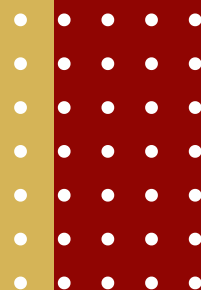
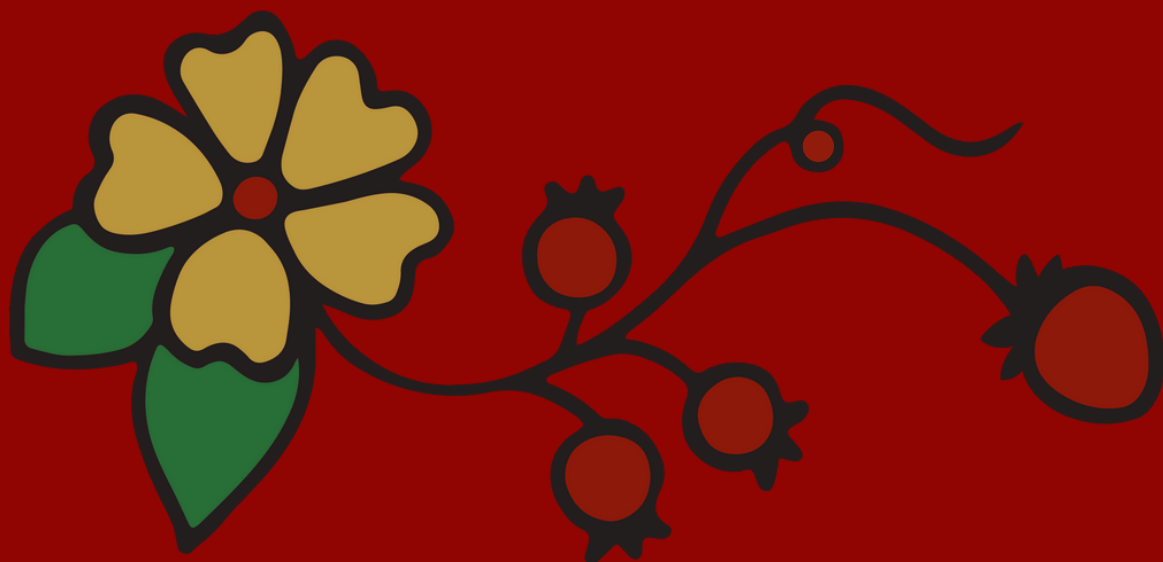


**PINAYMOOTANG
FIRST NATION
HEALTH**



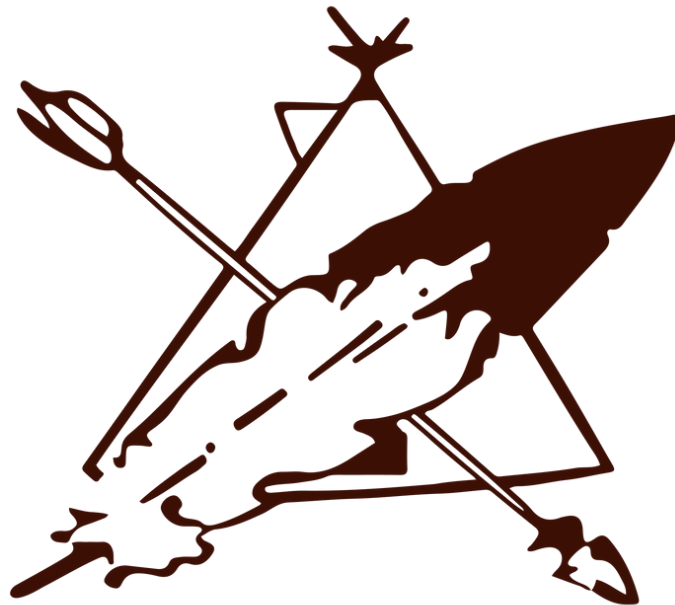
ANNUAL REPORT ON HEALTH

2024-2025



**Pinaymootang First Nation
Annual Report on Health 2024-2025**

Annual Report on Health



Pinaymootang First Nation Health Program

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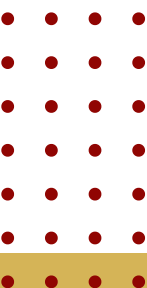




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Introduction



Kurvis Anderson
Chief

The past year has underscored both the resilience and the vulnerabilities of our health systems. As we present this Annual Health Report, we aim to provide a comprehensive overview of the key health trends, challenges, and achievements that have shaped our community's well-being over the last 12 months. This report highlights data on healthcare access, service delivery, and public health initiatives, offering insights that inform policy and guide future strategies.

Our highest common goal is to work towards the health and well-being of all through a teamwork, dedication and perseverance approach with many key factors which resulted in accomplishments achieved.

Community health programming main intent is to continue to:

- Provide open communication efficiently and effectively
- Be guided by principles of fairness and equity
- Encourage and support participation in activities
- Actively grow in unity and
- Be transparent and accountable to the general public to whom we serve.

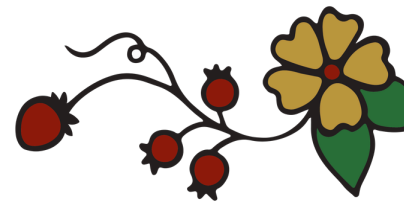
We extend our gratitude to the healthcare professionals and community partners whose dedication makes this work possible. Together, we look ahead with a shared commitment to building a healthier, more equitable future. It is a privilege to once again present to you the Pinaymootang First Nation Annual Report on Health for fiscal period ending 2024-2025.

In closing, I thank you for this opportunity as we are here to ensure that the future in health is prosperous and filled with hope and determination.

Sincerely yours,

Chief Kurvis Anderson





Message from the Health Advisory Committee

On behalf of the Health Committee, we are pleased to present the Annual Report on Health for the year 2024-2025. This report reflects our ongoing commitment to monitoring, evaluating, and supporting the delivery of effective health services in Pinaymootang First Nation. It provides a detailed analysis of health indicators, program performance, and policy implementation, as well as the challenges and opportunities faced throughout the year.

We thank all contributors and partners for their invaluable support and look forward to further progress in the coming year.

On behalf of the Pinaymootang First Nation Health Advisory Committee we hope that you find this information useful.

Sincerely,

Health Advisory Committee



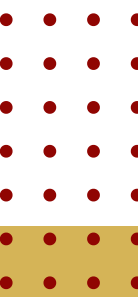
SHIRLEY CRANFORD



**ELEANOR
MAYTWAYASHING**



EVA WOODFORD



Director of Health Annual Report

Gwen Traverse

Director of Health

It is my privilege to present the Annual Health Report for fiscal period ending 2024-2025, which outlines the state of health and healthcare delivery across our jurisdiction. This report serves not only as a reflection of our collective efforts over the past year but also as a vital tool for planning and policy development as we look ahead.

Over the course of the year, our health system has faced both challenges and breakthroughs. We have continued to respond to evolving public health needs, strengthened our infrastructure, expanded community health initiatives, and worked toward reducing health disparities.

As Director of Health, I want to acknowledge the unwavering dedication of our healthcare workforce, the support of our leadership and community partners, and the engagement of the public. The successes and insights captured in this report are the result of collaborative effort and shared responsibility.

Governance Structure

The Pinaymootang First Nation Health Advisory Committee responsibilities are to oversee and provide recommendations in health. This past fiscal year have once again altered many of our meetings due to spacing concerns but we try our best to make it work. The role of the committee is to represent Chief and Council to whom it is accountable, in that role the committee is responsible for providing recommendations on health and management.

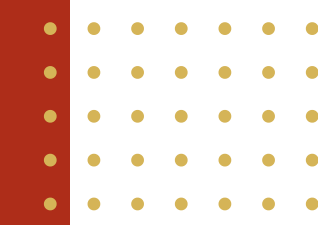
Health Program Overview

Nursing Treatment & Prevention – the Nursing component in health continues to be challenging in our facility. Pinaymootang continues to see such an influx of clientele that is way beyond our scope of service that affects our human resource capacity. Pinaymootang Health Centre is a very active and busy facility and at times becomes difficult to keep up with the workload. The public health program component continues its best to ensure our client needs are met, providing immunizations; flu clinics, encouraging physical activity, education and awareness, and attending to all emergency health needs.

The First Nation does have a visiting physician Dr. Phoebe Theissen whom provides services in the area of pre-natal and well women's clinic. We also have a visiting nurse practitioner Marco Buenafe that visits the community 1 day per week.

Community Health Representative – The CHR's continue to play a major role in health programming both employees oversee additional programs within their scope of work. One CHR focuses on children, youth and school setting while taking on the CPNP program and the other CHR focuses on adult and elderly care as well as the ADI program. Both CHR's are committed in ensuring excellent program service delivery in their respective roles.





Director of Health Annual Report (Cont...)

Support to Nurses – The Health Centre currently employs one and a half Administrative Assistants to help oversee the day-to-day front desk operations of the organization, duties include but not limited to the following; support services to nurses, physician's and visiting professionals; provide support to program managers, booking all specialty visits, organizing meetings, and all general required duties.

Operation and Maintenance of Health Facilities – The role of the operations and maintenance is to ensure the upkeep of health facility with maintenance services being contracted out on a need be basis.

National Native Alcohol and Drug Abuse Prevention – the goal of the NNADAP is to support our membership and the community to establish and operate programs aimed at stopping high levels of alcohol, drug and solvent abuse. Most of the NNADAP activities focus on the four areas of emphasis: prevention, treatment, training, research and development. The NNADAP program continues to support community designed and operated projects in alcohol prevention, treatment and rehabilitation in order to arrest and reverse the present destructive physical, mental, social and economic trends. The coordinator continues to provide the needed support and works closely with the visiting professionals in the area of mental health. The change in this period is the program has been allotted with funds to increase land-based activities to wellness.

Brighter Futures Initiative/Building Healthy Communities (Mental Health; Home Care Nursing; Solvent Abuse) – the Health Program currently employs one person to oversee the roles in the BFI and BHC program. The purpose of the BFI is to improve the quality of and access to culturally sensitive wellness services in the community. These services help create healthy family and community environments which support child development. The components and objectives of the BFI are mental health, child development, injury prevention, healthy babies and parenting skills. The role of the BHC program is to address gaps in the range of mental health services and activities related to crisis intervention and post-vention on-reserve.

Environmental Health Drinking Water Safety Program – The Health Program currently employs an individual on a half time level. The Drinking Water Program continues to meet its components as outlined in the agreements, such as sampling, testing drinking water, recording results on water quality, providing monthly reports to First Nations and Inuit Health Branch - Health Canada, for interpretation and recommendations in determining E. Coli and total coliforms.

Canada Prenatal Nutrition Program (CPNP) - this program is designed to improve the health of pregnant women and their babies. The objective is to improve the adequacy of diet of prenatal, to promote breast feeding, to increase the access to nutritional information, to increase the number of infants fed aged appropriate foods in the first twelve months of life.

In Home and Community Care Program – the HCC Program currently employs; 1 HCC Nurse Supervisor, 0.5 EFT in Nursing Support, 3 Health Care Aides. This program has been very active in providing basic care supports on a daily basis, assessments, medical equipment, etc.

Director of Health Annual Report (Cont...)

NIHB Medical Transportation – The purpose of the Medical Transportation Program is to provide transportation benefits to eligible First Nation members to the nearest access to medically required services that cannot be obtained in community. The program continues to intake medical appointments, verifying, scheduling in coordination of transportation based on the guidelines of ISC. The program runs a 4-van medical transport system.

Aboriginal Diabetes Initiative – the ADI Program is designed to improve the health status of First Nation individuals, families and communities through actions aimed at reducing prevalence and incidence of diabetes and its risk factors. Diabetes is the biggest health challenge currently facing First Nations and this is one area we focus on, is the preventative measures that diabetes can be prevented. Diabetic awareness activities continue to take place and foot care services are provided on a bi-weekly schedule.

HIV/AIDS/Harm Reduction – The HIV/AIDS/Harm Reduction Program has continued to meet its components of the program, workshops, information sessions, awareness to promote safer activities.

Aboriginal Head Start On-Reserve (AHSOR) – the AHSOR Home Visitor Coordinator is available in providing screening of families very early after the birth of a child from 0 to 6 years of age to identify risk factors and assist families with supports such as expanding and enhancing programs and support services for mothers, pregnant moms, caregivers, parents, parents to be, children and their families. The AHSOR Program is active in community and is a participant in the Dolly Parton Imagination Library. The Health Centre have worked to develop on-line forms in child development and have conducted virtual activities to ensure the continuum of programming.

Accreditation - The Pinaymootang First Nation (PFN) Health Centre made a commitment to continue on with the accreditation process with Accreditation Canada. In September 2022, the organization was awarded with exemplary standing, which is the highest level in the accreditation cycle and come September 2026, we will once again enduring another facility review.

Jordan's Principle, Child First Initiative Program – Niniijaanis Nide (My Child My Heart Program) – This program continues to grow. We have been faced with many challenges such as office spacing to accommodate staffing. The role of Jordan's Principle is to ensure that our most vulnerable health needs are met, to help assist with child development, basic care social needs that is reflective around the circle of care model for both the child and the family. Pinaymootang also have taken on services for our off-reserve membership to provide supports.

eHealth – Pinaymootang offers the following eCMR (electronic charting system) with Mustimuhw, Telehealth Services, eChart (electronic health record), and Panorama which is a comprehensive, integrated public health information system designed for public health professionals that helps professionals view and manage more effectively on vaccine inventories, immunizations, investigations, outbreaks and family health. Pinaymootang become the first pilot community in Manitoba to use PHIMS for entering STI/STBBI into the provincial system.

Maternal Child Health (MCH) – The Strengthening Families Maternal Child Health Program is a program that is implemented in community. We are a home visitation program offered to prenatal moms and families with children from birth to 6 years old. The purpose of this is to enhance child health services. We believe the period from conception to six years of age is the most influential period on brain development, behavior, and health. Our goal is to ensure and educate families in practices to help benefit their child to reach their fullest potential.



Director of Health Annual Report (Cont...)

Other Initiatives:

Network Meetings – the Health Centre involves itself in networking meetings with our internal community stakeholders to facilitate partnership building to enhance common goals in service support.

Interlake-Eastern Regional Health Authority (IERHA) - Pinaymootang Health continues to work in partnership with the IERHA. This is one of our biggest partnership arrangements that we associate with in bringing a project through the MyHealthTeam. MyHealthTeam is an approach to care that brings health care providers closer to home. MyHealthTeams is made up of a variety of health professionals who complement work that is currently being provided. We offer enhanced services in Addictions, Mental Health, Chronic Disease and most recently virtual physiotherapy in the community.

