



Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay



FINAL REPORT

Maamuu Nakaahehtau

Strategic Planning Meeting

Montreal, November 29 & 30, 2010



Standing: Kathleen Wooton, Wally Rabbitskin, Dr. Christine Connors, George Diamond, Mabel Chewanish, Bernadette Shields, Katherine Morrow, Harriet Linton, Edith Robichaud, Monique Laliberté, Hélène Porada, Dr. David Dannenbaum, Rusty Cheezo. Seated: Johnny Tomatuk, John Gossett, Bella Jolly, Solomon Awashish, Catherine Godin, Iain Cook, Mihigo Muganda.

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Objectives

Maamuu Nakaahehtaau (together, we can prevent diabetes) is a new initiative to mobilize communities around diabetes primary prevention (support for healthy lifestyles) in Eeyou Istchee, the Cree Territory of James Bay in northern Quebec. The 2-day strategic planning meeting was organized by the Public Health Department of the Cree Board of Health and Social Services of James Bay. The meeting aimed to draw on the experience and knowledge of a diverse group of people, including community leaders, frontline health workers, researchers and medical experts, to:

DISCOVER:

- Perspectives and experiences on how positive social change happens, especially in the Cree world
- Where we are at now in the Maamuu Nakaahehtaau project, where we want to go and with whom we need to interact

DREAM: About success... What are the changes in behaviours, relationships, activities and actions that are needed to promote healthy communities

DESIGN: Explore ideas that could contribute to the project's success

What participants said

- "I was inspired by how much people were motivated."
- "I enjoyed the interactions we had and the topics we discussed."
- "It takes a community to change a lifestyle."
- "I have never heard physical education come up so many times at a meeting. Maybe this is our place to start?"
- "Ten years ago, we were saying that ideas and recommendations should be coming from the community. Finally, it is happening."
- "Eastmain always had a trend towards thinking big even though it is small."
- "I see that the commitment is there."
- "We were all connected by this thing we call diabetes even though we live halfway around the world."
- "You have got a fantastic opportunity because of the knowledge you already have and the structures that already exist within your communities."
- "In the past, we had safe and healthy communities. There is no reason why we couldn't have that now."
- "All things are possible. We have a good team here."

Day 1 - Monday November 29, 2010

Story circles

In small groups, participants exchanged their experiences related to positive social change within communities, drawing insights and lessons that could be applied to the Maamuu Nakaahetaau project.

Key insights:

- Leadership is key, but leaders alone can't make a change. They need a team.
- Sustainability: This requires (i) actions to be in place that are both short and long term i.e. beyond a year; (ii) follow-up; and, (iii) resources
- Partnerships need to include multiple actors i.e. the private sector and faith groups
- The project needs to be built around traditional values and views
- Need adequate resources and tools i.e. facilities and people
- Everybody needs to be involved not just entities
- New partners need to be brought in - especially youth
- Communication planning
- Commitment and accountability
- Start doing small actions early on.

What is Maamuu Nakaahetaau?

Katherine Morrow and Paul Linton provided an overview of the project in terms of where we are at now and where we want to go (the vision). We explored the concept of 'boundary partners' - groups the project seeks to influence. This was followed by a group session in which we identified the major boundary partners for both Public Health and the Chief and Council in the participating communities.

Vision for a Healthy Nation

1. People have the knowledge and skills to make healthy choices.
2. It is easy and safe to walk and play
3. There is affordable healthy food in stores and restaurants
4. Cree foods and Cree ways of nourishing ourselves are part of our daily life
5. Children are physically active for at least an hour a day.
6. There is no junk food or smoking on school and childcare property.

Boundary partners identified for regional Maamuu Team (within public health)

- Band councils
- Cree Regional Authority (CRA)
 - o Recreation department
 - o Family Services
- Cree Health Board (CBHSSJB)
- Cree Trappers Association (CTA)

- Cree Elders
- Cree Nation Youth Council (CNYC)
- Cree School Board (CSB)

Possible boundary partners for Chief and Council of participating communities might include: Band departments, stores & restaurants, local daycares and schools and school committee, Youth Council, Fire Department, Police, Local Health Committee, Elders' Council, Native Women's Association, Church groups, MSDC and Clinic. This list would need to be validated within the community itself.

