



A newsletter produced by Prince Albert Grand Council's Department of Health and Social Development

# The Heart Beat

Summer Issue 2014

## Creating a suicide prevention strategy that gives youth a voice

For communities in northern Saskatchewan, youth suicide is a growing epidemic. Research by the Northern Saskatchewan Health Indicators Report showed that suicides make up 25% of injury deaths in northern Saskatchewan with rates three times as high as other regions in the province. For the Prince Albert Grand Council's Department of Health and Social Development (H & SD), the need for resources and support has been on the rise with at least 15 confirmed teen suicides in PAGC communities over the past year.

In response to the "cluster" of suicides happening in the North, H & SD Director Al Ducharme recently proposed an action plan to PAGC Health Directors. The plan includes the development of a strategy for a Community Safety Plan that would support a community dialogue about suicides deemed necessary for the social wellness of all First Nations.

"An epidemic of suicides is plaguing our First Nations in the North," says Ducharme, "and it is time we give voice to our youth and make space for

a more holistic and community-based approach in order to reverse this trend that is devastating our communities."

To be developed by H & SD's Holistic Wellness Centre, the strategy will focus on the community as a whole, work across the current systems in place, and draw upon the community's resources and cultures with the goals of building a safety net for people at risk.

Director of the Holistic Wellness Centre Joan Breland says that, contrary to popular belief, it is important to talk openly about suicide and break the silence and shame that surrounds it.

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Cover photo (L-R): Sturgeon Lake First Nation Youth Council members — Iowerate Naytowhow, Jarrett Naytowhow, Lance Sewap and Orville J. Longjohn.

## Message from the Director



I hope you are all doing well and enjoying your summer. Our team here at the Department of Health and Social Development had been hard at work and I'm pleased to present you with a sample of our latest programs, services and vision of the future as detailed in this issue of *The Heartbeat*.

This issue covers some of our major projects and programs, including work on creating a suicide prevention strategy that involves youth in the planning process. Our staff have already seen the difference that youth-centred programming can make in ensuring success at a community level. In fact, I'm pleased to report that the youth from Sturgeon Lake First Nation recently won an award from the Canadian Aboriginal AIDS network (CAAN) for their approach to Harm Reduction.

This issue also covers a recent conference we held for Indian Residential School survivors who have had many questions about the Personal Credits program. It also gave us an opportunity to consult with the participants on the idea of creating our own cultural centre. It was well received and we hope to present it on behalf of PAGC as fourth option. Another idea we hope will come to fruition is having our own First Nations hospital, which is presented in the story on page 6 on our most tour of the All Nations Hospital in Fort Qu'Appelle.

These are just some of the developments of our present work. Over the next few months we will be working on other issues and projects. In particular, we are in the final stages of renewing and establishing the National School of Dental Therapy in partnership with Northern Inter-Tribal Health Authority. We've been optimistic that discussions with the First Nation and Inuit Health Branch will result in the coverage of the clinical study component of the training program. Another priority of our leaders who make up our Chiefs Commission is the development of a *First Nations Health Act* that will provide a new health governance structure and serve as a mechanism for PAGC communities to exercise jurisdiction over First Nations health care. This stems from the wishes of the Chiefs who have constantly called for "taking back responsibility of the health of ourselves and our neighbours".

On another note, we have been in contact with the Office of the Chief Coroner of Saskatchewan for information on the coroner's inquest into the events surrounding the death of Billy Ballantyne who was a member of Little Red River Reserve. The inquest is set for December 2014. Officials have indicated that at least three of the jury members will be Aboriginal and may be as many of six.

With that, I hope this newsletter will help you to better understand our work, programs and services, as well as the latest developments of our department as we work to improve the health of our PAGC communities into the future. Please feel free to contact us with any comments and suggestions.

