

Community Contact

Manitoba Aboriginal and Northern Affairs



For and
About Local
Government
Development

December 2004

Recreation & Wellness

1

Northern Links

4

Healthy Food
Healthy Children
Healthy Community

5

Taking Health to the People

7

The Epidemic that Stalks
Manitobans

9

Speaking about Suicide

10

Red Cross Partners Renew
Water Safety Message

12

ANA Employees Recognized

13

Community Places Intake
Dates Early

16

RECREATION WELLNESS

PROGRAM CHANGES COMING

Changes based on a review of the Local Government Development Recreation and Wellness Program will become effective April 1, 2005.

Community representatives will receive written notification of changes and how they will affect community funding, funding eligibility and program delivery.

When the recreation program began in the early 1990s, Aboriginal and Northern Affairs (ANA) funded a full-time recreation program for communities that hired graduates of the Northern Recreation Directors Training Program and met three additional criteria:

- a minimum population of 300 residents
- a volunteer recreation committee
- recreation program support from the community council

Annual grants of \$3,500 were made available on application to communities with less than 300 residents that wished to deliver a part-time recreation program. Communities were obligated to report annually on their part-time program to remain eligible for grants in subsequent years.

New funding criteria

Changes to the program were stimulated by such factors as declining populations in some communities; termination of the Northern Recreation Directors Leadership Program at Keewatin Community College; the difficulty of recruiting local candidates with professional recreation credentials and concern over disparity between full-time and part-time program funding.

continued on page 2





continued from page 1

New funding criteria are as follows:

- Communities with a population of less than 75 will be eligible for annual recreation/wellness funding on an application basis through the department's Wellness and Recreation Fund.
- Communities with a population between 75 and 299 will be eligible for funding based on a per capita grant.
- Communities with a population of 300 or greater will continue to be eligible for funding at current levels.

Enhanced accountability required

Starting in spring 2005, communities participating in the Recreation and Wellness Program must meet program effectiveness and accountability reporting requirements:

- They must submit an annual recreation plan either independently or as part of the overall community management plan.
- A September 30 interim report and a year-end summary of recreation and wellness programs must be provided.

Program flexibility

Because communities determine local priorities and tailor effective program delivery, ANA encourages communities to explore delivery options for recreation and wellness programming that will achieve goals identified in community recreation and wellness plans.

The expectation is that recreation and wellness will be interpreted in the broadest sense as including not only physical activities, but also needs for social, cultural and health-related activity in communities.

ANA believes new Recreation and Wellness Program rules will provide more equitable allocation of resources and lead to improved health and quality of life for communities.

Questions may be directed to Stew Sabiston of the ANA North Central Regional Office in Dauphin at 204-622-2148.

What Makes a Successful Community Recreation and Wellness Program?

Reviewing successful recreation and wellness programs in Northern Affairs communities shows most share common features whether they are volunteer or professionally-run. If your community has had difficulty establishing or maintaining a recreation and wellness program, you can benefit by studying other success. The following list shows some attributes common among communities with successful programs.

Local leadership:

- people with core skills for planning, co-ordinating and delivering programs with the help of volunteers
- people who understand that recreation and wellness is not just sporting activities

Active recreation and wellness committee:

- provides direction, supervision and volunteer support
- plans, raises funds, manages and implements programs

Council support:

- delegates responsibility to recreation and wellness committee
- recognizes recreation leaders who are motivated to promote community health
- understands recreation staff roles and communicates community expectations

Planning expertise:

- successful communities recognize the importance of planning
- communities have a clear idea of their recreation and wellness needs
- communities have developed recreation plans and are acting on them

Community support networks:

- recognizes new opportunities, public and private, for partnering and funding
- actively seeks resources such as Sport Manitoba, the recreation branch of Manitoba Culture Heritage and Tourism, the regional health authority and private businesses

Participant in professional development:

- the community recognizes the importance of developing understanding and skills
- council members, employees and volunteers participate in training opportunities, attend workshops and conferences to network and stay knowledgeable about recreation and wellness practices and opportunities

Every community has its own unique mix of priorities and resources. Using this list may help you identify and approach challenges in your community.



Welcome

In a 2004 report expressing views on national government reform, Canadian Policy Research Network (CPRN), a respected think-tank, characterized personal well-being as a combination of three things: adequate material income, social belonging and personal health. The CPRN report also explained that most people draw well-being from family, market, government and community.

In this issue of *Community Contact* we explore some important areas of health and wellness. We hope this issue will get you thinking and discussing what you, as community members and leaders, can do to improve well-being in your community.

What is your role? What can you do with the resources you have? What solutions will work for your community? Remember, the best solutions often begin at the local level.

Greetings



On behalf of the Manitoba government, I extend warmest New Year's wishes to all residents of Aboriginal and Northern affairs communities. May you and your loved ones have a happy, healthy 2005.

Oscar Lathlin
Minister of Aboriginal and Northern Affairs

2004 Northern Links Workshop Review

September 13 to 17, 2004, Manitoba Aboriginal and Northern Affairs (ANA) hosted the seventh annual Northern Links Recreation and Wellness Workshop at Camp Wannakumbac near Clear Lake, Manitoba. Aimed at recreation directors and youth workers from Aboriginal communities, this year's workshop also included community health workers from Waterhen and Camperville as participants. In all, 19 participants from Northern Affairs and First Nations communities attended.



The workshop theme, *Healthy Community – Healthy You*, communicated to recreation and wellness participants that developing healthy skills equips them better to teach people in their

communities the skills they need for healthy living.