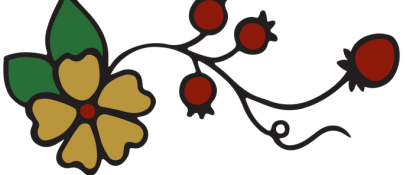
University of Manitoba – The university has been a strong partner for several years. This year, we were able to do work in a discussed partnership with the University of Manitoba and the Heart and Stroke Foundation on Best Practice in Four First Nation Communities that includes Pinaymootang. Through the next 3 years we will collaborate with relevant partners to develop a broader dissemination/scale up plan to expand the community-based model of rehabilitation services.

Caring for Adults with Exceptionalities – This pilot project that commenced in April 2023 is intended for young people with complex needs and disabilities who face numerous challenges and barriers during the transition through adulthood. This program provides an opportunity to empower and educate people with disabilities as they face stages of life transitions with personal and professional skills in a supportive environment, which leads to increased self-esteem, confidence and self-reliance. We will build on self-awareness, advocacy and self-knowledge on disabilities and help overcome barriers by promoting an understanding of the impacts of their disability. We received notice that this pilot project will be funded for the next 10 years.

In closing, I would like to express to the community on all your efforts in following protocols and trusting in your Health Centre for improved well-being and care. We hope you find this report useful.

Gwen Traverse – Director of Health





Community Health Nurse - Roxie Rawluk

When I calculated my stats for this past year, I noticed a significant difference in the clinic visit and phone call numbers as compared to previous years. These numbers show that the responsibilities of my position have shifted this past year into more administrative and supportive roles.

Ordering supplies, maintaining equipment and even covering finance and human resource concerns, collaborating with visiting professionals, coordinating nursing schedules and the Nurse Practitioner schedules are all a significant part of my role at this time. Being available to support and consult with the nursing staff as they assess and serve clients reinforces the spirit of teamwork that Pinaymootang Health Centre staff works toward. Similarly, I am also available to help all staff troubleshoot concerns and other aspects of their positions that might need an objective opinion or collaboration. Supporting other programs took me out of the health centre for several weeks this year as I joined in the effort to keep Jordan’s Principle programming functioning as it was in the past years.

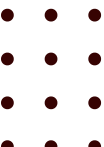
As important as administrative duties are to ensuring the health centre and nursing departments can accomplish the tasks set before them, I am always grateful when I am able to interact with community members, IERHA staff who act in supporting roles to the working of the health centre, staff from community organizations including the health centre and the visiting students. It has been a blessing to work with a team of nurses that all have distinct skill sets that serve the various needs of the community members of Pinaymootang.

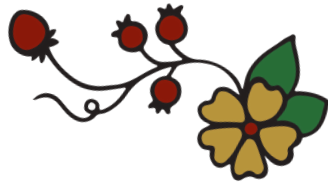
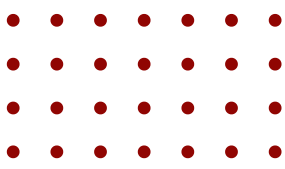
This past spring, Pinaymootang Health Centre completed participation in the research study by Dr. Wanda Phillips-Beck through FNHSSM, entitled “Learning where we are: clinical experiential learning experiences for nursing students in Indigenous communities”.

Since 2023, Pinaymootang Health Centre hosted 5 students who opted to take part in the study to complete the community health portion of their fourth year of nursing education at either the University of Manitoba or Red River College. The study’s goal was to determine the impact of an experience in a First Nation community on the students’ perspective and how the knowledge attained might influence care as the students provide nursing services for First Nations clients in their future positions. Thank you to all community members and Pinaymootang Health Centre staff who met and made welcome all of the students that have come to explore health services in a First Nations community.

Having students take part in the Health Centre activities, both programming events and nursing tasks ensured the students were able to participate fully and take back a multifaceted understanding of health centre struggles and successes.

Looking into this next year, there are several goals I will be working towards. Supporting the efforts of catching up on routine childhood immunizations that fell behind during the pandemic years will continue especially in the light of increasing numbers of measles cases in Manitoba that threaten the lives of unvaccinated and immunocompromised children and adults. Improving the booking system for the Nurse Practitioners will also be a goal in order to improve utilization of health centre resources and decrease the frustration for community members when making appointments. Increased communication between managers within the health centre will improve collaboration and ensure efficient service delivery to as many community members as possible.





Community Health Nurse - Roxie Rawluk

2024-2025 Stats:



Clinic Visits: 412



Physician Visits: 167



Phone Calls: 806



**Immunizations
Given: 569**

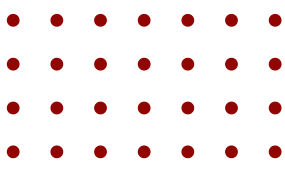


NP Visits: 1069

It has been an honour to have been able to serve the community members of Pinaymootang for yet another year. I look forward to seeking out ways to better meet the needs of the community in this upcoming year.
Miigwetch.

Roxie Rawluk - Community Health Nurse





Community Health Nurse - Christine Hueging, RBN

Childhood immunizations continue to be a main focus for catch-up. This is due to an updated meningococcal vaccine having been introduced as well as an increase in pertussis (whooping cough) cases in Manitoba. Children receive immunizations against pertussis at 2, 4, 6 and 18 months, as well as a booster in grade 9. If your child is eligible to receive the updated meningococcal vaccine, you should have received a letter in the mail earlier in the year. Going forward, only the updated vaccine is used as it covers against more bacteria that can cause infection.

If you are unsure of whether or not your child is up to date, please call either the immunization nurse, or the CHR at the Health Centre and we will be happy to assist you further as well as booking appointments, if necessary.

School immunizations continue to be offered in grade 6, with Hepatitis B and Human Papilloma Virus being a 2-dose series, given 6 months apart. Immunizations at school are only ever given after receiving parental consent, whether verbally or in writing through completed consent forms. Consent for the series is only obtained once (not at each dose). All information regarding immunizations and when they are given can be found on the Government of Manitoba Health website.

If you ever have any questions or concerns, please do not hesitate to contact the nurses at the Health Centre.



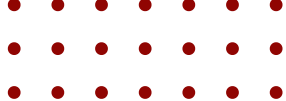
My Stats for April to December 2024

- | | |
|--|--|
| • Obstetric Entries – 22 | • Other Encounters or Entries – 211 |
| • Health Assessments – 113 | • Women’s Health – 17 |
| • Baby Rourke Assessments – 73 | • Pre-Op Assessments – 10 |
| • Blood Work – 77 | • Weighing and Measuring – 35 |
| • Medication Administration – 46 | • Wound Care – 38 |
| • Maternal Postnatal Assessments – 17 | • Immunizations Visits – More than 53 |
| • Newborn Assessments – 17 | |

Looking forward to continuing serving this community,

Christine Hueging, RBNB





Community Health Nurse - Jayme Franco

My name is Jayme Franco, and I am honored to serve as your Community Health Nurse at the Pinaymootang Health Centre. I have been part of the team for over a year and have worked as a nurse for 11 years, primarily in The Pas, Manitoba.

My nursing experience includes roles in the Emergency Room, as a Nursing Educator, and in the Medical Unit. In 2023, I relocated to the Interlake area and began working at Ashern Lakeshore Hospital on the Medical Unit. In the winter of 2024, I started working one day a week at the Pinaymootang Health Centre while maintaining my position in Ashern. As of January 2025, I transitioned to a part-time role at the Health Centre. I am deeply grateful for the warm welcome from both the Health Centre staff and the community members I've had the pleasure of meeting. I am proud to be part of this dedicated team!

Since joining the Health Centre part-time, my primary focus has been childhood and school immunizations, particularly in response to recent measles concerns in Canada. Measles is a highly contagious viral disease that spreads through coughing, sneezing, or breathing. The virus can remain airborne for up to two hours after an infected person leaves a room, making it extremely transmissible. Common symptoms include high fever, cough, runny nose, and a rash that covers the body. Fortunately, the MMR-V vaccine (measles, mumps, rubella, and varicella) is highly effective in preventing measles. The first dose, given at age 1, provides approximately 93% protection, while a second dose, administered between ages 4 and 6, increases protection to about 97%. Due to recent concerns about measles, I have been diligently reviewing vaccination records and administering the MMR-V vaccine alongside other routine childhood immunizations, working closely with families to ensure their children are up to date on their vaccinations.

My goal is to protect community members from vaccine-preventable diseases like measles. Immunizations are a vital tool for preventing serious illnesses. Another key aspect of my role is supporting new mothers and their newborns through home visits shortly after hospital discharge. During these visits, I provide education, support, and health assessments to ensure the well-being of both mother and baby. I greatly enjoy working with children in my role and value the opportunity to serve community members of all ages at the Health Centre clinic. In the clinic, I address a wide range of health needs, including wound care, blood tests, testing for sexually transmitted and blood-borne infections (STBBI), vital sign monitoring, and other health concerns. I look forward to this coming year and working together with the Health Centre staff and the Pinaymootang community to promote optimal health and well-being for all. I am also excited about the opportunity to further expand my role as a Community Health Nurse. Thank you for your continued support and collaboration!



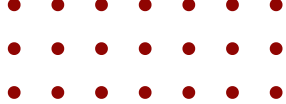
Encounter Stats

Clinic Visits - 329

Client Encounters - 500

Jayme Franco – Community Health Nurse





Community Health Nurse - Kerri Nickel

January 2025 marked a five-year anniversary of my time providing nursing services to the community of Pinaymootang First Nation. My role has changed and evolved over the past five years which has allowed for a great deal of professional and personal growth. I have had the opportunity to take on new supervisory roles that has supported work previously initiated, allowing for programs to combine resources and offer comprehensive health care services to our targeted population. It is privilege to work in community and advocate on behalf of the population I primarily support.

Under the STI/STBBI and Harm Reduction portfolio I allocate time to a variety of tasks. These include but are not limited to; developing and providing education as requested, participation in the Manitoba Harm Reduction Network, and providing or addressing the needs of community members using a wholistic approach to care.

Nurse Supervisor Report

Along with an amazing team we are accomplishing very important work in the Maternal Child Health, CPNP and Head Start programs. As a group we are setting goals that benefit our targeted audiences, meet each of our program standards and grow in the delivery of services to meet the needs of Pinaymootang Families. I'd like to take this opportunity to compliment the staff of our MCH, CPNP and AHSOR programs for their tremendous efforts, hard work, commitment and willingness to adapt to changing circumstances in order to help our families succeed.

Highlights

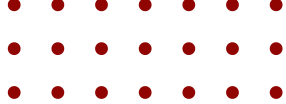
Young Women/ Teen Clinic

Twice a week I support Health outreach efforts at the school. Time spent there has included, classroom education, well being visits in partnership with our Mental Health Therapists, referrals to additional providers, medication administration, nursing assessments and promoting awareness on topics including but not limited to reproductive health, healthy relationships, and harm reduction. It has been extremely rewarding to spend time with the youth and watch as they become young adults, building their trust and seeing them feel more comfortable to seek out care for themselves. During the school year I saw 81 different students and had 244 visits to our school clinic.

Prenatal Program

Our prenatal program continues to flourish and grow. I spend a great deal of time coordinating all of the different aspects related to this care and focus specifically on relationship and trust building with the expecting mother. The goal is to ensure that each pregnant woman and her family however that may look, feels supported, has equal access to care and has a healthy pregnancy and birth experience. Our success is in large part due to the care provided by our visiting Physician Dr. Phoebe Thiessen. Dr Thiessen is the Obstetrical Lead with Interlake Eastern Regional Health Authority and we are tremendously grateful to have her here once a month to facilitate prenatal care. Once prenatal care has been established, each family is assigned a home visitor through our Maternal Child Health Program. This allows for the family if agreeable, to have a support person follow them throughout their pregnancy journey. Support can mean something different in each of these relationships from; appointment reminders to education, referrals and companionship when needed. Prenatal Classes are offered twice a month hosted by both MCH and CPNP and cover a wide variety of topics for expectant mothers and family. Nursing efforts are also supported by our CPNP coordinator who facilitates follow up care and offers guidance when a mother returns home and is in the post natal stage of her journey. This fiscal year I connected and supported 52 women with pre/postnatal care in some capacity.





Community Health Nurse - Kerri Nickel

Strengthening Families ~ Mental Health Partnership with University of Manitoba

Due to our successes, Pinaymootang MCH program was approached by Strengthening Families; First Nation Inuit Health Services to partner with the University of Manitoba Hearts Minds and Research Lab. The purpose of this working group is to improve the mental health and wellbeing of families living in Pinaymootang First nation with a focus on the Maternal population. The project is a collaborative initiative recognizing the disparities that exist in community and will aim to help bring change and healing through relevant strength-based approaches specific to our members. This is a promising partnership and it is always a pleasure to work alongside recognized institutions such as the University of Manitoba.

Doulas Training Initiative.

In June 2024 we wrapped up our Doula training with Wiji'diwag Ikwewag Inc. Five days were spent in community and Pinaymootang First Nation can proudly say that ten young women are now trained as Indigenous Doulas. The grant that we were awarded also provided opportunity for additional training and participation in the working group Restoring Birth back to First Nation's Communities and a number of additional training opportunities for staff supporting the prenatal population, including education on pregnancy loss.

Personal Health Information Management System (PHIMS)

Pinaymootang Nursing Team collaborated with multiple external partners to become the first, First Nation Community to use PHMIS regarding Communicable Disease Control alongside the Province. Many hours of planning, preparation and training went in to the deployment of this project to ensure we were successful. It allows for providers to improve health services through collaborative and secure sharing of health information. A comprehensive healthcare picture related to these diagnoses is now accessible to nursing and supports us with ongoing care.

Clinic Care

In addition to supervisory roles, the clinic continues to require a great deal of time and attention to support needs of the community. Clinic duties include but are not limited to the following; adult and childhood assessments, bloodwork, referrals to other providers, wound care, mental health interventions and supporting womens health.



Encounter Stats

Children's Health Visits - 40

STI/STBBI Visits - 223

MCH/CPNP Related Encounters - 240

Women's Health Visits - 185

Adult Health / Clinic Visits - 322

Pre/Post Natal - 404





Maternal Child Health Annual Report

The primary goal of Maternal Child Health is to improve holistic health outcomes for our maternal, infant, and child population with attention paid to the family unit.

