

**Kahnawake Community Health Plan
2012-2013**

RATIONALE	Cancer has been identified as one of the health priorities, one of the more life altering health related diseases which is impacting our community.						
GOAL	To reduce incidence of cancer, provide for early detection of cancer, and support community members affected by cancer.						
STRATEGY	To provide a comprehensive prevention, intervention, and support spectrum of services related to cancer.						
OBJECTIVES	Main Activities	Target Group	Title Responsible	Calendar/ Dates	Indicators	Data	Health Impact
To reduce cancer within Kahnawake through collaboration of community organizations (Logic Model to be developed)	Establish a working group to focus on the cancer health priority.		Onkwa	Ongoing	# of meetings Terms of reference Objectives	Sub committee reports	Improved and efficient service delivery
	Inventory existing services which impact addictions.		Working Group	Ongoing			
	Identify gaps and overlaps and implement service delivery activities to address this priority		Working Group	Ongoing	# of protocols, agreements, MOU, policies		A measurable decrease in cancer in Kahnawake
To disseminate prevention and awareness information that is (1) current, (2) culturally relevant, (3) effective in enhancing understanding of all aspects of cancer, (4) effective in improving knowledge, attitudes and behaviours. (Cancer Care)	To increase knowledge of and participation in cancer prevention behaviours (active living, healthy eating, exposure behaviors): • Lung • Breast • Prostate • Colorectal • Skin	• Adults • High Risk Populations (outdoor workers) • Children • Youth Leaders • Parents • Work Groups	Cancer Care Worker Cancer Care Worker w/ Community Health Nurse on Active Living/Sun Safety – Sunscreen/Smoking	Active living campaigns/programs ongoing, but specific campaigns delivered: • Lung: Ongoing • Breast: September/October • Prostate: August/September • Skin: March/June • Colorectal: March/April	Maintenance of the same number of presentations Maintenance of the same number of attendees Sightings in community of “sun safety behaviours” Adults reporting “sun safety behaviours” All schools and youth programs adopting “sun safe” practices Positive feedback from clients and Increase in knowledge	# of booths as per type of cancer # of participants	Risk reduction practices improved Risk profile improved

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<p>To increase cancer awareness capacity: (basic cancer information, biology, early signs and symptoms, early detection, appropriate screening schedules) by delivering presentation:</p> <ul style="list-style-type: none"> • Lung • Breast • Prostate • Colorectal • Skin • Testicular 	<ul style="list-style-type: none"> • Adults • Youth 	Cancer Care Worker	<ul style="list-style-type: none"> • Breast: September/October • Prostate: August/September • Skin: March-June • Colorectal: March/April 	<p>Maintenance of same number of presentations</p> <p>Maintenance of same number of attendees</p> <p>Positive feedback from clients</p>	<p># of presentations</p> <p># of awareness campaigns i.e. radio, articles, posters developed, etc.</p>	<p>Sensitize community on survival as opposed to: cancer is a death sentence</p> <p>Lessen anxiety and barriers to screening measures/early detection</p> <p>Greater adherence to recommended screening practices</p>
<p>To assist with appropriate cancer screening measures</p>	Adults	Cancer Care Worker	Ongoing	<p># of clients who readily contact us for support</p> <p># of pap tests performed</p> <p>MD referrals</p>	<p># of calls, visits for support regarding screening</p> <p># of times gone with patients for screening tests as support</p>	<p>Effective use of services</p> <p>Earlier diagnoses</p> <p>Decrease anxiety</p> <p>Experience support</p>
<p>To increase awareness capacity re: QBCSP among target (50-69) and pre-target population (40-50)</p> <p>To encourage women to take advantage of appropriate screening measures for breast cancer through the QBCSP.</p>	<ul style="list-style-type: none"> • Women 50-69 • Women 40-50 	Cancer Care Worker	Ongoing with special events planned for Breast Cancer Awareness Month – September/October.	Increased knowledge re causes, prevention, and detection of breast cancer among women in pre-target and target age.	<p># of booths</p> <p># of participants</p> <p># of posters developed, distributed</p>	<p>Improve early detection & treatment of breast cancer in women ages 50-69.</p> <p>Screening practices understood by pre-target group</p>