Sincerely,

A handwritten signature in black ink that reads "Al Ducharme". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Al Ducharme  
Director of Health and Social Development  
Prince Albert Grand Council

“Suicide is about pain - it’s not just about isolated cases, it’s about pain for everyone,” says Breland.

She insists that change begins with all community members beginning a conversation around suicide and its underlying social issues that often run deeper than individual factors.

“When it comes to suicide, we aren’t just talking about that one issue,” says Breland. “We’re talking about the other issues that would impact an individual’s core, such as gangs and some of the initiations that come along with that, alcohol and drugs that continue to be predominant in our communities, and violence that continues to happen in many forms whether it is mentally, emotionally, physically or spiritually.”

“Suicide is about pain - it’s not just about isolated cases, it’s about pain for everyone,” says Joan Breland, H & SD’s Director of the Holistic Wellness Centre.

She explains, “a community safety plan is really about looking at all levels. It’s about talking about prevention, talking early on about communicating your thoughts and feelings, getting it out so people are hearing them and then coming in and supporting one another through joint action.”

Involvement of the community is key to the strategy’s success, according to Linda Cairns, the coordinator for the Holistic Wellness Centre’s Embracing Life, a youth suicide prevention program designed to reduce risk factors and promote protective factors against suicide.

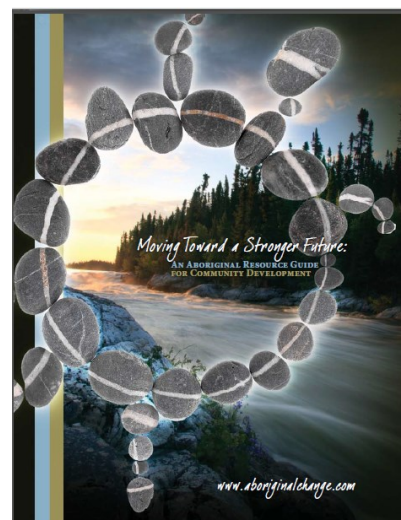
“What I have learned is that suicide is a community problem so it needs a community solution,” says Cairns. “And as we have learned together, no one can go into your community and fix your community for you – this change can only happen from the inside.”

Based on her experience, Cairns insists effective and sustainable change requires an inter-agency approach that involves staff dedicated to suicide

and youth, which isn’t often in place at a band level.

“Our programs focused on our high school youth but when they went back to their communities, nothing ever happened for several reasons. One, there was no vehicle for them to share that voice. Two, when they did go back, there was nobody to support them so that their journey could continue. And, three, funds were limited to begin or continue on with any further programming.”

It was a similar situation at Red Earth First Nation, which Chief Ian McKay wanted to change two years ago when he created the first youth council in northern Saskatchewan.



“He decided to give the youth a voice much to the surprise of their community,” says Cairns.

“He created a council of young adults and he put a young adult on every board. High school students started attending their meetings and he gave them the support and energy for them to pursue their own projects and move forward.”

Building upon that partnership, Cairns worked with other PAGC communities in creating their own youth councils and in early May, she coordinated a workshop called **Strengthening the Youth Voice: Violence No More** for the youth councils from each of the PAGC communities.

Part of the workshop, based on a community development approach outlined in *Moving Toward a Stronger Future: An Aboriginal Resource Guide*

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# 40 Factors Essential to Young People's Success

According to the Search Institute, the following developmental assets for adolescents (ages 12-18) help them grow up healthy, caring and responsible.