Workshop sessions provided as much hands-on learning as possible. Guest presenters emphasized learning by doing, being comfortable and having fun. Like Northern Links workshops held in 2002 and 2003, the 2004 workshops were designed to:

- allow participants to get to know others with similar backgrounds
- encourage informal networking and co-operation
- promote the importance of personal wellness
- encourage best practices in community program delivery

- promote change in communities
- identify resources and partners
- encourage self-evaluation and self-improvement

People attending the workshop say it exceeded expectations. Highlights most mentioned were:

- mask making and story telling to break the ice for attendees
- sharing experiences at the evening campfire discussions
- a recreation and sport partners trade fair

Partners trade fair participants included:

- Aboriginal Sport and Recreation Council
- 4-H (Manitoba Agriculture, Food and Rural Initiatives)
- Sport Manitoba
- Anishinaabe Mino Ayaawin
- Winnipeg Aboriginal Sport Achievement Centre
- Leisure Information Network
- Manitoba Phys. Ed Teachers Association
- Frontier School Division
- Recreation Connections Manitoba
- Manitoba Culture, Heritage and Tourism

The annual Northern Links workshop has earned recognition as the training of choice for community members to learn about recreation and wellness.

For more information, contact Stew Sabiston, recreation and wellness consultant at the ANA regional office in Dauphin, telephone 204-622-2148.

HEALTHY FOOD HEALTHY CHILDREN HEALTHY COMMUNITY



Never underestimate the influence of encouraging nutritious eating habits

If you want to teach something to a community, start with the children. They are more likely to adopt new ideas and share what they learn with their parents. An added benefit is that someday, many of the children will become parents who pass what they know to a whole new generation of children.

This kind of social process has begun in 38 Northern Manitoba communities with schools that are part of the Frontier School Division. It's happening because the Frontier School Board decided a few years ago to create a healthy foods policy to complement a new physical education and health curriculum being introduced at the time.

"It set a precedent in Manitoba schools," says Heather Lowe, health and wellness and physical education co-ordinator for Frontier School Division. Lowe believes the program was also unique in Canada, although school divisions in other provinces are now using it as a model.

"We have two food lists", explains Lowe: "One is called the *serve most often list* and the other is called the *serve least often list*." She also explained that adopting the healthy foods policy is mandatory for Frontier schools. This means foods sold or served in schools or at school events are subject to the healthy foods policy.

"Whatever the school is selling in terms of canteen, breakfast or lunch programs, we're not going to be responsible for selling junk food to the kids," says Lowe, "that's promoting poor health in our eyes."

Staff are role models

An implementation guide that describes how to set up a Healthy Foods Committee in each school and reminds staff they are role models for children accompanies the Frontier initiative. The guide includes things like evaluation tools, menu planning, sanitation code information, fundraising suggestions, marketing and promotion ideas and much more. The healthy foods lists, based on the Canada Food Guide, are part of the package.

Lowe explained that the Frontier School Division policy does not obligate anyone outside of the school system to follow what it recommends. "We don't have any type of restriction on what foods students bring from home," she says, explaining that initially there were objections from parents who misunderstood the school division's intent.

"We're just trying to set a good example," says Lowe, "I just want them to be able to make healthier choices in their lives. Where better to learn this than right at school?" she asks, describing the schools as major hubs of activity in most of the Frontier School Division communities.

There are issues to consider

Teachers understand that changing the food choices of a community is not simple. There is more to it than just asking people to change what they select to eat. There are issues of availability, convenience and affordability to consider in Northern communities.

Depending on the degree of isolation, prices are higher and selection is often limited for healthy-choice perishable foods like milk, fresh meat and vegetables. Few items cost the same in the north as in the south unless subsidized in some way.

Despite such difficulties, Lowe is encouraged by what she hears from schools in the division. Regular reports say Grade K to Grade 8 schoolchildren have taken a great deal of interest in healthy foods and have begun to run with the idea. In some communities, children now grocery shop with their parents and teach them how to make healthier choices. She admits high school students are a little harder to turn around, but she is buoyed by the knowledge that younger children will have different habits as they mature.

Obesity and diabetes on the increase

Such successes are welcome news in the light of a November 2004, *Comparable Health Indicators Report* released by Manitoba Healthy Living that said the number of obese people in Manitoba rose from 15 per cent of the population in 1994 to 18 per cent in 2003. The same report also said the percentage of the population considered obese is higher in Manitoba than in Canada as a whole.

Health care professionals say Type 2 diabetes is often related to obesity and lack of physical activity. The 2004 Comparable Health Indicators Report echoes obesity findings with the equally dismal finding that the incidence of diabetes in Manitoba increased from 4.6 per cent in 1997/98 to 5.5 per cent of the population in 1999/2000. In Manitoba, more than 90 per cent of diabetes cases are Type 2, once known as adult onset diabetes and usually seen only in older adults, but becoming more and more common among children since the 1980s.

Adjusting people's diets will not eradicate obesity or related health problems in the near future, but it is certainly a step in the right direction for the people in communities served by the Frontier School Division.

Frontier School Division offers their healthy foods policy implementation guide to interested parties at cost. Call the Frontier School Division offices at 204-775-9741 or e-mail frontier@frontiersd.mb.ca for more information.

Choose and Serve Most Often List

Most of these foods are good sources of one or more of the nutrients iron, calcium, vitamin A, C, or D, and are generally low in fat, sugar and salt.

Grain Products

bread, rolls, buns, bagels, pita bread, English muffins, waffles, pancakes, muffins, rice cakes, graham crackers, pasta, unsweetened or low sugar breakfast cereals, pretzels, popcorn (light), bannock, tortillas, taco shells, rice

Vegetables and Fruit

fresh fruit, fresh vegetables, canned fruits prepared in own juice, 100 per cent fruit juice and nectars, vegetable juices, dried fruit, fruit leather, raisin boxes, frozen fruit juice bars (100 per cent real fruit juice), fruit or vegetable salads

Milk Products

two per cent and one per cent white or chocolate milk, yogurt, cheese slices, cheese sticks, milk-based puddings, individual cheese portions

Meat and Alternatives

canned fish, lean meat, fish, poultry, tuna and cracker packages, peanut butter and cracker packages, cheese and bread sticks or cracker packages, wild meat (moose, deer, etc.), beef jerky, peanut butter, eggs, legumes (dried peas/beans or lentils)

Sauces, Toppings

syrup, honey, jam, salsa, tomato sauce, low or non-fat dressings, garnishes, spreads, mayonnaise, dips

Sweets

fruit bars (fig, apple, raspberry), graham crackers, cereal bars (multi-grain, low fat)

Served Least Often in Canteen List

(maximum of one item per day, twice a week)

Most of these foods are good sources of one or more of the nutrients iron, calcium, vitamins A, C, or D, but are also high in fat, sugar and salt. If serving these foods, combine with foods from the Choose and Serve Most Often list.