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<p>To promote cancer support as a healthy behavior and provide cancer support for people diagnosed and their families:</p> <ul style="list-style-type: none"> • emotional • practical • educational 	<p>- Adult - Family - MD - Cancer Support Group of Kahnawake</p>	<p>Cancer Care Worker</p>	<ul style="list-style-type: none"> • Ongoing • Monthly public service announcements • December/January campaign 	<p>Maintenance and/or increase # of clients, # of interactions for support</p>	<p># of client interactions for support Amount of time spend on personal support to clients # of MD referrals</p>	<p>Experience support Lessen isolation. Decrease anxiety during the cancer experience. Greater adherence to treatment plans</p>	
<p>To help identify, eliminate, reduce or control the factors in the physical environment (air, food, water, surroundings) that can detrimentally affect the health and/or well being of Kahnawa'kehró:non (EHS)</p>	<p>To monitor the quality of potable and recreational water in Kahnawake and Tioweraton.</p>	<p>Community of Kahnawake & Tioweraton</p>	<p>Co-ordinator Environmental Health Officer EHS Workers</p>	<p>All Year</p>	<p>Rates of water born diseases The percentage of potential consumers using system for drinking water/bathing purposes. Ratio of satisfactory/unsatisfactory water samples. Water system meets criteria for design, maintenance and operation. # of trained operators. # of satisfactory bacteriological water samples/number of bacteriological samples taken. # of wells sampled/number of wells. # of wells meeting criteria for construction and maintenance</p>	<p>Rates of communicable disease Incidence rates Rates of spread # of communities considered "endemic"</p>	<p>Water wuality constantly monitored for safe use. Increase number of systems inspected meeting established criteria/# of systems in the community % of community residents havng satisfactory systems to continue residents' good health</p>

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To reduce the incidence of illnesses associated with food born disease in the community	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	Rate of food born illnesses Food services are monitored using HACCP system # of food handlers/# of food handlers trained	Identify trends, provide data for suspected and confirmed food borne illness outbreaks in establishments with the Kahnawake Territory	Reduce potential food borne illnesses to patrons
To inspect all of the public buildings within Kahnawake concerning possible health risks associated with occupancy.	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	Rates of communicable disease Facility meets provincial and other standards and construction		Facilities meeting established criteria for inspections provides healthy/safe facilities for all community members
To improve overall quality of housing/living conditions in Kahnawake	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	# of residents housed according to national building code occupancy standards # of houses meeting provincial & other guidelines and standards Existence of long term planning mechanism in community		Residents are confident they live in health/safe homes
To reduce the incidence of communicable diseases contracted via the environment	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	Rates of communicable disease/incidence Rates of spread throughout community # of communities considered "endemic"		Reduce rates of communicable disease

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	To reduce the hazards associated with improperly disposed wastes	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	Rates of communicable disease % of community residents on community sewage system # of trained operators/# of operators Meets provincial and federal criteria for discharge # of systems inspected meeting established criteria/# of systems installed in community % of community residents having satisfactory systems # of residents and workers trained in maintenance of private sewage disposal systems	Saturation of surrounding soil Broken pipes Low soil permeability Non-decomposable products in the disposal system Some septic tanks and overflow pits drain directly into a surface ditch once problems occur with the original design Aging systems, potential system failures	Confidence that systems are being monitored
	To raise community awareness regarding health/safety/occupational hazards	Community of Kahnawake & Tiowero:ton	Co-ordinator Environmental Health Officer EHS Workers	All Year	# of occupational related injuries # of occupational illnesses # of general health & safety issues		Reduction of occupational related injuries Increase # of trained operators
Reduce tobacco related morbidity and mortality. (Adult Prevention)	To promote freedom from smoking	All Smokers Healthcare Community	CHU Nurse Director of Nursing	April - March	Increased number of consultations Increased number of individuals participating in strategy Improved skills in the implementation of Clinical Practice Guidelines (CPG)	3 referrals (2 from Physio Dept) Anecdotal Number of presentations	Reduced number of tobacco related illnesses. Decreased number of clients resistant to change