External Assets	<b>Support</b>	Family support Positive family communication Other adult relationships Caring neighborhood Caring school climate Parent involvement in schooling
	<b>Empowerment</b>	Community values youth Youth as resources Service to others Safety
	<b>Boundaries &amp; Expectations</b>	Family boundaries School boundaries Neighborhood boundaries Adult role models Positive peer influence High expectations
	<b>Constructive Use of Time</b>	Creative activities Youth programs Religious community Time at home
Internal Assets	<b>Commitment to Learning</b>	Achievement motivation School engagement Homework Bonding to school Reading for pleasure
	<b>Positive Values</b>	Caring Equality and social justice Integrity Honesty Responsibility Restraint
	<b>Social Competencies</b>	Planning and decision making Interpersonal competence Cultural competence Resistance skills Peaceful conflict resolution
	<b>Positive Identity</b>	Personal power Self-esteem Sense of purpose Positive view of personal future

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for *Community Development*, involved completing a project centered on mobilizing and developing the communities. The *Developmental Assets* framework, which is used as an approach to youth development, was also used to help youth identify a set of skills, experiences, relationships and behaviours that would enable them to be happy, healthy and contributing members of their community.



Workshop participants develop their own Community Safe Plan using a planning tool called *Planning Alternative Tomorrows with Hope (PATH)*.

Red Earth took their leadership to another level by helping to empower their peers from other communities.

“Their energy infected other participants there,” said Cairns. “They asked them about what was happening in their communities and asked, ‘Hey, can you invite us to your events?, and we can share with you what works with us.’”

For the health and wellness professionals at H & SD, the community-based approach has potential for real change. The vision is that every community would have a Community Safe Plan that would make youth programming a priority.

For long term success, Joan Breland adds that it is also crucial for First Nations to dedicate staff specifically to youth and suicide who will push the young adult program forward, much the same as is done for NNADAP programming.📌

# Rapper teaches youth to bring out their voice through Hip Hop music



Cree rapper Kasp shared his music with youth to motivate them to persevere “no matter what happens in life”.

By the age of nine, Rob “Kasp” Sawan of Penticton First Nation had witnessed more traumas and abuse than most grown ups would face in a lifetime. Having been raised in the child welfare system, an experience considered by many as one of the many multi-generational effects of the residential school, Kasp ended up on the streets in East Vancouver where he continued on to live a vicious cycle of alcoholism and drug abuse.

Kasp turned to Hip Hop music as an escape from his harsh reality. He shared his message with First Nation youth attending a three-day workshop called **Strengthening the Youth Voice: Violence No More**, hosted by H & SD’s Holistic Wellness Centre in early May.

Kasp discovered that Hip Hop led him on his own healing journey by the way it helped him to express his own stories of struggles and hardships in an artistic space he could identify with.

“If I didn’t have this kind of music growing up, I’d probably be dead or in jail,” admitted Kasp.

“With my Dad’s lifestyle, with him being a drug dealer, a pimp, a heroin addict and an alcoholic, I could have easily gone the other way,” he continued. “But with Hip Hop music, I could relate to it so much — I found that there’s the violence,

alcohol, poverty and abuse in the Aboriginal communities just like in the ghettos in the States, so the similarities are huge.”

With numerous music awards under his belt, including recent nominations by the Aboriginal Peoples Choice Music Awards for Best Hip Hop/Rap CD and Aboriginal Entertainer of the Year, the Penticton-based rapper now holds workshops across the country to help youth build self-esteem through the art of music creation, performance and storytelling.

“If I didn’t have this kind of music growing up, I’d probably be dead or in jail,” admitted Kasp.

Twenty-one-year-old Orville Jacob Longjohn of Sturgeon Lake First Nation was one of 50 youth and staff at the workshop representing youth councils from each of the PAGC communities. He said Kasp’s presentation helped him understand the importance of storytelling.



“Mc B & the Fab 4” rap group from Montreal Lake Cree Nation learned their own rap song from Rob “Kasp” Sawan and DJ MV at H & SD’s Strengthening the Youth conference.

“He came a long way in his journey and it didn’t just touch one person, it touched everybody’s heart,” said Longjohn. “Everybody felt the impact of what he dealt with and I learned that everybody has a choice to make with drugs and alcohol.”

For part of the workshop, Kasp and his assistant, DJ MV, taught the youth how to write and mix their

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Sturgeon Lake youth lowerate Naytowhow, Jarrett Naytowhow, Orville J. Longjohn and Lance Sewap made their own rap songs as "Abe Soul" at the Violence No More workshop.

own rap songs. These were shared with the group on the last day.