Grain Products

cookies (made with oatmeal, peanut butter or dried fruit)

Vegetables and Fruit

French fries, fruit canned in light syrup

Milk Products

flavored milks, yogurt drinks, ice cream, frozen ice cream treats

Meat and Alternatives

wieners, sausages, cold cuts, luncheon meats, pepperoni sticks, nuts, seeds, pizza pops, pizza

Other

pastry danishes, doughnuts, cake, sticky buns, chips, cheese puffs, candy, chocolate, flavored gelatin, flavored fruit drink/slushies, hot chocolate, frozen ice pops, packages instant soups, noodle soup, rice crispy squares

Taking Health to the People

Communication is a *First Line of Defence in Health Care*



Parkland Regional Health Authority assessment provides goals for primary health care planning

As health promotion co-ordinator for the Parkland Regional Health Authority (PRHA) Fiona Jeffries does plenty of travelling, meeting people and interpreting statistics. All three activities are essential in her job of creating a complete picture of the overall health of people served by the PRHA.

With a master's degree in cultural anthropology, Jeffries' lifelong interests in people and statistical research represent both a personal and a career commitment. She takes a keen interest in the people of her region, from First Nations to people whose ancestors and families have immigrated from many parts of the world.

The picture Jeffries creates is essential to health care planning in the PRHA, a region of Manitoba with boundaries extending west from Lake Manitoba to the Saskatchewan border and north from Riding Mountain National Park to the

53rd parallel mid-way between Swan River and The Pas. About 43,000 people, including the residents of 17 Northern Affairs communities, rely on the PRHA for health care.

Jeffries has recently wrapped up an exercise known as a community health assessment (CHA). It's the second time she has done this for PRHA. She completed the first shortly after the province adopted its regional health authority system. Regional health authorities in the province are required to carry out the assessments every five years.

Performing the CHA was a complex process taking the best part of two years to complete. Manitoba Health guidelines include steps to review existing data, collect and analyze new data, and check the results with community members. The reality check is a part Jeffries particularly enjoys because it involves visiting communities to talk with the people.

"The purpose is to measure the health status of the population of the region we serve and highlight significant health issues," says Jeffries, explaining the long-

term goal is to maintain a solid base of information about the health of people and the state of health care. The assessment is valuable in decision-making and priority-setting for health care.

The Parkland assessment identified that some communities have greater health needs and fewer services. Balancing community needs and services is accomplished through primary health care planning administered by Linda Kulkarni, vice-president of Community Health for PRHA.

Kulkarni's credentials include a master's degree in nursing with considerable experience as both a nursing instructor and a public health care manager. Her job includes meeting community officials to compare notes, discuss and interpret the CHA results and improve primary health care planning in the Parkland region.

"What we do is needs-based planning," says Kulkarni. "The CHA gives us information about where in the region we need to focus our efforts at this particular time. That document will guide us for the next five years in all our health planning."

The planning process resulted in two new primary health care centres being built in Camperville and Waterhen. Despite an unseasonably cool and wet construction season, buildings are almost complete and will be officially opened in early 2005. The Camperville centre will provide out-reach services in Duck Bay, as well.

Community meetings will address questions

“We want to look at health in the broadest way,” says Kulkarni, adding the PRHA will use the CHA to help build participation in the new primary health care centres.

“We’ll provide information from the CHA on the priorities identified for the area and provide the community with some feedback. They were involved in the CHA, so they will be interested in what we found in their community,” she says.

Kulkarni says PRHA will be holding more meetings with mayors, councils and community residents to talk about

primary health care initiatives. The idea is to know as much as possible about what kinds of services can be developed in primary health care centres to address the significant health problems of the area. She wants to encourage community participation in development of the programs.

Full-time community health workers in the three communities do education and community health promotion. BabyFirst home visitors support families by teaching parenting skills as part of the public health program. A public health nurse and a mental health worker also visit one or two days a week in each community.

Eventually, Kulkarni expects the new community health centres will have a nurse who will be able to provide treatment for minor illness and injury, ongoing treatment for stable chronic diseases, sprains, strains and diabetes management. The centres will also focus on the health of seniors, women, infants and young children.

Volunteer participation needed

Kulkarni says she will be looking for volunteers in the communities to form some small working groups to help design programs and find answers for some problems.

“For example, we don’t know why people don’t come to our diabetes clinics and it is a really big issue. So we really need to work with that,” she says. “We certainly don’t have an answer for every community because every community is different.”

She says housing, food, jobs and finances all affect health in communities served by PRHA. “We want to work with the communities to help them become as healthy as they can be,” she added. It’s evident both she and Fiona Jeffries believe communicating with citizens served by the PRHA is a first line of defence when it comes to health care.

Announcements

On November 24, 2004, family, friends and colleagues honoured Roger Stagg who retired from Manitoba Aboriginal and Northern Affairs after nearly 33 years of service. During his career with the department, he served in numerous roles including director of the former Selkirk region and principal electoral officer of the unorganized territory. More recently, Stagg did extensive work on drafting legislation for a new *Northern Affairs Act*. All at ANA wish him well in his retirement and thank him for his commitment and service to the province.