Talk show: "Healthy communities: Bringing about change"

Melissa Natachequan, host of Winschgaoug on CBC North radio, explored the vision of "Healthy Communities" with guests Rusty Cheezo, Kathleen Wooton, Johnny Tomatuk and Bella Petawabano.

Bringing about change

Purpose of the exercise: if the project is truly successful, what are the changes in behaviours, relationships, activities and actions that we would expect, like and love to see from our 'boundary partners'? What will demonstrate that these changes have taken place?

Boundary Partner: Band Council

Expect to see:

- Chiefs sharing challenges and successes with each other
 - o Regional radio
 - o Healthy/Social part of Grand Council meetings
 - o Success stories are part of agenda of Council meetings
- Community leaders are role models for healthy lifestyles
 - o Chief walks to work
 - o Council meetings have healthy food
 - o Leadership role in local campaigns
- Gathering community resources from all sectors to find solutions together
 - o Regular meetings of healthy community
 - o Communication plan
- Council builds and maintains motivation
 - o Finds local champions
 - o Recognizes and rewards achievements
 - o Innovation
- Priority #1: Decisions made not solely on \$\$ but healthy communities policy adopted

What demonstrates change?

Band council adopts a healthy communities policy.

Boundary Partner: Cree School Board (CSB)

Expect to see:

- Nutrition education integrated in the curriculum
- Increase physical education time per child (are we meeting or exceeding the national minimum standards in this area?)¹
- Double Phys. Ed. time per child
- Train community members to lead extra-curricular physical activities
- CSB and Public Health have open communication
- Junk food policy i.e. no hotdog machines to raise money
- Open to active transportation options
- CSB is prioritizing active transportation over school buses

Love to see:

- Bring back Home Economics
- CSB people are role models

What demonstrates change?

Change: More in-school phys ed

- PE time in school we need to double it (restructured)

Change: Community members trained to lead after school programs and sports games

- increase people involved in leading after school program
- more resources to pay them
- CSB partnering in delivering after school programs
- CB and PHD meet regularly

Change: Open lines of communication between Cree School Board and Cree Health Board

- Public Health meets with CSB liaison at least 3 times a year
- Scheduled meetings happen; they are not rescheduled or cancelled

Change: Junk food policy

- Implement and enforce a junk food ban in every school and make parents aware of it

Change: CSB is open to active transportation

¹ See also: http://www.mels.gouv.qc.ca/legislat/Regime_ped/projet_regime_ped/epps_f.pdf. On pages 8 and 9 are the Quebec recommendations for physical activity at both primary and secondary levels. In the province of Quebec, for primary school, at least 1 hour of Phys. Ed. is mandatory per week. On top of that, except when the weather is really cold, recess periods are highly recommended, so most children can have a form of physical activity during that time too. Finally, afterschool programs also contribute to physical activity. For high school, the Ministry of Education guidelines are less clear. (Catherine Godin obtained this information after the meeting – km.)

- Minimum distance from school to qualify for school bus and maximum age (Pre K – G1 (with exceptions))
- More crossing guard and anti-bullying agents to get to school safely

Boundary Partner: Cree Trappers Association (CTA)

Expect to see

1. CTA making harvested traditional food available to all population (not just to Elders)
2. CTA teaching young adults (and “young elders” who did not benefit from traditional teachings because they went to residential school) proper preparation, safe handling and cooking of traditional foods
3. CTA encouraging traditional methods of harvesting – paddling, snowshoeing, walking
4. CTA developing and implementing land based programs

Love to see

- More traditional meals available for infants and children
- Make it a reality
- Make it more consistent and regular
- Follow seasonal traditional harvesting activities
- More people are active, enjoying nature, less stressed, more physically active
- Make it intersectorial program

What demonstrates that change has taken place?