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To provide increased awareness of links between smoking & tobacco related illness in smokers and non-smokers.	Smokers living/working with non-smokers	CHU Nurse	April - March	Increased number of smoke free households	Anecdotal Number of presentations	Increased number of individuals from populations with tobacco related health issues who quit tobacco. Increased numbers of adults displaying positive role model to children, teens, peers. Reduced number of visits related to 2nd & 3rd hand smoke exposure - ear infections, asthma, COPD.
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Goal	Reduce tobacco related morbidity and mortality.							
Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
To promote freedom from smoking	To provide opportunities for behavioural change. Counselling & Support	Adult smokers	CHU Nurses	April – March	Increased number of consultations	3 referrals (2 from Physio dept)	Reduced number of tobacco related illnesses.	Reminder letter to new M.D.'s re consultations. Done
	Promote governmental strategies * “Quit to Win”-(on line support), Clear the Air Campaign	All smokers	CHU	April-March	Increased number of individuals participating in strategy.	Anecdotal	Reduced number of tobacco related illnesses.	Distributed posters to community – done on-line so hard to evaluate number of participants.
	To promote use of motivational interviewing related to smoking cessation for nurses	Health care Community	CHU Nurses Director of Nursing	April – March	Improved skills in the implementation of Clinical Practice Guidelines (CPG).	Anecdotal	Decreased number of clients resistant to change.	Reminders to OPD nursing re: to ask ‘smoking questions’. - Ongoing
To provide increased awareness of links between smoking & tobacco related illness in smokers and non-smokers.	To produce the following communications: Articles 2x/yr. Visual displays Pamphlet, & Radio	Smokers living / working with non-smokers and non-smokers	CHU Nurses	April – March	Increased number of smoke free households	Anecdotal	Increased number of individuals from populations with tobacco related health issues who quit tobacco. Increased numbers of adults displaying positive role model to children, teens, peers.	Consider PSA in local paper regarding availability of smoking cessation consultations. Develop/explore additional/alternative support systems – Updated.
	To promote the ‘Clean the air campaign’	Community	CHU Nurse	April-May	Increased number of smoke free households	number of presentations	Reduced number of visits related to 2nd & 3rd hand smoke exposure – ear infections, asthma, COPD.	Weedless Wednesday Kickoff Breast Feeding Support Group

Goal	To provide wellness activities to Kahnawa'kehró:non-non that reduces barriers to physical activity in at risk populations, reduces their risk of chronic/preventable illness, increases							
Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
To provide physical activity opportunities to at risk adults (40+)	Continue Vitality Activity Program - Provide health education - Monitoring for safety - Design program incorporating cardiovascular, weight training and flexibility - Encourage/facilitate in community wide activities, i.e. Sadie's Walk, Mohawk Miles - Advertise/actively recruit - Evaluate at year end	At risk 40+ adults	Community Health Nurse, Fitness Leader	Sept./May	Attendance sustained and increased Evaluation	Attendee numbers- Increased number returning- - Evaluations	Participants demonstrate improvement Level of health maintained/improved i.e. ↓ obesity, ↓ WC, improved BP and glucose control, etc.	Discussion seasonal health issues i.e. balance/ice/falls /heat/hydration/stress/holidays/ injury related to dancing. Number of attendees sustained – new clients attending
To provide physical activity opportunities to at risk adults (20-30 years)	Research, design and undertake a survey to determine needs for physical activity; Hawas Stroller Fitness Plan and implement innovative activity for the target group Monitor for safety Provide health relevant health education Evaluate quantitative/ qualitative	20-30 yrs	Community Health Nurse, Fitness Leader	April/June	April/June Sept./Dec.	Returned surveys Evaluation results	Activities which meet the expressed needs of the target group in order to improve their wellness. Level of health maintained/improved i.e. ↓ obesity, ↓ WC, improved BP and glucose control, etc. Prevention of diabetes, heart disease, cancer, etc.	Despite having negotiated indoor opportunity it became increasing difficult to continue program at this time due to its cost ineffectiveness. Scheduled air time ads, as well as newspaper ads, and a visit of solicitation to BFGS. Have had 3 phone calls in January 11 inquiring as to start date of next program. To be determined.