In December, 2004, the local government development division of Manitoba Aboriginal and Northern Affairs in Thompson hired Cory Young as local municipal development consultant. The former chief executive officer for the town of Winnipeg Beach, who previously did similar work for the Town of Churchill, brings experience in managing municipal issues, economic development and capacity building for elected officials. Young also worked for ANA in 2001 as a development co-ordinator dealing with treaty land entitlement and northern flood agreement issues.

The **EPIDEMIC** that Stalks Manitobans

There may be a silent killer on the loose in your community.

During the mid 1990s Manitoba Health declared diabetes a major public health hazard and an epidemic among Aboriginal and senior people in Manitoba. Accompanying that declaration was the information that, in Manitoba, 90 per cent of diabetes sufferers are diagnosed with Type 2 diabetes.

In Type 2 diabetes, the body can't use its own insulin, leaving too much sugar in the blood. Chronic high blood sugar can lead to loss of sight, heart disease, kidney failure and even amputations caused by circulation problems. Although not found in Manitoba children before 1980, health care professionals now report Type 2 diabetes is being found in an increasing number of Aboriginal children.

In 1998, Manitoba Health published *Diabetes A Manitoba Strategy* and indicated that more than 55,000 Manitobans were diabetic. These numbers included more than 20 per cent of treaty status women and 13 per cent of treaty status men over the age of 25.

The strategy publication also points out:

- about 25 per cent of all people hospitalized for heart disease and stroke are diabetics
- many diabetics have lower limb amputations because of persistent foot ulcers and infections
- more than 40 per cent of people on dialysis for kidney failure have diabetes
- diabetes is the number one cause of blindness in Manitoba
- high blood pressure and smoking increase the risk of diabetes complications

The strategy also added that, among First Nations Manitobans, diabetics account for:

- 91 per cent of lower limb amputations
- 60 per cent of people hospitalized for heart disease
- 50 per cent of people hospitalized for stroke
- 41 per cent of all hospital stays by First Nations people

The Canadian Diabetes Association (CDA) says more than 2 million people in Canada have diabetes and that could rise to 3 million by 2010. CDA also warns that diabetes and its complications currently cost Canada's health care system an estimated \$13.2 billion per year, and it continues to grow year by year.

Why does diabetes happen?

While diabetes researchers believe genetics, age and family history may all affect the onset of Type 2 diabetes, they also believe it is affected by lifestyle. CDA and health care professionals agree that maintaining a healthy diet and an active lifestyle are the two most important things people can do to prevent, manage or delay the onset of Type 2 diabetes.

Over the past century, the diet of Aboriginal people has changed radically from that of hunter-gatherers to that of grocery store shoppers. At the same time, people who once led physically active lives on the land are now far less active.

Because the onset of diabetes Type 2 is affected by social and economic issues, finding solutions is challenging. Among the problems are the price and availability of healthy foods in northern communities and the availability of community programs and facilities that promote healthy lifestyles.

What can community officials do?

Diabetes a Manitoba Strategy contains recommendations by the Manitoba Diabetes Steering Committee and its working groups. The committee was co-chaired by Grand Chief George Muswaggon, Grand Chief Francis Flett, Acting Grand Chief Sydney Garrioch of Manitoba Keewatinowi Okimakinak Inc. and University of Manitoba President, Dr. Eموke Szathmary.

The strategy recommends that community officials learn about diabetes and co-operate in promoting a community environment that supports healthy lifestyle choices. This could involve anything from distributing educational information to promoting development and use of activity programs and facilities to improve quality of life for citizens.

Start by obtaining a copy of *Diabetes A Manitoba Strategy* as the cornerstone of a resource library for your community. Call Manitoba Health's Diabetes and Chronic Diseases Unit at 204-788-6732 or 1-866-626-4862 or visit their website at: www.gov.mb.ca/health/diabetes/strategy.html to find out how to obtain a copy.

Your regional health authority may have diabetes educators and health and recreation professionals who can help you. The Canadian Diabetes Association may also assist with helping your community recognize and battle this deadly threat.

SPEAKING ABOUT SUICIDE

Many people aren't comfortable talking about suicide, but silence is not a good way to deal with it.

When a person who experiences severe emotional or physical distress comes to believe he or she can no longer cope, suicide is sometimes the result.

With the right help, suicide is preventable. The trouble is, people in distress often don't know how to ask for help or where to look for it. Equally troubling, the people around them may not realize something's wrong until it's too late.

It's an increasingly common scenario in Aboriginal communities. A January, 2004 report called *Injuries in Manitoba – A Ten Year Review* provides a dismal picture of First Nations deaths by suicide in Manitoba. It summarizes data obtained through Manitoba Health and Manitoba regional health authorities (RHAs).

The report shows that, over the past decade, First Nations Manitobans were almost twice as likely as other Manitobans to carry out suicide. The highest rates occurred among First Nations males aged 15 to 19. The suicide rate in that group, at just

under one per 100 was more than 5.5 times higher than that of all other Manitoba males in the same age bracket.

First Nations Manitobans were also about eight times more likely to be hospitalized as the result of self-inflicted injuries. The highest hospitalization rates were among First Nations females. In Manitoba, almost two of every 100 First Nations females aged 15 to 19 were hospitalized with self-inflicted injuries.

Data used in the 2004 report on injuries respects privacy by not providing details about on or off-reserve status, which makes research into underlying causes more difficult. It may even play a role in determining how much significance the problem is given. Manitoba Aboriginal and Northern Affairs addresses this by continuing to support Aboriginal Committee for Suicide Prevention (ACSP) discussion with the Chief Medical Examiner's office on ways to provide more complete data in future.

speaking about suicide

What can community leaders and community employees do?

Begin by learning. Be open about the issue. We need to discuss the problem, not hide it. Talk with co-workers to learn as much as you can about why suicide happens in your community. Find people in your community who are willing to help others deal with suicide and who share in believing it's time to talk about it.

