoke	If a woman who is infected with a high-risk strain of HPV smokes, her risk of cervical cancer increases by up to 80%. Smoking inhibits the immune system, making it harder for the body to fight off infection. As well, smoking is linked to many types of cancer and other diseases. There is no safe kind of tobacco product and no safe amount of smoking. It's never too late to benefit from becoming smoke-free. If you are already a non-smoker, keep yourself safe by avoiding exposure to other people's tobacco smoke (second-hand smoke). If you do smoke, consider quitting. Talk to your health care provider for assistance.
Go for Regular Pap Tests	Pap tests check for cervical cell changes caused by HPV infection. Cervical cancer can sometimes be prevented by following these cell changes closely and treating them if necessary. Regular screening with Pap tests means there is a better chance of finding pre-cancerous cell changes, so they can be treated and likely cured before cancer has a chance to develop. Be sure to go for regular Pap tests, and for follow-up testing if your Pap test result is abnormal.
Who Should Be Screened	<ul style="list-style-type: none"> -Women 21 and older who are or have ever been sexually active, should be screened regularly for cervical cancer. -Based on the latest clinical evidence, for most women who've never had an abnormal result, pap screening should be every three (3) years. -Regular screening can stop at the age of 70 if a woman has had 3 or more normal tests in the previous 10 years.

If you feel you may have been exposed to HPV, consult with your Family Doctor or Nurse Practitioner or Nurse. **There is an Indigenous brochure on Cervical Cancer screening.*

Sexual Assault and Domestic Violence



A new billboard has been installed between Manitoulin Island and Espanola. It displays a message of support for victims and survivors of sexual assault and domestic violence.

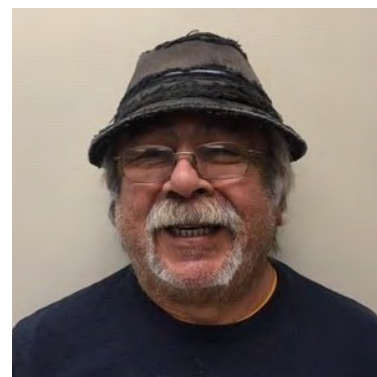
The message illustrates our belief that every person has value and is deserving of healthy relationships and a health community. It also serves as a reminder that victims and survivors are incredibly resilient and inherently strong. For those currently experiencing violence, we offer support and guidance along the healing journey by unearthing those inherent strengths.

For more information, you may contact Noojmowin Teg Health Centre (705) 368 2182.

Welcome, Team Members!



Melanie Morel
Nurse Practitioner



Terry Spanish
Resolution Health Support Worker

BE LIKE A TREE.

STAY GROUNDED.

CONNECT WITH YOUR ROOTS.

TURN OVER A NEW LEAF.

BEND BEFORE YOUR BREAK.

ENJOY YOUR UNIQUE

NATURAL BEAUTY.

KEEP GROWING.

Joanne Raptis

tinybuddha.com

Beet and Orange Salad with Goat Cheese - Ingredients

- 1 bunch — Red/Golden/Chioggia Beets
- 1/2 cup — Orange juice
- 2 tbsp. — Honey
- 1-2 — Orange, segmented
- 1L — Salad greens
- 100g — Goat cheese, soft
- 1/2 cup — Walnut/pumpkin seed (optional), toasted
- 1 tbsp. — Orange Zest, grated

Vinaigrette

- 3/4 cup — Neutral oil (grapeseed, canola)
- 1/4 cup — White Wine vinegar
- 1 tbsp. — Dijon mustard
- 1/4 cup — Orange juice, fresh
- 1 small — Shallot, diced
- 1 tbsp. — Honey
- Pinch — Salt

Steps

Scrub/Peel beets and quarter. Season with salt and pepper. Wrap in foil and place in oven at 425 for about 40min or until fork tender.

Remove from oven, and reserve in large bowl. Add orange juice, honey and zest. Toss and reserve in refrigerator

Slice beets into thin wafers (bite sized)

Dress greens with vinaigrette (recipe below), and place on cold plate.

Top greens with beet slices, toasted nuts/seeds, orange segments and crumbled goat cheese. Serve immediately

Vinaigrette

Place diced shallot, vinegar, orange juice, sugar, mustard and salt in a blender.

Blend on high speed to incorporate

Lower speed on blender and slowly drizzle a thin line of oil into the blender. Add oil slowly to not break emulsion.

When all oil is added, increase to medium speed to ensure emulsification.