Our areas of focus include prenatal health, postnatal health, newborn care, and the overall wellbeing of women and young children. This is achieved through education and programing in the areas of nutrition, literacy, physical, emotional and mental health as well a nurturing the bond between infant and caregiver. In addition to this we have cultivated the opportunity to improve the knowledge of reproductive health among teens and young adults by hosting a teen clinic at the school and offering a variety of workshops.

Our strengths include teamwork and collaboration, cultural involvement, community and family engagement, and adaptable outreach efforts; all to support and empower those we serve. During this fiscal year the MCH Program successfully hosted and completed a week-long Indigenous Doula Training Program. This accomplishment will support future generations and the work that is accomplished in both the Maternal Health Program and the Canadian Prenatal Nutrition Program as well.

A Note From Home Visitor Lead Alannah Woodhouse

TAs Home Visitor Lead for the Maternal Child Health Program I have committed myself to creating comfortable and well-rounded relationships with parents and families to ensure that they feel welcome and supported. My work includes one on one home visits with parents, facilitating small and large group activities and supporting the planning that is required to manage a successful program.



During home visits with families, I bring resources and activities for the families to use with their children while highlighting the skills and resources they have already have and use. In my role I also help to coordinate the monthly events and small groups that we have in collaboration with other community programs that bring land-based teachings and knowledge to families. In our small groups we do easy and fun activities that parents can replicate at home. We like to build on information about physical, emotional and social health in relation to their children's growth.

It has been important in my role to encourage families to be more engaged in community programming both with their children and without, so they have the chance to build friendships with other parents in Pinaymootang. I have supported families throughout the last three years in withdrawal management, grief and loss, prenatal/postnatal care, transportation to appointments or programming, as well as helping start the teen clinic in the school.

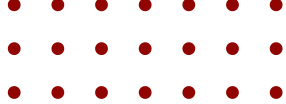
Training Highlights:

- Indigenous Doula Training
- Beyond Autism: Understanding and Coping with Challenging Behaviours
- Circles of Care: Supporting Substance Involved Mothers

Plans for the year ahead:

I am looking forward to continuing to offer women's groups, stay safe and babysitting training courses, continuing to promote mental wellbeing and connection to community and the land through land-based activities. I also look forward to continuing building relationships with families, prenatal women and children in the next year in hopes that the efforts we make can impact families in a positive way.





Maternal Child Health Annual Report

A Word From Kelly McMahon

My role here at the Pinaymootang Health Center is a Home Visitor with the Maternal Child Health program. I have engaged in my role as a home visitor by developing relationships with the families enrolled in the program, some ways I have done that is by doing one on one home or office visits with the families, and organizing / participating in group events. I share our MCH curriculum with families during these events as able. I also work closely with families to help them find support they may need such as rides to and from appointments, running prenatal classes, connecting them with Jordan's Principle, our nurses, therapists, and referrals to other professionals. I have also worked closely with Ashern Hospital to help support families with medical withdrawal management, access to treatment and follow up support services.

Training that I have successfully completed this year has been; Doula Training, a Breastfeeding Course, Babies are Sacred and Understanding, Coping with Challenging Behaviors along with the Food Handlers Course.

Looking Ahead

Going forward as an MCH home visitor, I have plans to continue developing relationships with my families. I want to continue supporting the prenatal moms I work with. I am excited to continue with the prenatal classes with the local prenatal families and look forward to doing more Land-based activities. I love being able to work as a support person in the community of Pinaymootang and offer help where I can.

IN CONCLUSION

Pinaymootang Maternal Child Health Program will continue to seek out opportunities for individualized visits either in homes or in office, host both small and large groups events and grow our program to reach more families in need. Our work will aim to celebrate parents, encourage learning in different ways, strengthen the parent-child bond, be relationship focused and preserve Indigenous sustainability and cultural knowledge. We will collaborate with other community programs, leaders and Indigenous facilitators for community driven and land-based events where families will learn skills that they can use at home and be able to continue to teach their children for years to come. It is through these supportive and meaningful actions that we can best support a family to benefit and thrive.



Maternal Child Health Year End Statistics

Total Families Enrolled:	81
Total Home Visits:	399
Out Reach:	676
Group Activities:	64





HIV / Harm Reduction Program

This fiscal year, Pinaymootang First Nation Health; HIV and Harm Reduction Program had the opportunity to expand its outreach efforts by means of public awareness campaigns, education and prevention measures in the community and training for our multidisciplinary team providing care with in the health portfolio team. We were able to meet and exceed our original goals with the addition of a successful proposal that was submitted entitled: HIV Self Testing, Culturally Safe Care and Harm Reduction. This not only supported out current work but will also benefit future efforts as well by investing in our staff and their access to the latest education, resources and best practice approaches.

Sexually Transmitted and Blood Bourne Infections (STI /STBBI Management)

This portfolio and related work, continues to be of great importance and of high need at the Health Center. Incidences of all Sexually Transmitted and Blood Borne Infections continues to be on the rise in Manitoba and in First Nation Communities. Managing all cases in this portfolio requires proper diagnosing, effective and timely treatment, education and ongoing monitoring. It also requires a great deal of prevention work that we address through our Teen Clinic at the school, through our prenatal care program and in interactions during clinic visits.

In last year's report we provided information on the rising cases of Congenital Syphilis in First Nations Communities. This remains an important issue that needs to be addressed and we are working diligently with our prenatal patients to prevent and support a wide continuum of needs related to both the mother and infant's wellbeing.

This year it is important to highlight the rising cases of HIV facing Manitobans. The Manitoba HIV program is an excellent resource that individuals facing an HIV diagnosis are referred to. Once a referral is received individuals are linked to additional providers, and what can be described as a cascade of resources and care. Improving health outcomes for those diagnosed requires an individualized approach and should consider each person's social determinants of health to achieve any degree of success.

HIV Statistics in Manitoba

Number of people diagnosed with HIV and referred to the MB HIV Program between 2021-2024

2021 > 169

2022 > 256

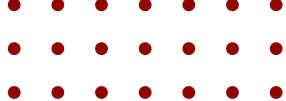
2023 > 388

2024 > 300 diagnoses (JAN – OCT)

- Heterosexual sex and injection drug use were the most common modes of acquiring HIV
- Approximately 80% of people had at least one other health condition
- Homelessness, house lessness and other geographical barriers impact care
- Indigenous Peoples, especially females, remain disproportionately affected.

"Among all females referred to the MB HIV Program, 85.1% of them self-identified as Indigenous, and among all males referred, 68.6% self-identified as Indigenous."





HIV / Harm Reduction Program

Harm Reduction

The term Harm Reduction refers to a scope of intentional practices along with the development of health-related policies and services aimed to lessen the negative consequences associated with what society deems as harmful behaviours. Successful Harm Reduction programs are designed to meet people “where they are at”, this is meant to encourage the service provider to step away from traditional models of care and see matters related to health through a different lens. Successful providers should be proactive in their approach to care and address not only acute care needs but the social needs that prevent individuals from seeking care. It must be a holistic approach to care without any form of discrimination. It recognizes that people who are unable or unwilling to stop behaviours that may be deemed unsafe can still make choices to protect themselves, those around them and still have positive life outcomes.

Some of the key principles to successful a harm reduction practice as indicated by [The National Harm Reduction Coalition](#) and that we adopt in or work include the following:

- Accept that illicit drug use exists in communities and work needs to minimize the harmful effects rather than condemn or ignore the issue.
- Understand that drug use involves a wide continuum of behavior, some of which are more concerning than others.
- Establish a holistic approach to care and understand that the criteria for a successful intervention is not always cessation of all drug use and or associated behavior.
- Ensure that the provision of services be nonjudgmental and private.
- Allow for those who use drugs or with a history of drug use be involved in programming.
- Recognizes that poverty, racism, social / geographical isolation, trauma and economical status can affect one’s vulnerability and capacity to effectively deal with drug use and potential harm.

Moving forward the goal of the Harm Reduction Program at the Pinaymootang Health Center is to create a supportive environment where care and services are found consistently and respectfully. As Community Nurses we work hard to ensure that the care provided by all of our health care staff is done so in a nonconfrontational, nonjudgmental and confidential manner. Harm Reduction services are available to anyone in need and continue to evolve.

NARCAN is also available to those who use drugs or LOVE someone who may use drugs. We have services in place to ensure Narcan can be provided to those who request to have it for use in community. Education can also be organized for individuals or groups and the opportunity to do so is welcomed. It is my hope that community members feel welcome to present to clinic at any time and can receive all services and supports available to them to manage any diagnosis that they face and need they have related to Harm Reduction.

STBBI Related Encounters: 230

Total Number of Clients Supported: 110

*Encounters related to Harm Reduction are not formally recorded in order to create a supportive nonjudgmental atmosphere that reduces barriers to care.



Kerri Nickel, Nurse Supervisor



Community Health Nurse Annual Report

Working as a community health nurse in my home community over the past 5 years has opened my eyes to the needs of our people and community. We, as a health care team strive to meet the needs of all, not only do we ensure safe, efficient patient-centered care but also advocate for the services and resources needed.

My current roles within the Health Centre include:

- Community Health (clinic)
- Home and Community care (Home visits)
- Wound care
- Medication administration
- Chronic disease/Dietician referrals
- Public Health – Animal exposure
- Tuberculosis (Direct Observation Therapy)
- Heart & Stroke/UofM pilot program
- Elder programming
- Community Health services include assessments, medication administration, wound care, bloodwork, referrals, and health education.

Majority of my time is spent in the Home and Community Care program doing home visits for our elderly population, providing safe compassionate care in their homes. In addition to the health services, we also assist in medical equipment and supplies; such as fall prevention equipment (bed/toilet rails, canes, walkers, wheelchairs, etc.) and incontinence products to make living in their homes safe and manageable.

Monthly/bi-monthly clinics are still being held in the health centre with our chronic disease nurse Ashley and dietician Denise, who work within the IERHA. The Chronic disease program aims to provide and maintain a high standard of management for patients with chronic diseases, which includes monitoring and development of individual plans that can help slow down the progression of the disease and/or help control the symptoms. I continue to work with Public Health in the Animal Exposure and Rabies Prevention - Cleaning and disinfecting wounds; administering possible course of rabies vaccine and monitoring the animal. Also, the Tuberculosis (Direct observation therapy) program – medication monitoring.

In February we developed a new program for our elders as we see a lot of programming within the community but not enough for the elders. We asked our elders what programs they would like to see; they mentioned things such as: cooking classes, sewing, outings and the number one thing mentioned was social interaction, this inspired us to start programs for them. So, we started a weekly 60+ elder's class, which has been very successful and rewarding watching all the smiles and hearing the laughter.

In closing, I would like to say thank you, as it has been a privilege to work for the community, looking forward to the coming years.

Statistics

Home Care Visits: 694

Bloodwork: 114

Phone Calls For Various Concerns: 580

Total Encounters: 1178

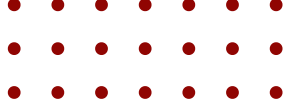
Clinic Visits: 484

Wound Care: 250

Referrals to CDN / Dietician: 35



Maegan Anderson LPN - Community Health Nurse



Foot Care Nurse Annual Report

Hello Pinaymootang, my name is Brenda Henry, I am a Licensed Practical Nurse and have been employed at the Heath Centre as the Foot Care nurse since June 2019. In addition to my role here, I am also a community nurse in Winnipeg. My 21 years of nursing experience has focused on diabetic health and education, lower limb wound care, and preventative health education.

The services I provide at the health centre, and in community are:

- Nail care
- Basic foot and lower limb assessment
- Corn and callus reduction
- Client education on foot health and prevention measures to maintain healthy feet.
- Referrals to Community Nursing, Medical Specialists, and footwear fittings.
- Wound care

Our foot care program helps all community members. Foot Care is provided at the clinic, in community for community members who have mobility issues, in hospital during extended stays and at long term care facilities. If you or one of your family members require foot care, please contact the health centre to arrange an appointment.

Each year the foot care program grows, and I am fortunate to meet more of our community members. Over the last six years I have been invited into elders' homes to provide foot care, but while I am there, I get to hear stories from their past, current update on their families, and share some of my own family's stories.

I continue to enjoy being a part of the Pinaymootang Health Centre team and look forward to the coming year.

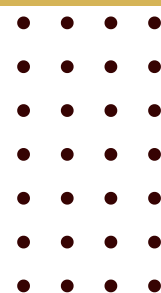
Education:

- Manitoba Association of Foot Care Nurses Annual Conference October 6 & 7, 2024
Winnipeg
- Canadian Foot Care Nurse Association Annual Conference May 23-25, 2025
Calgary Alberta



Stats:

Clinic	116
Home Visits	109
Hospital	16
Long Term Care	50
Total Visits:	291





Community Health Representative Annual Report

The Pinaymootang First Nation Health employs two Community Health Representatives who play a major role in the health program. Both CHRs currently oversee additional programs in their job duties, one focuses on school health, baby clinics and youth of the community. This position is responsible for the delivery of high standard community health surveillance programs and to provide quality health prevention and treatment in community.

Updates of immunizations are done through Panorama and eChart for all children that need immunizations. Immunizations are updated and entered in their personal EMR charts. Panorama, eChart and Mustimuhw are used to get medical information for new families that have moved service area or are from a different band affiliation. Panorama and eChart are also used to search for newborn medical numbers.

MIMS updates are requested for Hep B's, Adacel, Gardasil, Meningococcal, influenza and regular immunizations for babes when they are, 2 months, 4 months, 6 months, 12 months, 18 months, 5 years and Grade 6. Immunizations are an ongoing task. Mustimuhw & Panorama which we constantly use to make sure that the child/ren do not receive repeat immunizations. Immunizations are then entered.

Flu vaccines were given to band members and non- band members in October, November, December and January, February. Charted and recorded in consent forms, personal charts (Mustimuhw), Panorama and in the Seasonal Influenza and Pneumococcal Immunization Data Entry form.

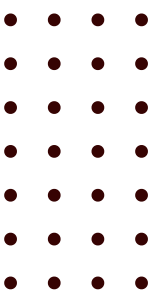
We have held numerous clinics held during this fiscal:

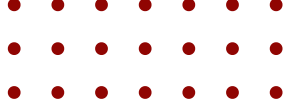
Preschool list is made, and a copy is faxed over to the school for the teacher. A preschool clinic is set up for the kids to get a Denver Development Test and immunization is given to preschoolers before school starts and this is done by Nurse as CHR makes all appointment arrangements. Head checks were not done this year due to Covid restrictions.



Triage is done in clinic before patients see the community physician, by CHR, Health Care Aides, mostly by LPN such as blood pressures, blood sugars, weights and are then recorded on personal chart.

