



**Community-based
Reporting Template
2008-2009
FINAL**

November 8, 2007

Canada

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General Instructions

The Community-based Reporting Template should be read in conjunction with the *Community-based Reporting: A Guide for First Nations and Inuit*. The Guide provides guidance, instructions, definitions and examples for completing the Reporting Template.

- The completion of the Community-based Reporting Template is a requirement for Contribution Agreement reporting on performance information for health programs and services. Financial and Audit required reporting is not included in the Reporting Template. Contribution Agreement recipients are required to complete the Community-based Reporting Template for performance reporting for all types of funding models and in accordance with the due date established in the Contribution Agreement.
- The Community-based Reporting Template consists of six main Parts, these are: 1) Identification Information, 2) Common Information, 3) Program Cluster Reporting, 4) Qualitative Assessment of Progress, 5) Assessment of Health Canada, First Nations and Inuit Health Services and 6) Special Studies.
- Parts 1, 2, 3 and 6 are mandatory, Part 4 consists of both mandatory and voluntary questions and Part 5 is voluntary and may be separated from the Reporting Template and submitted anonymously to Health Canada.
- The Reporting Template has specific instructions for Contribution Agreements with multiple communities in Part 3. Information for multiple communities should be reported at an aggregated level wherever possible, unless otherwise stipulated in Part 3 in the “Program Cluster Reporting” section of the Reporting Template.
- As per the Contribution Agreement requirements, recipients are required to retain all reporting data for a period of seven years. The actual information that is tracked and maintained by the Recipient for data holding purposes is not to be submitted to Health Canada with the completed Reporting Template. Recipients are only required to confirm in the Reporting Template that information is being kept for seven years.
- Programs that currently report to Health Canada using electronic systems such as the e-SDRT are required to continue to input into these systems. Mandatory reporting on Public Health, project-based reporting and reporting for the Non-Insured Health Benefits Program, the Indian Residential Schools Resolution Health Support Program, Environmental Health Research projects, the National Native Alcohol and Drug Abuse Program – residential treatment, the Youth Solvent Abuse Treatment Centre Program and Health Facilities and Capital Program should continue to be reported in accordance with the Contribution Agreement.

The completed Reporting Template should be submitted to the Health Canada, First Nations and Inuit Health Regional Office.

For further information contact the Health Canada, First Nations and Inuit Health Regional Office

Part I – Identification Information

Part 1 is mandatory. Indicate the Contribution Agreement number as indicated in the Contribution Agreement. Please include a contact name and have the report authorized *prior* to providing the completed report to Health Canada

Contribution Agreement Number: _____

Indicate with a checkmark the highest funding model applicable to the Contribution Agreement:

- Self-government Transfer Transitional Flexible transfer
 Integrated Set Flexible

Are the services delivered in this agreement for:

Single community OR **Multiple-communities**

1) Organization/recipient name(s):

2) **Reporting period covered by this report:** _____

3) **Submitted by:**

Name (please print)	Position
Signature	Date (day/month/year)

4) **Authorized by (recipient):**

Name (please print)	Position
Signature	Date (day/month/year)

Part 2 – Common Information

Part 2 is mandatory

1: Programs and Services Delivered

Indicate which programs and services are provided for the reporting period by fully shading in all of the circles that apply. This may include shading in circles for several program areas. Health Service Transfer recipients are required to complete all sections which apply to their health plan. Use the box provided if needed to describe the programs and services provided. Please refer to the Program Compendium for further information on program descriptions.

