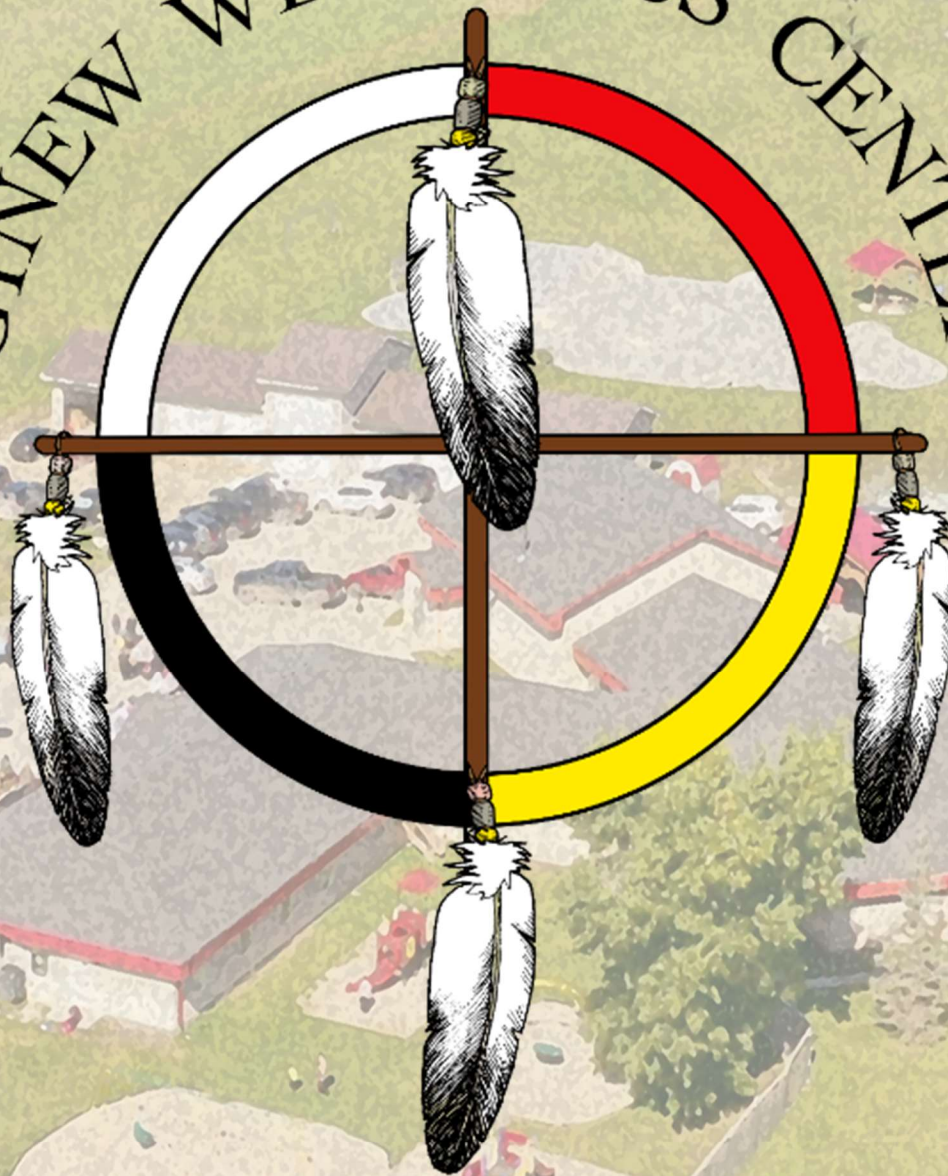


GINEW WELLNESS CENTER



ANNUAL REPORT
2022-2023

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Chairperson of Health Committee Message

BY PEARL HENRY, CHAIRPERSON, GINEW WELLNESS CENTER HEALTH COMMITTEE

On behalf of the Ginew Wellness Center Health Committee, I would like to take this opportunity to thank the Ginew Wellness Center Staff for their hard work and dedication in making our Health programs work efficiently and productively, especially with the challenges of being in a pandemic with the many adjustments and changes that had to be made. The hard work from our staff has successfully allowed us to manage the pandemic challenges that we experienced. Covid-19 is still out there, so please still take precautions and be diligent when out in public settings.

We are very fortunate to have hard working, dedicated staff that have diligently worked hard and they continue to do so with much anticipated new projects and programs that have been completed or are in the works for future developments. We are excited to have completed the water park for our community and look forward to the upcoming cultural center. We are also looking at plans to expand our elders lodge with 24-hour care and palliative care, so our community members do not have to leave the community for this service. So much has been completed and done in all areas of our Ginew Wellness Center such as our new location and renovated area for our gym and the many events for our community coming from our Jordan's Principle Program, just to name a few. We are grateful for the collaborative efforts from all our programs from the Ginew Wellness Center and in the community as well as Ginew School.



The Health Committee also thanks the tribal members of the Roseau River Anishinabe Nation for their continued support to the Ginew Wellness Center.

Again, on behalf of the Health Committee, we hope to serve the community to the best of our abilities, keeping the wellness of our community in our mind and hearts.