A variety of resources are available including *Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies*. Prepared for the Centre for Suicide Prevention with support from RCMP Aboriginal Policing Services and Health Canada, this 289-page publication can be ordered or downloaded free from the Internet at www.suicideinfo.ca. The Centre for Suicide Prevention is a program of the Canadian Mental Health Society.

Another resource is the *Blueprint for a Canadian National Suicide Prevention Strategy* published in October, 2004 by the Canadian Association for Suicide Prevention. It's available at www.suicideprevention.ca.

In Manitoba's Northern Affairs communities, provincial RHAs offer mental health services, suicide prevention training and other resources. Resources and services for First Nations people on and off reserves are also available through the federal government's First Nations and Inuit Health Branch.

Manitoba's Healthy Living website at www.gov.mb.ca/healthyliving/injury.html has a section *Intentional Injuries* that provides links to a variety of suicide resources including non-government organizations such as the KLINIC crisis line, SPEAK (Suicide Prevention Education Awareness Knowledge), Teen Touch helpline and the suicide fact sheet from the Addictions Foundation of Manitoba.

Learn to recognize warning signs

People thinking about suicide often give clues about what they are thinking as a way of asking for help. Much can be done to

prevent suicide if whole communities are willing to learn about it, speak openly about it and become more aware of the warning signs.

Community officials or local government employees can start by learning more about the causes of feelings that make some people think about suicide.

The 1996 Royal Commission on Aboriginal People (RCAP) linked high suicide rates among Aboriginal people to cultural alienation and stress. The RCAP also mentioned loss of control over living conditions, poverty and restricted economic opportunity, suppression of beliefs and spirituality, breakdown of social, cultural and political institutions and institutional racism as causes of diminished self-esteem and loss of identity among Aboriginal people. Alcohol abuse, mental illness and suicide are often the results of these stressful conditions.

There are many things you can do to help. Meet with others in the community and take stock of your available resources. Are there counsellors or programs offered through health, police or justice services? Is suicide prevention training available locally? Is there project funding that will help provide prevention services?

You need a community plan

Once you have the people and the potential resources together, encourage them to put together a community plan. You can start with a list of contacts and a library of publications that offer help. Include resources that teach people in the community how to recognize problems early and prevent suicide attempts. It is also important to teach people how to intervene in a crisis and what they can do to assist affected families.

It is most important to remember that addressing suicide effectively means we must talk openly about it and do everything in our power to help people, especially young people, understand that suicide does not solve problems — it only lets those problems take away lives.

The 1996 Royal Commission on Aboriginal People (RCAP) linked high suicide rates among Aboriginal people to cultural alienation and stress.

Red Cross Partners Renew Water Safety Message

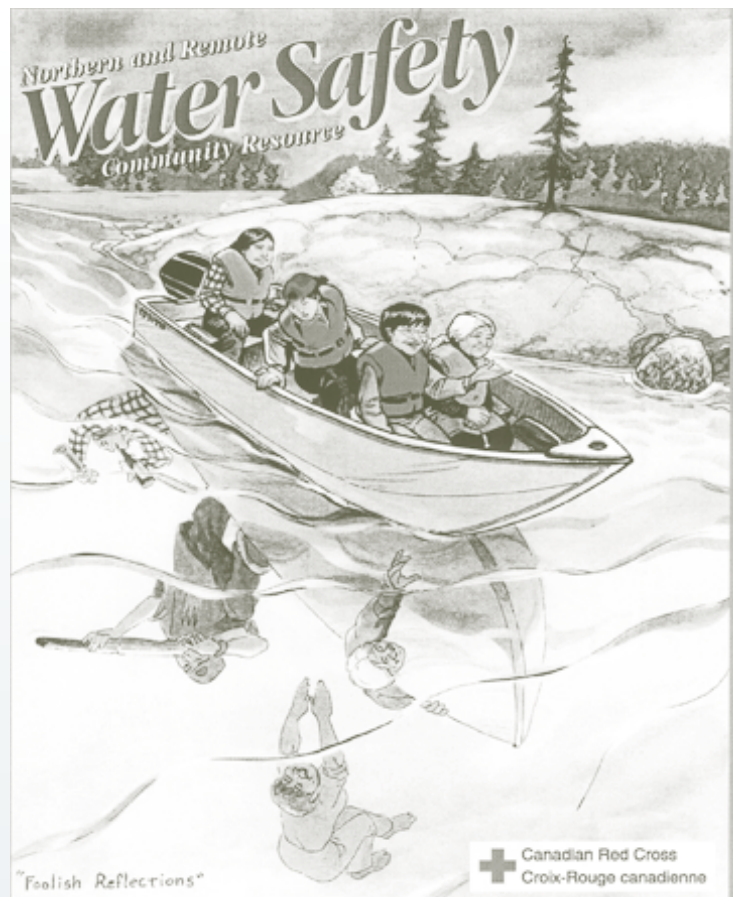
A recent Province of Manitoba report, *Injuries in Manitoba: A 10-Year Review*, shows that, between 1992 and 2001, First Nations Manitobans were over four times more likely than other Manitobans to die as the result of unintentional drowning. The highest drowning death rates occurred among males aged 25 to 34. This is about four times the drowning death rate for all First Nations Manitobans and over seven times the rate for all other Manitoba males. The second highest rate was among First Nations children aged one to four.

The same report consistently ranks drowning among the top four causes of unintentional death in areas encompassed by six out of 11 Manitoba regional health authorities (RHAs). Those six RHAs are Burntwood, Churchill, Nor-Man, North Eastman, Interlake and South Eastman.

About half the residents in these parts of Manitoba are First Nations people living on and off reserves. Many of the communities are reservations under the jurisdiction of Indian and Northern Affairs Canada (INAC) and many others are provincial communities administered under the authority of Manitoba Aboriginal and Northern Affairs.

