# Pinaymootang First Nation Annual Report on Health

## 2020-2021

**Every Child Matters**

*Honouring & Remembering*

# Annual Report on Health


**Pinaymootang First Nation Health Program**
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# INTRODUCTION

On behalf of Chief and Council, we are here to once again to present the annual report on health for fiscal period ending 2020/2021. As leader of the community, I am privileged to be involved in an organization that plays such a strong leading role in the health and well-being of our community members especially during trying times as we face this global pandemic crisis.

COVID-19 (Coronavirus) has rapidly affected our day-to-day life, businesses, health care, disrupted the world trade and movements. Identification of the disease at an early stage is vital to control the spread of the virus because it very rapidly spreads from person to person.

The impacts of COVID-19 in daily life are extensive and have far reaching consequences such as in healthcare with the challenges in the diagnosis, quarantine and treatment of suspected or confirmed cases; the high burden of the functioning of the existing medical system; patients with other disease and health problems getting neglected, the overload on healthcare professionals, who are at a very high risk, the requirements for high protection, and disruption of medical supply chain. It has also affected our economy by slowing the manufacturing of essential goods, disruption in supply chain of products, losses in business and significant slowing down in revenue growth. It also created many social impacts in service sectors not being able to provide their proper service, cancellation of traveling services, disruption of religious events, undue stress among the community population and front-line workers, social distancing with our peers and family members and so on.

During these stressful times, we have tried our best to meet community needs and services by way of educating, bringing awareness and prevention relating to covid, ensuring the mental health aspect, meeting essential item needs and ensuring safety precautionary measures.

Leadership wishes to thank each of our front-line workers of the Health Centre including all program areas (CFS, Education, Band) for all their hard work, dedication and efforts in making sure that the continuation of programs and services. Without them it would be impossible to ensure the continuum of care.

In closing, I thank you for this opportunity as we are here to ensure that the future and safety of all is a prosperous one that is filled with hope, love and determination.

Sincerely,

**Chief Garnet Woodhouse**

## Message from the Health Advisory Committee

We have the privilege to present to you, the annual report on health on behalf of Pinaymootang First Nation Health Program for fiscal period ending March 31, 2021.

This Annual Report was prepared under the guidance and approval of the Health Advisory Committee, in accordance with the reporting criteria as outlined in the Health Transfer Agreement.

All material and fiscal implications have been considered in preparing the Annual Report on Health.

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

Sincerely,

**Health Advisory Committee**

# DIRECTOR OF HEALTH ANNUAL REPORT

Each year in health brings many new challenges and opportunities. Our hands-on approach allows us to quickly direct resources to where they are most needed. We ensure that patient rights to safe and adequate health care needs are met. We strive to prevent and reduce risks to individual health and community health. As we continue to move forward, we continue to be faced with the global pandemic.

The pandemic also known as Covid-19 is a world-wide disease outbreak. Several human flu pandemics occur each century, affecting millions of people. The last influenza pandemic was in 2009-2010 and experts agree it is inevitable another will occur this is where our current situation lies.

Pinaymootang Health Emergency Response Team and its stakeholders have worked around the clock since February 2020, to bring education and awareness relating to Covid-19 to its community members. A lot of work hours have been put in by community leads, to ensure the safety and well-being of our community. The Pinaymootang First Nation Pandemic Plan had been revised and ratified by leadership on July 8, 2020. Many vaccinations have been conducted since January 2021 as doses have been provided by our Provincial counterparts. As of this reporting period, we have provided 1455 doses of the Moderna Vaccine and a total of 288 Pfizer vaccinations. The Health Centre continues to initiate its clinics to ensure we reach our goals to vaccinate the majority of its community members from ages 12 and up as per Provincial Guidelines.

Over the course of the year, Pinaymootang First Nation Health have also completed and revised its Community Emergency Response Plan in which it was ratified on April 26, 2021 by leadership.

Since the pandemic hit, many initiatives have taken place over the course of the year, such as providing covid relief by way of community hampers, providing cleaning support tool kits, educational and awareness materials, initiating improved communication methods, security safety measures and various virtual programming. Although we have seen a variety of in person programming decrease to ensure safety precautions, the health programming ensured its best to meet community health needs.

A renewal was expected in the First Nations 5-year health transfer agreement, this has been extended to March 31, 2022 due to the pandemic. The Health Program is currently working and making revisions in its Health Plan to meet changes in criteria. We anticipate a revised Health Plan to be completed by late July 2021 for review and ratification.

## Governance Structure

The Pinaymootang First Nation Health Advisory Committee responsibilities are to oversee and provide recommendations in health. The Health Advisory Committee meets on a regular monthly basis every last Thursday of each month to review reports, policies, staffing issues and other related concerns. This past fiscal year have altered many of our meetings as a majority of time was spent working on community emergency and pandemic planning. 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. *Pinaymootang Health wishes to extend sympathies to a long-term standing committee member the late Caroline Thompson. Caroline's openness and advocacy will surely be missed.*

## Health Program Overview

*Nursing Treatment & Prevention* – the Nursing component in health continues to be challenging in our facility. The Health Centre is a very extremely active facility and at times difficult to keep up with its work load especially during the pandemic. In October 2020, we estimated that a total of 36% have utilized our health facility that are from the surrounding areas. The public health program does meet its criteria by visiting new parents, providing well women's care, facilitating baby health care; providing immunization; flu clinics, encouraging physical activity and awareness, facilitating community education awareness sessions, and attending to all emergency health needs creatively amid Covid-19. The community currently employs 2 Registered Nurses, 1 Nurse Practitioner (term), 4 LPN's who work in different capacities in health.

The visiting physician service continues with Dr. Wilson Le visiting every Tuesday and Wednesday of each week. Pinaymootang also provides satellite pharmacy services in its clinic for better care and better service. It has been noted that a total of 3495 clients have been seen during this reporting period.

*Community Health Representative* – The CHRs 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.

*Support to Nurses* – One Administrative Assistant is on hand 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. During this reporting period, we required additional supports to meet our demanding services.

*Operation and Maintenance of Health Facilities* – The role of the operations and maintenance is to ensure the upkeep of health facility and with the expanded facility the scope of work has increased significantly. Maintenance continues to be contracted out on a need be basis. We have also hired the services of an infection control within our facility to maintain a safe environment for both the client and staff.

*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. Pinaymootang Health does have 2 visiting mental health professionals that provide supports to our community five days a week. We have seen increases in Mental Health during this reporting cycle.

*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. A variety of projects have been held throughout the year aimed specifically to mental health.

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, inspecting and reporting on general sanitation, providing public awareness, develop contents for school, supports action on health status inequalities affecting members according to identified priorities and ensuring all pertinent procedures are followed, maintained and updated.

*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, 3 Health Care Aides. The program currently meets its mandate with 94 plus clients. This program has been very active in providing basic care supports on a daily basis, assessments, medical equipment, etc. The HCC Program finally moved from a set agreement to the transfer agreement during this reporting period.


*NIHB Medical Transportation* – is administered by one Medical Transportation Coordinator, one part-time Assistant Coordinator and 3.5 medical drivers. 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 FNIHB. The program runs a 4-van medical transportation system. The medical vehicles are now equipped with safety mechanisms to ensure safety, this fiscal period was a very challenging time.

*Aboriginal Diabetes Initiative* – the ADI Program is designed to improve the health status of First Nations 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, foot care is held bi-weekly, risk factors, assessments, surveys, physical activities, prevention and awareness, healthy eating habits, and gardening projects all have been implemented. We are also happy to report that a grant was approved for a new tractor that is equipped with a till to help with gardening and further more in June 2021 we were also approved with a bucket attachment that we are currently waiting for.

HIV/AIDS – The HIV/AIDS Program has continued to meet its components of the program, workshops, information sessions, awareness to promote safer activities, available counseling and supporting testing.

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. During this fiscal period, changes were made in programming due to the pandemic and the limitations of in-person visits. The Health Centre 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, to ensure that the highest standard of services is provided to community members in a safe health care environment. Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world. The Pinaymootang First Nation Health Centre received full Accreditation in 2014 and every 4 years a renewal process begins. In 2018, Pinaymootang had reached a milestone in receiving commendation, which is the second highest level in accreditation process. As we continue to move forward as we see another review take place in September 2022.

*Jordan's Principle Child First Initiative Program* – Niniijaanis Nide (My Child My Heart Program) has seen significant changes over the course of the year, especially this last fiscal

To date we have a total of 1 Case Manager, 1 Administrative Assistant, 6 Child Development Workers, 1 Rehabilitation Aide, 1 Transition Worker, 2 Land Based Workers, 1 Language Coordinator and 1 Resource Coordinator. Many great programming has been initiated throughout especially with the work being conducted for a community wellness camp that will be

utilized in a vary of programming towards healing that benefits the community as a whole. Many of our internal stakeholders have contributed to this development of being in touch with the land and water. The program currently sees a total of 130 clients who are currently enrolled in our program that help assist with child development around the circle of care of the child and the circle of care for the family.

*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 Health will be seeing new equipment within the next few months to help accommodate virtual education methods. One of our goals is to one day have one eCMR that would improve health care communications to both our internal and external health professionals that will improve the pathway of care for clients.

**Other Initiatives:**

*Network Meetings* – the Health Centre still involves itself in community networking with our internal community stakeholders to facilitate partnership building. Many meetings have been halted this year due to the pandemic.

*Assisted Living, Adults with Disabilities* – For the past 2 years, Pinaymootang Health has applied through RFP under Indigenous Canada (INAC) Assisted Living for Adults with Disabilities. The transitioning process to adulthood is marked by new roles and responsibilities in such interrelated domains in education, employment and family formation. During the transition from adolescent to adulthood, increasing maturity comes with expectations that one will take responsibility for oneself to make independent decisions. The purpose of this funding was to provide training and life skills to a total of 14 community participants that require such specialized care and service. The program was able to provide education, awareness, social interaction, budgeting, healthy eating and mental health. Specialized services never end to our most vulnerable after they reach the age of maturity. It is unfortunate in the upcoming fiscal our proposal was not approved. We hope that our government counterparts one day fund this on a permanent basis to this much needed service.