<p>A. Children and Youth</p> <p><input type="checkbox"/> Aboriginal Head Start On Reserve (AHSOR)</p> <p><input type="checkbox"/> Canada Prenatal Nutrition Program (CPNP)</p> <p><input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD)</p> <p><input type="checkbox"/> Maternal Child Health (MCH)</p> <p>B. Mental Health and Addictions</p> <p><input type="checkbox"/> Building Healthy Communities (BHC)</p> <p><input type="checkbox"/> Brighter Futures (BF)</p> <p><input type="checkbox"/> National Native Alcohol and Drug Abuse (NNADAP) – Community-based</p> <p><input type="checkbox"/> National Aboriginal Youth Suicide Prevention Strategy (NAYSPPS)</p> <p>C. Chronic Disease and Injury Prevention</p> <p><input type="checkbox"/> Aboriginal Diabetes Initiative (ADI)</p> <p><input type="checkbox"/> Injury Prevention (IP)</p> <p>D. Communicable Disease Control</p> <p><input type="checkbox"/> Immunization (Vaccine-preventable Diseases)</p> <p><input type="checkbox"/> HIV/AIDS (Blood-borne Disease and Sexually Transmitted Infections)</p> <p><input type="checkbox"/> Tuberculosis (Respiratory Infections)</p>	<p>E. Environmental Health</p> <p><input type="checkbox"/> Environmental Health Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does your community employ an Environmental Health Officer (EHO)? <p>Yes ___ No ___</p> <p>(If yes, see Appendix 1 for Reporting Requirements of the EHO).</p> <p><input type="checkbox"/> Drinking Water Safety Program (DWSP)</p> <p>F. Primary Care</p> <p><input type="checkbox"/> Community Primary Care (CPC)</p> <p><input type="checkbox"/> Home and Community Care (HCC)</p> <p><input type="checkbox"/> Oral Health Care (OHC)</p> <p>Other:</p> <p>Health Planning and Management</p> <p>Has your health plan been updated during the reporting period?</p> <p>Yes ___ No ___</p>
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Health Service Transfer recipients are required to complete all sections which apply to their health plan.

Program and Services Description: (if applicable)

[Empty box for Program and Services Description]

3. Health Team

Indicate the number and type of “health care workers” working in the community, by Program Cluster, as of March 31st of the reporting period. Also include the number that work full time and part time and the number of “health care workers” that are certified. Include Health Directors as members of the Health Team. Support Staff should be included in section 5 only.

Health Care Worker Type One worker may provide services in more than one program cluster.	Total Number of Workers		Number with Certification	CHILDREN AND YOUTH	MENTAL HEALTH AND ADDICTIONS	CHRONIC DISEASE AND INJURY PREVENTION	COMMUNICABLE DISEASE CONTROL	PRIMARY CARE	WATER MANAGEMENT STRATEGY	MANAGEMENT
	# Full-time	# Part-time								
<i>Example:</i> Licensed Practical Nurse	2	3	5	√		√		√	√	√
<i>Example:</i> Community Health Representative	1	0	0	√	√	√		√	√	√
Total										
No individual names should be included.										

4. Health Team Training

By type of training indicate the number of staff who **required** and the number of staff that **received training**. Please add any other types of training as necessary.

Types of Training:	Number of Staff Who <u>Required</u> Training	Number of Staff Who <u>Received</u> Training
Children and Youth		
- accredited Early Childhood Development training		
- all other types of training (specify):		
Mental Health and Addictions		
- case management (e.g., client assessments, referrals)		
- crisis intervention		
- addictions counselling		
- drug-specific training (e.g., crystal meth, solvents)		
- community development (e.g., asset mapping, leadership training)		
- all other types of training (specify):		
Chronic Disease and Injury Prevention		
- training sessions for Community Health Representatives		
- training sessions for health care workers (include formal and informal training)		
- training sessions for Community Diabetes Prevention Workers (include formal and informal training)		

Types of Training:	Number of Staff Who <u>Required</u> Training	Number of Staff Who <u>Received</u> Training
- all other types of training (specify):		
Communicable Disease Control		
- Vaccine administration and/or immunization certification		
- HIV/AIDS testing (pre- and post-test counselling, policy, etc.)		
- tuberculosis screening, diagnosis		
- all other types of training (specify):		
Primary Care		
Please specify all types of training:		
Other:		
- financial management training		
- security training		
- community health planning training		
- all other types of training (specify):		

5. Support Staff

Indicate the number (full and part time) and type of support staff that work to support Health programs and services. Add other types if needed.

Types of Support Staff	Total Number of Support Staff	
	# Full-time	# Part-time
Financial Analysts		
Security Guards		
Janitors		
Secretaries		
Others		

6. On-Reserve Population

Indicate the number of males and females who live on-reserve as of December 31 of the reporting period. For multiple communities this question should be completed for each community.