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Goal	Objectives	Main Activities	Target Group	Responsible Contact	Calendar/Dates	Indicators	Data	Health Impact	Review
To provide physical activity opportunities to at risk adults (inactive adults)	Develop a seasonal activity to introduce a new skill Determine availability of venue and equipment Advertise and recruit Research promotional educational materials	Inactive adults	Community Health Nurse, Fitness Leader	Oct-Nov-ADI proposal-Ballroom Dancing Line Dancing	36BRD # of attendees Evaluation 35	Evaluation results	Willingness to explore new avenues to activity	Program initiated in Jan 2011, anecdotal evidence-people report unwillingness to this sort of activity at social clubs due to smoke environment	

To reduce morbidity and mortality related to preventable risk factors for chronic disease.									
Goal	Objectives	Main Activities	Target Group	Responsible Contact	Calendar/Dates	Indicators	Data	Health Impact	Review
To provide screening, or educational opportunities for at-risk groups for Heart Disease	Heart Health: Blood pressure screenings Display board Newspaper article Workshop/booths Individual risk assessment Counselling	Adult population.	CHU Nurse	February November May/June	Visits to booths -500+ Demonstrated awareness of risk factors Number of requests	Radio talk show, article in KSCS newsletter. Number of screenings-60% of those screened during ambush opportunity had hypertension, or had risk factors for hyperstension Number of requests for assessment/work-shops-	Decreased number of undetected heart health risk factors.	-Increase to partner up with community activities. -to continue to Increase access to unserved population	

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<p>To provide awareness, or educational opportunities for at-risk groups for Diabetes</p>	<p>Diabetes: Blood glucose screening booths Display boards Workshops</p>	<p>Adult population with preventable risk factors.</p>	<p>CHU Nurse</p>	<p>May June November</p>	<p>Increased demand for screening opportunities.</p>	<p>Number of screenings 5 Number of requests for workshops- Number of requests for assessment</p>	<p>Decreased number of undetected diabetic/IFG persons in community.</p>	<p>Well educated community re: diabetes. - people ask informed questions.-changed venue of road show to march to co-incide with nutrition month</p>
<p>To provide educational opportunities for at-risk groups for Osteoporosis, to promote prevention, and screening</p>	<p>Osteoporosis: Display boards Articles Pamphlets Workshops</p>	<p>Women 25+</p>	<p>CHU Nurse</p>	<p>Oct. / Nov.</p>	<p>Increase demand for more info or related information.</p>	<p>Number of requests for workshops- Number of requests for assessment-referral or information</p>	<p>Reduced numbers of complications – for example fractures related to osteoporosis.</p>	<p>Anecdotal evidence to support i.e. two falls □ fractures. 2 falls without fracture, 1 with fracture</p>

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Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
<p>To increase knowledge of and participation in cancer prevention behaviours (active living, healthy eating, exposure behaviors):</p> <ul style="list-style-type: none"> • Lung • Breast • Prostate • Colorectal • Skin 	<p>Determine, design and deliver (communicate) primary prevention campaigns and programs in community:</p> <ul style="list-style-type: none"> • Public places • Workplaces • Schools <p>And through media outlets:</p> <ul style="list-style-type: none"> • Radio • Print media <p>Develop/decide on appropriate materials – pamphlets, posters, presentation content</p>	<ul style="list-style-type: none"> • Adults • High Risk Populations (outdoor workers) • Children • Youth Leaders • Parents • Work Groups 	<p>Cancer Care Worker</p> <p>Cancer Care Worker w/ Community Health Nurse on Active Living/Sun Safety – Sunscreen/Smoking</p>	<p>Active living campaigns/programs ongoing, but specific campaigns delivered:</p> <ul style="list-style-type: none"> • Lung: Ongoing • Breast: September/October • Prostate: August/September • Skin: March/June • Colorectal: March/April 	<p>Maintenance of the same number of presentations</p> <p>Maintenance of the same number of attendees</p> <p>Sightings in community of “sun safety behaviours”</p> <p>Adults reporting “sun safety behaviours”</p> <p>All schools and youth programs adopting “sun safe” practices</p> <p>Positive feedback from clients and Increase in knowledge</p>	<p># of booths as per type of cancer</p> <p># of participants</p>	<p>Risk reduction practices improved</p> <p>Risk profile improved</p>	