1. Hunters hunting caribou now -> Caribou meat is available for our children and infants
2. CTA/CSB develop a program in the community/school (follow the seasonal pattern)
3. Be going back to traditional harvesting practices which are healthier i.e. requires physical activity, passing on traditional knowledge to younger hunters
4. Traditional pursuits (spring/winter) and wellness journeys (summer)

Boundary Partner: Department of Recreation (CRA)

Expect to see:

- Create reciprocal use agreement with CSB i.e. access to a rink
- Affordable programming i.e. those who can afford hockey vs those who can't
- Equipment exchange (child grows out of equipment = exchange, borrow)
- Use facilities for their original purpose or close to it
- Increase playgrounds/parks (greensapce); safe walking paths
- Expansion of recreation facilities
- Programs for special needs (recreation)
- Develop programs that target different groups i.e. adult women
- Increase creation of corporate membership i.e. before/after work)
- Canteens -> to offer healthy options

- More activities during non-school time (PD days); collaborate to have PD days Cree wide

Markers of change

- a. Increase cost-free activities (hockey doesn't have to be a single activity)
- b. New partnerships
- c. Greater access to facilities being used for original purpose ie. on/off hours school gym
- d. Friendly competitive sports
- e. After school programs -> increase the dynamic student/teacher

Boundary Partner: Family Services (CRA)

Expect/Love to See

- Regional nutrition policy
- More structured physical activities for children 0-5, such as mini-olympics
- Greater access to traditional food (this is important role for CTA)
- Greater family involvement i.e. annual family conference
- Involvement of elders i.e. traditional diet and conference

What demonstrates change?

- Decrease in obesity (nutrition and physical activity) -> long term
- Healthy eating habits at daycare and home
- Increased awareness of healthy options
- Implementation i.e. conferences
- Increased family and extended family involvement in family conferences

Day 2 - Tuesday November 30, 2010

Theme of the day: it's SO crazy that it just might work: Thinking outside the box...
What are the ideas and issues?

Participants co-created an agenda for day 2 around the theme of 'Contributing to the success of Maamuu Nakaahetaau'. This session was held using Open Space – an approach for people to work together around a central theme of strategic importance. For more information on the approach see [Open Space World](#).

Discussion Reports

Topic	Project Sustainability
Initiator	Catherine Godin
Participants	Mihigo Muganda Paul El-Haddad Chantal Vinet-Lanouette Athanasia Vouloukos
Key understandings, outstanding questions, observations	<ul style="list-style-type: none">- Project link with health priorities- Intersectorial (community) consultation and participation (at all levels of the project)- Financial resources- Activity frequency- Capacity building and knowledge transfer- Project follow-up (evaluation and possible modification)- Elaboration of the project (written)- Sharing responsibilities- Accountability
Action items, next steps (if appropriate)	

Topic	Communications Toolkit (Fun + Cree-Active!)
Initiator	Iain Cook

Participants	Katherine Morrow Catherine Godin
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Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - Support idea exchange - Inform stakeholders <p>First step</p> <ul style="list-style-type: none"> - Expand existing Cree Diabetes Network to include boundary partners <p>Ideas</p> <ul style="list-style-type: none"> - Bulletin board - Radio <ul style="list-style-type: none"> o Local: <ul style="list-style-type: none"> ▪ Media training involving local radio and local actors ▪ Radio Town Halls in lively format o Regional <ul style="list-style-type: none"> ▪ JBCCS: Cree Health Show ▪ CBC North - Video/Youth: Eeyou Tube Crew - Suggestion Boxes (everywhere)
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Action items, next steps (if appropriate)	<ol style="list-style-type: none"> 1. CDN expansion 2. Re-orient radio training session 3. Investigate: <ol style="list-style-type: none"> a. Ideas Bulletin Board b. Eeyou Tube Crew c. Suggestion Boxes
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Topic	Healthy Challenges
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Initiator	Sol Awashish
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Participants	Edith Robichaud John Gossett Bernadette Shields Wally Rabbitskin Paul El-Haddad Athanaïsa Vouloukos
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Key understandings,	<ul style="list-style-type: none"> - Biggest Loser challenges popular - Place to walk – safety issues – Afraid of dogs
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outstanding questions, observations	<ul style="list-style-type: none"> - Healthy lunches at school - Healthy food at public places/workplace - There are programs in the community - Free time – lack of hobbies - Lack of facilities and human resources - Lack of volunteers - XXX to program weekend programs - Cost money for activities
Action items, next steps (if appropriate)	<ul style="list-style-type: none"> - More healthy challenges are needed - Traditional activities - Need more activities for women - Look at sport based education program - Physical equipment at schools - Structured gym class - Annual track and field meet