Reserve in refrigerator or use immediately



DO

- ◆ Check your feet daily for corns, calluses, warts, in-grown toenails, blisters, sores, and dry or cracked skin.
- ◆ Check your feet daily for swelling, warmth or color changes.
- ◆ Use a mirror to see the bottom of your feet or have a family member or friend check the bottom of your feet daily if you cannot lift them up.
- ◆ Report any new or worsening pain to your healthcare provider immediately.
- ◆ Wash your feet every day with lukewarm water and a mild soap. Dry your feet well, especially between the toes.
- ◆ Trim your nails straight across and gently file any sharp edges.
- ◆ Apply a scent free moisturizer to your feet daily, except between your toes.
- ◆ Change your socks every day. Choose socks that are light colored and without seams/holes.
- ◆ Wear a good supportive shoe (with socks) at all times when walking.
- ◆ Purchase shoes from a foot or shoe specialist.
- ◆ Check the bottom and inside of your shoes before putting them on.
- ◆ Replace shoes when they are worn out.
- ◆ Avoid extremes in heat and cold.
- ◆ Exercise regularly.
- ◆ Achieve a healthy body weight.
- ◆ Maintain good blood sugar, blood pressure and cholesterol control.
- ◆ Manage stress.



Have a diabetes foot care professional regularly cut your toenails if you cannot do so safely or if you cannot reach, feel or see your feet.

**Call your local
Health Centre
to book a specialized
Diabetes Foot Care
appointment.**

**DON'T**

- ◇ Cut or treat your own corns and calluses.
- ◇ Treat your own in-grown toenails.
- ◇ Walk barefoot or in socks only at any time.
- ◇ Soak your feet.
- ◇ Apply heat to your feet, like a hot water bottle or electric blanket.
- ◇ Wear tight socks, garters, knee highs or shoes.
- ◇ Wear over-the-counter insoles.
- ◇ Sit for long periods of time or sit cross-legged
- ◇ Walk on foot ulcers.

Breaking the Stigma of Mental Health

Child & Youth Intensive Treatment Counselling

Defining Mental Health Stigma

In general, public stigma is society's general negative beliefs about a group of people with mental health symptoms. Stigma is negative beliefs and labels about mental health that leads to prejudice and discrimination. Stigma beliefs can even justify acts of bullying.

An example of this is society producing a view that depression is in fact just laziness and then labeling the person struggling as lazy. This influences one's behaviour to not provide assistance to someone suffering with depression.

"Many people living with mental illness say the stigma they face is often worse than the illness itself." (Mental Health Commission of Canada, 2012).

Language Matters

Changing stigma starts by how "we" collectively talk about mental health. The labels used, such as "addict" instead of "people who use substances" have an impact on how one is treated. The implications of "addict" vs. "active use of substances" influences a mindset of whether one believes recovery is possible (Government of Canada, 2018). Likewise, with mental health symptoms, such as using the language "one experiencing mental health" vs labels of "crazy" is significantly important changes needed among the youth population (Rose, Thornicroft, Pinfold, & Kassam, 2007).

Reducing the stigma of mental health among youth is very important as often the onset of mental health symptoms begin at a young age. Adults with mental illness have reported the onset of their symptoms began before the age of 18 (Mental Health Commission of Canada, 2012). Language and stigma often interrupts the young people from coming forward when the symptoms emerge due to the fear of being labeled and thus interfering in early intervention strategies. It is all of our responsibility to work together to use the correct language to promote safety on the topics of mental health and begin suggesting that mental health is often a normal part of life struggles that can be treated.

"HOW YOU SEE ME AFFECTS HOW I SEE MYSELF"

(Mental Health Commission of Canada, 2012)





Island drug use survey reveals nearly half the respondents ignorant of local services

MANITOULIN—Following an eight-month drug and alcohol survey delivered by the Manitoulin Drug Strategy, conducted to understand the habits, availability and concerns of the residents of Manitoulin Island, the results are in and they speak volumes: of the 319 respondents, over 90 percent have had their lives directly affected by drugs and alcohol.

Mark Forsythe, chair of the Manitoulin Drug Strategy committee, explained that the results of the survey will help drive a strategic plan over the next five years.

“We wanted active input from everyone: users, those in recovery, family,” Mr. Forsythe told the crowd during the National Addiction Awareness Week conference held in M’Chigeeng late last month.

One of the survey questions had respondents list the substances they knew were available on the Island. Alcohol, cannabis, cocaine and crack cocaine and prescription opiates listed high on the list followed by methamphetamines (speed), magic mushrooms, heroin, tranquilizers, ecstasy/MDMA, inhalants, acid (LSD) and fentanyl.