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Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
To increase cancer awareness capacity: (basic cancer information, biology, early signs and symptoms, early detection, appropriate screening schedules) by delivering presentation: <ul style="list-style-type: none"> • Lung • Breast • Prostate • Colorectal • Skin • Testicular 	Determine, design and deliver awareness campaigns in community: <ul style="list-style-type: none"> • Public places • Workplaces And through media outlets: <ul style="list-style-type: none"> • Radio • Print media • Poster campaigns Develop/decide on appropriate materials – pamphlets, posters, presentation content	<ul style="list-style-type: none"> • Adults • Youth 	Cancer Care Worker	<ul style="list-style-type: none"> • Breast September/October • Prostate: August/September • Skin: March-June • Colorectal March/April 	Maintenance of same number of presentations Maintenance of same number of attendees Positive feedback from clients	# of presentations # of awareness campaigns i.e. radio, articles, posters developed, etc.	Sensitize community on survival as opposed to: cancer is a death sentence Lessen anxiety and barriers to screening measures/early detection Greater adherence to recommended screening practices	
To assist with appropriate cancer screening measures	To be available to support people to understand screening, accompanying them to screening, interpret information,	Adults	Cancer Care Worker	Ongoing	# of clients who readily contact us for support # of pap tests performed MD referrals	# of calls, visits for support regarding screening # of times gone with patients for screening tests as support	Effective use of services Earlier diagnoses Decrease anxiety Experience support	

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Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
<p>To increase awareness capacity re: QBCSP among target (50-69) and pre-target population (40-50)</p> <p>To encourage women to take advantage of appropriate screening measures for breast cancer through the QBCSP.</p>	<p>Determine, design and deliver community campaign that supports QBCSP measures in community:</p> <ul style="list-style-type: none"> • Public places • Workplaces <p>And through media outlets:</p> <ul style="list-style-type: none"> • Radio • Print media <p>Poster Campaign</p> <p>Develop/decide on appropriate materials – pamphlets, posters, presentation content</p>	<ul style="list-style-type: none"> • Women 50-69 • Women 40-50 	<p>Cancer Care Worker</p>	<p>Ongoing with special events planned for Breast Cancer Awareness Month – September/October.</p>	<p>Increased knowledge re causes, prevention, and detection of breast cancer among women in pre-target and target age.</p>	<p># of booths # of participants # of posters developed, distributed</p>	<p>Improve early detection & treatment of breast cancer in women ages 50-69.</p> <p>Screening practices understood by pre-target group</p>	

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Objectives	Main Activities	Target Group	Responsible Contact	Calendar/ Dates	Indicators	Data	Health Impact	Review
To promote cancer support as a healthy behavior and provide cancer support for people diagnosed and their families: <ul style="list-style-type: none"> • emotional • practical • educational 	Outreach and be available to community members and their families by: <ul style="list-style-type: none"> • Approaching MD's for referrals • Advertise in PSA's in Eastern Door • Annual article in print media • Develop radio ads for support • Book radio show on support • Attend monthly Cancer Support Group of Kahnawake's meeting to support their activities Determine, design and deliver community campaign that promotes/educates cancer support as a healthy behavior	<ul style="list-style-type: none"> - Adult - Family - MD - Cancer Support Group of Kahnawake 	Cancer Care Worker	<ul style="list-style-type: none"> • Ongoing • Monthly public service announcements • December/January campaign 	Maintenance and/or increase # of clients, # of interactions for support	<ul style="list-style-type: none"> # of client interactions for support Amount of time spend on personal support to clients # of MD referrals 	Experience support Lessen isolation. Decrease anxiety during the cancer experience. Greater adherence to treatment plans	<ul style="list-style-type: none"> • New clients w/cancer:6 • Return clients w/cancer:5 • New clients w/ family member:11 • Clients supported for diagnostitests (2)

Rationale	Mandated by Contribution Agreement with Health Canada							
Goal	To help identify, eliminate, reduce or control the factors in the physical environment (air, food, water, surroundings) that can detrimentally affect the health and/or well being of Kahnawa'kehró:non							
Strategy	To provide these services, the EHS Program has fostered a relationships with Regional Environmental Health Officers of Health Canada, the CMHC, Kahnawake Public Works, Mohawk Council of Kahnawake, Community Protection and the Kateri Memorial Hospital Center. We also have the ability to harness the resources of many respected health and safety organization in North America.							
Objectives	Main Activities	Target Group	Title Responsible	Calendar/ Dates	Indicators	Data	Health Impact	REVIEW
To monitor the quality of potable and recreational water in Kahnawake and Tioweraton.	Monitor the water quality distributed by Kahnawake's community system.	Community of Kahnawake & Tiowero:ton	Environmental Health Officer.	All year	Rates of water borne diseases.	Rates of communicable disease	Water quality constantly monitored for safe use.	Activity: 306 bacteriological analyses Centralized System.
	Monitor the water quality of private well systems.		Co-ordinator Environmental Health Services		The percentage of potential consumers using system for drinking water/bathing purposes.	Incidence rates.	Increase number of systems inspected meeting established criteria / number of systems installed in the community.	Criteria for issuing a 'Boil Water' announcement to be re-visited this year.