*Interlake-Eastern Regional Health Authority (IERHA)* - the Health Program continues to work with the IERHA in partnership in dealing with issues and concerns to ensure improved health care of services for our region.

Pinaymootang is also part of MyHealthTeam. MyHealthTeam is an approach to care that brings health care providers closer to home. The Director of Health participated in a couple of interviews over the course of the fiscal year in partnership with the IERHA for a chronic disease nurse in which Ashley Knowles was hired and mental/health and addictions worker in which Elliot Drewniak was hired. MyHealthTeams are made up of a variety of professionals. So, in the upcoming months you will be seeing new visiting professionals in community who will complement work that is currently being provided. Our hopes are that these services become well utilized.

*Southern Chiefs Organization* – Like many First Nations in the South, Pinaymootang took an interest in health transformation development which is intended to create a new southern health governance structure that is representative of, and accountable to, its communities. The model is a community-led project that brings holistic, physical, spiritual, mental, economic, environmental, social, and cultural wellness by way of policies, creating of wellness plans, identifying evaluation, research and data systems, allocating resources, training and establishing service standards. We have yet to see what milestones outcomes by the end of the next fiscal period.

*University of Manitoba* – Pinaymootang has been partnering up with the University for a number of years. We had many young potential undergrads attend our community that range from dental, nursing, mental health and most recently two occupational therapists. These supports provides assistance closer to home and I believe, we as a community also instill the realities of community living. We are also signed up on bringing a half time dementia worker to the community, her role is to provide education, awareness and training.

The University of Manitoba has become a huge partner that brings support and action to many areas of health programming supports.

Thank you and Meegwetch!

**Gwen Traverse**

# COMMUNITY HEALTH NURSE

This past year has been an exhausting year of change, learning, frustration and growth. It has required all of the community leaders, all of the staff from all of the of the community organizations, the church leaders and every last community member to work together to keep each other safe and healthy. Yes, there have been some rough patches and some significant losses that have required reevaluation and a shift in procedure, but Pinaymootang has been able to continue moving forward through the pandemic.

I want to applaud the Health Centre staff for so diligently showing up to help set up, clean up and run the immunization clinics, even if they ran after hours. Vaccination clinics have been an incredibly time-consuming project since the COVID19 vaccine was made available outside the supercenters. The Health Centre staff have worked hard to ensure that the vaccine clinics run smoothly and keep wait times short. Pinaymootang has been able to maintain minimal vaccine waste due to the diligence and community awareness of staff.

It has been incredibly impressive to watch my colleagues make every effort to accommodate community members while being aware of the storage requirements of this very unique vaccine.
We have been so pleased that many community members have received both doses of COVID19 vaccine. With each fully immunized community member, the herd immunity increases and Pinaymootang is better able to protect those most vulnerable and those who are not yet eligible for their dose of vaccine. We acknowledge all of the community members who have gotten their doses of vaccine in the effort to protect themselves, their loved ones and their community.

As staff, we have been very aware of the strong debate on social media about the vaccine and the pandemic. Frequent policy changes, multiple lockdowns, broken promises, lack of information and even misinformation caused stress and doubt among health care workers and community members. We are so very grateful for those who asked us good questions, requested better sources of information and critically evaluated the controversial and often negative social media posts about the vaccine. We are looking forward to posting good news as case numbers decrease and more restrictions ease.

I would like to take this opportunity to thank Chief and Council for supporting and working together with the Health Programming in an effort to lead Pinaymootang through a confusing and stressful year. I thank Gwen for her patience and support as we interpreted the frequently changing regulations and also for her many, many hours of work, often outside of office hours. I want to thank the health staff for doing their best to follow the guidelines and to offer programming through social media and phone calls.

I would like to thank my fellow nurses for being willing to keep the health facility open in an effort to offer as many services as we felt we could safely offer. Thank you for your hard work and patience when being asked to work long hours, evenings and weekends on call. Thank you for your commitment to compassionate care even when feeling overwhelmed, exhausted and stressed.

Thank you to the community members who struggled through, but persevered over lockdowns and isolation in order to decrease transmission of the COVID19 virus.

I am so very grateful to work in a community that pulled together so well in the efforts to protect the health of the community members. As much as I anticipate the relaxing of restrictions, I most look forward to gathering with friends and family and seeing peoples smiles again!!

**Statistics:**

- Phone calls to or from clients: 1317
- Total clinic visits: 1654
- Immunizations 864
- Child Health 268
- Adult Health 522

**Roxie Rawluk**

# COMMUNITY HEALTH NURSE ANNUAL REPORT

Hello all, my name is Christine and I am the Community Health Nurse here in Pinaymootang. My role has somewhat shifted since the pandemic.I have been utilized in different capacities in health as we work towards community planning in keeping up with the public health measures.

Through recent changes, the majority of school immunizations now happen in Grade 6. Those being, Hepatitis B, Meningococcal C, and Human Papilloma Virus (HPV). The Tdap (Tetanus, Diptheria and Pertussis) vaccine is given to students in grade 8 or 9. After that dose, it is required to get a booster every 10 years. Pregnant women are also recommended to get the Tdap vaccine with every pregnancy to pass on the pertussis (whooping cough) antibodies to the unborn baby.

Throughout the pandemic, I have continue to conduct the following as best as I possibly can;

- Prenatal Care
- Baby home visits
- School immunizations (deferred due to COVID-19 pandemic)
- School presentations on puberty, hygiene and self-esteem (deferred due to COVID-19 pandemic)
- See clients in clinic, children immunizations, blood draws, wound care, any other walk-in assessments

Current Status or Description of Activities:

| | |
|---|---|
| 72 | Immunizations |
| 17 | Obstetrics entries |
| 6 | Rourke Assessments |
| 95 | Lab/Diagnostic Result entries |
| 16 | Postnatal Assessments |
| 5 | Medication Administration |
| 16 | Newborn Assessments |
| 9 | Pregnancy Test |
| 16 | Prenatal Assessments |
| 4 | Pre-op Assessments |
| 242 | Other Encounters/Charting |

## HIV/AIDS Annual Report

The purpose of the HIV/AIDS program is to develop initiatives to control and prevent the spread of HIV infection on-reserve, to reduce the health, social and economic impacts of HIV/AIDS, to encourage and support the active involvement of community, to identify option and strategies for the provision of treatment, care and support programs that will facilitate knowledge that will provide timely and comprehensive education and preventative programs, to increase knowledge and educate to ensure that skills exist at the community level to develop a coordinated approach.

The HIV/AIDS program continues to grow and threaten the lives of our First Nation people as no one is immune from HIV/AIDS. The Pinaymootang First Nation Health program has come to realize that this disease with the infection rate is amongst communities where poverty, family violence and drug/alcohol abuse are present. The indicator of unprotected sexual activity, a very high sexually transmitted disease rate and a high teen pregnancy rate prove that we are at risk of HIV infection.

During the course of the year, we have been promoting that HIV/AIDS as well as Hepatitis C are preventable diseases. We have been educating that in order to prevent transmission we must practice safe precautions.

The following activities were conducted;

- Information drives targeting the youth ages 15 – 21;
- Awareness during community events;
- Health Sex Education Classes;
- Video and Power Point Presentations;
- Promotion of World AIDS Day;
- Providing contraceptives, condom talk demos;
- Testing and Counseling.

I look forward to the upcoming fiscal year.

# COMMUNITY HEALTH NURSE ANNUAL REPORT

Greetings Everyone, I am Kerri Nickel. On January 6, 2021 marked one year that I began working in Pinaymootang has a Community Health Nurse. My role at the Health Centre has evolved over this past year as the community and world faced the Covid 19 pandemic.

Originally, my portfolio/case load included Diabetes Management, Wound Care; both at the centre and in community and any clinic needs. As the year progressed, I also became involved with the Dementia Project through the University of Manitoba, the Harm Reduction Network, management of STBBI Cases and Contacts, and supporting interventions needed for any potential Rabies cases within the community. With Covid becoming the focus for all of us, Case and Contract tracing along with monitoring took up a large majority of my time. As more and more people become vaccinated. I look forward to resuming a more balance caseload and engage in additional programming.

## HIGHLIGHTS

*Covid 147 Clients / 240 Encounters*

Protecting / Educating and Supporting the community through the ongoing Covid Pandemic has been the focus for many months at the health center. While Covid 19 took center stage we worked hard to still meet all the communities needs related to all health matters. As we move forward in dealing with Covid, I urge you to USE TRUSTED SOURCES OF INFORMATION FOR COVID-19 and reach out to the Health Center at any time with questions. Social media resources can be misleading and often leads to confusion in regards to this and other important health matters. Myself along with the entire nursing staff is available for support, as well as advice, if you or a loved one should become a case or a contact to Covid. Nurses are also available to answer any questions you may have related to the Covid 19 vaccine and protecting yourself and your family.

*Diabetes Management 76 Clients / 118 Encounters*

Diabetes continues to be a diagnosis faced by many community members. Throughout the year out reach was made related to education, prevention and management of this condition. To achieve this, we involved the services of a Registered Dietician (RD) / Certified Diabetes Educator (CDE). Visits were organized at the center and virtual appointments were also arranged. As the year progressed we have moved forward and collaborated with the IERHA and My Health Teams to work with a with a Chronic Disease Nurse. This service can be made available by referral and can be done at the Health Center or in Ashern. Please reach out if you feel you would benefit from this type of support and an appointment can easily be arranged.

*Dementia Project 19 Files Established*

In partnership with the University of Manitoba, Pinaymootang has the opportunity to engage in work related to Dementia and the gaps that exist in Health Care and this disease. Our efforts were first introduced in

the community by utilizing the services of both occupational and physical therapists. A committee was formed and our efforts have extended into a number of great initiatives that continue to grow and evolve. Monthly Newsletters that include information, educational opportunities, engaging activities and inspirational messages are produced every month and are available to everyone. A Dementia tool kit is also available at the Health Center that has a wide range of educational and supportive resources designed to meet the needs of both patients and families. Social visits, both in person and over the phone are in place and can be arranged for those might benefit from this type of engagement. These visits are aimed at supporting community members with a variety of needs and allows for supports to be put in place proactively when needed. Should you or a member of your family benefit from involvement in the Dementia project, it would be my pleasure to help you find the information or resources you are looking for. Our Community Liaison, Emily Thorlacius is also available to for support and is an excellent resource.