Transportation is always provided for clients wanting to come in for Doctor's clinics, Dental, NNADAP, Nurses, Child Health Clinic's, Diabetic clinics, Blood Pressures, Workshops or as needed.





Canada Prenatal Nutrition Program Annual Report

This report outlines the activities, accomplishments, and observations from my time as the Maternal / Youth Wellness Worker at the Pinaymootang Health Centre. I have been in this role since August 2024; my main areas of focus are the Canadian Pre-natal Nutrition Program and the Immunization Program. My first tasks were to focus was on community outreach, health promotion, and establishing strong relationships with both clients and colleagues. These few months have been a time of active learning, engagement, and service to the community. It has been a valuable tool that I am able to understand Anishinaabemowin as it helps to meet the needs of many community members.

Upon starting the position, I worked on familiarizing myself with various reporting/charting programs that are used within the Health Centre. This included taking part in training on how to utilize and input immunizations on the provincial Public Health Information Management System (PHIMS). This was of great benefit to the Nursing team as it supported data entry and coordinated appointments so that our children and youth were up to date on their immunizations. Another initiative we have resumed are in school vaccinations for those that are of age that require Men-C-ACYW (Meningococcal Conjugate Quadrivalent), Hepatitis B (HB), Human Papillomavirus (HPV) and Tetanus, Diphtheria Pertussis (Tdap) which are the grades 6 and 7/8.

Under the Canadian Prenatal Nutrition Program, I have spent time engaging in the services that the program is able to provide. I attended the CPNP training 101 in order to have a clearer picture of what services we can bring to our prenatal population. The goals of the Canadian Prenatal Nutrition Program (CPNP) at Pinaymootang First Nation Health are to achieve optimal health outcomes for mothers and infants, to reduce the incidences of unhealthy birth experiences and to promote and support breast feeding efforts to those able. This is accomplished with efforts made towards nutritional screening, education, counselling, pre- and postnatal nourishment, breast feeding promotion, education, support or referrals to additional care providers as needed.

As part of the Prenatal Care Team, I ensure completion of the Health Baby Forms, coordinate appointments and provide transportation, communicate with nurses and Dr. Thiessen on any needs of the prenatal mothers not previously noted, collaborate with other programs to facilitate Prenatal Classes, create our Welcome Baby packages, and attend the Postnatal visits with the nurses.

In the role of Maternal / Youth Wellness Worker, some of the other programs and services that I have partnered and worked with from the Health Centre include; Jordan's Principle, Maternal Child Health, Nursing, and Aboriginal Head Start On-Reserve programs. Collaboration is key when it comes to providing services to community members as it helps spread resources and allows programs to reach more people. To help promote a healthy community another initiative in the CHR program is transportation to and from the Health Centre for clients to attend their appointments or programs.

In the past fiscal year, I participated in the following training opportunities:

- PHIMS Training
- PHIA Training
- CPNP 101 Workshop
- First Nations Mental Health First Aide
- CPR/First Aide & AED Training
- Babies are Sacred Training
- Breastfeeding of Success Workshop
- Autism Awareness



Canada Prenatal Nutrition Program Annual Report

Some of the goals for the year ahead include continuing to work with the community of Pinaymootang and offer help where I can such as immunizations. I plan to expand our outreach at the school regarding immunizations including the preschool age. Participating in the Children's Health Fair -providing information on immunizations, booking, and gathering consents.

As a CPNP Coordinator, I plan to develop positive relationships with our prenatal families. I will be guided by the following principles:

1. **Mothers and Babies First** - the health and wellbeing of the mother and baby are most important in planning, developing and carrying out the program.
2. Care is consistently **Equitable and Accessible** - the program strives to meet the social, cultural and language needs of pregnant women and advocates for accessible and equitable care throughout our province.
3. **Community-based** - decision making and action comes from those in the program and community partnerships.
4. **Strengthening and supporting families** – we all share the responsibility for children by supporting parents and families.
5. **Partnerships** - cooperative partnerships are the key to developing an effective program.
6. **Flexibility** - the program must be flexible to respond to the different needs of each family.

Encounters:

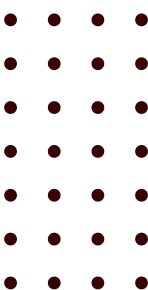
- Postnatal and Home visits: 16
- Creation of Welcome Baby Bags: 20
- School Visits: 27
- Data Entry: 186
- Community Contact and Communication: 125
- Group Participation and Collaboration: 384

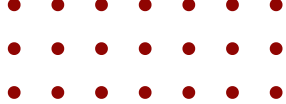


In conclusion, I am deeply honored to serve the community of Pinaymootang and grateful for the support of the Health Centre staff and leadership. These first months have laid a strong foundation, and I look forward to continuing to build relationships and deliver health programming that reflects the strengths, values, and needs of our people.

Meegwetch,

Heather Anderson
Maternal/Youth Wellness Worker





Community Health Representative 2 Annual Report

The Pinaymootang First Nation Health Program currently employs two Community Health Representatives (CHR's) were one CHR oversees adult and community health care while the other takes on the responsibility of school health, children and youth.

And as part of the health care team, the role of the community health representative is responsible in liaising between patients, families and health care providers to ensure patients and families understand their conditions and are receiving appropriate care.

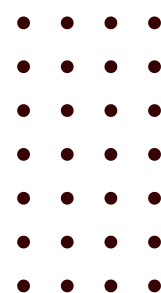
The scope of the CHR Program directly impacts individuals and the community as a whole and by working with health care providers and the community to provide education, information and support on the health and well-being to individuals, families and communities based on a holistic approach to health and health care. The CHR supports services that encourage prevention, intervention and provide up to date information and resources to promote healthy living lifestyles through education, immunization, and clinics.

The CHR performs a broad range of duties in the community. Some of the duties throughout the fiscal year have included but not limited to the following:

- Acting as liaison and coordinator for the community, residents and professional staff;
- Providing information about childcare, nutrition, sanitation, communicable disease and other health matters;
- Conducting home visits to teach and demonstrate family health care and referring medical health problems to health professionals;
- Assisting with immunization consent forms;
- Translation;
- Participating in health information drives;
- Assisting in Health Education;
- Assisting with community health events (cleanup, health fair, workshops, etc.);
- Participated in the Accreditation Process;
- Monthly reporting and attending staff meetings;
- Nutritional and Physical Activity



And over the course of the fiscal year we have seen an increase in services.





Aboriginal Diabetes Initiative Report

The role of the ADI is to provide an integrated, coordinated diabetes program in the area of diabetes prevention, health promotion, lifestyle support, care and treatment. As the ADI Coordinator my role is to reach the short-term and long-term goals which include;

- Raising awareness of diabetes;
- Risk factor assessments;
- The value of healthy lifestyle practices;
- Supporting the development of a culturally appropriate approach to care and treatment;
- Diabetes prevention;
- Health promotion; and
- Building capacity and linkages in the components of the program.
- Gardening Project



As many are aware, there are three types of diabetes; Type 1 is where the body makes little or no insulin; Type 2 is where the body makes insulin but cannot use it properly; and Gestational diabetes is where the body is not able to properly use insulin. Diabetes is a lifelong condition but one that can easily be managed and maintained by eating healthy and getting physically active.

We offer to our clients to:

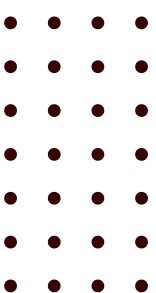
Learn How to Prevent Diabetes: Learn when and how to screen for diabetes, importance of a healthy diet including reading nutrition labels and carbohydrate counting, as well as making healthy lifestyle choices.

Learn what diabetes is: How to test and control your blood sugar, treatments for diabetes, what to eat with diabetes, and how to read food labels. We will also talk about staying healthy from your eyes to your toes by making healthy lifestyle choices, modifying recipes, managing stress, physical activity, and understanding your blood sugar results!

Diabetes Class: Learn how to stay healthy from your eyes to your toes by making healthy lifestyle choices, modifying recipes, stress management, physical activity, and understanding your blood sugar results!

Eating for Heart Health: Love your heart! Learn about dietary changes to help you improve your blood pressure and cholesterol, medications to protect your heart, activity and stress management, and monitoring your blood pressure at home.

The Health Program has been very active in implementing the ADI Program.





Support to Nurses Annual Report

The role of support to nurses at the Pinaymootang Health Centre is Reception and Administration Support.

The main objective to ensure physical and mental health by assisting the professional staff of the Pinaymootang Health Centre, leading to the overall well-being of the members of our community.

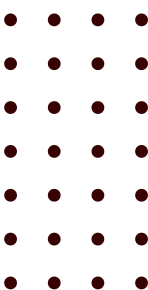
The front desk reception organizes and maintains the functions of front desk duties. Also assists in various health departments of our organization when needed. The front desk ensures that every client's needs are being met, by directing them to the appropriate professionals such as doctor, pharmacist, nurse, or any one of our organizations program coordinators.

Pinaymootang is an accredited health facility and is a very fast paced environment with many different programming that ensures and promotes good health.

As the Administrative Support and Front Desk Receptionist my duties have included:

- Booking all appointments for Doctors, Foot care, Mental Health Therapists, and Telehealth
- Greeting & directing all incoming visitors
- Assisting the Doctor and Nursing staff with patient charting
- Storing pharmaceutical deliveries & distribution of prescription medications
- Correspondence with doctor/patient referrals
- Distributing & logging incoming and outgoing faxes/mail
- Help coordinate and organize specialty programming as instructed
- Preparing forms, documents, spread sheets
- Commitment to confidentiality

Throughout the past fiscal year, the number of 1069 Patients seen by a Nurse Practitioner and 167 Patients seen by a Physician.



Operations and Maintenance Report

The general duties conducted are general cleaning and sanitary services on a daily basis. Both interior and exterior cleaning of premises such as; carpets, furniture, windows, washrooms and floorings.

Removing of litter and garbage to the local landfill is done on a daily basis. The custodian ensures a high confidentiality level. Accurate cleaning is conducted throughout.

Other maintenance that is required such as lawn maintenance, HRV cleaning, lighting fixture change, snow removal, drainage, door fixtures, grading of parking lot are conducted through a need be basis by contract work.

The upkeep to the health facility has been a quite demanding and challenging throughout this fiscal year since the expansion of the Health Centre. During, physician days it is the most-busiest. The health facility as more than doubled its size with overcrowding of staffing which means a drastic workload for both custodian and maintenance.

This position can become quite challenging and we have taken many steps to improve the quality of cleaning.

The Operations and Maintenance personnel has made every effort to ensure the upkeep in good of its health facility in good working order.

Maintenance & Operations





Brighter Futures Initiative/Building Healthy Communities Annual Report

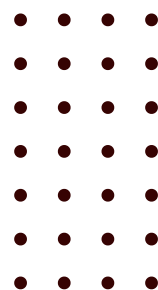
Hello, my name is Christina Sutherland, and I am the Coordinator for Building Healthy Communities/Brighter Futures Initiative in Pinaymootang. These programs aim to increase awareness on community mental health, child development, parenting skills, injury prevention, solvent abuse, suicide prevention and mental health crisis management.

BHC/BFI works closely with Native Alcohol & Drug Abuse Program (NADAP), Maternal Child Health, Aboriginal Head Start on Reserve and Jordan's Principle. BFI/BHC is also involved with the Network Committee and Sports & Recreation Committees. This coordination with community organizations and programs helps to provide a variety of different activities for community members to participate in throughout the year.

These initiatives included seasonal events such as Easter egg hunts, community clean-up days, and Treaty Days, alongside workshops on traditional crafts like moccasin making, soapstone carving, and ribbon skirt crafting. Injury prevention activities included ATV safety training, food handling courses, and psychological first aid sessions, while national observances featured events for Mother's Day, Father's Day, and National Nurses Week. Youth programs included the Design & Build Workshop series, swimming lessons, and grief support sessions. Additionally, the community participated in significant observances including World Suicide Prevention Day, Every Child Matters Walk, and National Addictions Awareness Week. The year ended with festive events such as Christmas Spirit Week, wreath-making workshops, and Elder's Christmas Festivities.

Type of activity	Populations Served			Method of Delivery			Total # activities	Total # participants
	Adults	Youth	Children	Virtual	On-the-land	Other		
Substance Use	35	55	0	0	0	1	1	90
Mental Health/Wellness	515	182	525	1	15	10	26	1222
Life Promotion / Suicide Prevention	40	67	20	1	4	5	10	127
Crisis Response	7	4	1	0	1	1	2	12
Other (please specify) Ex: community events	406	184	410	1	3	5	9	1000

Christina Sutherland – BFI/BHC Coordinator



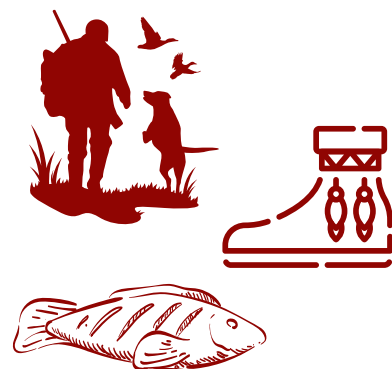
Native and Alcohol Drug Abuse Program Annual Report (NADAP)

My name is Alvin Thompson born and raised in Pinaymootang. This year marks 23 years working as an Addictions Counsellor for the NADAP Program. I am thankful to work and start and finish my days with prayers. I advocate for those that find themselves in unwarranted situations. My services apply to other communities and I give everyone equal professional services.

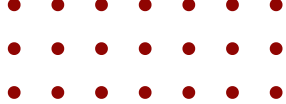
In today's society we face many troubles, whether it's sicknesses or family dysfunctions, a direct result of colonization, and various other oppressions from various sources. All of these are derivatives of Indian Residential Schools, Day School, Boarding Home Schools, Children's Aid (CFS), Indian Act and policies are systems that have caused various forms of trauma. These traumas then lead to addictive lifestyles. Alcohol and drugs are not the only addictions that we face. Family violence results in physical or emotional forms. Sexual abuse is prevalent amongst our population and it is high. Any type of brokenness results in families/individuals for children, youth, elders, females and males. For this reason, the NADAP program partners with other community collaterals hold workshops, training, counselling programs to bring healing to our community members.