Longjohn said he was impressed with the results.

"We all have our different stories but we brought it all together, working as a team, and once I heard our song, I didn't expect that," he recalled. "I'm proud of my group and the rest of the groups there. It was really powerful how you could share your voice so easily."

**"I'm proud of my group and the rest of the groups. It was really powerful how you could share your voice so easily," said Orville Longjohn.**

For Longjohn, abstaining from drugs and alcohol is a path he chose to follow.

"For me, I haven't touched drugs and alcohol before and I wanted to send out that message to our younger generation—my future children and grandchildren—that you don't have to do that stuff. But they still have that choice. That's what this whole thing was about for me." 📱

## Top level delegation tours All Nations Healing Hospital in Fort Qu'Appelle

On June 24<sup>th</sup>, a delegation of 40 organized by PAGC's H & SD toured the All Nations Healing Hospital in Fort Qu'Appelle. The group included PAGC Executive, Chiefs, Health Directors, and staff, as well as executives from the Prince Albert Parkland Health Region and Mamawetan Churchill River Health Region.



The visit to the hospital marked one of a series of visits by senior PAGC officials to various First Nation-run health care facilities across Canada. Other tours have included visits to Siksika Health and Wellness Centre on Siksika First Nation and the Lake Okanagan Wellness Clinic on Westbank First Nation.

The tours are part of the work of a Task Force that was set up early last year with the mission to research the possibilities of building a First Nations hospital in Prince Albert. It was an opportunity to learn about the progress other First Nations have made in running their own health facilities.

The All Nations Healing Hospital is considered the only First Nations hospital of its kind in Canada. It houses 13 acute care beds, one palliative care bed, a large outpatient and diagnostic area and support services.

In his opening remarks to the delegation, PAGC Grand Chief Ron Michel recognized the common histories shared with the First Nations from the southern region.



*H & SD Director Al Ducharme, Chair of H & SD's Health Commission Chief Craig Bighead, FHQ Tribal Chair Edmund Bellegarde and PAGC Grand Chief Ron Michel.*

"We were such a big population in northern Saskatchewan and Fort San was filled with northern people and people from the Northwest Territories," said Michel, reflecting on the thousands of Cree, Dakota and Dene who were sent to the Fort San Sanatorium between 1917 and 1972. Hundreds of people died and thousands suffered from tuberculosis while in Fort San, a hospital that was located outside of Fort Qu'Appelle.

"We also started to bring our children to Lebreton Indian Residential School so there's a lot of history of our people coming to Fort Qu'Appelle," he added.



Reclaiming history and reasserting control over First Nations health was one of the driving forces behind the creation of the now demolished Fort Qu'Appelle Indian Hospital built 80 years ago and the All Nations Healing Hospital.

The All Nations Healing Hospital currently serves

the communities within the traditional territories of the 25 Treaty 4 First Nations. File Hills Qu'Appelle Tribal Council Chair Edmund Bellegarde stressed the significance of the hospital's new location.

"It's important the public understands that this public health facility is on Treaty 4 land and it's located very close to the actual site where Treaty 4 was entered into back in 1874."

"Not only was the hospital based on ensuring access to health care as a Treaty right, the connection to their traditional medicines and ceremonies was a crucial component of the hospital," he added.



*Elder Rick Favel shows the medicine room to the delegation.*

The White Raven Healing Centre is also located at the All Nations Healing Hospital to ensure community members have access to mental health services and a spiritual cultural program.

While they may enjoy the complete confidence of the community and the 20,000 people in the town and surrounding rural municipalities, Bellegarde admitted that that was not always the case.