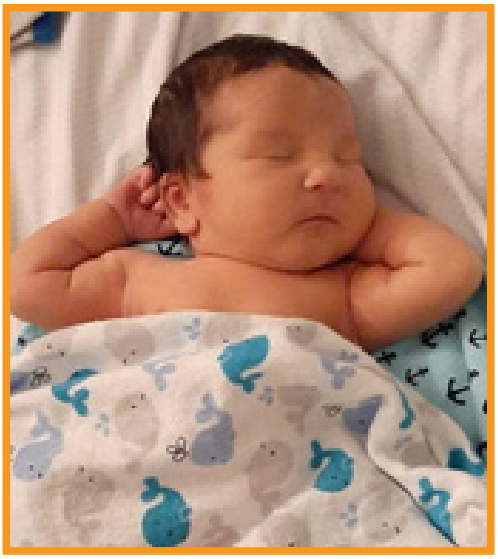
*STBBI Management & Harm Reduction 48 Clients / 66 Encounters*

As part of this program and related work, nursing staff continues to make outreach and take supportive action to support community members in need. Managing cases related to Sexually Transmitted and Blood Borne Infections (STBBI) is an ongoing matter requiring not only treatment but guidance and education as well. Community members are welcome to present to clinic and will receive all services and supports available to them to manage any diagnosis that they face. Outreach to prevent the reoccurrence or any new infections is key to successful program management and all efforts are being made to address this. The Manitoba Harm Reduction Network (MHRN) is an excellent community and provincial resource that provides education to not only providers but to all Manitobans in need. MHRN in relationship to drug use works towards; equitable access to care for users, systemic change in the approaches to providing care for this population, and aims to reduce the transmission of sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships. Relationship building has been key for myself in having the resources needed to support patients and families in this regard. FNIHB and IRTC have also come together to provide information, education and valuable resources that has been useful in hosting events for staff and community. We have held education sessions for both community members and staff related to Harm Reduction and will continue to build on these relationships.

*Additional Nursing Duties*

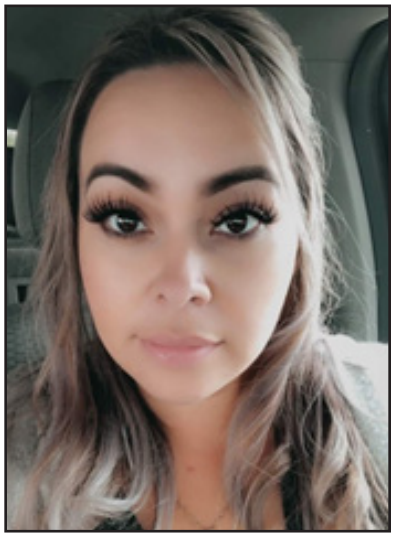
When not occupied with these various portfolios, I can be found in the clinic addressing various needs as they present. These responsibilities include, adult and child assessments, prenatal care, bloodwork and referrals to additional care providers. Home visits are also part of how I can support community members, either with health assessments and treatment or attending to emergency calls when needed.

I look forward to the year head as we continue to navigate our way through this global pandemic. I welcome the opportunity to continue to provide services at the health center and welcome the chance to reconnect with folks and to meet more community members.



Wound Care 88 Clients / 282 Encounters
Rabies Management 18 clients / 36 Encounters
Adult Health Assessments 317
Child Health Assessments 35
Women Health Assessments 44
Home Visits/ Home and Community Care 52

# COMMUNITY HEALTH NURSE ANNUAL REPORT



Hello, my name is Maegan Anderson. I am currently employed as the Prenatal Nurse and Community Health Nurse for the Pinaymootang First Nation Health Program.

I completed my Licensed Practical Nursing program in May 2020 from Assiniboine Community College. Once completed I returned back to my home community Fairford where I was offered this amazing opportunity to work as a Prenatal Nurse/Community Health Nurse.

Currently, I work 3 days a week at the Pinaymootang Health Centre and also hold employment at Lakeshore General Hospital in Ashern as an Acute care nurse. It has been such a pleasure to be able to provide the compassionate care that our people need and deserve.

The Prenatal Program provides helps pregnant women avoid and recognize health problems that might present before, during or after birth, also to promote and maintain the health of the pregnant women and unborn child(ren).

Within this program there are many tests and monitoring that are required, these include:

- Prenatal Assessment – Past pregnancies, Family history, Lifestyle & Social history
- Initial bloodwork (10-12 weeks)– which includes bloodwork, swabs and appointment with Doctor.
- Maternal Serum Screening (15-20wk 6d) – Blood test which detects for any genetic abnormalities such as Downs Syndrome.
- Fetal assessment (20 weeks) – Request is sent during time of initial bloodwork, client will receive date and time of ultrasound.
- 50G or 75G Glucose Tolerance Testing (24-28 weeks) – Bloodwork is done to determine or rule out gestational diabetes.

- Tdap (Tetanus, Diphtheria and Pertussis) vaccine (27-32 weeks) protects against three potentially life-threatening bacterial diseases: tetanus, diphtheria and pertussis (whooping cough).
- Referral to Obstetrician (30 weeks) – Referral letter sent from doctor.
- Arrangement to stay in Winnipeg until delivery (38 weeks) – Clients who reside in Fairford will need to arrange, with the Medical Transportation Coordinator.
- Syphilis screening (done 3 times during pregnancy) – Bloodwork done to screen for syphilis which is a bacterial infection usually spread by sexual contact.

If you are pregnant and have syphilis you can transmit the infection to your unborn baby (called Congenital Syphilis).

Syphilis is a sexually transmitted infection that can cause serious health problems if not treated. You can get syphilis by direct contact with a syphilis sore during vaginal, anal or oral sex. Sores can be found around the penis, vagina, anus, rectum, lips or in the mouth.

There are 3 stages of Syphilis:

- Primary syphilis: Sores found at site of infection, usually are firm, round and painless.
- Secondary syphilis: Skin rash, swollen lymph nodes and fever, symptoms can be mild and not always noticed.
- Tertiary Syphilis: Severe medical problems, it can affect the heart, brain and other organs in the body

Syphilis can be cured with the right antibiotics; however, treatment might not undo any damage that the infection has already done.

Working as a Community Health Nurse I am able to interact and help the people of my community and surrounding communities, ensuring they are receiving the upmost respect and dignity, and focusing on efficient patient-centered care. One of my other roles as a community health nurse (on doctor days) I triage all clients who have appointments and also provide time for any clients who walk in.

I am truly honored to be apart of the Pinaymootang Health Centre staff again and look forward to many more years here serving my home community.

**Statistics:**

# of Triage clients seen: 775
# of Prenatal visits: 176
# of General Clinic visits: 108

Sincerely,

**Maegan Anderson LPN**
**Prenatal & Community Health Nurse**

# FOOT CARE NURSE ANNUAL REPORT

Hello Pinyamootang my name is Brenda Henry, I am a Licensed Practical Nurse and have been employed at the Pinaymootang 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 16 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 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.

This year my role has expanded to include home and hospital visits, as well as clinic visits. This allows all community members to benefit from the Foot Care program. The program has expanded this year as more community members become aware of the service. I tell all of my clients to “tell your friends” to come for foot care. My goal for next year is to reach even more community members, and to prevent any loss of toes or limbs.


Thank you to Pam, Dot, Jodie and Nancy for being my eyes in the community and directing me to the members who need foot care.

I am fortunate to be a part of a team, that works very well together to ensure all our communities health needs are met.

**Stats:**
Clinic Visits 244
Home Visits 15

**Training/Conferences:**

First Aide/CPR

**Brenda Henry, LPN**

## COMMUNITY HEALTH REPRESENTATIVE ANNUAL REPORT

The Pinaymootang First Nation Health employs two Community Health Representatives who play a major role in health programming. Both CHR's oversee additional programs within their scope of duties. One focuses on school health, baby clinics and youth in the community.

The CHR component is responsible for the delivery of high standard community health surveillance programs and to provide quality health prevention and treatment in community while assisting visiting professionals.

Updates of immunizations are done through Panorama and eChart for all children that require immunizations. Many times, requests are made daily as mom brings in child for immunization, to make sure that they have not received same. 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 within the catchment area. Panorama and eChart are also used to search for newborns medical numbers.

MIMS updates are requested for Hep B's, Adacel, Gardasil, Meningococcal, influenza and regular immunizations for babies when they are; 2 months, 4 months, 6 months, 12 months, 18 months, 5 years and Grade 6. Immunizations are an ongoing task. Both the eHealth system Mustimuhw and Panorama are constantly used to ensure that immunizations are not duplicated.

A total of 200 flu vaccines were given to band members and non-band members in October, November, December and January, February and March. Charted and recorded with consent forms in personal charts (Mustimuhw), Panorama and in the Seasonal Influenza and Pneumococcal Immunization Data Entry form.

Every year, a preschool list is made and a copy is faxed over to the school for the teacher. A preschool clinic is set up to get a Denver Development Test started and immunization is given to preschoolers prior to the start of school. This is done by Nurse and CHR makes all appointment arrangements.

Due to pandemic head checks were not done to children as this global crisis had prevented a lot of different programming from happening.

Every two years, staff was requested to do a Criminal Record Check and Child Abuse Registry.

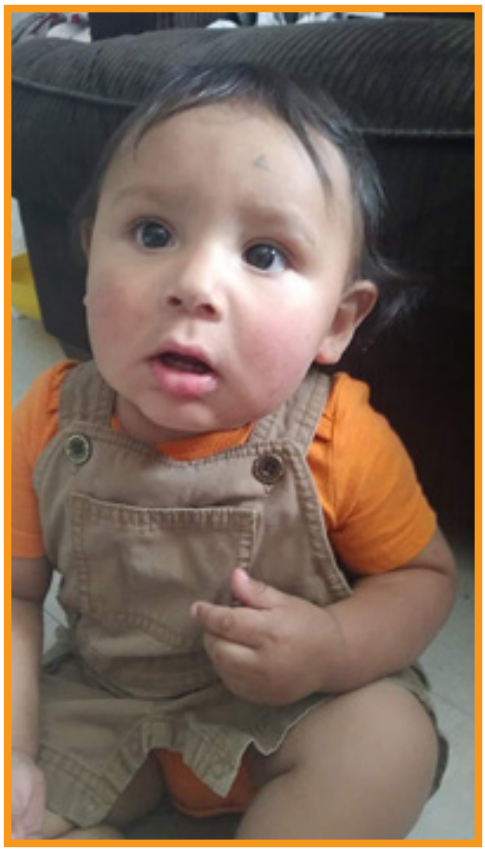
Triage is done in clinic before patients are seen by the community physician by CHR, Health Care Aides, mostly by LPN such as blood pressures, blood sugars, weights and are then recorded on personal chart.