The following are some of the activities we had in our community to curtail unhealthy lifestyles and provide opportunities to promote healthy lifestyles;

- Geese Hunting, Duck hunting and Processing 46 participants
- Moccasins making and Language classes 11 participants
- Filleting fish, trapping, snaring activities 17 participants
- Pinaymootang Health Fair - Dissemination of information 340 participants
- Health Career Symposium 185 participants
- Saskatoon/Rhubarb/Wild Cranberry Canning 45 participants
- Moose Harvesting and Processing 40 participants
- Addictions Awareness Week Various Workshops (November) 186 participants



Month	Number of clients	SASSI	Referrals
April	23	10	10
May	20	13	17
June	17	9	6
July	15	4	13
August	29	14	21
September	28	10	13
October	28	7	10
November	24	10	9
December	7	1	6
January	14	10	9
February	19	7	6
March	13	2	8
Totals	118	97	102



Native and Alcohol Drug Abuse Program Annual Report (NADAP)

The following is information on Alcohol, Cocaine and Crystal Meth. These are the three leading substances that are abused:

Alcohol addiction is a chronic relapsing disorder associated with compulsive alcohol drinking, the loss of control over intake, and the emergence of a negative emotional state when alcohol is no longer available. Alcohol addiction is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.

Alcohol, like other drugs, has a powerful effect on the brain, producing pleasurable feelings and blunting negative feelings. These feelings can motivate some people to drink alcohol again and again, despite possible risks to their health and well-being. For example, research shows that over time, drinking to cope with stress—while it may provide temporary relief from emotional discomfort—tends to enhance negative emotional states between bouts of alcohol consumption. These changes can motivate further drinking and cause an individual to become stuck in an unhealthy cycle of alcohol consumption.

As individuals continue to drink alcohol over time, progressive changes may occur in the structure and function of their brains. These changes can compromise brain function and drive the transition from controlled, occasional use to chronic misuse, which can be difficult to control. The changes can endure long after a person stops consuming alcohol, and can contribute to relapse in drinking.

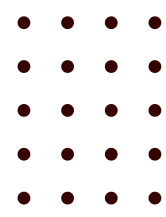
Cocaine is a white powdery substance that reacts with the body's central nervous system, producing energy and euphoria. It is most commonly snorted but can also be smoked (also known as "freebasing") or dissolved in water and injected. Cocaine is also referred to as coke, snow, blow, or powder.

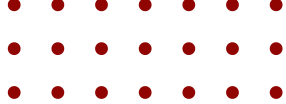
Any use of cocaine is considered abuse because it is an illegal substance. Cocaine is a central nervous system stimulant that affects the brain by stimulating high levels of dopamine, a brain chemical associated with pleasure and reward. Users report that small amounts can cause euphoria, increased energy, and hypersensitive awareness of light and sound. The effects are nearly instantaneous (dependent on the route used) and can last minutes to an hour).

Overtime, cocaine can lead to long-term health effects that negatively affect every part of the body with potential for severe complications. Chronic cocaine use can lead to long-term changes in the brain and increase in stress hormones, as well as decreased functioning in other parts of the brain. This can contribute to poor decision-making and decreased self-awareness in people who are addicted to the drug.

Cocaine abuse is particularly dangerous because continued use can cause strain on the heart. Cardiac issues from addiction, such as heart rhythm disturbances, heart attacks, seizures, and strokes, have all been reported. If you or someone you know is abusing cocaine, get help now.

Meth (methamphetamine) is actually manufactured through pharmaceutical companies. However, much of the street supply of meth is illicitly manufactured—often found in powdered form—as shiny glass fragments or as whitish crystalline rocks (crystal meth). Meth is a chemical derivative of amphetamine, another stimulant substance that, in pharmaceutical formulations, is approved for the treatment of conditions such as attention-deficit hyperactivity disorder (ADHD) and the sleep disorder narcolepsy.





Native and Alcohol Drug Abuse Program Annual Report (NADAP)

There are a variety of methods in which people can use methamphetamine. Individuals who smoke meth report a euphoric “rush,” an intense pleasurable feeling that only lasts a couple of minutes, which contributes to its addictive potential since individuals may try to maintain the high by repeatedly using more meth. Individuals who use meth via injection report similarly quick-onset, euphoric effects. Those who snort it or take it orally experience the euphoria relatively more gradually, with less of a pronounced initial rush.

Short-Term Health Effects and Risks of Meth Use

Besides the euphoric high, meth is associated with other health effects and risks. It increases wakefulness and physical movement but suppresses an individual’s appetite. Other short-term effects of meth that can negatively impact an individual’s physical and mental health include:

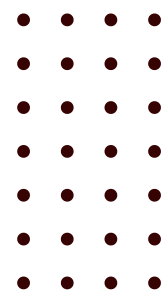
- Rapid and irregular heartbeat.
- Elevated blood pressure.
- Increased rate of breathing.
- Hyperthermia, a dangerously high body temperature, and convulsions can occur with methamphetamine overdose, which, left untreated, can be fatal.
- Confusion.
- Psychosis.
- Seizures.
- Rapid increase in heart rate, blood pressure, and body temperature.
- Chest pain.
- Circulatory collapse.
- Death.

Taking meth with other substances can be incredibly dangerous. Fentanyl, which can be lethal in even small amounts, is often mixed with meth since it looks just like meth in its powdered form. Fentanyl-involved overdoses can cause slowed or stopped breathing and death. If you suspect someone is overdosing, call 204-659-2500 immediately, and administer naloxone, if available. Naloxone can reverse an opioid overdose but won’t harm a person who didn’t ingest opioids.

I hope this information will help people seek treatment if you are addicted to these substances. Our community and surrounding areas have lost many young people. Please do not become a statistic. I have dedicated my life to helping those that need help to overcome addictions. Even though we hear so much of dismal stories, I have seen many successes as well by those that are determined to change. Let’s keep with the momentum of working on healthy lifestyles and be free from alcohol and drugs. Join those that have made the recovery.

Sincerely,

Alvin Thompson CAC II BSW RSW
Addictions Counsellor/Coordinator





Medical Transportation Annual Report

Hello, my name is Margaret Anderson and I am the Medical Transportation Coordinator for the Pinaymootang First Nation Health Program.

The Medical Transportation Program provides transportation benefits to eligible clients with access to required services that cannot be obtained within the community. This program is administered by one Medical Transportation Coordinator, one Medical Transportation Assistant and four Medical Driver Personnel.

Medical Transportation is provided only to access health services approved by Non-Insured Health Benefits (NIHB) – Health Canada. Requests for Medical Transportation to access services that are not provincially insured or which do not fall under the parameters of (NIHB) will be denied except for Medical Transportation to Traditional Healers and Medical Transportation to Treatment Centers.

Client's Off-Reserve will need to contact NIHB – 1-877-983-0911 regarding travel for their appointments if they are not eligible through the Medical Transportation Program On-Reserve.

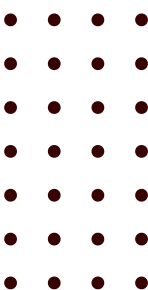
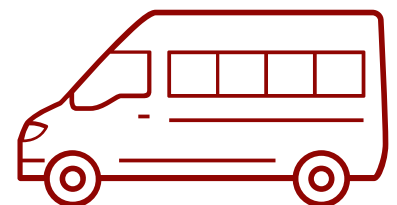
MEDICAL TRANSPORTATION OVERVIEW

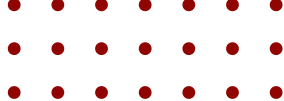
Assistance with Medical Transportation services are provided to members who live On-Reserve for medical travel and associated services for the following:

- 1.To the nearest appropriate facility;
- 2.The most economical and practical means of transportation considering clients condition;
- 3.The use of scheduled coordinated transportation;
- 4.Medical transportation in a non-emergency situation has been prior approved by Coordinator based on eligibility; and
- 5.Services not available in the home community.

DAILY ACTIVITIES

- Performing administrative duties and maintaining client files;
- Providing services to eligible Members living on reserve;
- Booking, verifying and rescheduling of appointments coordination;
- Recording and providing meal tickets for clients with Winnipeg appointments;
- Accommodations are provided with either private home or hotel, according to eligibility of client (Surgery preps or post op care);
- Preparing OCA forms for private travel and appointment verification slips for clients;
- Recording all returned private travel forms;
- Preparing daily passenger logs for medical driver for Winnipeg log.





Medical Transportation Annual Report

APPENDIX NIHB/MT-A
Report Requirements

NIHB Program Reports, Progress Activity Reports due Dates and Progress Activity

Program Activity Report

1 st	2 nd	3 rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2024 – 2025 April 1 – August 31	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 1388	# of exceptions requested: 5	# of appeals: 0
# of requests approved:	# of exceptions approved:	# of favorable appeals: 0

How are the benefits being provided?

One full time/part time Medical Transportation Coordination is currently on hand to provide and assist clientele of appointments bookings, coordinating of transportation and acting as a supervisory capacity to the assistant and the medical drivers currently employed with the First Nation.

Currently employed are 3.5 full time drivers transporting clients to appointments. Each driver works on a rotating basis and are provided with a monthly schedule they are required to follow. On-call is often hired when needed.

4 Vans in use:

- Winnipeg (Daily)
- Ashern (Multiple times per day)
- Dialysis (6 days a week, 4 trips a day)
- On-Call 24/7 plus additional appointments to non-Winnipeg destinations

We provide transport to nearest open facility available

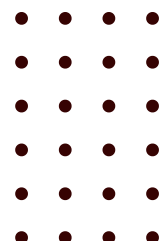
Major Accomplishments in the program during the reporting period:

Provided additional PPE to medical vans. The increase in services are slowly opening and vaccinations are being available to front line workers including those that are most vulnerable such as our dialysis clients.

Major Challenges in delivering the program during this reporting period:

We have 4 dialysis clients of which are attending dialysis three times per week Monday-Wednesday-Friday and 3 clients that are every Tuesday-Thursday-Saturday at the Lakeshore General Hospital in Ashern, MB.

Due to Ashern Dialysis unit being closed for repairs on water pipes the dialysis clients had to be transferred to Percy Moore dialysis unit in Hodgson, every Tuesday, Thursday, Saturday from March 14-May 4, 2024.





Medical Transportation Annual Report

The increase in prenatal care, we provide travel at 38 weeks we also provide for high risk pregnancies.

The major challenges we are currently facing during this reporting period are letters from Physicians that are requested by clients to receive private travel. These letters are not honored. I have taken the initiative to contact these Physicians advising them of our policies and procedures regarding private transportation.

We have also diagnosed cancer patients these patients need to attend their treatment via private travel due to compromised immune systems.

Increased and continue safety practices such as disinfecting and supplying and equipment vehicles with continued PPE such as face masks, gloves and sanitizers continues to be on-going.

Medical transportation is picking up discharge clients at various locations within the Interlake such as Eriksdale, Hodgson, Stonewall, St. Rose, Dauphin and Arborg.

Transport coordination continues to be a huge challenge in this fiscal period. Medical Transportation has been on-call to provide services on a 24/7-hour basis, due to many transfers, discharges, or emergency transport services.

Identify the factor (s) that may be impacting the budget:

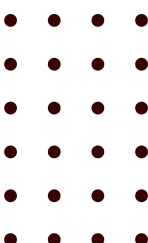
Increase, in physician travel due to increase in much service from one to two days a week in order to prevent extended trips to Winnipeg, Ashern, Dauphin, Selkirk and Brandon.

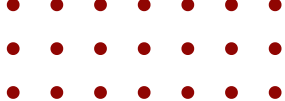
- Late night discharges, impacts staffing and follow up care.
- Complex medical needs from community increasing.
- The cost of fuel.
- Repairs and Maintenance.
- Private Travel/increased need and requests.
- Hotel Accommodation booking and confirmations.



Other relevant observations, comments or information to this program:

The need for a FNIHB handbook is required to help clients understand the processes in policies and guidelines that the coordinator must follow. As the coordinator of the program, I find that having to say no to clients based on the criteria of private travel and other areas within the program, I feel that it would be beneficial to the program if there was a book to hand out as to how decisions are decided. The program does have this available on its website page, but not everyone utilizes this.





Medical Transportation Annual Report

APPENDIX NIHB/MT-A NIHB Program Reports, Progress Activity Reports due Dates and Progress Activity Report Requirements

Program Activity Report

1 st	2 nd	3 rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2023 – 2024 Sept 1 – November 30	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 840	# of exceptions requested: 5	# of appeals: 0
# of requests approved:	# of exceptions approved:	# of favorable appeals: 0

How are the benefits being provided?

One full time/part time Medical Transportation Coordination is currently on hand to provide and assist clientele of appointments bookings, coordinating of transportation and acting as a supervisory capacity to the assistant and the medical drivers currently employed with the First Nation.

Currently employed are 3.5 full time drivers transporting clients to appointments. Each driver works on a rotating basis and are provided with a monthly schedule they are required to follow. On-call is often hired when needed.

4 Vans in use:

- Winnipeg (Daily)
- Ashern (Multiple times per day)
- Dialysis (6 days a week, 4 trips a day)
- On-Call 24/7 plus additional appointments to non-Winnipeg destinations

We provide transport to nearest open facility available

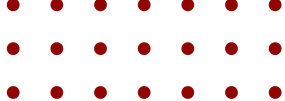
Major Accomplishments in the program during the reporting period:

Major Challenges in delivering the program during this reporting period:

We have 5 dialysis clients of which are attending dialysis three times per week Monday-Wednesday-Friday and 4 clients that are every Tuesday-Thursday-Saturday at the Lakeshore General Hospital in Ashern, MB.

There is an increase in prenatal care this fiscal year and the program does provide travel at 38 weeks including those who are considered high-risk pregnancy.

The major challenges we are currently facing during this reporting period are letters from Physicians that are requested by clients to receive private travel. These letters are not honored. I have taken the initiative to contact these Physicians advising them of our policies and procedures regarding private transportation.



Medical Transportation Annual Report

We have also seen an increase in diagnosed cancer patients these patients need to attend their treatment and travel by private travel due to their compromised immune systems.

Medical transportation is picking up discharge clients at various locations within the Interlake such as Eriksdale, Hodgson, Stonewall, St. Rose, Dauphin and Arborg.

Transport coordination continues to be a huge challenge in this fiscal period. Medical Transportation has been on-call to provide services on a 24/7-hour basis, due to many transfers, discharges, or emergency transport services.

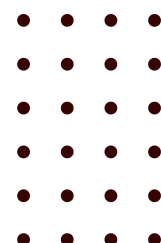
Identify the factor (s) that may be impacting the budget:

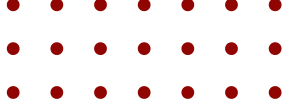
Increase, in physician travel due to increase in much service from one to two days a week in order to prevent extended trips to Winnipeg, Ashern, Dauphin, Selkirk and Brandon.

- Late night discharges, impacts staffing and follow up care.
- Complex medical needs from community increasing.
- The cost of fuel.
- Repairs and Maintenance.
- Private Travel/increased need and requests.
- Hotel Accommodation booking and confirmations.