"Part of the challenge was dealing with the skepticism of First Nations owning the hospital and building it on reserve land," he recalled. "In the beginning, some of these stereotypes had impacted us. There were naysayers and some people who really didn't understand the quality of care, facilities and health care professionals we planned on delivering. But by involving the community right from day one, we slowly but surely overcame that."

H & SD will provide a final report on the hospital study by this Fall. 🍁



# Frequently Asked Questions about the Indian Residential School Personal Credits

Earlier this year the Government of Canada announced that eligible former Indian Residential Schools (IRS) students who qualified for the Common Experience Payment (CEP) under the IRS Settlement Agreement, may now qualify for a one time IRS Personal Credit (no cash value) for educational programs and services.

## How much are the Personal Credits?

Adequate funds are available for each CEP recipient to receive up to \$3,000 in Personal Credits, depending on approved educational expenses.

## Who can use Personal Credits?

- Eligible former IRS students who received the CEP qualify for a one time \$3,000 personal credit for personal educational use;
- OR Eligible former IRS students may wish to transfer their personal credit to certain family member(s);
- OR Eligible former IRS students may pool their personal credits to a group education service.

(Certain family members of deceased eligible former IRS students may qualify for personal education credits.)

## Will I receive a cheque?

No. Cheques will be issued directly to the educational entity or group providing the service.

## Where can you use your Personal Credits?

- Personal Credits may be used for either personal or group education services provided by Education Entities or Group Educational Services jointly approved by the Assembly of First Nations and Canada, as well as the Inuit Representatives and Canada.
- First Nations, Métis and all other non-Inuk

CEP Recipients may choose to pool their Personal Credits with other CEP Recipients and Transferees to develop and to participate in specific education programs. These Group Services would be aimed at the preservation, reclamation, development or understanding of native identities, histories, cultures or languages.

## Personal Credits Options:

1. Personal educational needs
2. Family member's educational needs
3. Community-based projects. E.g. Schools.
4. Other options:
  - a) PAGC project – Many Nations Knowledge Centre
  - b) Split Personal Credits. E.g. \$1,000 for First Nation project and \$2,000 for Many Nations Knowledge Centre

## How can I get Personal Credits?

Each CEP recipient will be mailed an Acknowledgement Form. If you do not receive an Acknowledgement Form by the end of January 2014, please call 1-866-343-1858.

Completed Acknowledgement Forms should be returned as soon as possible and must be postmarked no later than October 31, 2014.

## How do I redeem my Personal Credits?

Once approved, you will be sent a personalized Redemption Form for each individual using Personal Credits at each educational entity or group. Once the Form is received, provide it to the educational entity or group listed. The educational entity or group must then complete and mail back the Redemption Form postmarked no later than December 1, 2014.

## What happens to unused Personal Credits?

The value of unused Personal Credits will be transferred to the National Indian Brotherhood Trust Fund and Inuvialuit Education Foundation for educational programs. All inactive files will be closed on December 1, 2014.

For more information, visit  
[www.residentialschoolsettlement.ca](http://www.residentialschoolsettlement.ca)  
or call 1-866-343-1858.



Aboriginal Affairs and  
Northern Development Canada

Affaires autochtones et  
Développement du Nord Canada





# Survivors of the Indian Residential School gather for H & SD information session

On June 25th and 26th, H & SD held an information gathering at the Senator Allan Bird Memorial Gym. The goal of the gathering was to help bring clarity to issues and concerns raised by survivors of the Indian Residential Schools on the Indian Residential Schools Settlement Agreement.

“We have workers here with the Residential School Support program and they've been out in the communities, listening to people, and there seems to be a request for more information about the whole IRS process at every stage,” explained H & SD Director Al Ducharme.

“We recognized it's hard for them to put all the steps together and understand that the purpose of the Truth and Reconciliation Commission and the whole timeline of events that has happened since the government acknowledged they have some obligation here.”