Transportation is available for clients with difficulty getting around to come in for Doctor's clinics, Dental, NNADAP, Nurses, Child Health Clinic's, Diabetic clinics, Blood Pressures, Workshops or as needed.

I was also involved and took part in the Emergency Response Planning as well as the Pandemic Response Team relating to Covid-19. My role was scheduling and booking all appointments, data entering to Panorama and Mustimuhw. To-date there has been at least well over 3248 entries.

**Meetings/Workshops/Conferences:**

Staff Meetings relating to Pandemic and Emergency Response
Staff Development Workshop ratification of pandemic plan
Transportation of Dangerous Goods
First AID & CPR
Well Women's Clinics
Children's Clincis
Health Centre Community Presentation Preparations



## Canada Prenatal Nutrition Program Annual Report

The Canada Prenatal Nutrition Program (CPNP) is designed to improve the health of prenatal and postnatal women and their babies. We strive for well-nourished pregnant women, more women breastfeeding for as long as possible, greater access to nutrition information, services, increased knowledge and skill-building opportunities and the best infant feeding practices to ensure healthy babies.

Three main program areas in the program are: 1) Nutrition Screening, 2) Education and Counselling and 3) Maternal Nourishment (providing pregnant women and breastfeeding moms with healthy foods and proper supports in breastfeeding promotion, education and supports).

Pregnancy tests are conducted at the request of client and if found that they are early in trimester they are immediately placed on a prenatal list for follow up. All bloodwork is done in our facility and Healthy Baby Prenatal Benefit Application is given and mail out on behalf of the client to Health Baby Manitoba. In return they receive a supplement of $80.00. Baby's Best Chance books are given out to every expectant mother. Prenatal clients are followed up by the community Doctor on a monthly basis.

Prenatal clients are seen according to the weeks they are pregnant:

- 12 Weeks – Pre/Post Natal Testing Blood work
- 18 Weeks - Maternal Serum Screening & Ultrasound
- 20 Weeks - Referral to Obs. (Fax Letter & Blood work)
- 28 Weeks - 50 gm Glucose Test
- 38 Weeks - Leave to Winnipeg to deliver

The Community Nurse and the CPNP worker conduct home visits for every newborn baby as soon as baby and mom return back to the community. Welcome Home Packages are provided that include a variety of child resources that are available in community plus things baby might need. Assessments are done to babe/mom, to see if there are any concerns that need to be addressed.

42 Welcome Home Packages given in this fiscal year that included receiving blankets, wipes, nose bulbs, socks, bibs, mittens, t-shirts, nail clipper sets, shampoo, body wash, baby lotion, sleepers, thermometers and information packages of available resources and fridge magnets with an immunization schedule. Our New Year's Baby – Boy/Girl receives a $95.00 Welcome Home Package plus a Baby Star Blanket along with required information.

Ultrasounds are booked at Eriksdale Hospital and at times second ones are needed. They are then provided with travel from Medical Transportation Coordinator.

Prenatal clients are advised to be in Winnipeg for delivery as Ashern no longer provides this service.

We have reported a total of 6 miscarriages in this annual reporting year. All prenatal clients receive a milk coupon for a 4-litre jug of 2% milk from the community store, weekly.

Manual Breast pumps are given to mom at request. Incentives such as star blankets are provided to all breast breastfeeding moms, if they have breastfed over a 6-month period.

The CPNP also provides other incentives for mother, to encourage up-to-date immunizations for their chid (if at 6 months - baby wraparounds, 12 months-t-shirt, and 18 months - water bottle, ball and puzzle).

Dental Therapy Services is available and newborn visit packages are given to Mom with mouth hygiene information.

48 prenatal mothers who consented to the program and 35 have participated; there is currently 13 prenatal that are still in the program.

Some continue to smoke and drink we have offered a preventive incentive for smoking cessation; None of the prenatal mothers do prohibited drugs. Booklets have been developed on Growing Healthy Together Baby and Me which facilitates bonding between mother and baby during prenatal stages.

**A total of 42 babies born to Pinaymootang First Nation**. Our New Year's Baby- girl born January 07, 2021.

Sincerely,

**Carol Woodhouse**

# COMMUNITY HEALTH REPRESENTATIVE 2 ANNUAL REPORT

The Pinaymootang First Nation Health Program currently employs two Community Health Representatives (CHR's). The CHR 2, oversees adult and community health care while the other takes on the responsibility of school health, children and youth. I am Alfred Pruden and I am the Community Health Representative for Pinaymootang.

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.
This was a very different and difficult year for our community and around the world as we endured this global pandemic. Our community programming has worked many long hours to ensure the safety of our community. Throughout this course of the year, we have tried to normalize programming and services as much as possible.

Some of my 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 up to date 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;
- Selecting, ordering and preparing health educationmaterials for local use;
- Assisting with Mental Health and Harm Reduction;
- Translation;
- Participating in health information drives;
- Assisting in Health Education;
- Assisting with community health events (cleanup, health fair, workshops, etc.);
- Diabetic clinics and assisting with transport in the dental program;
- Food Safety Training;
- Injury Prevention (fire arms);
- Participated in the Accreditation Process;
- Monthly reporting and attending staff meetings;
- Nutritional and Physical Activity
- Traditional medicines

Many times, we are overwhelmed and overworked, but we see this as a learning experience and how well we functionas a health unit. We are motivated to continue to strive to the best of our abilities for better care and better service for our clients we serve.

# 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.

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.

During the course of this fiscal year report, the ADI Program provided the following:

- Cooking Classes on proper nutrition
- No sugar promotion
- Smoking and canning white fish
- Modifying recipes
- Monthly diabetic checks

- Mobile Wellness Clinic
- School Health Education
- Physical Activity Challenges
- Workshop activities on the value of nutrition
- Food Label reading
- One on One counseling on diabetes and nutrition
- World Diabetes Day Initiatives
- Diabetes and Risk Factor Management;
- Snow Shoe Loan, Bike Loan Program, Cross Country Ski Loan;
- Wellness Fitness Centre Promotion;
- Traditional Harvesting, Food Preparation, Food Preservation;

The Health Program has been very active in implementing the ADI Program to the community as well as my role in CHR. I look forward to another year filled with new programming.

Yours in good health,

**Alfred Pruden**

## 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 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 patients that were seen by a physician is a total of **3495.**

Being in this position, takes organizational skills. The fiscal year seen many changes to the way people are seen, or how they enter into the facility. The organization have hired an infection control person after each visit in order to sanitize and ensure safety protocols are being met. I hope we see the end of the tunnel and normalize ourselves once again.

## 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 which means a drastic workload for both custodian and maintenance. With this global pandemic, the Health Centre have gone through great lengths to ensure safety measures are met and many steps forward to ensure infection control.

This position can become quite challenging and enduring.

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 Stephen Anderson; I am the Brighter Futures and Building Healthy Communities coordinator. The objective of the BFI/BHC program is to increase awareness in mental health, child development, healthy babies, injury prevention and parenting skills; improve the knowledge and skills of community members in the areas of mental health, child development, healthy babies, injury prevention and parenting skills; address the health problems affecting children and families in a community-based holistic and integrated manner and support optimal health and social development of infants, toddlers and pre-school aged children.

The past year has truly been a challenge to continue providing services while dealing with the restrictions and limitations that the Pandemic has caused. Throughout the year we had managed to hold a limited number of events and workshops and these are just some of the highlights from the past year:

The BFI program was able to still assist community members that wanted gardens for the coming year. Services we provided were plowing, tilling, seed potatoes and a variety of vegetable seeds. Due to the pandemic and people limiting their movement, there was a slight increase in gardening as it gave people the ability to self sustain certain types of food. With the Pandemic on-going we further expect the trend of gardens in the community to continue to rise.

In April we held an online contest in the area of Community Wellness. The task involved cleaning in and around homes and community areas. This initiative had a good turnout and was an excellent way to remain socially distanced while still taking part in a community event.
In June after some restriction had been eased we held a community wide Clean-up event. This event bought out many people in the community to take part in garbage pick up from roadsides and around community buildings. The sense of pride community members has for the community is evident in the way members take part in this yearly event.

In August the program took part in a one-day community celebration that was held in lieu of the annual Treaty Day celebrations.

In September the program provided the opportunity for community members to participate in a Possessionand Acquisition License (PAL) gun safety course. A total of 12 community members took part in the safety course.

Over the winter months a series of online information sessions was hosted on the Health Centre's Facebookpage. The sessions were presented by 2 respected community members and covered topics on Covid-19 and turned out to be an excellent way to bring information to our community members. In the month of a February an online Gospel Jam was held with various

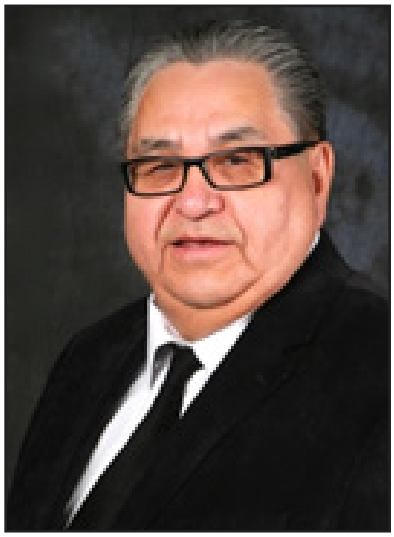
community members taking part in singing and fellowship. This was a welcomed by the community due to the isolation that people province wide were experiencing. Many positive comments on the event were shared online and in person.