Other relevant observations, comments or information to this program:

The need for an FNIHB book is required to help clients understand the policies and guidelines that the coordinator must follow. As the coordinator of the program, I find that having to say no to clients based on the criteria of private travel and other areas within the program, I feel that it would be beneficial to the program if there was a booklet to hand out as to how decisions are decided. The program does have this available on its website page, but not everyone utilizes this.





Medical Transportation Annual Report

APPENDIX NIHB/MT-A NIHB Program Reports, Progress Activity Reports due Dates and Progress Activity Report Requirements

Program Activity Report

1 st	2 nd	3 rd Final
For Period Apr 1 to Aug 31	For Period Sept 1 – Nov 30	For Period Dec 1 – Mar 31
Due Oct 15	Due Jan 15	Due June 30
Fiscal Year: 2024 - 2025 December 1 – March 31	Recipient: Pinaymootang First Nation Contribution Agreement: MB0700072	
# of requests: 1300	# of exceptions requested: 10	# of appeals: 0
# of requests approved:	# of exceptions approved:	# of favorable appeals: 0

How are the benefits being provided?

One full time/part time Medical Transportation Coordination is currently on hand to provide and assist clientele of appointments bookings, coordinating of transportation and acting as a supervisory capacity to the assistant and the medical drivers currently employed with the First Nation.

Currently employed are 3.5 full time drivers transporting clients to appointments. Each driver works on a rotating basis and are provided with a monthly schedule they are required to follow. On-call is often hired when needed.

4 Vans in use:

- Winnipeg (Daily)
- Ashern (Multiple times per day)
- Dialysis (6 days a week, 4 trips a day)
- On-Call 24/7 plus additional appointments to non-Winnipeg destinations

We provide transport to nearest open facility available

Major Accomplishments in the program during the reporting period:

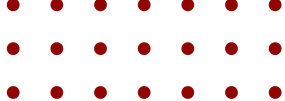
We received three replacement Medical vans.

Major Challenges in delivering the program during this reporting period:

We have 7 dialysis clients of which are attending dialysis three times per week Monday-Wednesday-Friday and 2 clients that are every Tuesday-Thursday-Saturday at the Lakeshore General Hospital in Ashern, MB.

The increase in prenatal care, we provide travel at 38 weeks we also provide for high risk pregnancies.

The major challenges we are currently facing during this reporting period are letters from Physicians that are requested by clients to receive private travel. These letters are not honored. I have taken the initiative to contact these Physicians advising them of our policies and procedures regarding private transportation.



Medical Transportation Annual Report

We have diagnosed cancer patients, that need to attend their treatment via private travel due to compromised immune systems.

Medical transportation is picking up discharge clients at various locations within the Interlake such as Eriksdale, Hodgson, Stonewall, St. Rose, Dauphin and Arborg.

Transport coordination continues to be a huge challenge in this fiscal period. Medical Transportation has been on-call to provide services on a 24/7-hour basis, due to many transfers, discharges, or emergency transport services.

Identify the factor (s) that may be impacting the budget:

Increase, in physician travel due to increase in much service from one to two days a week in order to prevent extended trips to Winnipeg, Ashern, Dauphin, Selkirk and Brandon.

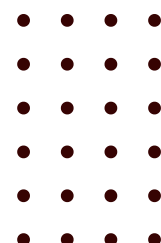
- Late night discharges, impacts staffing and follow up care.
- Complex medical needs from community increasing.
- The cost of fuel.
- Repairs and Maintenance.
- Private Travel/increased need and requests.
- Hotel Accommodation booking and confirmations.

Other relevant observations, comments or information to this program:

The need for an FNIHB book is required to help clients understand the policies and guidelines that the coordinator must follow. As the coordinator of the program, I find that having to say no to clients based on the criteria of private travel and other areas within the program, I feel that it would be beneficial to the program if there was a booklet to hand out as to how decisions are decided. The program does have this available on its website page, but not everyone utilizes this.

Submitted by,

Maggie Anderson
Medical Transportation Coordinator





Home and Community Care Annual Report

"To care for those who once cared for us is one of the highest honors." - Tia Walker

Hello, my name is Nancy Friesen. This is my fifth year of employment with the Pinaymootang First Nation Health team as the Home and Community Care Nurse Supervisor. It is a privilege to work for your Nation, and be a part of this dedicated health team!

The Home and Community Care team consists of 1 full time Nurse Supervisor, 1 LPN direct service nurse part time, and 3 full time Health Care Aides.

The Home and Community Care team is committed to serving clients living with chronic disease, acute illness, and supporting clients with disability. Our health team prioritizes supporting the elderly population aiding with preserving and maximizing the ability for our loved ones to remain in their homes safely, and for as long as possible.

Our program is NOT to replace, but to ENHANCE the care already provided by family members.

The Home and Community Care Program consists of the services listed below.

Nursing Services:

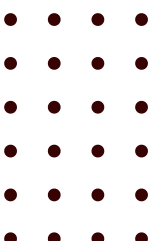
- Nursing Process; assessment, diagnosis, planning, implementation, evaluation of care.
- Vital Signs including blood pressure, pulse, temperatures, blood sugars and oxygen levels.
- Phlebotomy services, and monitoring results
- Medication administration and monitoring
- Wound Care/Foot Care
- Physical Assessment
- Providing various health education.
- Communication and referrals to appropriate Healthcare providers and Specialists.
- Client Care plans and Medication reviews
- Patient advocacy and discharge planning/Ashern Lakeshore General Hospital Rounds Tuesday's weekly
- Patient advocacy and discharge planning/Eriksdale EM Crowe Hospital Rounds Wednesday's weekly
- Assistance with the Long-Term Care and Supportive Housing application process
- Homemaking (PFN Social Program) Referrals Only

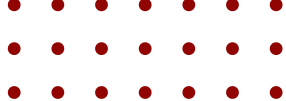
Personal Care:

- Health Care Aides provide support assisting with activities of daily living.
- Obtaining vital signs/reporting readings to Nurse supervisor

Medical Supplies & Equipment:

- Assessment of client specific needs and ordering equipment to provide a safe home environment, as well as safe client mobility.
- Ordering, assembly, and delivery of safety equipment
- OT/PT outpatient referrals





Home and Community Care Annual Report

Home Management/Homemaking Services:

- This is a PFN Social Services program. Assessments are completed by the Nurse at request of the client and submitted to the social program at the Band Office for further consideration and approval.

In Home Respite:

- Depending on available staff resources, Health Care Aides may be scheduled for a specific time, or at periodic intervals to stay with a client during the time that a caregiver may be away. A request must be submitted in advance to ensure the adequate staff resources are available.

Palliative Care:

- Programing is funded by Health Canada.
- Designed to allow a client to have the resources and supports needed for end-of-life care in the comfort of their own home.
- Nurse and Certified Health Care Aides along with a family support system, provide the family with assistance caring for their loved ones at home.

Foot Care:

- Home and Community Care in collaboration with the Aboriginal Diabetes Initiative program, offers Foot Care on a biweekly basis by Primary foot care nurse Brenda Henry. Secondary foot care nurse, Nancy Friesen also provides foot care when needed. Foot Care appointments can be made by calling reception at the Health Centre.

Statistics:

Foot Care Services Provided Fiscal Year 2024/2025

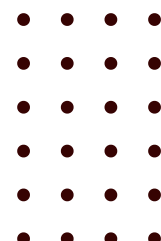
Nurse	Encounters
Brenda Henry	266
Nancy Friesen	29



Home & Community Care Staff Encounters April 1, 2024 to March 31, 2025

Nurse	Encounters
Nancy Friesen	1700
Maegan Anderson	827
Jody Sinclair	2462
Dorothy Sumner	979
Lucille Anderson	177
Brenda Henry	266

Total Fiscal Year Encounters: 6411



Home and Community Care Annual Report



Home & Community Care Direct Service Care Summary (Direct service care includes assistance with ADLs such as bathing, dressing, medication administration, and all Nursing treatments)

Month	Active Clients	Homecare Visits	Hours of Service
April-24	80	304	285.25
May-24	64	270	262.25
June-24	76	267	257
July-24	73	314	312
August-24	74	248	244.5
September-24	79	270	260.25
October-24	77	327	311.25
November-24	67	200	240.75
December-24	71	211	323.25
January-25	71	281	240
February-25	57	187	158.75
March-25	65	237	206.5
Totals		3116 Visits	3101.75 Hours

Total Homecare Clients within the Reporting Period

Client Summary

Number of Active Clients***153**

Number of Unique Homecare Clients **157**

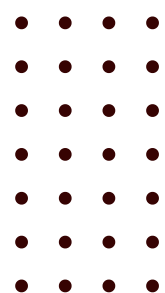
*Client may not be enrolled in Homecare but has received Homecare service encounter

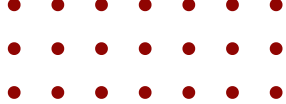
Description of Training/Conferences in the 2024/2025 Fiscal Year:

- TCIHCC (Tribal Council and Independent Home & Community Care) Quarterly Meetings
- TNCC (Trauma Nursing Core Course) May 2024
- Dementia Care Education/Alzheimer Society June 2024
- Musculoskeletal Injury Prevention Training (MSIP) July 2024
- Treaty Days Breakfast August 2024
- Treaty Days Health Fair August 2024
- Mustimuhw Staff Training, Winnipeg Office August 2024
- Managers Meeting/Policy Review September 2024
- Staff Professional Development September 2024
- TCIHCC (Tribal Council and Independent Home & Community Care) Education Gathering November 2024
- PHIA Training November 2024
- Elder Wreath Making December 2024
- Elder Christmas Tea December 2024
- Community Information Session January 2025
- Children and Youth Policy Meetings January 2025
- Jordan's Principle Off Reserve Data Entry, Chart Reviews (481), File Maintenance, and Mustimuhw Supports February/March 2025
- University of Manitoba Student Tele rehab Project Review Planning

Thank you!

Nancy Friesen - HCC Nurse Supervisor





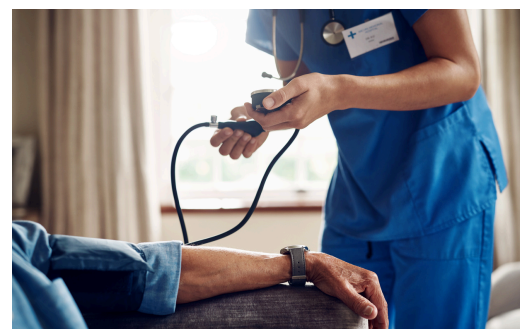
Home and Community Care Health Care Aide Annual Report

Hello, we are the Health Care Aides in the Home and Community Care program - Dorothy Sumner (Dot), Jody Sinclair & Lucille Ross. We are proud to help serve the community, elders and persons with acute and chronic medical conditions.

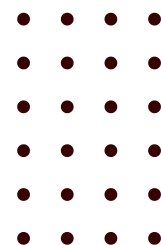
We intend to care for our clients with dignity, promote independence, respect client's preferences, ensure clients' privacy and safety to our Home Care clients and community members. We are guided by our wonderful supervisor Nancy Friesen and direct service nurse, Maegan Anderson.

Home Care Services:

- Home visits are scheduled to monitor client's vital signs which are blood pressures, blood glucose levels, temperatures and oxygen levels.
- Wellness checks are done to ensure clients are maintaining good health, and safety as well as managing independently at home.
- Assistance is provided for personal care needs such as bathing, grooming, dressing, and other daily living activities.
- We provide home safety equipment such as mechanical beds, grab bars and bathing equipment.
- Mobility aides including wheelchairs, canes, walkers, crutches are also available -with prescription from health care professional.
- Equipment is assembled and delivered to clients in the community.
- Incontinence products are provided and delivered to clients, as prescribed by medical provider.
- Medication delivery is available for the 60+ elder's in the community.
- Initiate client referrals to Home Care supervisor or the right program area.
- Each home visit is documented and any changes or concerns are reported to the nurse supervisor.



Staff	Home Visits, Phone Calls & Other	Bathing / Daily Activities	Medication / Supplies & Equipment Deliveries / Transportation	Charting Time	Total
Jody	431	213	714	1104	2462
Dot	180	97	224	480	981
Lucille	30	18	46	85	179





Home and Community Care Health Care Aide Annual Report

Activities/Training/Meetings:

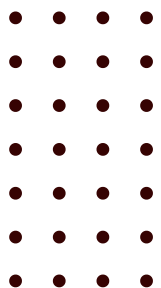
- Earth Day Community Clean Up
- Doula Training
- Dementia Care Education
- MSIP Lifts & Transfers Training
- Health Centre Community Breakfast
- Health Fair
- Staff Professional Development
- Canning with Elders’
- Flu Clinic 60+
- Leap Pallium Training
- Elders’ Gathering
- Annual Home Community Care Gathering
- Elders’ Christmas Gathering
- PHIA Training
- Staff Christmas Dinner
- Conference Centre Job Fair

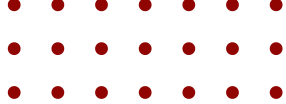
* In June 2024, Lucille took a leave of absence. Lucille has fully returned to work, as of April 2025.

* In December 2024, Dot has taken a leave of absence, until further notice during this reporting period.

Miigwetch,

Pinaymootang Health Care Aides





Aboriginal Head Start Outreach Program Annual Report

Hello, my name is Cherish Sumner. I am the Aboriginal Head Start On-Reserve Coordinator with the Pinaymootang Health Program. I have been in this position for almost 4 years and going on 8 years as an employee of the Pinaymootang Health Centre.

The AHSOR program is an outreach program that engages with families who have children ages 0-6 years old. The program consists of 6 main components, which are: Culture and Language, Education and School Readiness, Health Promotion, Nutrition, Social Support, & Parental and Family Involvement. My job as the AHSOR coordinator ranges from a home visitor, to program coordination throughout the year. The program offers support services to families in many different areas for parents and children.

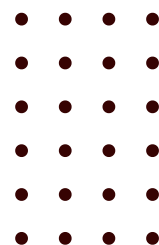
My goal is help children reach their full potential when it comes to each interaction they have during home visits or during our programming dates. I feel that it is beneficial for the children to have the opportunity to join us during indoor or outdoor events, to gain learning experiences that they will hold for a lifetime.

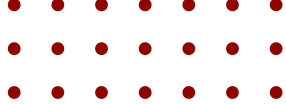
Children learn the most from the age of 0 to 5 years old than compared to any other age gap in their lifetime. Their brain and neural connections are still growing after birth, and at this stage in life, the AHSOR program would like to help enhance these connections and experiences so that children have the opportunities to explore, learn, socialize emotionally and cognitively with one another, and go on adventures with what the program has to offer.