Topic	Junk Food Ban
Initiator	John Gossett
Participants	Kathleen Wooton Johnny Tomatuk Solomon Awashish Harriet Linton George Diamond Bella Jolly Christine Connors
Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - There are many methods to educate and provide awareness on cutting out “junk food” - Awareness day (or week) – “No Fries Day”, “No Pop Week” etc - Education on combination of food and portions - Incentives to businesses – buy-in to healthy menu concepts <p>Obstacles</p> <ol style="list-style-type: none"> 1. Lifestyle changes 2. Compliance from business community 3. Educating the people (what is healthy food?) 4. Cost (healthy food too expensive) 5. Teach healthy cooking methods 6. Understanding and involving the youth for continuity

Action items, next steps (if appropriate)	<ol style="list-style-type: none"> 1. Businesses are subsidized by bands, therefore the bands need to be more forceful in the control of healthy foods in the community ie. menus etc. 2. Better marketing – remove unhealthy items from view – put healthy foods at eye level – price incentives for healthy choices – healthy food at school policy – market to the appeal of youth – “Make it Cool” 3. Bring stakeholders together to form team <ol style="list-style-type: none"> a. Define and plan roles and responsibilities b. Awards program to business partners who demonstrate/support strategy c. Reduce not ban
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Topic	Governance
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Initiator	Katherine Morrow
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Participants	Iain Cook David Dannenbaum Rusty Cheezo Wally Rabbitskin Edith Robichaud Mihigo Muganda
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Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - Who is the “Maamuu Team” and do we have the right skills to meet the needs of the communities? - It’s probably too early for a steering committee - We need to build a Dream Team regionally (requires more discussion internally in PHD) - One role for a regional team might be facilitation training for community members - Rusty recognizes that locally they will need a team too
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Action items, next steps (if appropriate)	<ul style="list-style-type: none"> - Rusty will email CRA to get 10-15 minutes on the agenda of GCCRA Dec 11 – 13. Objective: Get another community into the process - LAGA on health in Eastmain in early January
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Topic	Storyboard Training Project
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Initiator	Bernadette Shields
Participants	Iain Cook Catherine Godin Helen Porada Mihigo Muganda Edith Robichaud
Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - Use visual aids as a way of communicating health messages - Give enough time (5 days) - Starting point: What is meant by “chronic” - Setting (a supportive environment) - It’s another way of open space learning - Participatory process as a way of engaging groups to start local initiatives - Stories come out lived experiences - Training staff so that transfer of knowledge and skills stay in the community
Action items, next steps (if appropriate)	
Topic	Teaching Old Dogs New Tricks
Initiator	George Diamond
Participants	
Key understandings, outstanding questions, observations	<p>Age groups:</p> <ul style="list-style-type: none"> - Under 6 - 7-10 - 11-14 - 15-25 - + <p>Ideas</p> <ul style="list-style-type: none"> - Assessment of habits we want to change - Community spirit = family values, social gatherings - Eating habits: portions, availability, location <p>Challenges</p> <ul style="list-style-type: none"> - too much tv

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- no/limited structure within family (no chores)
 - language loss
 - “screen” time (video games, tv, computer etc)
 - missing our target groups

New Tricks

- MSDCs to be part of Maamuu Nakaahetaau
 - o Fully equipped already
 - o Some are underutilised
- Teaching of upbringing children
 - o Parenting skills
 - o Family responsible
 - o Re-introduction of family values, sharing, caring etc
- Involvement and participation of other Cree entities such as Cree Justice (inter-sectoral)
 - o Offender’s condition to participate for example parenting skills, etc.
- Community Spirit month
- Family Days
- Community Member Participation Incentives (participants eligible for draws)
- Volunteering – make it part of campaign
- Community Feasts
 - o Quality/portions
 - o Have a healthy meal as part of community feast
- Better meal planning
- Family Targeted Fitness Program

Action items, next steps (if appropriate)