A part of my other duties within the Health Centre are in the areas of Information Technology. This includes information sharing on our social media and radio, IT tickets, attending meetings in regards to the Pandemic, eCMR troubleshooting, software upgrades and other planning action. In excess of 100 social media posts have been shared with our community members and has proven to be a success due to members wanting the latest information in regards to the Pandemic situation in the community and province. As information technology becomes more and more relied up on in our facility, so too does the rise of IT help requests. As the only IT trained staff member in our facility, many of these requests are dealt with by me and also by our offsite IT partners. A log of formal requests that require more serious intervention counts over 50 requests. This count does not include minor troubleshooting that happens almost daily in our facility.

In closing, I would like to thank everyone that has been able to take part in the limited amount of activities we have been able to hold this past year. We hope that with the end of the Pandemic in site that we will be able to converse more closely with community members and hold more widely attended in person events that we enjoyed in the past. Thank you and stay safe.

**Stephen Anderson**

# NATIVE AND ALCOHOL DRUG ABUSE PROGRAM ANNUAL REPORT



The NADAP Program has been in existence since 1974. Prior to this a working group was established in 1973 to report on the wishes of Aboriginal people from across Canada in addressing alcohol and drug abuse on reserves. Based on the results of the report the NADAP Program was approved by the Government of Canada for funding and this year marks approximately 47 years of having the NADAP program in existence.

This year also marks my 15th year working under this program. In addition, from 1988 to 1992, I worked in designing locally operated projects and programs to focus on alcohol abuse prevention, treatment and rehabilitation and made the attempt to reverse the abuse which negatively impacts our physical, mental, social well-being and economic needs in our community.

We have been met with various challenges in this area as the dynamics of our environment changes continually and this past year has been extremely challenging due to Covid-19. Prior to the start of the new fiscal year in April 2020 some staff were told to work from home due to the rising concerns of the spread of the virus. In August 2020, the concern subsided and activities started and planning was done for the remainder of the year. Unfortunately, this was short-lived in October, the effects of Covid-19 reached our communities resulting in serious situations. Shut down of businesses, the school and other organizations within the community occurred and lockdown of the community was put in place by having security check points at entrances of the community. For many it may have been seen as a minor inconvenience. However, the situations have been dire and the abuse of alcohol and drug abuse increased, including mental health concerns and an increase of domestic violence.

The traditional methods of wakes and funerals for the deceased were completely changed by the limits placed by the Provincial government. This will certainly affect the membership in the future in regards to mental health as families did not get closure on deaths of family members and friends. In essence our true feelings in dealing with grief has been left in abeyance. It will surface in the future in various ways.

All programs from the organizations in the community did not host events within the community. Some program areas have initiated virtual events which are smaller and very limited. The NADAP program has been operating on limited basis and meant having to work from home. On some occasions, one on one in person counselling occurred during the Covid restrictions but with extra care exercised in terms of masks, social distancing and sanitizing. Other forms of working with clients included emails, texts, and phone calls.

The other problem encountered has been the shutdown of treatment centres by the federal government and having to rely on the provincial treatment centres which are constantly at their maximum capacity. Referrals

from Child and Family Services, the schools, the courts have been affected due to the closures. Hopefully, with more vaccinations given to the people, the pandemic will decrease and will allow for normal interaction with clientele and having workshop events for the community members.

The following are the statistics for the fiscal year of April 1, 2020 to March 31, 2021;

| Month | Number of clients | Referrals | Other Communities |
|---|---|---|---|
| April | 2 | 1 | 2 |
| May | 9 | 4 | 3 |
| June | 15 | 6 | 4 |
| July | 25 | 9 | 3 |
| August | 27 | 11 | 2 |
| September | 32 | 16 | 6 |
| October | 28 | 12 | 2 |
| November | 7 | 2 | 2 |
| December | 7 | 1 | 0 |
| January | 13 | 5 | 7 |
| February | 9 | 8 | 1 |
| March | 15 | 11 | 5 |
| Totals | 193 | 91 | 37 |

The above data collection has decreased in comparison to other years. The reason for this has several contributing factors but predominately due to Covid, the Health Centre has not held any in person workshops and events. In addition, working out of my home to deliver services to clients has been very challenging for the most part the rule of not having visitors is the biggest factor. The Health Centre has had stringent rules for anyone to access the facility and this has culminated to the decrease. The methodology of virtual connections is not suitable for many due to confidentiality reasons. However, we are all in this together as a health team member in delivering much needed health services to our members and providing the same to our surrounding communities.

In closing, I still plan to work with the
Health Centre and provide my services to the community.

Yours sincerely,

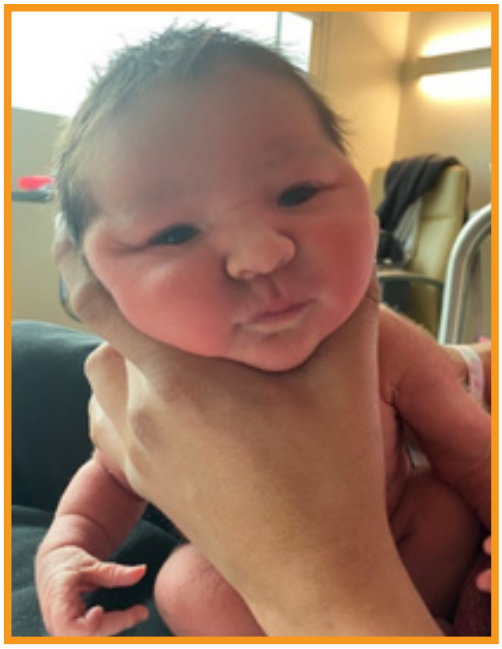
**Alvin Thompson CAC II BSW RSW**

# 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 that we just recently hired and four Medical Driver Personnel.

Medical Transportation is provided only to access health services approved by Non-Insured Health Benefits (NIHB) – FNIHB 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 FNIHB – 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.

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

## Program Activity Report

| 1st | 2nd | 3rd 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: **2020 – 2021 April 1 – August 31** | Recipient: **Pinaymootang First Nation Contribution Agreement: MB0700072** | |
| # of requests: **1102** | # of exceptions requested: **9** | # of appeals: **0** |
| # of requests approved: **1111** | # of exceptions approved: | # of favorable appeals: **0** |

**How are the benefits being provided?**

1.5 Medical Transportation Coordinator is available to provide and assist clients to and from medical appointments, provide transport bookings, coordinating of transportation for medical purposes and acting in a supervisory capacity of medical driver personnel employed with the First Nation.

Currently there are 3.5 full time drivers transporting clients to and from appointments. Each driver works on a rotating basis and are provided with a monthly schedule they are required to follow. We provide transport to the nearest open facility available should the local hospital transport our clients.

**Major Accomplishments in the program during the reporting period:**

Provided safety precautions to all Medical Transport Vehicles.

**Major Challenges in delivering the program during this reporting period:**

We have 12 dialysis clients of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, Manitoba.

We had seen a decline in Medical appointments during the months of April-August due to Covid-19.

Covid-19 has created many obstacles and challenges for our Medical Transportation program. We utilized the use of 2 medical transport vans to transport dialysis clients 3 times per week, to ensure social distancing and safety for our most vulnerable.

Increased safety practices such as disinfecting, supplying and equipping vehicles with continued PPE such as face masks, gloves and sanitizers.

Medical Transportation is picking up discharged clients at various locations with in the Interlake. The IERHA has been experiencing physician shortages.

The fear of driving personnel providing services to possible positive Covid-19 cases have been noted.

Physician visits in Pinaymootang have increased drastically from April-August with statistics indicating 37% of clients not from community.

Increase in Private Travel to Covid-19 Testing sites.

Decrease in Medical/Dental Appointments including rescheduling of surgeries due to Covid-19.

Difficulty in coordination of scheduled appointments.

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

Increase in physician travel due to increase from one day to two days per week. In order to prevent extended trips to Winnipeg, Asher or Dauphin. It is known, that Ashern is becoming a Covid-19 site in the Interlake travel further to other medical facilities is required.

Increase in vehicle gas expenses.

**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.

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

| 1st | 2nd | 3rd 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: **2020 – 2021** **Sept 1 – November 30** | Recipient: **Pinaymootang First Nation** **Contribution Agreement: MB0700072** | |
| # of requests: **707** | # of exceptions requested: **12** | # of appeals: **0** |
| # of requests approved: **707** | # of exceptions approved: **12** | # of favorable appeals: **0** |

**How are the benefits being provided?**

1.5 Medical Transportation Coordination is available to provide and assist clients to and from medical appointments, provide transport bookings, coordinating of transportation for medical purposes and acting in a supervisory capacity of medical driver personnel employed with the First Nation. The Medical Transportation follows the NIHB Guidelines set forth.

Currently there are 3.5 full time drivers transporting clients to and from appointments. Each driver works on a rotating basis and are provided with a monthly schedule they are required to follow. We provide transport to the nearest health facility available in a most cost-effective way.

**Major Accomplishments in the program during the reporting period:**

The First Nation provided every precautionary measure to ensure safety standards are abided based on Covid-19 that have included sprayers, shields (that protects both driver/passenger), PPE, and continued step up in clean up.

**Major Challenges in delivering the program during this reporting period:**

We have 11 dialysis clients of which are attending dialysis three times per week at the Lakeshore General Hospital in Ashern, MB.

This has been a difficult task in our coordination of appointment bookings during this pandemic. Many health facilities have postponed scheduled surgeries or other appointments deemed unnecessary at this time. We have seen a decline in these appointments but also an increase in various areas.

In this reporting, in order to keep our dialysis who are the most vulnerable created many obstacles and challenges. We utilized the use of 3 medical transport vans to transport dialysis clients 3 times per week to ensure social distancing and safety precautionary measures. At times one vehicle would be used for just one client who had tested positive. This put a fear in our Medical Driver personnel so additional steps were taken to officially close off the section of driver passenger and back seats, which have taken seating capacity in our vehicles.

Increased 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. The IERHA has been experiencing once again a physician shortage.
There is a huge fear with our driving personnel providing services to possible positive covid-19 cases.

Increase in Private Travel for Covid-19 Testing to Eriksdale.

Transport coordination has been 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 Private Travel for Covid-19 testing.