*AFN Liaison Curtis Mallet fielding questions about the IRS Personal Credits.*

At its peak, over 250 people attended the gathering that was organized by H & SD's Associate Director Penny Constant and Support Workers George Mirasty, Earle Clarke, Marianne Robillard, and Art Fourstar. The conference covered topics including the Independent Assessment Process (IAP), Day Schools and the Common Experience Program (CEP).

One of the special guests was Curtis Mallet, the community liaison for the Assembly of First



*Abel Ross from Hall Lake addressing the participants.*

Nations. He provided information on the Personal Credits program, which was created from a surplus in money set aside by the federal government to pay for claims made through the CEP's residential school settlement.

“The options for eligible recipients are for survivors to use it for themselves in order to further their own education, or to transfer it up to two family members. It can also be used as part of a group education service either in partnership with an educational institution or with a community-based group,” explained Mallet.

Any programs that work to reverse the damage done by the past assimilationist policies would be considered, he continued.

“The thinking is that any group education service would have to follow the eligibility criteria in terms of restoring and reclaiming languages and cultures that were stripped away during the residential schools era,” Mallet further explained.

Specifically, the option would allow CEP recipients to pool their Personal Credits with other CEP recipients and transferees toward a program designed to reclaim, preserve and protect the identities, histories, cultures and languages of First Nations.

In response, PAGC H & SD has been conducting community consultations on a proposal for a **Many Nations Knowledge Centre** that would “create a place where the words of our ancestors can be heard again, where the Elders' knowledge can be affirmed and where our children can learn the beauty of the language and the wisdom of our ancestors”.

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Over the past month, Nolan Henderson has been presenting the concept to PAGC communities on behalf of H & SD.

“There's this gymnasium we're at where we are holding this conference, but other than that, we don't have any place on the grounds reserved specifically for our culture and traditions,” said Henderson.

While the proposed centre would need physical space, he explained in a presentation developed by H & SD that it would not be another institution that “locks our knowledge away”.


“It would be a dynamic interactive entity — it would take the direction of the Elders and Knowledge

Keepers as to how, when and where the teachings will take place. They could take place on the land or water whenever the time is right.”

Since unused personal credits will be returned to the National Indian Brotherhood trust fund, Ducharme said it's important to try to keep the funds within the region through a PAGC or a northern-wide partnership with other tribal councils.

“We feel we have to do everything possible to ensure that the benefit of those funds are felt here in northern Saskatchewan or wherever you may be in Canada. So, we are presenting another option where many could get together and contribute to a legacy that would strengthen our languages and traditions into the future.”

The deadline was one of the main concerns to participants at the conference who passed a resolution, requesting the deadline to be extended to January 2015. The collective concern is that there isn't enough time for them to make an informed decision. In turn, Mallet said he would present the resolution to the relevant officials.

For those who have lost their original Personal Credits Acknowledgement Form, they are asked to call 1-800-343-1858. The turnaround time is three weeks. 

**For more info, contact us at 306-953-7283.**

## Preventing Measles: Immunizing Your Children


Health officials are advising increased caution and encouraging vaccination in the wake of measles cases reported in Saskatchewan.

In the province, 89 per cent of children have received one dose of a measles vaccine by age two, but only 75 per cent have received a second dose by their second birthday.

Two doses of measles vaccine are required for maximum protection. Measles vaccine is usually offered in combination with mumps, rubella and varicella in one vaccine at 12 months and again at 18 months.

Even with an early dose, children would still require their two routine doses of vaccine at 12 and 18 months.

Measles is a highly infectious, potentially serious disease that can be easily transmitted through the air. Symptoms include high fever, cough and runny nose, followed by a rash. The rash generally starts on the face and then spreads to other parts of the body.

People who wish to check their vaccination records should contact the public health office in the health region in which they were vaccinated. 