Almost 60 percent of those who took the survey said they were aware of a service, person or support that had helped either themselves or someone they knew to “improve a situation involving alcohol or drugs.” Those services listed by respondents included Alcoholics Anonymous at 24 percent and the Rainbow Lodge in Wiikwemkoong with 25 percent. Lesser known service providers listed among the respondents included counselling, methadone and suboxone programs, withdrawal management services, the M’Chigeeng Health Centre, Noojmowin Teg Health Centre and traditional ceremonies including healing lodges. Forty percent did not know of any services available to them.

When asked to list what is most needed for the people of Manitoulin who struggle with addictions the following services were named (in order of their rank on the list): education for children and young people; addiction treatment; support for families and children; education for adults and parents; a safe place to go for people to escape; personal counselling; services or support for Indigenous culture; community safety and enforcement; Alcoholics Anonymous or Narcotics Anonymous; and overnight shelters.

The survey also identified that services should not be judgmental or restrictive, that wait times should be reduced and that there should be follow-up services accessible for people in order to prevent individuals from returning to their communities and relapsing, a document from Public Health Sudbury and Districts on the survey results noted.

“The response mirrors what is seen in many community drug strategies where there is the recognition that several approaches need to be taken, including enforcement, harm reduction, treatment, education and the building of relationships,” the document states.

Respondents also noted that the impacts of drug and alcohol use on Manitoulin were getting worse.

“This is really important stuff, and stuff we need to do,” Mr. Forsythe said of the survey responses and their calls to action.

With this information, the Manitoulin Drug Strategy committee will then give itself a “purposeful direction.”

Mr. Forsythe said he is hopeful that, by spring, there will be a working plan in place for the Manitoulin Drug Strategy.

For more information about the Manitoulin Drug Strategy, you can email them at manitoulinds@gmail.com.



WISE Care Research Project Summary

Introduction:

This research project is a collaboration between Health Sciences North Research Institute (HSNRI), N'Minoeyaa Aboriginal Health Access Centre and Noojmowin Teg Aboriginal Health Access Centre. The goal of this project is to build sustainable community-owned and directed strategies to support healthy aging and dementia care in Indigenous communities, with a focus on cultural safety and trauma-informed care.

Benefits for Community:

- A community understanding of multiple chronic conditions (MCC) and dementia and how it is affecting individuals, families and communities including warning signs.
- Communities are able to approach developing the best possible quality of life for individuals living with dementia and MCC, their families, caregivers and the community as a whole.
- Community-driven strategies to support aging in a good way throughout life.
- Health care service providers and learners are better prepared to develop a supportive healing relationship with the people of their community.

Purpose:

- This project will support Indigenous communities in their understanding of multiple chronic conditions, dementia and the risk for dementia due to multiple chronic conditions.
- Through an improved understanding of the impact of multiple chronic conditions and dementia on persons, families, and communities, community members can partner with health care providers to better support the needs of persons and families living with these conditions.

Funding Agency:

Canadian Institutes for Health Research (CIHR)

Steering Committee Members Wanted!

Are you a community champion?

Do you know someone with multiple health conditions and/or memory loss?

The Sheshegwaning Health Centre is partnered with Noojmowinteg Health Centre and Health Sciences North Research Institute to understand the needs of older Indigenous adults, aged 45 years and older in Sheshegwaning. The process of living with multiple health conditions and/or memory loss is stressful on the person and their family members who are caring for their loved one. This research aims to talk with older adults to listen to what their experiences are.

We are looking for Community Champions to be part of the WISE Care Steering Committee to help direct the focus of the research. We are looking to recruit local service providers, Elders, youth, caregivers and community members to commit a portion of their time to:

- Help identify potential research participants aged 45 years and older who have multiple chronic conditions and/or dementia, caregivers and their families
- Determine community-identified needs
- Promote community engagement and enhance community-led research
- Respect for Indigenous Culture, promote culturally relevant and appropriate research protocols
- Respect for the community's intellectual property on how data should be collected, protected, used, and shared

If you would like to become a member of the steering committee in this research project, please contact Community Research Assistant - Michael-Ann MacLean at Noojmowinteg Health Centre at 705-368-0229 ext. 242.





Noojmowin Teg Health Centre

A place of healing



Noojmowin Teg Health Centre

Hours of Operation

Monday - Friday

8:30am - 4:00pm

Main Office Telephone

(705) 368-2182

Main Office Fax

(705) 368-2229

Website

www.noojmowin-teg.ca

Mission Statement

Noojmowin Teg Health Centre provides culturally relevant services and is committed to support and promote the overall wholistic health and well-being of Anishinabek individuals, families and communities within the District of Manitoulin Island and Area.

To do this, we will operate community-based and programs and services, establish partnership and promote healthier communities through both traditional and western healing methods.



Postal Bag 2002, Hwy 540, 48 Hillside Rd.,
Aundeck Omni Kaning First Nation, Little Current, ON P0P 1K0