	A	B	(A+B)
Age Group	Number of Males	Number of Females	Total Number
<1 year			
1 - 4 years			
5 - 9 years			
10 - 14 years			
15 - 19 years			
20 - 24 years			
25 - 29 years			
30 - 34 years			
35 - 39 years			
40 - 44 years			
45 - 49 years			
50 - 54 years			
55 - 59 years			
60 - 64 years			
65 - 69 years			
70 - 74 years			
75+ years			

Part 3 – Program Cluster Reporting

Part 3 is mandatory, complete the information for the program clusters that apply to the Contribution Agreement and as indicated in Part 2 of the Reporting Template in the programs and services section.

A. Children and Youth

Question 1A: Indicate the **number of awareness activities** that took place and the **number of participants** who attended each type of activity during the reporting period. Add other types of awareness activities provided if needed.

Types of Awareness Activities	Number of Activities Conducted	Number of Participants
- parenting skills awareness activities		
- fetal alcohol spectrum disorder awareness activities		
- awareness activities on alcohol and smoking during pregnancy		
- reproductive and pre-conception health awareness activities		
- all other awareness activities (specify):		

Question 1B: Indicate by type the number of Children and Youth **health services and support activities** that were conducted and the **number of participants**. Add any other types of health services and support that were conducted if needed.

	Number of Activities Conducted	Number of Participants
- breastfeeding support and promotion activities		
- community cultural activities including child/parent outings		
- education/counselling sessions about alcohol, drugs and smoking		
- exercise classes		
- nutrition activities (for example, baby food making, community kitchens, cooking workshops, nutrition screening, counselling and education, and distribution of food/vouchers/coupons)		
- parenting groups/workshops/sessions		
- preconception, family planning or sex education sessions		
- prenatal groups/circles/classes		
- well-baby circles		
- all other services and support activities (specify):		

	Number of Families
Question 2A: Indicate the number of families who received or are still receiving ongoing family case management by a visitor/nurse or community coordinator.	
Question 2B: Indicate the number of families who received home visits :	Number of Families
- by a community health nurse:	
- during pregnancy and in the first six months of the youngest child's life	
- when the youngest child was six months to six years old	
- by a family visitor/mentor/outreach worker:	
- during pregnancy and in the first six months of the youngest child's life	
- when the youngest child was six months to six years old	

Question 3: Please indicate the **numbers for each** by centre-based and home-based programs for Children and Youth programs.

Aboriginal Head Start On Reserve	Number
Total number of children participating	
- Males (birth – 2 years)	
- Males (3 – 6 years)	
- Females (birth – 2 years)	
- Females (3 – 6 years)	
- Total number of children with special needs	
- Total number of parents involved in daily centre-based programs	
- Total number of sites in the community (under the Contribution Agreement)	
- Total number of communities served by the site(s)	
Prenatal/Early Infancy Programs	Number
Total number of pregnant women and infants	
- Total number of participants entering the program in the first trimester	
- Total number of participants entering the program in the second trimester	

- Total number of participants entering in the third trimester	
- Total number of participants entering the program after birth	
Program Participation:	Number
- Total number of participants in Fetal Alcohol Spectrum Disorder mentoring	
- Total number of participants in the Canada Prenatal Nutrition Program	
- Total number of participants in the Maternal Child Health Program	

Question 4: Indicate the total number of **referrals** made to other programs/services both within and outside the community. Add to the referrals list if necessary.

Referrals	Number of Referrals Within the Community	Number of Referrals Outside the Community
- to child development services, including education services		
- to social services, including child and family services, housing and food bank		
- to specialized health services, including hospital, health centre, nurse, physician, dental services, diabetes educator or diabetes program		
- to nutritionist / dietician		
- to drug and/or alcohol treatment		
- to any other programs/services (specify):		

B. Mental Health and Addictions

Question 1: Indicate the **number of awareness activities** that took place and the **number of participants** who attended each type of activity during the reporting period. Add other types of awareness activities that were conducted if needed.

Types of Awareness Activities	Number of Activities conducted	Number of Participants
- youth suicide awareness activities		
- youth substance abuse awareness activities		
- mental wellness awareness activities		
- healthy living awareness activities		
- all other awareness activities (specify):		

Question 2: Indicate by type the **number of health services and support activities** that were provided. Add other types if needed.