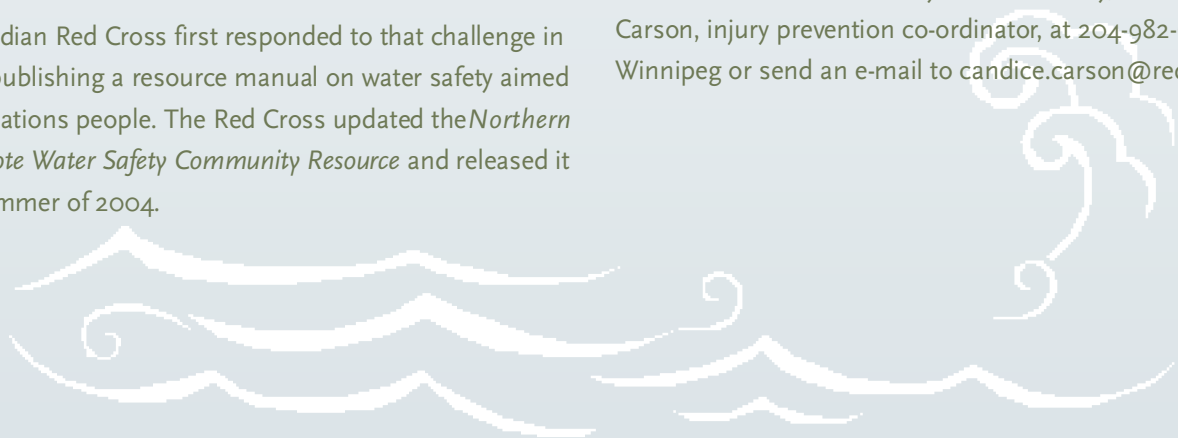
Aboriginal people, especially those involved in traditional hunting and gathering activities, often live and work next to water bodies. It is a fact that challenges us to find ways to reduce high drowning rates and make people in all communities safer.

The Canadian Red Cross first responded to that challenge in 1998 by publishing a resource manual on water safety aimed at First Nations people. The Red Cross updated the *Northern and Remote Water Safety Community Resource* and released it in the summer of 2004.



Funding for the update came from the Province of Manitoba, Manitoba Hydro, IMPACT, Manitoba Coalition for Safer Waters and the First Nations and Inuit Health Branch of Health Canada. The guide is user-friendly with clear illustrations and practical water safety information. It touches on topics ranging widely, from bathing babies to boating, while reminding readers that dangers exist wherever there is water. A primary aim is to increase water safety interest and encourage people to seek advanced water safety and life-saving training.

If you don't already have a copy of the water safety resource manual or the CD-ROM for your community, call Candice Carson, injury prevention co-ordinator, at 204-982-6737 in Winnipeg or send an e-mail to candice.carson@redcross.ca.



ANA Employees Recognized

Manitoba Aboriginal and Northern Affairs (ANA) sees great value in recognizing staff for commitment to improving the lives of Aboriginal people and northern Manitobans. To re-enforce appreciation for their loyalty and hard work, the ANA employee recognition program was developed.

The past few years, department employees have been recognized for years of service. This year, the Quality Service Award of Excellence portion of the program was introduced to congratulate employees for outstanding service.

The program asked for nominations between November 1, 2003 and January 15, 2004. A selection committee reviewed nominations based on criteria and in the following award categories:

- continuous improvement
- service excellence
- teamwork/partnership building achievements
- outstanding performance



ANA minister Oscar Lathlin with 2004 Quality Service Award of Excellence recipients. Left to right are: Amit Basu, Robert Bone, Minister Lathlin, Linda Lowe, Donna Chéné, Shirley Frank, Ray Irvine and Darrell McKenzie

Manitoba Aboriginal and Northern Affairs Community Service Excellence Awards

COMMUNITY	NAME/COMMUNITY	SERVICE OF EXCELLENCE AWARD
Barrows	Sherry Ferland Barrows	Individual Award - Qualified Audit 2002/03 Qualified Financial Audit
Berens River	Berens River	2002/03 Unqualified Financial Audit
Bissett	Gail Wynne Bissett	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Camperville	Mitchell Lafreniere Camperville	Individual Award – Qualified Audit 2002/03 Qualified Financial Audit
Cormorant	Bev Shlachetka Percy Genaille Cormorant	Individual Award – Qualified Audit Achievement of “A” Rating in Wastewater 2002/03 Qualified Financial Audit
Crane River	Sheila McKay Frederick Morrisseau Crane River	Individual Award – Unqualified Audit Achievement of “A” Rating in Solid Waste 2002/03 Unqualified Financial Audit
Cross Lake	Darlene Beck Victoria Settee Cross Lake	Individual Award – Unqualified Audit Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Dallas/Red Rose	Norine Goulet Dallas/Red Rose	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Dauphin River	Helen Adamson Dauphin River	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Dawson Bay	Alana Parker Dawson Bay	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Duck Bay	Judy Campbell Duck Bay	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Easterville	Darlene Ballantyne Easterville	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Fisher Bay	Shannon Govereau Fisher Bay	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Gods Lake Narrows	Gods Lake Narrows	2002/03 Unqualified Financial Audit
Harwill	Linda Webb Harwill	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Homebrook	Lydia Rawluk Homebrook	Individual Award – Unqualified Audit 2002/03 Infrastructure Audit – Achievement of “B” Rating
Ilford	Homebrook Alfred Laliberty Ilford	2002/03 Unqualified Financial Audit Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Island Lake	Margaret Wastasecoot Percy Little Island Lake	Individual Award – Qualified Audit Achievement of “A” Rating in Water, Wastewater and Solid Waste 2002/03 Infrastructure Audit – Achievement of “B+” Rating
Mallard	Island Lake Roseanne Lacquette Mallard	2002/03 Qualified Financial Audit Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Manigotagan	Donna Prest Manigotagan	Individual Award – Qualified Audit 2002/03 Qualified Financial Audit
Matheson Island	Mona Ladouceur Matheson Island	Individual Award – Qualified Audit 2002/03 Qualified Financial Audit
Meadow Portage	Sandra Gaudry Elsie Hill Mary Shewchuk Meadow Portage	Individual Award – Unqualified Audit Achievement of “A” Rating in Water and Solid Waste Achievement of “A” Rating in Water and Solid Waste 2002/03 Infrastructure Audit – Achievement of “A” Rating
Moose Lake	Meadow Portage Moose Lake	2002/03 Unqualified Financial Audit 2002/03 Qualified Financial Audit
National Mills	Helen Kulhavy National Mills	Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Incorporated Community of	Bill Leonard Oswald Sawh	Individual Award – Unqualified Audit Individual Award – Unqualified Audit
Nelson House	Nelson House	2002/03 Unqualified Financial Audit
Norway House	Lloyd Flett Jean Tait Norway House	Individual Award – Unqualified Audit Individual Award – Unqualified Audit 2002/03 Unqualified Financial Audit
Pelican Rapids	Shirley Genaille Edward Campeau	Individual Award – Unqualified Audit Achievement of “A” Rating in Water