**For more information contact your local Community Health Nurse, or call HealthLine at 811.**



# NITHA: A time-tested model of collaboration in providing First Nations health services in the North

The Northern Inter-Tribal Health Authority Inc. (NITHA) is the only First Nations organization of its kind in the country. Specifically, it is a First Nations' partnership organization comprised of the Prince Albert Grand Council, Meadow Lake Tribal Council, Lac La Ronge Indian Band and Peter Ballantyne Cree Nation.

Since the partners share the same geography and attachment to the land, they have also shared common challenges in accessing and providing health services.

To address these common challenges, NITHA was established in 1998 to ensure access to services that were not feasible for each of the Northern partners on their own.

To date, NITHA serves 33 First Nation communities in northern Saskatchewan and have since gained more than 20 years of combined experience in the provision of health services in the Health Canada 'transfer environment' and in the delivery of nursing, public health, and primary care treatment services.

The Board of Chiefs consists of the Chiefs of PAGC, MLTC, PBCN, and LLRIB and, through NITHA, they have the ability to speak cohesively, allowing for a stronger, more powerful voice in our insistence for professional and quality health services that are responsive to the needs of our communities.

The NITHA Executive Council is comprised of the four Member Health Directors and the NITHA Executive Director who provide recommendations to the Board of Chiefs on operational and strategic matters for the



design, implementation and monitoring of services known as "Third Level".

Third Level Services are provided by NITHA. For PAGC, these services are delivered directly by NITHA and include disease surveillance, communicable disease control, health status monitoring, epidemiology, specialized program support, advisory services, research, planning, education, training and technical support.

Second Level Services are provided by the northern multi-community bands, PAGC and in some cases a single band to the first level communities. These services include program design, implementation and administration, supervision of staff at first and second level, clinical support, consultation, advice and training.

First Level Services are provided in the community directly to the community members. (ie. nurse giving patient treatment in community).

Since it was established 20 years ago, NITHA has since acted as a bridge between the diversity of the northern partners and the external world of different organizations, governments, approaches and best practices. 📌



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## Upcoming Events

### Responsible Gambling Program

Jul. 21-25, Aug. 18-22, & Sept. 22-26, 2014 (*tentative*)  
Holistic Wellness Centre  
Call 306-765-5305 for more information.

### Applied Suicide Intervention Skills Training

August 26 & 27, 2014  
Cumberland House Cree Nation  
Call 306-765-5305 for more information.

### Applied Suicide Intervention Skills Training

September 3 & 4, 2014  
Prince Albert, SK  
Call 306-765-5305 for more information.

### Good Grief Camp For Youth

September 17-19, 2014  
Camp Kinasao  
Call 306-765-5305 for more information.

### Mental Health First Aid for Adults who Interact with Youth

September 23-25, 2014  
Prince Albert, SK  
Call 306-765-5305 for more information.

### Honoring Our Traditions (HOT) - Women

July 7-11 & July 14-18, 2014 (*10-day program*)  
Holistic Wellness Centre  
Call 306-765-5305 for more information.

### Honoring Our Traditions (HOT) - Men

Sept. 29-Oct. 3 & Oct. 6-10, 2014 (*10-day program*)  
Holistic Wellness Centre  
Call 306-765-5305 for more information.



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## H & SD News Briefs



Certificates of Outstanding Service were presented to nurses from H & SD at a special appreciation banquet in May held in conjunction with **National Nursing Week**. A special starblanket was presented to Barbara Walton, Senior Health Nurse at Red Earth Health Centre for 20 years of service. As well, Linda Mugford, presently H & SD's ADI Coordinator, was given a special tipi lamp for 17 years of service for her work as a community health nurse for Little Red Health Centre.



Congratulations to Team PAGC at the **2014 Relay for Life**. On May 29th, H & SD's Jen Oldford led this year's team who dressed up in hunting gear for the 12-hour walk-a-thon in the spirit of "hunting for a cure" and celebrating cancer survivors and honouring and remembering loved ones. In total, Team PAGC raised \$3533.25 from three months of fundraising activities that included Taco Sales, Chili Contests and a Fish Fry. 🍷