Topic

Engaging Youth

Initiator

Katherine Morrow

Participants

Paul el-Haddad
 Athanasia Vouloukos
 Mihigo Muganda
 Wally Rabbitskin

Key understandings,

- Find out what they want; we tend not to listen to them
 - Key principle: Youth leading youth
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outstanding questions, observations	<ul style="list-style-type: none"> - Who are the youth? What ages? - We need to contact an organisation or group and include them in the project, such as CNYC - Identify role models (youth spokesperson for Maamuu?) - Youth taking more responsibility for the facilities, like cleaning up, running activities (acti-leaders) - Mentorship and guidance - Make sure both boys and girls have a say - Cultural activities need to proactively include youth - Consider that Cree traditional culture may be contributing to youth alienation, if it is not explained properly. Need to bridge the generation gap like Bubba's Kitchen and EXECO - Youth offenders – is there an opportunity here - Idea: Youth collect/document traditional knowledge cookbook / DVD cooking show ... Partner: CTA - Youth supervising children to prevent bullying
Action items, next steps (if appropriate)	<ul style="list-style-type: none"> - Bring youth into the project, start a dialogue.

Topic	Traditional Medicines
Initiator	Kathleen Wooton
Participants	Christine Connors Catherine Godin Bella R Jolly Hélène Porada Monique Laliberté
Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - PTFM – Mistissini - Anti-diabetic plants – Mist, Whap, Nemaska, Wask - Strong history of Western medicines using plants - Australia – health services hire Aboriginal healers - Hospitals: use traditional healers - Plan to integrate TMs (traditional medicines) and healers. New clinic in Mist using “holistic” healing practices - Gestational diabetes. Can expectant mothers use TMs? - Questions about TMs and western meds... how will they affect each other

	<ul style="list-style-type: none"> - Positive effects of TMs for prevention - Harvesting and preparations – physical activities - Sustainability of plants - Older people more likely to use TMs - Need to educate younger people to use TMs - Marketing campaign - Have to have faith that TMs will work for you. There is a spiritual aspect
Action items, next steps (if appropriate)	<ul style="list-style-type: none"> - Communicate about TMs in all communities - Healers conference for all Cree communities <ul style="list-style-type: none"> o To explore ways to work with clinics - CHB to look at hiring Cree healers [collaborations?] - Continue with research projects - Re-introducing knowledge of TMs – to continue practices of TMs - Pass on knowledge to younger generation - Train CHR on use of TMs - Promotion of TM use for newsletters, radio, etc - Conduct educational walks – to teach about TM plants - Find ways to document Traditional knowledge of TMs to ensure continuity
Topic	Food Security
Initiator	Sol Awashish
Participants	Bernadette Shields John Gossett George Diamond Johnny Tomatuk Harriet Linton Edith Robichaud
Key understandings, outstanding questions, observations	<ul style="list-style-type: none"> - Food is our medicine. We are what we eat - Healthy food is unaffordable. Can we fix this? Yes - Greenhouse <ul style="list-style-type: none"> o Creates employment, operate year round o Can grow vegetables - Community gardens <ul style="list-style-type: none"> o Potatoes, carrots - Provide food for:

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- Grocery stores
 - Elders' home
 - MSDC day cares
 - We will always need food
 - Some communities have chicken gardens and livestock
 - Plate method: Too expensive?
 - Resolution: Community kitchen and meals on wheels
 - Subsidy programs: Food stamp and coupon
 - Welfare program: No alcohol, no cigarette, no junk food
 - Collective hunting for the community
 - Community fridge for storage of food
 - Traditional food distribution – hunting, butchering, packing and distribution
 - Food sold at store has to be fresh
 - Store not to put junk food on sale
 - Teach family budgeting

Action items, next steps (if appropriate)

Final Discussion: Immediate Next Steps

Action for Eastmain

- Our next big milestone: LGA Jan 10-13, 2011
 - 1 day on diabetes – identify local team
 - Volunteer Sol to go (other members of PH team – CDE, Dr?)
 - Present open space results
- Break myths of DM
 - Role models
 - +ve and -ve
 - Sol will speak to Lise
- Ask entities to do 5 min inventory at LGA
 - Recreation
 - Wellness
 - Daycare/Brighter future
- Other successes in other communities

How do you want to stay informed?