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	<p>Monitor all the waters used for recreation within Kahnawake.</p>				<p>Ratio of satisfactory/unsatisfactory water samples.</p>	<p>Rates of spread throughout community.</p>	<p>Percentage of community residents having satisfactory systems to continue residents' good health.</p>	<p>3 Complete Chemical analyses Centralized System.</p> <p>24 Trihalomethane analyses Centralized System</p> <p>24 samples for quality control Centralized System.</p>
	<p>Monitor the potable and recreational water in Tioweraton.</p>				<p>Water system meets criteria for design, maintenance and operation.</p> <p>Number of trained operators.</p>	<p>Number of communities considered "endemic".</p>		<p>48 samples for radionuclide's Centralized System.</p> <p>68 Complete Chemical analyses, private ground water sources.</p> <p>68 bacteriological analyses, private ground water sources.</p> <p>4 wells received chlorine treatment after sample indicated presence of bacteria</p>

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					Number of satisfactory bacteriological water samples/ number of bacteriological samples taken.			160 bacteriological (recreational) analyses from the Tioweroton territory
					Number of wells sampled during annual period/ number of wells Number of wells meeting criteria for construction and maintenance			260 bacteriological (recreational) analyses for Kahnawake. <i>All recreational samples indicated the areas were suitable for recreational activity.</i> Review: Modifications to the filtration plant have yet to be put on-line. Date for completion has been delayed; estimated time for completion was March 2011 and has had to be pushed up to August 2011.

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								<p>Since 2007, improvement to distribution network has saved over 400,000 gallons per day.</p> <p>Additional monitoring added for the St. Lucie sewage treatment area</p> <p>There were no significant problems in regards to water quality for this reporting period.</p>
To reduce the incidence of illnesses associated with food-borne disease in the community.	Inspect all of the food establishments in the community of Kahnawake.	Community of Kahnawake & Tiowero:ton	Environmental Health Officer.	All year	Rate of food-borne illnesses.	Identify trends, provide data for suspected and confirmed food borne illness outbreaks in establishments within the Kahnawake Territory	Reduce potential food-borne illnesses to patrons.	<p>Activities:</p> <p>55 food establishments inspected</p>

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	<p>Promote correct food handling practices to restaurant managers, employees, and the general community.</p>		<p>Co-ordinator Environmental Health Services</p>		<p>Food services are monitored using the HACCP system.</p>			<p>3 re-inspections</p> <p>All establishments inspected passed. Those that required a re-inspection are now visited twice a year to insure compliance.</p>
	<p>Advise public of food recall announcements and provide safe food handle training upon request.</p>				<p>Number of food handlers/ number of food handlers trained.</p>			<p>7 food recall notices to community</p> <p>Review: Majority of establishment compliant and understand the requirements necessary for a certificate</p> <p>Additional conveniences stores added to this year.</p>

								Additional requests for certificates to meet Alcohol Control Board requirements.
To inspect all of the public buildings within Kahnawake concerning possible health risks associated with occupancy.	Inspect all public buildings in Kahnawake. (currently 44) Promote health and safety concerns to the community of Kahnawake.	Community of Kahnawake & Tiowero:ton	Environmental Health Officer. Co-ordinator Environmental Health Services	All year	Rates of communicable disease. Facility meets provincial and other standards for sanitation and construction.		Facilities' meeting established criteria for inspections provides healthy / safe facilities for all community members.	Activities 27 public buildings were inspected. Radon sampling conducted on 21 building. 454 radon detectors were installed. One public building closed due to fire regulation infractions. Review All public buildings within Kahnawake are inspected yearly.