Increase, in physician travel due to increase from one day to two days per week. Physician services in Pinaymootang is very much needed to continue on in ensuring the best quality of care for our members or to those that require these services. It is known, that Ashern is becoming Covid-19 site in the Interlake travel further to other medical facilities is required.

Increase in vehicle maintenance expenses. Vehicles will need to be replaced soon as they continue to be breaking down.

**Other relevant observations, comments or information to this program:**

The need for an FNIHB book 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.

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

**Program Activity Report**

| 1st | 2nd | 3rd 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: 2020 - 2021**<br>**December 1 – March 31** | Recipient: **Pinaymootang First Nation**<br>**Contribution Agreement: MB0700072** | |
| # of requests:<br>**765** | # of exceptions requested:<br>**9** | # of appeals:<br>**0** |
| # of requests approved:<br>**765** | # of exceptions approved:<br>**9** | # of favorable appeals:<br>**0** |

**How are the benefits being provided?**

One full time Medical Transportation Coordinator is currently on hand to provide and assist clientele of appointment bookings, coordinating of medical 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.

We provide transport to the 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 now have 9 dialysis clients of which are attending dialysis three times per week to the Lakeshore General Hospital in Ashern, Manitoba.

We still continue to see limited appointments due to Covid-19.

We still continue to face obstacles and challenges in our Medical Transportation Program. The increase in vehicle repairs, the utilization of 2 transport vehicles to transport dialysis to ensure social distancing and safety to our most vulnerable.

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.

There is a a continued fear with our driving personnel providing services and possibly catching the virus.

Increase in Private Travel for Covid-19 Testing to Eriksdale.

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:**

The increase in physician travel due to increase in much needed service from one to two days a week in order to prevent extended trips to Winnipeg, Ashern or Dauphin.

The cost of fuel.

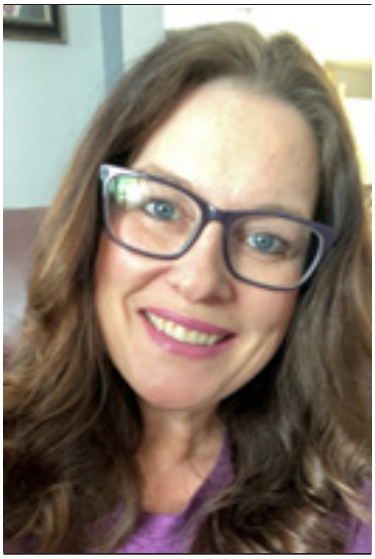
Repairs and Maintenance.

**Other relevant observations, comments or information to this program:**

The need for an NIHB booklet is required to help the 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

My name is Nancy Friesen and I am thankful that my life path has brought me back home; Moosehorn is where I grew up. I am very excited, and take great pride in the opportunity I have been given, to join the Pinaymootang First Nation Health Centre Team. I began working in the clinic on a casual basis assisting with the STBBI program and I accepted the fulltime position of Home and Community Care Nurse Supervisor.

Prior to my employment at Pinaymootang, I have eleven years of experience with ER triage, Acute Care, Long Term Care and Dialysis as well as being a certified HCA homecare attendant working in Ashern and surrounding communities prior to the completion of my Licensed Practical Nursing in 2009.

Since I began my employment, I have been dedicating time to meet each Elder as well as their families. I would like to thank the community for their kindness and patience as I continue to learn all the aspects of this position. The Home and Community Care team consists of Nurse Supervisor, three Certified Health Care Aides, Wound Care Nurse, and a Foot Care Nurse. Our foot care nurse is available in clinic every two weeks. Our team approach, working together to collaborate and plan, providing the best possible care and delivery of services to our clients is our goal. Starting this new position, in the middle of the Covid 19 pandemic has been challenging. If I have not had the opportunity to meet you yet, I look forward to doing so.

The Home and Community Care goal is to assist with maintaining optimal health and mental wellness in home and community. Serving clients living with chronic disease, acute illness, and supporting clients with Disability. Assistance with preserving and maximizing the ability for community members to remain as safe and as independent as possible. Our program is not to replace, but to enhance the care already provided by family members. Currently we are assisting 86 active homecare clients 10 of which are on Dialysis. We have 104 homes with family members over the age of 60.

There are a multitude of services that our program has to offer.

They are as follows;

**Nursing Services:**

- Assessment, reassessment, coordination and scheduling, as well as Evaluation and continued re-evaluation of care.
- Vital Signs including blood pressure, pulse, temperatures, blood sugars and oxygen levels.
- Blood Work, and monitoring results.
- Medication administration and monitoring
- Wound Care
- Assessment, ordering, assembly and delivery of safety equipment.
- Providing education.
- Footcare
- Communication with Healthcare providers and Specialists.
- Client Care plans and Medication reviews

**Personal Care:**

- Health Care Aides/Nurse provide supports assisting with activities of daily living.
- Monitoring vital signs, reporting abnormal readings to Nurse supervisor who then decides if further assessment is needed.

**Medical Supplies and Equipment:**

- Assessment of client specific needs and ordering equipment to provide a safe home environment, as well as safe client mobility.
- Supporting letters of request for clients in need of wheelchair ramps.
- OT/PT referrals if required

**Home Management/Homemaking Services:**

- This is a 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 consideration.

**In Home Respite:**

- Depending on available resources, Health Care Aides may be scheduled for a specific period of time, or at periodic intervals to stay with a client during the time that a caregiver may be away.

**Palliative Care:**

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

**Statistics:**

- Home visits: **137**
- Health Centre visits: **86**
- Wound care management: **41**
- Medication management: **65** (as well as 70 doses of Vaccine)
- Information entries, telephone conversations and wellness checks, programs, Liaison and Linkages, Doctor and specialist consults: **582**
- Health Care Aide total encounters (April 2020-March 31, 2021): **2612**
- Previous Nurse Supervisor encounters (April 2020-October 2020): **348**
- Nurse Supervisor total encounters (October 1, 2020-March 31, 2021): **805**
- Home and Community Care total encounters (Fiscal year 2020/2021): **3765**

**Description of Training/Conferences:**

- eSDRT/eHRTT and Mustimuhw Training
- St John Ambulance BLS Training
- First Nations and Inuit Health Branch Immunization Training
- Indigenous Service Canada Protecting Personal Information Training

Description of Training continued:

- First Nation and Inuit Health Branch Seasonal Influenza Training
- First Nation and Inuit and Metis Program Pandemics and Behaviour Training
- Vaccine Hesitancy and First Nations Webinar

Due to the Covid 19 pandemic there have been many enforced regulations and protocols to be followed. Not being able to gather was difficult to provide any community programs. At the request of the Covid pandemic planning team we were approached to take the lead on the Covid 19 Elder Security food hampers. For the months of January, February and March of 2020: groceries were purchased for the hampers which were assembled by staff and delivered to 104 homes in the community which have family members over the age of 60.

Much time has also been spent on the planning and administration of Covid 19 Moderna Vaccine. Initially to our Elders with clinics held during the weeks of January 14-26, 2021 and the week of March 3-8, 2021. As more vaccine becomes available will continue on with the entire community pending client consent.

As we all look forward to returning to some type of normalcy, I also look forward to building new and trusting relationships with the members of this beautiful community. Providing advocacy and care; meeting client specific needs as our program outlines.

Sincerely,

**Nancy Friesen, Nurse Supervisor**

# HOME AND COMMUNITY CARE HEALTH CARE AIDE ANNUAL REPORT

Hello, we are the Health Care Aides of the Home and Community Care program. Pamela Sumner has been employed at the Health Centre since 2008, Dorothy Sumner since 2012, and Jody Sinclair in 2019.

We have the pleasure to work with community elders, persons living with acute or chronic conditions and persons with special needs. We take great pride and we will continue to provide the best possible care for the community members of Pinaymootang.

## The Home and Community Care Objectives are:

- To promote dignity, independence, preferences, privacy and safety at all times.
- To provide support and assistance to elders, persons with short term or long-term medical conditions and persons with special needs.
- To assist clients in their homes to remain healthy and live independently as long as possible
- To provide in home assistance for clients after hospital discharge.

## Supportive Care:

- Support is provided to various clients according to clients care plan.
  - We assist clients with activities of daily living which include bathing, grooming and dressing.
  - Home visits are done to monitor client's vital signs which are blood pressures, blood sugars, oxygen levels, respiration and temperatures.
  - Mobility aides such as mechanical beds, safety rails, commodes, bathing equipment, wheelchairs, canes, walkers, reach extenders, etc. are provided to meet client's needs.
  - Assist with range of motion exercises.
  - Delivery of elder's medication is provided.

## Recording and Reporting

- Home visits are documented after each visit.
- Any concerns are reported to the Home Care supervisor.
- Initiate client referrals to Home Care supervisor or the right program area.

**Activities:**
Community: Nutrition Hampers given to elders, Vaccine clinic

**Workshops/Training**: Personal and Protective Equipment Training, CPR Training, Challenging Geriatric behaviors webinar, Palliative Care Training

**Statistics:**

| | Home visits/ HC visits | Program Attendance/ Respite | Baths | Med deliveries/ Equipment | Other: Telephone call to clients | Total Encounters |
|---|---|---|---|---|---|---|
| Pam | 327 | 121 | 109 | 198 | 54 | 809 |
| Dorothy | 207 | 157 | 116 | 258 | 66 | 805 |
| Jody | 304 | 121 | 116 | 308 | | 998 |

# ABORIGINAL HEAD START OUTREACH PROGRAM ANNUAL REPORT

Hello, my name is Cherish Sumner. I have been employed with the Pinaymootang Health Centre since September 2017, as the Reception/Administrative Support position and worked in that area until January 2021. As of January 2021, I was transitioned on to be the Aboriginal Head Start On-Reserve Coordinator.

The Aboriginal Head Start On-Reserve Program is an Outreach Program for children who range from 0 to 6 years old, with the involvement of the parents/ caregivers. Outreach is Home Visiting with children and parents/caregivers in their homes. The program is based on caring and creativity. It was developed to offer support and to provide educational resources to prepare the children for preschool and experience skills in early childhood, to enhance their learning at an early age for a bright future in education. The AHSOR program focuses on six main components: Culture and Language, Education and School Readiness, Health Promotion, Nutrition, Social Support, and Parental and Family Involvement.