- Integrate participants into CDN communication flow.
- Action: Add meeting participants to CDN mailing list
- Continue to add to creehealth.org/Maamuu web page
- Report from this meeting to be posted on the web

- Add stuff to Eastmain website
- Yearly f2f
- Toll free #?
- Regular conference calls?
- T-shirts/bags

Contributions made by:

- Katherine Morrow
- Rusty Cheezo
- Harriet Linton
- Mabel Chewanish
- Catherine Godin
- Bella Jolly
- Monique Laliberté
- George Diamond

Ensuring Maamuu Nakaahettaau incorporates Cree values

What do we need to do? Find out:

- What is community vision of healthy community?
- What are values that community upholds? Eg. sharing of food in the past; family activities
- How does community vision fit with CHB and project vision?

When do we start?

- Community consultation @ Eastmain meeting in January (Open Space methodology?)

When do we end?

- At the end of the project

Who is involved?

- Cross-section from Eastmain including
 - o Band Council members, Youth Council (reps from each local boundary partners)
 - o Open space facilitator
 - o Project team
- Local level involvement
 - o Clinic
 - o School and daycares
 - o Youth council
 - o Elder's council
 - o CTA
 - o Faith groups (churches)
 - o Recreation

- Cree Women's Association (?)
- Restaurant owners
- Northern store manager

Immediate next steps

- Project team member contacts Eastmain council/chief to make sure this consultation is on agenda

Contributions by:

- Iain Cook
- Kathleen Wooton
- Wally Rabbitskin

Participants

Allison Hewlitt	Facilitator	Consultant
Athanasia Vouloukos	Aboriginal Diabetes Initiative	Health Canada
Bella Jolly	CHR, Nemaska	CBHSSJB
Bella Moses Petawabano	AED, Public Health	CBHSSJB
Bernadette Shields	Chronic Disease Network	Australia
Catherine Godin	Diabetes Team, Public Health	CBHSSJB
Chantal Vinet-Lanouette	PPRO, Public Health	CBHSSJB
Christine Connors	Chronic Disease Network	Australia
David Dannenbaum	Medical Advisor, Public Health	CBHSSJB
Edith Robichaud	Nutritionist, Chisasibi	CBHSSJB
George Diamond	PPRO, Public Health	CBHSSJB
Harriet Linton	CHR, Mistissini	CBHSSJB
Hélène Porada	Diabetes Educator, Public Health	CBHSSJB
Holly Danyluk	Coordinator	CWEIA
Iain Cook	Communications PPRO	CBHSSJB
John Gosset	Director of Recreation	Mistissini First Nation
Johnny Tomatuk	Deputy Chief	Eastmain First Nation
Katherine Morrow	PPRO, Public Health	CBHSSJB
Kathleen Wooton	Former Deputy Chief	Mistissini First Nation
Lilian Kandiliotis	PPRO, Public Health	CBHSSJB
Mabel Chewanish	CHR, Chisasibi	CBHSSJB
Melissa Natachequan	Host, Winschgaoug	CBC North
Mihigo Muganda	Nutritionist, Mistissini	CBHSSJB
Monique Laliberté	Diabetes Educator, Public Health	CBHSSJB
Paul el-Haddad	Aboriginal Diabetes Initiative	Health Canada
Paul Linton	AED, Public Health	CBHSSJB
Rusty Cheezo	Chief	Eastmain First Nation

Sol Awashish	PPRO, Public Health	CBHSSJB
Thanh-Van Nguyen	Aboriginal Diabetes Initiative	Health Canada
Wally Rabbitskin	PPRO, Public Health	CBHSSJB

About the facilitator



Allison Hewlitt ahewlitt@gmail.com is an Ottawa-based consultant with extensive experience supporting international development programs in diverse and challenging environments worldwide. Her areas of expertise include knowledge sharing, networks and communities of practice, gender equality, collaborative technologies and social media; learning and evaluation; program and project development, implementation and monitoring; partnerships; process design and facilitation; capacity and curriculum development; communications and information technology. She has worked in over 30 countries for clients including the United Nations, World Bank, OECD, CIDA and IDRC.

Photos

To see more pictures of the event, visit:

<http://www.flickr.com/photos/creepublichealth/sets/72157625509608276/>

For information about the Maamuu Nakaahetaau project, visit:

<http://creehealth.org/maamuu>

Contact

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www.creehealth.org/maamuu