COMMUNITY	NAME/COMMUNITY	SERVICE OF EXCELLENCE AWARD
	Harvey Leask	Achievement of "A" Rating in Water
	Pelican Rapids	2002/03 Unqualified Financial Audit
Pikwitonei	Margaret Moose	Individual Award – Unqualified Audit
	Pikwitonei	2002/03 Unqualified Financial Audit
Pine Dock	Pine Dock	2002/03 Qualified Financial Audit
Red Deer Lake	Sarah Cook	Individual Award – Unqualified Audit
	Red Deer Lake	2002/03 Unqualified Financial Audit
Incorporated Community of Seymourville	Audrey Seymour	Individual Award – Unqualified Audit
	Seymourville	2002/03 Unqualified Financial Audit
Sherridon	Wendy Vacheresse	Individual Award – Qualified Audit
	Sherridon	2002/03 Qualified Financial Audit
Spence Lake	Bernice Sabiston	Individual Award – Unqualified Audit
	Spence Lake	2002/03 Unqualified Financial Audit
Thicket Portage	Joanne Pronteau	Individual Award – Unqualified Audit
	Thicket Portage	2002/03 Unqualified Financial Audit
Wabowden	Kendi Clearwater	Individual Award – Unqualified Audit
	Melinda Fourre	Individual Award – Unqualified Audit
	Clarence Bayer	Achievement of "A" Rating in Water
	Allen Johnson	Achievement of "A" Rating in Water
	Wabowden	2002/03 Infrastructure Audit – Achievement of "B" Rating
	Wabowden	2002/03 Unqualified Financial Audit
Waterhen	Isla Chartrand	Individual Award – Unqualified Audit
	Mabel Goffard	Individual Award – Unqualified Audit
	Ernest Sanderson	Achievement of "A" Rating in Water
	John Taylor	Achievement of "A" Rating in Water
	Waterhen	2002/03 Infrastructure Audit – Achievement of "A" Rating
	Waterhen	2002/03 Unqualified Financial Audit

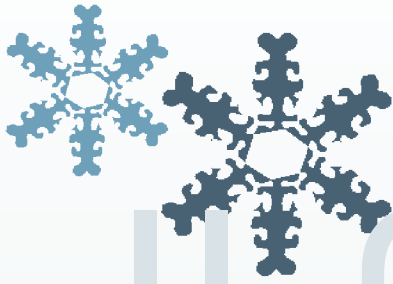
Congratulations from Manitoba Aboriginal and Northern Affairs for outstanding performance in serving your communities.

Manitoba Aboriginal and Northern Affairs Community Years of Service Honour Roll

COMMUNITY	NAME	POSITION	YEARS OF SERVICE
Baden	Lorraine Chartrand	Contact Person/Employee	15
Barrows	John Bilow	Employee	15
	Joe Kustiak	Member of Council	10
Bissett	Jack Waite	Employee	5
Brochet	Isaac Laponse	Employee	5
Cormorant	Bev Shlachetka	Employee	27
Crane River	John Fleury	Employee	8
Cross Lake	Darlene Beck	Volunteer Firefighter and Fire Chief	15
	George McLeod	Employee	28
	Dwayne Settee	Employee	27
	Keith Settee	Member of Council	15
	Clarence Smith	Mayor and Member of Council	33
Dauphin River	Helgi Einarsson	Mayor	31
	Kris Einarsson	Volunteer Firefighter and Fire Chief	29
	Kris Einarsson	Member of Council	10
Duck Bay	Linda Boucher	Employee	10
	Sandra Munroe	Employee	5
	Keith Sanderson	Volunteer Firefighter and Fire Chief	21
	Nancy Thompson	Recreation Director	6
Easterville	Hubert Arrow	Employee	14
	Ethel McKay	Mayor and Member of Council	27
	Cecil Umpherville	Member of Council	10
	Walter Umpherville	Member of Council	10
	George Young	Volunteer Firefighter	14
Gods Lake Narrows	Donald Bland	Employee	15
	Maggie Halcrow	Employee	15
	Raymond Trout	Volunteer Fire Chief	17
Granville Lake	William Anderson	Mayor and Member of Council	6
	Harriet Baker	Mayor and Member of Council	18
Harwill	Linda Webb	Employee	26
Herb Lake Landing	Jim Corman	Contact Person	26
Homebrook	Oli Olson	Mayor	26
	Larrie Zahorodny	Member of Council	28
	Ruth Zahorodny	Employee, Volunteer Firefighter and Fire Chief	28