The AHSOR program has the Ages and Stages questionnaire, which is a survey that sees where a child's developmental skills are at for different age groups. In these questionnaires, we see the different developmental skills that each child has, such as: gross motor skills, fine motor skills, communication, personal /social skills and problem solving. Ages & Stages Questionnaire's (ASQ'S) are completed by parents/caregivers for children 0-6 years.

Due to the Covid-19 global pandemic, there have been no home visits since the pandemic began. I have been connecting with families through social media and ASQ's are completed through the Pinaymootang Health Center Website, by telephone, or home drop off & pick-up. These ASQ's are our main focus. If we see a delay in any of the children, we are obligated to make referrals to our O/T, P/T and Speech therapists. These therapists will help enhance the child's developmental skills needed at their level. I work closely with the Jordan's Principal staff in regards to children who are referred to the Jordan's Principal program.

In partnership with the CPNP Program, I also assist with the Mom and Tots Program offered by CPNP. This program assists parents with promoting healthy eating and cooking skills. This program helps with mothers giving support to one another in sharing different ideas and inputs of child development. When it is safe to do so, Mom and Tots will resume with parents and children.

I have monthly events for the children in the AHSOR program through social media. Each event that is held, is created to ensure that the children are practicing the skills needed to enhance their learning, social and physical development, for school readiness.

| | |
|---|---|
| Ages and Stages Questionnaire's | 137 |
| Social Media Participants | 184 |

Meetings/ Workshops/ Conferences

- Monthly AHSOR Meetings;
- Monthly Staff Meetings;
- Monthly Community Networking Meetings;
- Home Visits to complete Ages and Stages Questionnaire's
- Online Social Media Events/ Ages/ Stages Questionnaire Completions

# NINIIJAANIS NIDE – MY CHILD, MY HEART PROGRAM ANNUAL REPORT

Hello, my name is Bertha E. Anderson and I have had the honors to work with Adults and Children with Disabilities for the past 17 years. I am employed as the Assistant/Case Manager for the Jordan's Principle, Child First Initiative "Niniijaanis Nide Program – My Child, My Heart" which is a program that commenced in December 2015. I have been with the Program since February 2017 and privileged to have the opportunity to work closely with the past two Case Managers and to be part of the Jordan's Principle team in Pinaymootang.

In 2002, I left Pinaymootang to pursue my education and to navigate the systems independently for resources that were available for my son who is Deaf. It is with great honor to return to the community and share my expertise to support other Parents and Families that may have a variety of complex needs and to help enhance the child's life with health care interventions as needed.

The object of the program is to assist families who have children with developmental or physical disabilities and other needs they may have. Through working and engaging with the families and the community, together we strive to improve access to the health services. No more jurisdictional issues or disputes.

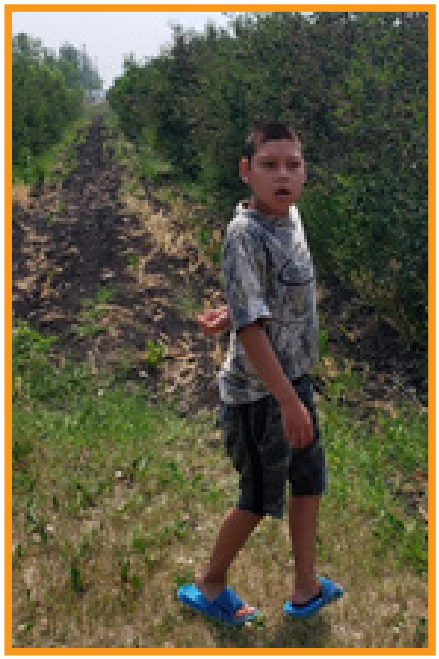
This program is endorsed through the Jordan's Principle Child First Initiative. The purpose of this program is to support families living with children with special needs and to help enhance the child's life and facilitate timely health care interventions, developmental stimulation, provide support, address gaps in service, avoid jurisdictional disputes and improve needed care. We assist families who have children with development and/or physical disabilities with some of the additional needs they may have.

The object of the program is to engage families and the community in working together to improve health services. Our goal is to contribute to quality of life ensuring that children, young people and their families are enabled to experience a life that is as full and as normal as possible. We strive to provide a fun and enjoyable atmosphere in order to encourage client participation in programs. We assist in their physical, social, emotional and daily life skills development and to increasing their independence.

With the goal of contributing and improving the quality of life of children and families, we assist children in their physical, emotional and life skills development to prepare them for their independence so they may function well in their lives and in the community.

Jordan's Principle Program is staffed with 6 Child Development Workers (CDW). The CDW team work with the parents and visiting professionals to help identify their strengths and needs;

together to find ways to assist the child and family with established goals to improve their lives. The Child Development Workers are involved in assisting with the child's overall well being whether it be in the home, community or school setting. We have 1 Transition Worker, this role is to work with the youth in the program who are at various stages of transitions to adulthood and to assist those families, to be able to enhance and strengthen those youth in their journey of life to prepare for adulthood. We have 1 Land Based Knowledge Keeper and 1 Land based youth mentor; their role together is to promote and provide programs/activities that are designed to help our children and their families to reconnect with our indigenous ways of life. We have 1 Rehabilitation Assistant who is responsible to assist the visiting therapists such as; Occupational Therapy/ Physiotherapy/Speech & Language/Dieticians/Behavioral Specialists, who come to the community to provide those specialized services. We have 1 Jordan's Principle Anishinaabe Language Assistant, who works in the school, day care, and attends group activities to promote our language to the children and their families. Also utilizing our local radio station and providing lessons to our children and community members. We have 1 Jordan's Principle School Coordinator who organizes our Jordan's Principle program staff schedules who play a supportive role in assisting in our children's educational needs.



Bertha E. Anderson – ASL Educator/ Assistant/ Case Manager
Toni Thompson – Child Development Worker
Amber Bruce – Child Development Worker
Gelsey Henderson, HCA – Child Development Worker
Amanda Sumner – Child Development Worker
Troy Anderson – Child Development Worker
Veltina Marsden, HCA – Child Development Worker
Colleen Woodhouse – HCA – Transition Coordinator
Irene Sanderson – Land Based Knowledge Keeper Educator
Keele Thompson – Land Based Knowledge Keeper Mentor
Chelsey Miller – Jordan's Principle Rehabilitation Assistant
Elsie Thompson – Jordan's Principle Anishinaabe Language Educator Cecile Sanderson- Jordan's Principle School Coordinator
Focus Group Committee Members (4)
2 Wellness Weekend Workers

**Programming that has been undertaken this fiscal year;**
**(Due to the world-wide pandemic we have been limited and promoted virtual activities and learning)**

Suicide Prevention; Grief and Loss workshops; MATC/RCC Telehealth; Parent Meetings; St. Amant Dietician; Community Clean up; Mother's Day Dinner; University of Manitoba Student placements practicum training; Anti-Bullying Workshops; Respite Worker Training; Food Handlers Certificate; Transportation of Dangerous Goods Certificates; St. John's First Aid; Health Fair - Treaty Day; Community Breakfast; Networking Meetings (quarterly); Transition to Kindergarten Meeting Pinaymootang School; Mustimuhw/eCMR Training; Autism awareness workshop/training; Jordan's Principle Navigators training/workshop; Canadian Red Cross Coping Strategies; St. Amant Managing Allergies, Eczema and Asthma in Children Workshop; Palliative MB – Online Training; Webinars; Seven Feathers Consulting Training/Team Building; Harm Reduction; Canadian Red Cross Psychological First Aid, Supporting Youth Mental Health Wellness.

**Regular programming conducted throughout the year; with the Jordan's Principle, Child First Initiative;**

The Reading Club; Baking Night; Nagamon/Music Club; ASL Classes; Anishinaabe Lessons; Moe the Mouse; Puppetry; Story Telling; Sports Day; Beach Day; Arts & Craft, Movie Night; "Every Child Matters" Awareness Walk/Activities; Orange t-shirt promotion and orange balloon release. Elder Teachings and prayers.

**Land Based Programming;**

Gardening; Fishing; Beading; Painting; Nature walks; Berry Picking; Cooking Class/Traditional Foods; Dream Catcher Building; Medicine Picking/Teachings; Rock Picking/Painting; Language Teachings.

**Tradition to Adulthood Program;**

Training and workshops; Drug awareness workshop Impact of Colonialism; Grief and Trauma; Impact on personal identity; Residential School Healing; Family Impact and Healing; Coping with Family Violence; Forgiveness and Reconciliation; Financial management; ID Clinics; Preparing easy food classes; Budget 101; Learning about Traditional Food; Body imaging or self-care training; Sex education/boundaries; Social etiquette and learning to live independently; Life skills Training; Other Activities to promote Social Interactions. Virtual Activities and well-being check-ins during the pandemic lockdown. Delivering safety packages for the Families; Practicing safety and proper handwashing; Beach Days; Wellness Camp.

**Mental Health Services;**

The community continues to have access to personal mental health therapy which is available by appointment every day of the week from Monday to Friday and/or on call via telephone or text message 24 hours.

**Statistics for Program for 2020/2021;**

| | |
|---|---|
| Children enrolled in the Program | 130 |
| Closed files/Aged out/Transferred | 51 |
| Encounters (Well-Being Check ins) | 1560 |
| Program Activities | 43 |
| Virtual Activities | 68 |
| Visiting Therapist | 36 |

**Summary:**

I look forward to continue working with the children and their families in the community, helping them to navigate the systems to ensure no more gaps in services or jurisdictional dispute. I am honored to be part of the Jordan's Principle, Child First Initiative Team and want the best possible service and care for our children. It takes a community to raise a child and **"Every Child Matters".**

**Bertha E. Anderson, Assistant/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;

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.