	Number
- substance abuse prevention groups/classes/workshops (e.g., AA meetings)	
- suicide prevention community capacity building sessions (e.g., train-the-trainer sessions)	
- suicide prevention community planning sessions	
- mental health crisis intervention activities (not related to youth suicide prevention)	
- mental health and wellness activities (not focussed on crisis intervention)	
- all other services and support activities (specify):	

Question 3: Indicate the **number of participants** who:

	Number of Participants
- received suicide prevention/awareness training from other youth	
- attended a Brighter Futures/ Building Healthy Communities funded event or counselling session	

Question 4A: Indicate the **number of clients by age and gender that were referred** to a NNADAP or Youth Solvent Abuse treatment centre.

	Number of Referrals: National Native Alcohol and Drug Abuse	Number of Referrals: Youth Solvent Abuse
- males (under 24)		
- females (under 24)		
- males (24 and over)		
- females (24 and over)		

	Number of Families
Question 4B: Indicate the number of families who were referred to a NNADAP or Youth Solvent Abuse treatment centre.	

Note: A family should only be counted once and not included as an individual referral.



C. Chronic Disease and Injury Prevention

Question 1: Indicate the **number of awareness and education activities conducted** and the **number of participants** who attended each type of activity during the reporting period. Add other types of awareness and education activities that were conducted if needed.

Types of Awareness and Education Activities	Number of Activities Conducted	Number of Participants
- healthy eating		
- physical activity		
- diabetes information sessions		
- diabetes prevention activities		
- injury prevention activities		
- all other awareness and education activities (specify):		

Question 2A: Indicate the **number of screening and treatment sessions/activities** that were supported, the **number of participants** and the **number of referrals** to a health care worker/diabetes worker.

	Number of Sessions/Activities	Number of Participants	Number of Referrals to a Health Care Worker/Diabetes Worker
- diabetes screening sessions			
- pre-diabetes screening sessions			
- diabetes complication screening sessions			
- diabetes self-management sessions			
- all other activities (describe projects):			

Question 2B: Indicate if any **policies/activities** were developed to support physical activity and/or healthy eating in the following areas:

PA – Physical Activity Policy/Activities

HE – Healthy Eating Policies/Activities

Please check the applicable boxes and provide a brief description of these policies/activities:

Schools (*e.g.*, increased gym time, lunch programs)

PA — Describe: _____

HE — Describe: _____

Workplace (*e.g.*, take-the-stairs campaign, healthy foods on menus)

PA — Describe: _____

HE — Describe: _____

Community centre/public spaces (*e.g.*, building walking trails, community freezer)

PA — Describe: _____

HE — Describe: _____

Stores (*e.g.*, athletic/recreation gear promotions, healthy food promotions)

PA — Describe: _____

HE — Describe: _____

Question 3A:

	Number of Type 1	Number of Type 2
Indicate the number of individuals living with diabetes:		

Question 3B:

	Number
Indicate the number of pregnant women who have been diagnosed with diabetes (gestational diabetes):	

D. Communicable Disease Control

Question 1: Indicate the types and **number of awareness and education activities** conducted, the **number of participants** who attended each type of activity and the **number of individuals targeted**.

Types of Awareness and Education Activities Conducted	Number of Activities Conducted	Number of Participants	Number of Individuals Targeted

Question 2A: Indicate the number of clients (by age and gender) who: **underwent skin testing**, were **referred for treatment**, **completed treatment** and the number of **cases of active tuberculosis**.

	Number of Clients Who Underwent Skin Testing for Tuberculosis	Number of Clients Referred for Active Tuberculosis Treatment	Number of Clients Completing Active Tuberculosis Treatment	Number of Cases of Active Tuberculosis
Males (<1 year)				
Males (1 – 4 years)				
Males (5 – 14 years)				
Males (15 – 24 years)				
Males (25 – 34 years)				
Males (35 – 44 years)				
Males (45 – 54 years)				
Males (55 – 64 years)				
Males (65 – 74 years)				
Males (75+ years)				
Total Males				
Females (<1 year)				
Females (1 – 4 years)				
Females (5 – 14 years)				
Females (15 – 24 years)				
Females (25 – 34 years)				
Females (35 – 44 years)				
Females (45 – 54 years)				
Females (55 – 64 years)				
Females (65 – 74 years)				
Females (75+ years)				
Total Females				

Question 3A: Indicate the **number of children** whose routine immunizations are up to date by their first, second, seventh and seventeenth birthdays, according to the provincial immunization schedule.