COMMUNITY	NAME	POSITION	YEARS OF SERVICE
Ilford	Dewayne Flett	Volunteer Firefighter	14
	Alfred Laliberty	Employee	26
	Alfred Laliberty	Volunteer Firefighter	14
Island Lake	Tom Want	Volunteer Fire Chief	5
Mallard	Dave E. Campbell	Member of Council	28
Manigotagan	Glendis Meade	Employee	5
	Lorne Wood	Employee	7
Matheson Island	Terry Bennett	Mayor and Member of Council	15
	Pat Devaney	Volunteer Fire Chief	5
Meadow Portage	Deanna Fleming	Recreation Director	5
	Wayne Shewchuk	Volunteer Firefighter and Fire Chief	10
Incorporated Community of Nelson House	Jack Kobliski	Volunteer Firefighter	20
	April Leonard	Volunteer Firefighter	6
	Jeffery Leonard	Employee	6
	William Leonard	Employee and Contact Person	7
	Stewart Linklater	Volunteer Firefighter	6
	David Moose	Employee	5
	Arnold Spence	Volunteer Firefighter	20
	Wayne Spence	Employee	22
	Sheri Tait	Volunteer Firefighter	6
Norway House	Ronald Bailey	Volunteer Fire Chief	5
	Glen Flett	Member of Council	20
	Tony McKay	Employee	5
Oxford House	Silas Sinclair	Contact Person	13
Pelican Rapids	Albert Campeau	Mayor	5
	Albert Campeau	Volunteer Firefighter	25
	Clayton Campeau	Volunteer Firefighter	20
	Daniel Campeau	Volunteer Firefighter	20
	Albert Genaille	Volunteer Firefighter	5
	Daniel Genaille	Volunteer Firefighter	25
	Eric Genaille	Volunteer Firefighter	20
	Percy Genaille	Volunteer Firefighter	25
	Everette Holmstrom	Volunteer Firefighter	15
	Harry Leask	Volunteer Firefighter	25
	Jason Leask	Volunteer Firefighter	11
	John R. Leask	Volunteer Firefighter	8
	Merlin Leask	Volunteer Firefighter	11
	Robert Leask	Volunteer Firefighter	15
Guy Quill	Volunteer Firefighter	20	
Lucy Spence	Volunteer Firefighter	20	
Pine Dock	Margaret Johnston	Mayor	15
	Ken Mowat	Volunteer Firefighter and Fire Chief	33
Princess Harbour	Myrtle Magnusson	Contact Person	10
Salt Point	Elaine Arpin	Employee	20
	Jim Robertson	Contact Person	35
Incorporated Community of Seymourville Sherridon	Ken Ellison	Member of Council	29
	Nick Benyk	Mayor and Member of Council	22
	Nick Benyk	Volunteer Firefighter	28
	James Charlette	Volunteer Firefighter	28
	Eric Erickson	Volunteer Firefighter	28
	Dennis Hatch	Volunteer Firefighter	28
	Vince Hatch	Volunteer Firefighter	15
	Earl Nice	Volunteer Firefighter	15
	Bruce Baker	Volunteer Firefighter	5
Incorporated Community of South Indian Lake	Steve Ducharme	Volunteer Firefighter	29
	Rod Dumas	Volunteer Firefighter	24
	Frank Dysart	Volunteer Firefighter	14
	Jared Dysart	Volunteer Firefighter	5
	Kevin Dysart	Volunteer Firefighter	5
	Mervin Dysart	Volunteer Firefighter	14
	Graeme Montgomery	Volunteer Firefighter	24
	Ronald B. Moose	Volunteer Firefighter	14
Thicket Portage	Alvin Brightnose, Sr.	Employee	26
	Henry Bayer	Volunteer Firefighter	5
Wabowden	Lana Bayer	Volunteer Firefighter	5
	Malinda Fourre	Employee	6
	Joseph Krystal	Volunteer Firefighter	5
	Cindy Mclvor	Volunteer Firefighter	5
	Claudia Mclvor	Volunteer Firefighter	5
	Darrell Mclvor	Volunteer Firefighter	5
	Sheri Mclvor	Volunteer Firefighter	5
	Reg Meade	Mayor and Member of Council	35
	Val Parker	Volunteer Firefighter	5
	Marvin Thomas	Volunteer Firefighter	5
	Waterhen	Mabel Goffard	Employee
John Taylor		Employee	20

Congratulations from Manitoba Aboriginal and Northern Affairs for dedicated service to your communities.



Call for **NOMINATIONS**

Young Leaders in Rural Canada Awards

Agriculture and Agri-Food Canada's Rural Secretariat is seeking nominations for the second annual Young Leaders in Rural Canada Awards.

Canadians 18 to 29 years old who have demonstrated outstanding achievements and contributions to rural, remote and northern Canada, at the local, regional or national level, may be eligible for nomination. Eligible candidates may also nominate themselves. Awards will be presented for innovation, leadership and partnership. The submission deadline is January 17, 2005. Please be aware late entries will not be accepted.

For more information about nomination for these awards visit:
www.rural.gc.ca or call 1-888-781-2222 toll free.

Community Places Intake Dates Early

The Manitoba Community Places Program (MCPPE) will take new applications from January to mid-February, 2005.

MCPPE helps non-profit organizations improve quality of life in their communities with funds for upgrading, construction or acquisition of sustainable buildings and other facilities that provide lasting, long-term benefits to community residents. In 2004, MCPPE provided \$2.5 million in grants to support 227 neighbourhood construction projects.

More information on the Community Places Program is available at Manitoba Culture, Heritage and Tourism regional offices or the Community Places Program office in Winnipeg. To speak with Community Places program staff, call 945-0502 in Winnipeg or 1-800-894-3777 toll free. The e-mail address is mcpp@gov.mb.ca and the website is located at www.gov.mb.ca/chc/grants.



Community Contact



Community Council members, community residents and departmental staff are strongly encouraged to submit feedback, comments, questions, suggestions and ideas to the editor.

Ray Irvine

1680 Ellice Avenue, Bay 8

Winnipeg, MB R3H 0Z2

Ph: 204-945-5968

Fax: 204-948-2389

E-mail: RIrvine@gov.mb.ca

www.gov.mb.ca/ana