**Evan Anderson**

**BACTERIOLOGICAL WATER RESULTS BY WATER SOURCE**
**PINAYMOOTANG DRINKING WATER SAFETY PROGRAM**

**COLILERT (QUANTI-TRAY) AND ETL MONTHLY RESULTS**
**April 2019 – March 2020**

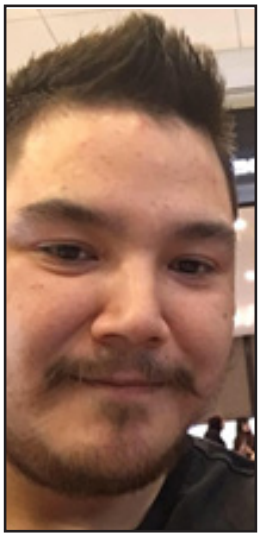
| MONTH | WTP/DS-S | W T P / D S - US | WELLS-S | WELLS-US | TOTAL-S | TOTAL-US |
|---|---|---|---|---|---|---|
| April | 6 | 0 | 0 | 0 | 06 | 0 |
| May | 8 | 0 | 0 | 0 | 08 | 0 |
| June | 9 | 0 | 0 | 0 | 09 | 0 |
| July | 25 | 0 | 0 | 0 | 25 | 0 |
| August | 34 | 0 | 0 | 0 | 34 | 0 |
| September | 30 | 0 | 0 | 0 | 30 | 0 |
| October | 19 | 0 | 0 | 0 | 19 | 0 |
| November | 13 | 0 | 0 | 0 | 13 | 0 |
| December | 6 | 0 | 0 | 0 | 6 | 0 |
| January | 17 | 0 | 0 | 0 | 17 | 0 |
| February | 23 | 0 | 0 | 0 | 23 | 0 |
| March | 37 | 0 | 04 | 0 | 41 | 0 |
| TOTALS | 238 | 0 | 04 | 0 | 231 | 0 |

WTP: WATER TREATMENT PLANT DS: DISTRIBUTION SYSTEM WELLS: PRIVATE WELLS

S: SATISFACTORY BACTI RESULT (TOTAL COLIFORM: <1 / FECAL COLIFORM: 0)

US: UNSATISFACTORY BACTI RESULT (TOTAL COLIFORM: >1 / FECAL COLIFORM: 1 OR MORE

# HEALTH TRANSFORMATION LIAISON (SCO) ANNUAL REPORT

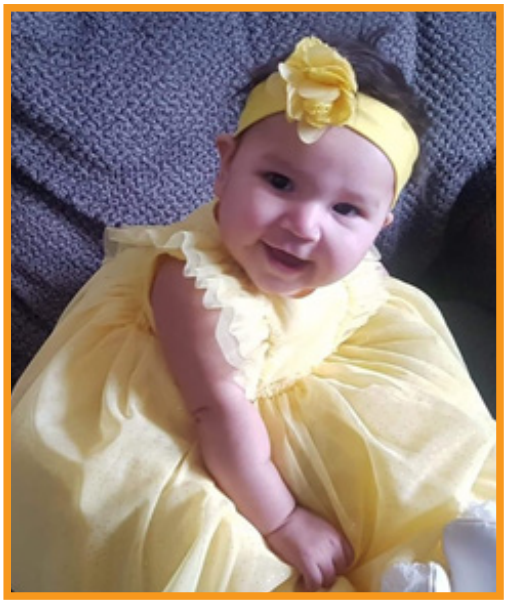


Hello my name is Tavis Stagg. I am the Community Health Transformation Liaison (CHTL) for Southern Chiefs Organization based out of Pinaymootang Health Centre. I joined the organization back in August 17, 2020.

Health Transformation will create a new southern First Nations health governance structure that is representative of, and accountable to, First Nation communities. The MOU recognizes the expertise of First Nation communities and health care professionals in developing and implementing a First Nations-governed health system. The model will be community-led and holistic, encompassing physical, spiritual, mental, economic, environmental, social, and cultural wellness.

- Enacting policies
- Creating Community Wellness Plans with full range of Community-Based Health Care Services available to community members
- Identifying evaluation, research, and data systems
- Identifying results
- Allocating resources
- Establishing service standards
- Training/recruiting a wide range of Health Human Resources
- Identifying health capital resources

Through a community-driven process, the Southern Chiefs' Organization will work with First Nation partners and all orders of government to build a First Nation health system in southern Manitoba that encompasses the following:



- Decisions made by First Nations, for First Nations
- Full basket of community-based health care services, improved infrastructure, and increased health human resources
- Community-based approach where services are more culturally responsive, reflective of regional particularities, and also provided "closer to home"
- Opportunity to pool, re-allocate resources, and leverage funds to increase access and obtain better care
- Primary care service delivery could extend to First Nation members in rural or urban settings
- Ability to work more collaboratively with other sectors (i.e., social determinants of health)
- Strengthened and effective partnerships with provincial health system to ensure seamless continuum of care and culturally safe health care delivery to First Nation citizens.

Throughout the year, the Health Transformation Initiative sent Community Health Transformation Liaisons (CHTL) surveys to conduct amongst their respective communities to get feedback regarding health transformation.

- September 14th, 2020: Round 1 Survey Interviewed 10 people. included (3) Elders (Health Advisory Committee), (1) ACFS Staff, (1) Youth, (1) Councillor (health portfolio), (2) Staff from health Centre (NNADAP, ADI), (2) community Members.

- November 17, 2020: Round 2 Survey Interviewed 9 out of 10 Individuals Via Phone calls, Emails, In-person.

- March 1, 2021: 20 in-person community Engagement (Survey Monkey)

- Online Survey Monkey - 17 Participants from Pinaymootang

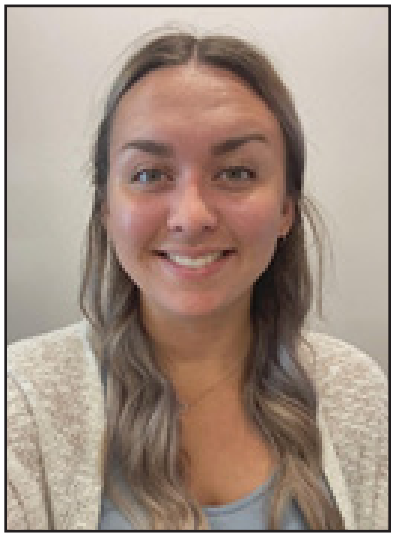
- 56 Total Respondents from Pinaymootang First Nation

For further information, in regards to Health Transformation please contact Tavis Stagg at Pinaymootang Health Centre.

Meegwetch.

**Tavis Stagg**


# DEMENTIA PROJECT (UNIVERSITY OF MANITOBA) ANNUAL REPORT



The intent of the project is to help people living with Dementia and their caregivers to lead a happy and fulfilling life; to mitigate risk factors in the community that impact Dementia; and to mobilize the knowledge we have by developing training materials that can be shared with other Indigenous communities who may wish to learn from our experiences.

I, Emily Thorlacius, have had the pleasure of becoming the community half-time liaison for this project. I continue to learn more and more on dementia, its risk factors and how best to meet needs of our community members based on ways of life and providing those needed educational supports.

## Engagement

- Communication with community council member about their personal perspective on dementia, as well as what they would like to see the project bring to the community.
- Contacted elders in the communities for input on what they would like to see from the project.
- Met with the Ashern Adult Day Program Coordinator to discuss their program as well as share ideas that are offered for programming and activities.
- Contacted a local Physiotherapist for potential exercise videos for elders. Received tips and overall feedback.
- Communication with Manitoba Alzheimer's Society for available & in-depth resources.
- Researched exercise equipment and created a proposal for the purchasing of the equipment for home visits.
- Researched and constructed information poll for Facebook to engage with community. This will be used to further direct what community members wish to see from the project.
- Designed information packages for elders and families in the community.
- Created and distributed informational newsletters for the community.

Designed informational posters, including:

1. Dementia & COVID-19.
2. "What is Dementia?" & tips for a healthy mind.
3. Community resources.
4. Exercises.
5. Sleeping patterns.
6. Diet and health.

Participation in occasional Dementia Knowledge Hub meetings.

**Social & Home visits – Social Connection**

Elders in community care program: 85

Total home/social visits: 18 (previous worker)
Total home/social visits: 41
Elders reached so far: 40%

- Detailed reports made after each visit, including first introductions.
- Follow ups with families that received information on request.
- Support from Health Care Aides during home visits.
- Shadowed Health Care Aides.

## Research/Educational

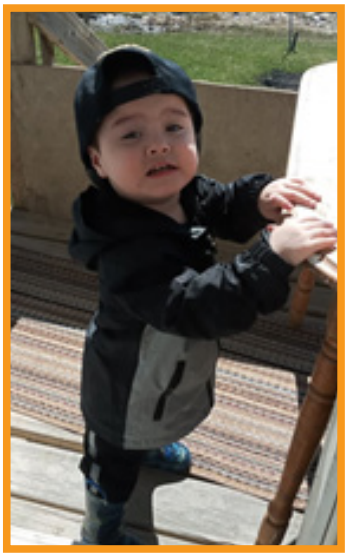
- Researched conversation starters to add to the toolkit, as well as to use when working in uncomfortable/awkward situations.
- Researched sleeping patterns in relation to dementia.
- Researched eating habits and health in relation to dementia.
- Completed educational courses through Executive links regarding dementia.
- Completing free online educational course through Coursera & The University of Toronto regarding dementia.

Dementia Project Retreat:

- Discussed the actions taken in each community, such as ideas, community members reached, future goals.
- Potentially bringing dementia into curriculum, if not, then information sessions in schools.
- Discussed trauma in relation to dementia.

Pinaymootang's Dementia Projects next steps:

- Virtual exercises.
- Continued social & home visits.
- Increased education.



# PINAYMOOTANG FIRST NATION HEALTH PROFESSIONAL SERVICES

**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 Klaprat** 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** who originates from Nova Scotia, Lucy is our Dental Therapist and is currently based out of Peguis First Nation, Lucy, provides services to the community once a week every Tuesdays for dental care for school aged children and will book adult emergency by appointments.

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

**Dr. Wilson Le** is our visiting physician who provides care and services to the community every Tuesday and Wednesday. Dr. Le is based out of Winnipeg.

**Dan Kyrzyk**, is the pharmacist with LIFESMART. Dan is very familiar with the Interlake area and travels in from Winnipeg every Tuesday to provide Pharmacy Satellite Services.

# Every Child Matters

*Honouring & Remembering*

2020-2021