1. First birthday (children who have turned one year old during the calendar year)

- a. Population of one-year old children: _____
- b. Number of one-year old children who have received and completed their routine immunizations up to their first birthday:

DTaP-IPV	DTaP-IPV-Hib	dTaP	DT-IPV	IPV	Hib	Hep. B	Influenza

Meningococcal	Pneumococcal

2. Second birthday (children who have turned two years old during the calendar year)

- a. Population of two-year old children: _____
- b. Number of two-year old children who have received and completed their routine immunizations by their second birthday:

DTaP-IPV	DTaP-IPV-Hib	dTaP	DT-IPV	IPV	Hib	MMR	Hep. B	Influenza

Meningococcal	Pneumococcal	Varicella

3. Seventh birthday (children who have turned seven years-old during the calendar year)

- a. Population of seven-year-old children: _____
- b. Number of seven-year-old children who have received and completed their routine immunizations by their seventh birthday:

DTaP-IPV	DTaP-IPV-Hib	dTaP	DT-IPV	IPV	Hib	MMR	Hep. B	Influenza

Meningococcal	Pneumococcal	Varicella

4. Seventeenth birthday (Children who have turned seventeen years-old during the calendar year)

- a. Population of seventeen-year-old children: _____
- b. Number of seventeen-year-old children who have received and completed their routine immunizations by their seventeenth birthday:

DTaP-IPV	DTaP-IPV-Hib	DTaP	Tdap	DT-IPV	IPV	Hib	MMR	Hep. B	Influenza

Meningococcal	Pneumococcal	Varicella (chickenpox)

Question 3B:

How many individuals in the cohort eligible for the publicly funded HPV program were immunized? _____

Question 3C:

How many individuals are there in that cohort? _____

Question 4: Indicate the **number of cases (Children and Adults)** for each.

	Number of Cases (Children Aged 0 to 19)	Number of Cases (Adults Aged 20 and Over)
Diphtheria		
Pertussis		
Tetanus		
Polio (IPV)		
Hib		
Measles		
Mumps		
Rubella		
Hepatitis B		
Influenza		
Meningococcal		
Pneumococcal		
Varicella		

Question 5: Please indicate the total **number of doses received, the number wasted and the doses lost** by vaccine.

	Total Number of Doses Received	Total Number of Doses Wasted	Total Number of Doses Lost Due to Cold Chain Breakages
DTaP-IPV			
DTaP-IPV-Hib			
DTaP			
DT-IPV			
IPV			
Tdap			
Hib			
MMR			
Hepatitis B			
Influenza			
Meningococcal Conjugate			
Pneumococcal Conjugate			
Varicella			
Pneumococcal Polysaccharide			
HPV			
Other (specify:			

E. Environmental Health

Specific EHO reporting requirements are listed in Appendix 1. EHOs are to continue to report on the indicators specified in Appendix 1 of the Reporting Template in accordance with the Contribution Agreement.

The following questions pertain to the drinking water quality program.

Question 1: What are the frequency and number of **water samples** collected, tested and communicated to the EHO during the reporting period?

Frequency of Samples (e.g. daily, weekly, monthly, etc.)	Total Number of Samples Collected in the Past 12 Months	Number of Samples Tested and for Which Parameters	Number of Samples Reported to the EHO

Question 2:

Were there periods in which samples were not collected during the reporting year, including periods where the regular sampling frequency (as above) was not met? Yes ___ No ___

If yes, please indicate the periods and provide an explanation:

Question 3: Indicate the **results of quality assurance/quality control activities**, as defined in the work plan developed with the Environmental Health Officers:

Question 4: Indicate the **number of Drinking Water Advisories (DWAs)** issued for each drinking water system in the community. See Guide for definitions.