Activities that we implement through the AHSOR program are based on the interests of children, where it helps me have a more insight idea on how to focus on a curriculum-based idea that stems from the children's free play and engaging interactions.

To date, there are 64 families who are enrolled in the Head Start program, with a total of 145 children. The AHSOR program is also affiliated with the Dolly Parton Imagination Library. The Dollywood Foundation is a free book program that mails books to your child(ren) until their 5th birthday. There are 97 who receive a free book in the mail every month through the Dolly Parton Imagination Library. All parents are welcome to sign up their children to receive these services. There has been a lot of positive feed back from parents and children with what the AHSOR program has to offer.

This past year has been a very eventful year for many families in the community who have taken part on a monthly basis. It has been so nice to see the smiling faces of the young children engage in learning activities together, which result in building the 5 domains of their child development areas.





Aboriginal Head Start Outreach Program Annual Report

We have had many mom/dad and tot's program dates, where I like to encourage the dads to take part in these programs as they play an important role in a child's life. Parenting programs were successful and we had a lot of positive feedback from our sessions. The AHSOR program has done a lot of collaborations with the Maternal Child Health Program, Jordan's Principle Program, BFI/BHC, CPNP, and with Anishinaabe Pimadiziwin. Spring is always great start to programming events where we get to do Valentine themed events. The largest event that was held, had 97 participants come out, which was the St. Patrick's Day Party for families with 0-6. Each season brings a new type of activity for the families. During the summer, we had beach days, we went berry picking, and indoor/outdoor activities that had a wide range of adventures for everyone who was involved. Fall, our focus was the autumn leaves, the beautiful range of colours, car seat information session, and of course our Halloween pumpkin carving/pumpkin giveaway. During the winter, we engaged in Christmas crafts, a Christmas party and we had a surprise visitor show up – Santa Clause, who gave each child a stocking full of goodies! Cooking classes are held year long. Our Anishinaabe language is highly encouraged through online events and when grandparents are invited to take part in our activities throughout the year.

The AHSOR is looking forward to introducing basic sign language to the children in the coming year and I am going to include a lot more of our native language in our program dates as well.

The AHSOR program is always open to suggestions and I look forward to another year of fun adventures, to have the children in the program be proud of themselves in the activities they take part in, and most importantly, to have the children of our community have fun while learning both interactively and independently.

Statistics:

Ages & Stages Questionnaire's /

Home Visits	108
Referrals	5
Encounters	1088

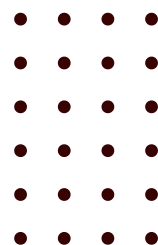


Challenges: When there are limited spots available on a program date, people sign up to attend and do not show up. This takes away the opportunity for other children who were wanting to participate; resulting in them not being able to engage in a social setting that would benefit their child development skills.

Meetings/ Workshops / Conferences

- Monthly AHSOR Meetings
- Program Network Meetings
- Mom/Dad & Tot's Program
- NPP sessions
- Ages and Stages Questionnaire's/Home Visits
- Day Trips
- Upcoming Car Seat Information Session
- Renewed First Aide/CPR
- PHIA (Personal Health Information Act) Training

Cherish Sumner – AHSOR Coordinator





My Child, My Heart Program (On) Annual Report

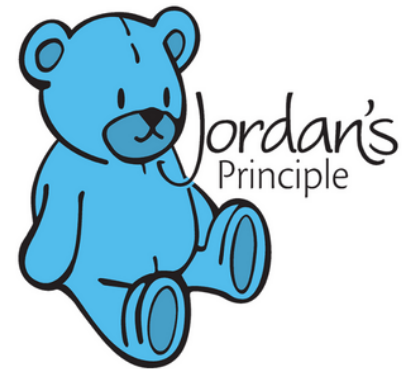
Our Jordan's Principle program was established within our community in December of 2015. The program has since evolved with the historic decision made by the Canadian Human Rights Tribunal (CHRT). To include all First Nation children, not just those with multiple disabilities. Jordan's Principle includes all needs; health, education, social, and cultural.

The purpose of our Jordan's Principle program is to have a child first initiative that aims to eliminate service inequalities and delays for our First Nation's Children. Jordan's Principle states that any public service ordinarily available to all other children must be made available to First Nations children without any delay or denial. The number of children in the program has bloomed since the approach has changed to Back to Basic. Going forth we no longer have back to basic but implemented our Land Based programming to benefit the wholistic being of the children.

Our goal within our program is to ensure the involvement of our community to build healthy ways of life for our children.

Jordan's Principle Staff for on-reserve are a staff of 18.

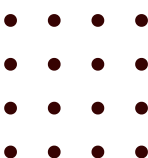
The **Child Development Workers** carry a caseload of 60 plus with new cases being added on a monthly basis. The Child development workers, work with the Case Managers, Parents, Teachers, School Coordinator, and the visiting Professionals to help identify the children's Strengths and needs; together we find ways to assist the child and family with established goals to improve their lives. They are involved in assisting with the child's overall wellbeing whether it be in the home, community, or the school setting. Children who attend school are seen on a weekly basis in the classroom setting. The Child Development Workers also assist with the after-school program, Land Based Coordinator and Recreation Worker with programming. They are very busy fulling the needs of the children with requests from parents and caregivers regarding any needs they may have. This next fiscal year we will no longer have Child Development Workers, but this coming fiscal year they will change to Land Based Worker and our they will take more of a land-based programming approach.

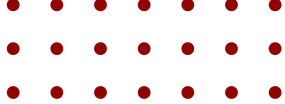


Transition Wellness Worker's role is to work with the youth in the program who are at various stages of transitions to adulthood. They also assist families in supporting their children to transition smoothly to adulthood. All programming has a specific focus aimed at skill building, improving self-worth/self-esteem and confidence thus ensuring our youth enter their adult phase of life feeling empowered and ready to achieve all their goals.

The **ASL Educator** works closely with the families who require ASL services and education. We provide one on one classes in the home, school, or virtual setting. We coordinate educational opportunities for children and their families to further their ASL skills by taking the ASL courses to get certified. Home visits are encouraged to make learning ASL enjoyable and simple as possible. We always incorporate fun into our learning by utilizing story telling such as books or puppets.

Our **Land Based Educator** delivers land-based activities/programming to our children/youth and families that support reconciliation and promote a sense of community that will improve mental, physical and spiritual wellness. Land based activities create a culturally respectful and inclusive learning environment to foster connection to the land and water. Our Land Based Educator develops and delivers land-based learning opportunities for our children, youth and community with the seasons guiding the program content.





My Child, My Heart Program (On) Annual Report

Our **In-School Coordinator** plays an important role in ensuring that communication is clear and consistent within the school setting and between all service providers in our children's circle of care. This job entails coordinating the Child Development Worker's schedules. Working alongside the school resource team and assisting in fulfilling and identifying any gaps that need to be met as per the Jordan's Principle initiative. Our School Coordinator also ensures that the child's wholistic needs are being met by paying attention to the children's physical, personal, social, emotional and spiritual wellbeing, as well as cognitive aspect of learning. The School Coordinator tries to ensure that all services are being met and delivered in a well-coordinated, consistent and timely manner.

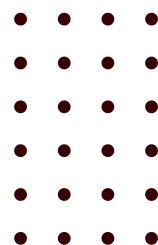
Jordan's Principle **Administrative Assistant** role involves the coordination of all office activities that include not limited to weekly programming, financial support, coordination of meetings, minute taking, and all other administrative duties assigned.

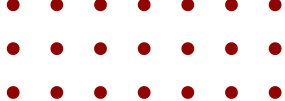
Our **Rehabilitation Assistant** role involves the coordination of all the 0–4-year-old children within our program to assist with appointments with our visiting professionals. They make sure that there is clear and consistent communication between all parties. They also assist in any other area that is needed within our program.

The **Intake worker** is responsible for the intake, initiation and maintenance of client information for the provision of effective and efficient communication and service supports. The intake worker assists with the assessments with requests and referrals to be sent out once intake is complete.

We work collaboratively with **Mental Health Services** here within our Health Centre as well as having access to other similar services outside the community. Our Children/Youth's Mental Health is very important as their Physical Health. The community continues to have access to personal therapy which is available by appointment every day of the week from Monday-Friday.

As a program we are committed to ensuring our staff receive quality training opportunities to increase their competences in working with the children and families enrolled in the Jordan's Principle initiative. We have been fortunate to work with a Team of Occupational Therapists, Physiotherapist and speech and Language pathologist who are willing to provide relevant learning opportunities to our team to ensure a continuity of care. We also work with St. Amant Jordan's Principle team of social workers. St. Amant has provided workshops to the team and open to provide to the community. We have a lot of young, new staff, therefore a workshop on Smart work ethics was provided to the team to enhance their communication skills and organizational skills. We have staff that are trained with "No Body's Perfect". As the case manager, I attend all the Technical Advisory Group meetings to keep informed and up to date with other case managers.





My Child, My Heart Program (On) Annual Report

Looking forward we anticipate the need for space. Space that will allow us to increase our programming and accommodate growth of staff as our intakes are increasing at a fast pace. We look forward to creating a more robust Land based program we will achieve this by investing in training and learning opportunities for our Land based educator. We feel a need to increase the Traditional language component into all of our programming. We will achieve this by continuing to engage and seek out Elders in our hoe community who are willing to share their gift during our outings/programming.

Programming undertaken this fiscal year:

Monthly visits from RCC, St. Amant Social worker, Dietitian, walking club, American Sign Language club, land based activities; trapping, deer skinning, ice fishing, Mother's Day brunch, Father's Day horseshoe tournament/BBQ, outdoor recreation activities, orange shirt day-every child matters, pink shirt day-anti-bullying day, Treaty day: community breakfast, week long activities for the community, fishing derby, easter gift baskets, Winnipeg Goldeyes game, Red River Ex, Wellness camp gatherings, Parent/guardians planning meetings and meet and greet, various virtual events for families, Manitoba School of the Deaf training, community clean up, land based harvesting teaching, winter clothing, back to school clothes,

Christmas party along with incentives, Community Santa Claus parade, Minnedosa camping, kayaking, sports days, back to school dance, kids & teen grief group, cooking class, walking club, boys group, girls group, spring fest activities, Boo at the zoo, Festival Du Voyager, Witchy wonderland and treaty days/ We as a program are committed to and honored that we have been given the opportunity to deliver consistent relevant programing to the children and families in Pinaymootang First Nation.

Programming stats for some of the programs in 2023-2024 year: 5,228 served.

We as a program are committed to delivering comprehensive, consistent and community-culturally based resources/programming/services to the families of this community. We are excited that we will be working on increasing our land-based programming to better serve the needs of all the children and families in the Jordan's Principle program. We as a program are committed to ensuring that we make the time to meet all our families within the program to ensure that their individual needs are being addressed in an appropriate and timely manner.

Thank you and looking forward to what the future holds for Jordan's Principle.

Sheri Gould, BSW - Case Manager
Niniijaanis Nide (My Child, My Heart) Program
Jordan's Principle-Child First Initiative





My Child, My Heart Program (Off) Annual Report

The Jordan's Principle Niniijaanis Nide (My Child, My Heart) Program (est. 2015) of Pinaymootang First Nation added an extension and expansion of services for our children that live OFF-RESERVE within the Province of Manitoba effective April 2023.

"The children of any nation are its future. A country, a movement, a person that does not value its youth and children does not deserve its future." – Olives Tambo

Our Jordan's Principle OFF – RESERVE Program is located at Unit 2 – 1761 Wellington Avenue in Winnipeg, Manitoba, phone: 204-691-5786.

The Jordan's Principle Social Services Coordination for OFF-RESERVE children/families is quite challenging due to demographics. We serve children/families Manitoba wide who are from Pinaymootang. Any Pinaymootang families living outside of the province can be serviced through the On-Reserve Jordan's Principle office as directed by Regional.

The service model differs from On-Reserve Services. Our roles include advocacy with Employment & Income Assistance Program, Manitoba Housing, private landlords, Manitoba Hydro, Winnipeg Water & Waste Department, Indigenous Services, First Nations and Inuit Health Branch, Mental Health Services, Schools, Southern Chief's Organization, AMC, Children's Hospital, Rural Hospitals/Health units, other First Nation communities to ensure we provide service as part of best practice.

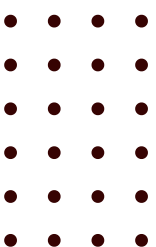
In addition, we seek resources for children/families as per request on their behalf for recreational programming and cultural programs in the City of Winnipeg.

Each family's unique situation is assessed, and all participants must be registered in the program. We assist with the following on a Back to Basics, basis:

- Rent
- Utilities
- Food Security
- Transportation
- Clothing
- Furniture
- Accommodations
- Cultural, medical, and educational needs are also essential services which are needed to ensure the health and well-being of our children and families.
- Accommodations were implemented into our program to assist families during emergencies, the majority of these being medical and housing crisis.

The need is greater for back to basics off reserve due to the high cost of living in Winnipeg and rural areas. Our team works diligently with each family, and we strive to provide satisfactory services for every child.

Our off-reserve team of 12 brings new growth and development to our program.





My Child, My Heart Program (Off) Annual Report

The Team has been working hard on following a multidisciplinary model of practice, we are seeing the benefits of working from this perspective. The multidisciplinary care teams' goal is to provide the most comprehensive care possible. At the right place and the time for each participant. They do so by utilizing effective communication and coordination through our weekly team meeting and daily interactions. We are utilizing an assertive approach with the participants in our program in that we are bringing our services to the participants versus them having to come to us.

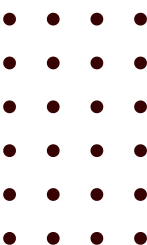
We are committed to ensuring our staff receive quality training opportunities to increase their competences in working with the children and families enrolled with Jordan's Principle. We wish to continue to grow and build our dynamics by connecting with other programs, medical professionals, and child educators, to ensure the care and security of our children.

By doing so, our team will continue to strive by delivering services that apply to each child and their unique circumstances. Under Jordan's Principle, we are ensuring that our children can access the products, services and supports they need, when they need them.

In closure, on behalf of Jordan's Principle Off-Reserve Pinaymootang, as we increase capacity in services, we are committed to increasing services that deliver comprehensive, consistent community culturally based resources in accordance with community beliefs and practices.

Sincerely,

Sherri Shorting – Case Manager





Drinking Water Safety Program Annual Report

The Drinking Water Safety Program falls under the jurisdiction of FNIHB. The Health Program receives funding for a part time Community Based Water Monitor (CBWM). The purpose of this program is to ensure safe drinking water and proper services are provided to the Community.