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<p>To improve the overall quality of housing/ living conditions in Kahnawake.</p>	<p>Provide inspection / investigation services to the public when requested.</p>	<p>Community of Kahnawake & Tiowero:ton</p>	<p>Environmental Health Officer.</p>	<p>All year</p>	<p>Number of residents housed according to national building code occupancy standards</p>		<p>Residents are confident they live in healthy / safe homes.</p>	<p>Activities:</p> <p>25 Indoor Air Quality Investigations conducted on private residences.</p> <p>Of the 25 inspections, all required some improvements to their dwellings.</p> <p>5 Indoor Air Quality inspections on Multi-Dwellings</p> <p>Distribution of educational information</p>
<p>To improve the overall quality of housing/ living conditions in Kahnawake.</p>	<p>Promote healthy building practices for MCK and homeowners.</p>		<p>Co-ordinator Environmental Health Services</p>		<p>Number of houses meeting provincial other guidelines and standards</p>			<p>Existence of long term planning mechanism in community</p>
								<p>Participation in Social Development Unit meetings.</p> <p>Skill Enhancement Training.</p>

								<p>Requests to participate in clean-up planning for 3 homeowners. One with over crowded cats and 2 with hoarding. In these cases, recommendations where hampered by lack of enforcement criteria to make the homeowners comply.</p> <p>Review If routine inquires is any indication, healthy home practices are being widely adopted.</p>
To reduce the incidence of communicable diseases contracted via the environment.	Provide inspection/ investigation services to community organizations and the public.	Community of Kahnawake & Tiowero:ton	Environmental Health Officer.	All year	Rates of communicable disease /incidence.		Reduced rates of communicable disease.	<p>Activities</p> <p>Investigations into possible environmental factors associations with disease.</p>

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	Provide communicable disease information to the community.		Co-ordinator Environmental Health Services		Rates of spread throughout community. Number of communities considered "endemic".			Pandemic Planning West Nile Prevention H1N1 Awareness Immunization Information Review
								Some inquires as to merits of flu vaccine, childhood immunization and autism. These inquirers were referred to medical professionals
To reduce the hazards associated with improperly disposed wastes.	Identify the areas of the community that may pose a health hazard to the community of Kahnawake.	Community of Kahnawake & Tiowero:ton	Environmental Health Officer.	All year	Rates of communicable disease	Saturation of the surrounding soil.	Increases the number of trained workers / residents in maintenance of sewage disposal systems.	Activities: Investigation into improperly disposed waste in the community. Status: Incomplete

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	<p>Monitor the quality of the effluent from the sewage treatment plant.</p>		<p>Co-ordinator Environmental Health Services</p>		<p>Percentage of community residents on community sewage system.</p> <p>Number of trained operators/ number of operators.</p> <p>Meets provincial and federal criteria for discharge.</p>	<p>Broken pipes</p> <p>Low soil permeability</p>	<p>Confidence that systems are being monitored.</p>	<p>Untreated sewage discharged around the Onake Paddling club continues to be an issue.</p> <p>3 complaints regarding domestic waste disposal and vermin. No by-laws in place to deter individuals into complying with requests to clean up trash or eradicate vermin problem.</p>
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**Kahnawake Community Health Plan
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					Number of systems inspected meeting established criteria/ number of systems installed in community.			
					Percentage of community residents having satisfactory systems.	Non-decomposable products in the disposal system		
					Number of residents and workers trained in maintenance of private sewage disposal systems.			
						Some septic tanks and overflow pits drain directly into a surface ditch once problems occur with the original design.		

						Aging systems, potential system failures		
To raise community awareness regarding health / safety/ occupational hazards.		Community of Kahnawake & Tiowero:ton	Environmental Health Officer. Co-ordinator Environmental Health Services	All year	Number of occupational related injuries. Number of occupational illnesses.		Reduction of occupational related injuries. Increase number of trained operators.	Activities: Occupational injuries related are still a concern within the community.
					Number of general health and safety issues			Cooperation from the employers is still difficult to obtain. Continue to explore future relationship with Mohawk Self Insurance.

								<p>Explored Health Canada Guidelines, EPA, OSHA and tobacco industry. Could not find information regarding workman's safety in the tobacco industry.</p> <p>1 request for information regarding PPE and Vermiculite insulation removal.</p>
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