Question 5: Please provide a brief description of the **education/awareness activities** completed.

Question 6: Please provide suggestions and recommendations, if any, for future projects and activities. Suggestions and recommendations are voluntary.

F. Primary Care

1. First Nations and Inuit Home and Community Care:

All communities with a First Nations and Inuit Home and Community Care Program are expected to use the e-SDRT (which includes the Human Resource Profile) and are to continue to input information as per the reporting schedule.

2. Oral Health Care:

Question 1: Oral Treatment:	Number of
- Individuals who have received preventative oral treatments	
- Individuals who have received restorative oral treatments	
- Children aged 0-4 who had to undergo general anaesthesia for oral care	
Question 2: Awareness Activities:	Number of
- Oral health classroom presentations conducted	
- Presentations conducted by Children Oral Health Initiative representatives	

3. Community Primary Care:

For the 2008-2009 year, a special study is being implemented (see Part 6 of the Reporting Template) for the Primary Care Program Cluster in order to collect baseline performance information for future evaluation purposes. Recipients are required to provide the specific information as indicated in the special studies section if it applies to the Contribution Agreement.

Part 5 – Assessment of Health Canada, First Nations and Inuit Health Services

Part 5 is voluntary and anonymous and may be removed from the Reporting Template and sent separately to the Health Canada, First Nations and Inuit Health Regional Office or to Health Canada, Business Planning and Reporting Division, 150 Tunney’s Pasture Driveway, Main Statistics Building, Postal Locator 0302A1, Ottawa, Ontario, K1A OK9.

Region/Province _____

Circle the answer that best applies.

	1	2	3	4	5	N/A
	Very Low	Low	Medium	High	Very High	Not Applicable
	SATISFACTION					
1. In the past year, Health Canada, First Nations and Inuit Health actively supported the establishment of collaborative arrangements and partnerships for the delivery of health services.	1	2	3	4	5	N/A
2. Health Canada, First Nations and Inuit Health, provided the necessary support for program delivery capacity development.	1	2	3	4	5	N/A
3. Health Canada, First Nations and Inuit Health, provided timely feedback on documents/reports submitted.	1	2	3	4	5	N/A
4. Health Canada, First Nations and Inuit Health, provided expertise when we faced unforeseen situations.	1	2	3	4	5	N/A
5. With respect to program delivery and/or Contribution Agreement requirements in the community, in the past year, Health Canada, First Nations and Inuit Health’s assistance was:						
a) appropriate for the situation	1	2	3	4	5	N/A
b) timely	1	2	3	4	5	N/A
c) useful to the community	1	2	3	4	5	N/A

Part 6 – Special Studies

Part 6 is mandatory. For 2008-2009 reporting, Health Canada is collecting specific performance information for the Primary Care program cluster. Performance information collected for Special Studies are baseline measures that will be used for the National Primary Care program cluster evaluation.

Total Population Served:	- on-reserve:	Number
	- off-reserve:	
	- other (specify _____):	
	- other (specify _____):	

	Yes	No	N/A
Has your community obtained accreditation from the Canadian Council on Health Services Accreditation?			
Do you have a quality improvement plan in your organization?			
Do you have processes to identify and manage risk?			
Do you have telehealth services in your community?			
Do you have policies related to the privacy and confidentiality of patient information?			
Does your community have a community emergency plan for all hazards, such as floods, plane crashes and/or pandemics?			
Does your community maintain a client/patient registry for chronic diseases/conditions?			
Do health services personnel use clinical guidelines to support service delivery?			
Do health services personnel use pharmaceutical protocols/formulary?			
Do health services personnel have a process of equipment review and maintenance?			
Does your community use fluoride in its drinking water supply?			
Did the children within your community have access to an annual dental check-up during the reporting period?			
Is there a fluoride program available for the children in your community?			
Is there a sealant program available for the children in your community?			
Can adults in your community access dental care on an emergency basis?			
If no, how far are you from the nearest dental office? 1-50 km _____ 150-300 km _____ 50-150 km _____ More than 300 km _____			

	Yes	No	N/A
Do you have policies on ethics and values?			
Have you shared these policies with staff and clients?			
Do you regularly consult with community members to plan health programs that respond to their needs?			
Please give examples:			
Do you link your services with other health care organizations?			
Please give examples:			
Do you have computerized information systems to support activities?			
a. Computerized/electronic client records?			
b. Administration/decision support systems?			
Is there a process to orient staff towards the community, including cultural and community awareness?			
If yes, please describe:			
Do health and social services collaborate when providing community services and supports?			