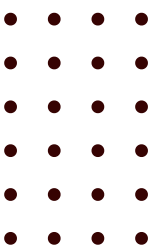
The Drinking Water Safety Program is important in exposing potential risks that may be present in drinking water supplies and are identified through testing of public wells and private well supplies. With the guidance of the Kiran Sidhu, Environmental Health Officer from First Nations Inuit Health Branch (FNIHB) has set up a sampling plan that is unique to the community and its environmental situations.

The Pinaymootang First Nation, Drinking Water Safety Program conducts the following:

- Sampling frequencies twice a year for private wells;
- Conducts weekly testing to public building wells and distribution systems;
- Chlorine residual testing is done at four (4) locations once a week in the community; two (2) at the school distribution system and two (2) at the town site pump houses.
- Community awareness by way of newsletter information;
- Boil water advisories;
- Well Chlorination;
- Provide Food Safety Course (Food Handlers) to community

Microbiological testing on water samples collected is tested for Total Coli Forms and Escherichia Coli (E-Coli) and is done within the Health Centre. The test detects bacteria in the water sample by using a Coli-sure agent which is provided by FNIHB. The testing process takes 24-28 hours in an incubator with a set temperature at 35 Celsius. After a minimum of 24 hours in the incubator, samples are taken out and results are documented.

Please note: water samples are lower this year due to transfer of old waters system to the new system.



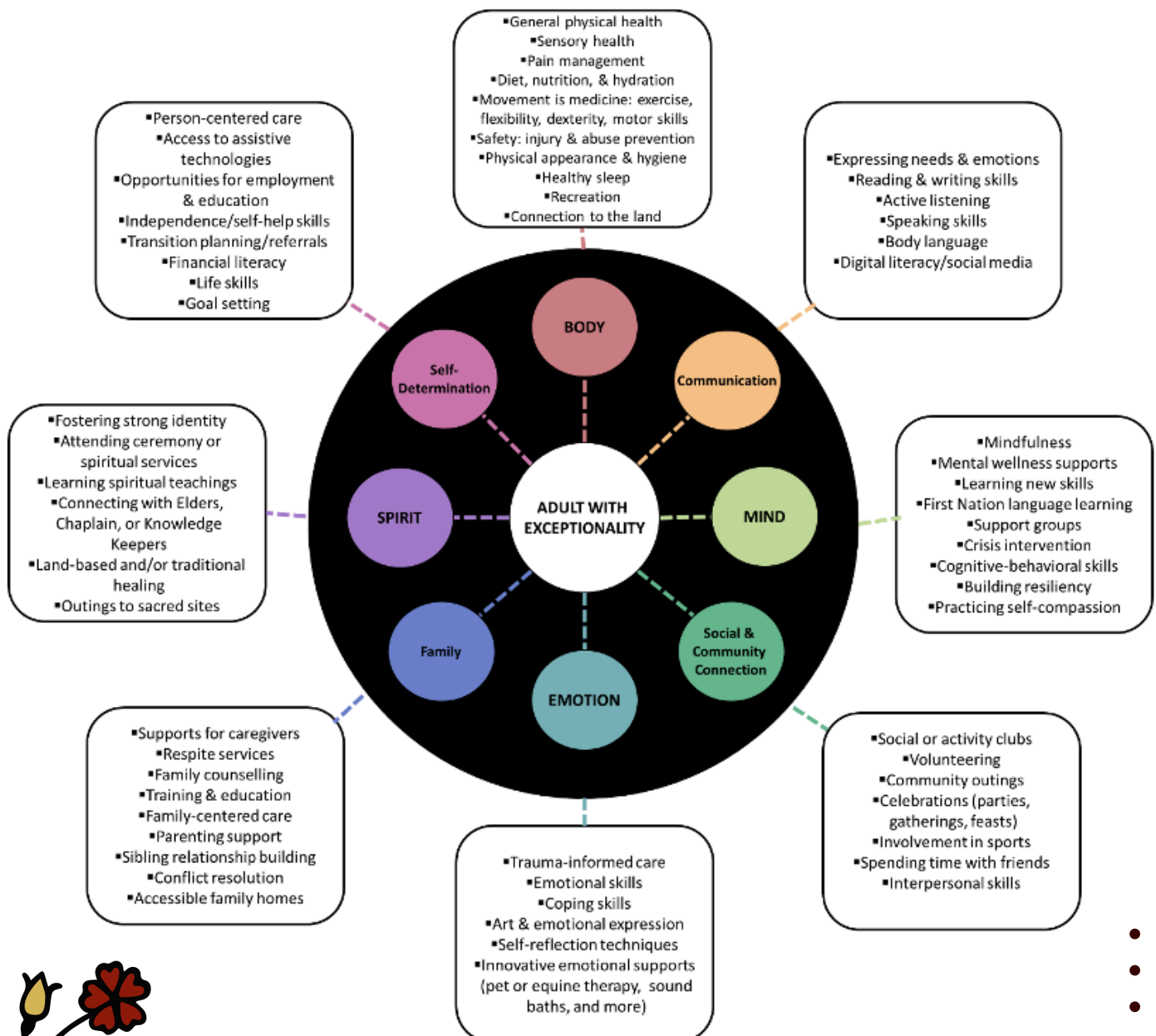
Adults with Intellectual Developmental Exceptionalities (AIDE) Program Annual Report

Program Overview

The Adults with Intellectual Developmental Exceptionalities (AIDE) program provides educational, support and advocacy services for adults with intellectual or developmental disabilities living in Pinaymootang First Nation. The AIDE program, which began operation in April 2023, has been recognized across the country as the first on-reserve program to address the gap in services for adults with lifelong physical and intellectual disabilities. The goal of the AIDE Program is to support these adults and their care providers in developing the skills to live fulfilling and rewarding lives. AIDE hopes to continue fostering a sense of community that honors the gifts of our participants and builds each participants' sense of autonomy, confidence and motivation.

Circle of Care Model

AIDE program staff utilize a Circle of Care model when planning program to ensure all aspects of the participant are considered to provide wholistic support.





Summary of Services

Learning and Development – Education and skill development are the foundation of the AIDE Program. Programming focuses on providing participants with skills that are relevant, transferrable and valuable to each participant's life.

The AIDE Program utilizes a monthly theme to help guide learning for the month and to help participants focus on specific aspects of learning. Themes covered over the 2024-2025 fiscal year were: World Cultures, Healthy Eating and Diabetes Awareness, Technology and Internet Safety, Reflecting on Learning and Setting New Goals, Survival, and Let's Get Physical.

Exciting workshops of note in the last year were: cultural workshop series presented by Folklorama Inc.; Language Circles facilitated by local language speakers, which led to a community performance at the Pinaymootang Christmas Dinner; an entire month of survival skills training that focussed on land-based survival skills; and our newest ongoing program, Drama Club with Nova Courchene, which focusses on getting participants to come out of their shell, learn the skills of improv and stage acting. In May 2025, the AIDE program hosted community members to watch a play put on by the Drama Club. The AIDE program is thankful for all the knowledge and heart put into programming from our facilitators, valued elders and local knowledge keepers.

Promoting Structure and Consistency – In addition to the monthly themed events/workshops, the AIDE program offers a list of health promoting activities that reoccur monthly, including: food security solutions such as Cooking Class, grocery shopping and monthly hamper delivery, Language Circles, haircuts and positive hygiene promotion, emotional well-being support and check-ins, land-based cultural activities, and one-on-one supports.

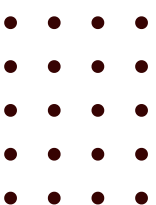
Case Management and Individualized Care Planning – Participants also receive individualized support and one-on-one services offered by the AIDE Case Specialist, Resource Workers and Program Manager. The aim of client-specific services is for one-on-one engagement with each participant to support their individualized care plan, ongoing follow-up and navigation of community services. Participants are active collaborators in their care plans that value self determination and a goal-oriented focus.

Community Building and Social Engagement – Increasing the community engagement of our Adults with Exceptionalities is central to the vision of the Program, contributing to the overall improvement of participant quality of life. The purpose of regular community engagement and socialization is to maintain and increase participant engagement. Social activities give participants and AIDE staff the opportunity to connect with the community and represent a positive glimpse of what it looks like to thrive with disabilities.

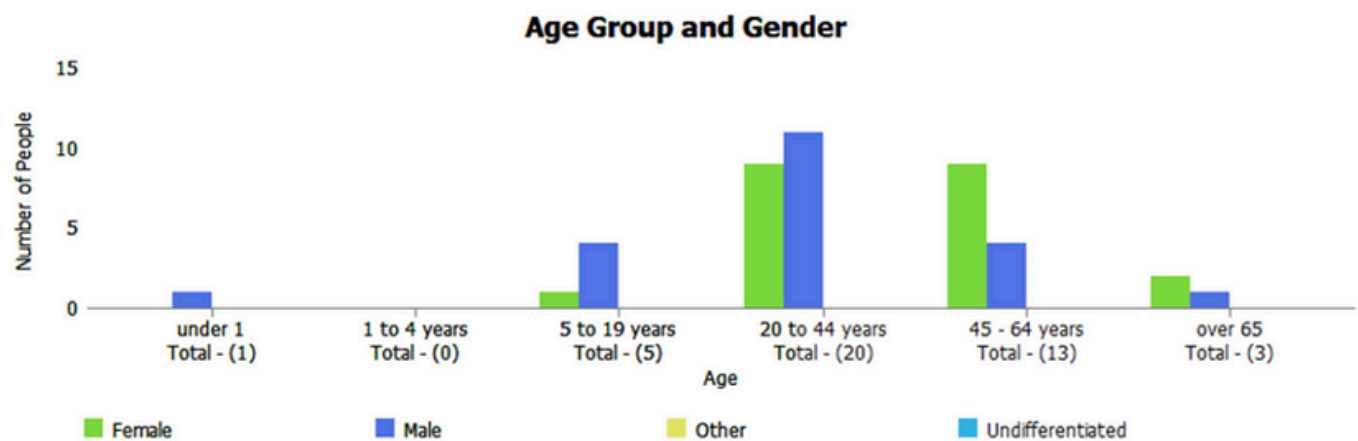
Program Statistics

Population Served – Rather than primarily utilizing the term “disability”, AIDE's philosophy is to highlight the strengths and gifts those living with disabilities have. This is the reason for the use of the term “exceptionality”. AIDE hopes to continue reducing the stigma surrounding disability and special needs in the community through advocacy, education and representation.

During the 2024-2025 fiscal year, AIDE provided services to 42 community members. The following chart shares the ages and genders of community members served:



Summary of Services



Programming – Participant attendance rates are a large focus of AIDE staff as attendance demonstrates participants' commitment to the program and ensures program is meeting the actual needs of the community. Program staff are committed to regular reflection on attendance statistics to ensure participant engagement is on the rise.

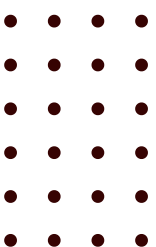
This year, AIDE hosted 80 group activities and/or educational workshops made available to all program participants and their family members. This year we also tracked events that AIDE did not host; however, transportation was provided to ensure participant's disability, social or environmental factors did not prevent the participant from attending. In 2024-2025, AIDE brought participants to 7+ community gatherings hosted by other programs, such as TCW Wrestling, Breaking Chains Addictions workshop, Heart and Stroke walking program, Elder's Gathering, architectural design workshop and more.

Program Staffing and Professional Development

The AIDE staff team consists of a Program Manager, who oversees all program operations, plans and approves of workshops and activities, and connects with community resources and stakeholders to ensure a collaboration of services provided to program participants. The Program Manager supervises an Administrative Assistant, Case Specialist and three Resource Workers.

AIDE staff attended a total of 12 days in professional development over the last fiscal year (this number does not include time spent in team or health centre meetings, which does include training opportunities). Providing staff with training opportunities will ensure culturally competent, relevant and skilled service delivery. Some trainings received this year included:

- Disability Awareness Resource Training (DART) at Independent Living Resource Centre
- Mental Health First Aid
- ASIST (Suicide Intervention Training)
- Beyond Limits: Canada's Conference for Diversity and Accessibility 2024
- PHIA, Case Management
- LEAP Home Care – Advance Care Plan Training
- Awaken The Spirit – Train the Trainer





Plan for the Next Fiscal Year

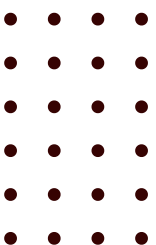
- Continue with monthly themes, with upcoming themes being: Cultural Reconnection to Language, What Makes Me “Me”, Strengthening Connections (Relationship Skills), Getting Ready to Join the Workforce, “I Love Someone Who Uses Drugs” Substance Use and Harm Reduction Awareness, and more
- Increase family involvement, participant engagement and program attendance
- Implement the new intake and referral process
- Speech Language Pathology for adults
- Increase community collaboration opportunities
- Initiate paid work-experience placements in the community



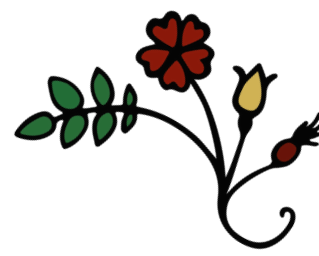
Again, the entire AIDE Team would like to thank all our participants, families, community members, stakeholders and leadership for their dedication and support of the AIDE Program. Together we continue to foster a positive sense of community and are doing amazing work in the realm of disability services. Pinaymootang knows the gifts and value people with disabilities bring to the community; let's continue showing the world.

Kichii Miigwetch,

Chantell Neff - AIDE Program Manager



Pinaymootang First Nation Health Professional Services



Jahna Hardy

Mental Health Therapist

Jahna Hardy is the visiting Mental Health Therapist, Jahna provides counselling services in the community two days per week (every Monday and Tuesday) referrals and appointments can be made through the Health Centre for anyone wishing to utilize.



Randal Klapat

Mental Health Therapist

Randal Klapat is the visiting Mental Health Therapist; Randal provides counselling services in the community three days per week (every Wednesday, Thursday and Friday) referrals and appointments can be made through the Health Centre for anyone wishing to utilize.



Lucy Diaz

Dental Therapist

Lucy Diaz who originates from Nova Scotia, Lucy is our Dental Therapist; Lucy provides services to the community every Tuesdays for dental care services for school aged children and will book adult emergency by appointment only.



Phyllis Wood

Phyllis Wood is a community member of Pinaymootang, Phyllis provides administrative supports to the Dental Therapist.