	Yes	No	N/A
and supports?			
Please give examples:			
Do health services management and staff, meet regularly with community leadership?			
Please give examples:			
Does your program offer routine screening programs for:			
- coronary artery disease			
- hypertension			
- other (specify)			
- other (specify)			

Appendix 1 – Environmental Health Officer Reporting

The following are reporting requirements for all Environmental Health Officers as indicated in the Contribution Agreement:

Drinking Water

1. Number of drinking water quality problems identified.
2. Frequency of chemical samples taken from distribution systems and community wells.
3. Number of trihalomethanes (THMs) samples taken quarterly from distribution systems and community wells where they are chlorinated.
4. Number and frequency of samples taken for protozoa from a surface water source or a groundwater source under the influence of surface water.
5. Number of distribution systems and community wells where at least 10% of the samples collected by the CBWM were sent to an accredited lab for QA/QC purposes.
6. Number of communities with access to on-site test kits for bacteriological parameters.
7. Number of communities monitored by a trained Community-based Drinking Water Monitor for bacteriological parameters.
8. Number and frequency of bacteriological samples taken from distribution systems, cisterns and community wells.
9. Number of individual wells tested when first commissioned and upon request for chemical parameters.
10. Number of cases of gastrointestinal illness in First Nation communities identified as possibly due to a waterborne disease.
11. Number of communities that enter data directly into a regional water database.
12. Number of water and wastewater project proposals sent by INAC for review by Environmental Health Services staff.

Wastewater

13. Number of complaints addressed by Environmental Health Services staff regarding wastewater issues.
14. Number of malfunctioning on-site sewage disposal systems by age since installation.
15. Number of inspections of new or existing on-site sewage disposal systems conducted by Environmental Health Services staff.
16. Number of routine and requested inspections of community wastewater systems conducted by Environmental Health Services staff.

Food Safety

17. Number of trained food handlers in First Nations communities by community.
18. Number of routine food safety inspections conducted in First Nations communities by type of establishment (e.g. permanent, seasonal, special event).
19. Number of requested food safety inspections conducted in First Nations communities by type of establishment.

Solid Waste Disposal

20. Number of routine solid waste disposal inspections conducted by community.
21. Number of requested solid waste disposal inspections conducted by community.

Facilities Inspections

22. Number of routine facility inspections conducted, stratified by health, community care, playground and general facility types per community.
23. Number of requested facility inspections conducted, stratified by health, community care, playground and general facility types per community.
24. Percentage or number of playgrounds that do not meet CSA standards.

Housing

25. Number and type of complaints and/or inspection requests received related to housing.
26. Number of dwellings that are inspected.
27. Number of dwellings that are re-inspected.
28. Number of Environmental Health Officers who attended training sessions on housing and health including indoor air quality.

Communicable Disease Control

29. Number of communicable disease investigations conducted, stratified by disease type, in which Environmental Health Services staff participated.
30. Number and type of zoonotic disease surveillance activities undertaken in First Nations communities.
31. Number and type of zoonotic disease interventions undertaken (e.g. mosquito control) by community.

Emergency Preparedness and Response

32. Number of training sessions and tabletop exercises related to Emergency Preparedness and Response in which Environmental Health Services staff have been involved by community.
33. Number and incremental change in the number of communities with up-to-date, comprehensive Emergency Preparedness and Response plans that include Environmental Health considerations.

Transportation of Dangerous Goods

34. Number of Environmental Health Officers certified to provide Transportation of Dangerous Goods train-the-trainer.
35. Number of health centre employees who have received Transportation of Dangerous Goods training.

Other

36. Number and type of awareness campaigns conducted (e.g. workshops, special events, information sharing sessions, media reports, presentations, distribution of public education resources, etc.) by program area (e.g. housing, food safety, water, etc.).
37. Ratio of Environmental Health Officers to communities.