Pearl Henry
Chairman
Ginew Wellness Center Health Committee

Executive Summary

BY SHERRI THOMAS, BA, CFNHM, EXECUTIVE DIRECTOR OF HEALTH

Boozhoo!

Our annual report covers April 2022 to March 2023 and highlights our programs and services over the past year.

This has been a challenging year for our community, carrying trauma, grief, and loss. As we walk this difficult path of recovery with strength and resiliency, we welcome healing and wellness into our lives.

Our programs were able to transition out of pandemic-response and began providing programs and services to the community again. Our team hosted many amazing opportunities, events and activities throughout the year and some highlights were Hand Drum and Pucker Toe Moccasin Making; Stick Game and Moccasin Games; and Traditional Medicines Workshops. We organized Healing and Wellness Week activities, “Never Alone” Mental Wellness Walk, Substance Use Disorder Workshops, Indigenous Doula Training, Traditional Pre-Natal Classes, Elder’s Sharing Circles, Recreational activities, Family Carnival Day, Art Therapy, Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid, to name a few. We partnered with community organizations and held a Memorial Fire for healing, had an amazing Health Fair, and our Language Program has been a huge success, and we hope to continue this program through our application for on-going funding.

We have a lot of work to do, and as we introduce our new Community Health Plan in the coming year, we thank you for your feedback. Community elders and youth have expressed the importance of culture, language, and getting back to the land, improving health outcomes, while addressing the systemic racism, and social determinants of health impacting our People. You will see more Anishinaabemowin in the Center. Your voices and stories will shape the strategic direction of the Ginew Wellness Center, identifying health priorities, and building a path forward.

Miigwech.



Sherri Thomas,
Executive Director of Health



Mission & Vision Statements

Mission Statement

To promote and provide quality health care services with the people of Roseau River Anishinabe First Nation.

Vision Statement

To promote holistic healing by providing an integrated health care system that will focus on the spiritual, physical, mental, emotional, and social wellbeing of Roseau River Anishinabe First Nation.



Ginew Wellness Center Historical Overview

Established in 1998, the Ginew Wellness Center has grown tremendously in the past 20 years, from expansion of the facility to program and service delivery to staffing. The Ginew Wellness Center has been steadily progressing in areas of technology, collaborative care and case management, electronic medical records, quality improvement, and mitigating risk via monitoring and risk management programs, standards, policies, and practices.

The Ginew Wellness Center began under a set funding agreement which limited the financial flexibility of the overall health program. The majority of programs are now under block agreements, which allows programs flexibility in their service delivery and collaborative approach.

The Ginew Wellness Center's overall revenue has also increased throughout the years, and is now the recipient of a multi-million dollar annual budget. Every year, the Ginew Wellness Center has received unqualified audits resulting in full compliance. The staff have been dedicated to the advancement in quality service delivery and client safety over the years which includes the transition from paper charting to an Electronic Medical Records system, increasing confidentiality and privacy of clients, and risk management efforts.

Organizational Structure



Health Planning & Quality Management

Health Planning Management

BY HEATH HOLDEN, ASSISTANT HEALTH DIRECTOR



Heath Holden

Health Planning and Management (HPM) is funded to oversee the Administration and Operations of the Ginew Wellness Center. This includes activities such as Governance, Finances, Human Resources (HR), Reporting Requirements, Budgets, and Janitorial Services. The governing body of the Ginew Wellness Center is the Health Committee comprised of five community members whose role is to provide direction and guidance to Senior Management. HPM works with external agencies in a collaborative effort to offer optimal services to our community members.

This past year was a year getting back to normal after a few years of being primarily focused on the pandemic and preparedness. It was encouraging to hold regular inperson meeting and doing the business HPM was mandated to oversee.

Accreditation



Accreditation is a process in which a health care facility achieves or strives to achieve safe, high-quality care and service to their clients and community, by utilizing standards set by Accreditation Canada and best practices by health care facilities across Canada. Some activities that have occurred over the past few years during our accreditation journey have been developing and updating policies, creating a culture of safety for staff and clients, and identifying areas that need improvement as well as identify the areas of strengths.

Accreditation requires the organization to adhere to Required Organization Practices (ROPs) and standards to maintain its accreditation status.

Ginew Wellness Center achieved full Accreditation Status in 2015 awarded by the independent, national accrediting body, Accreditation Canada. The next cycle of Accreditation will occur in December of 2023. Accreditation Surveyors will visit the center and interview staff, clients, leadership, Health Committee, and community members. The staff were kicking into high gear with accreditation preparation including policy review, training, engagement and service delivery evaluation and reviews.

In 2022-2023, the Ginew Wellness Center focused on maintaining high standards and adhering to ROPs as well as addressing and improving on areas that were identified during the on-site Accreditation survey which included some but not all the following activities:

- Updating Policies and Procedures
- Infection and Prevention Control Planning and Training
- Community Engagement & Health Planning with the new Community Health Plan coming up soon.
- Communicable Disease Planning (updated pandemic plan)
- Trauma Informed Training
- Cultural Training and Language Classes



e-Health Infrastructure Program

BY JASON TOEWS, MTCNA, NETWORK ADMINISTRATOR



Jason Toews, Network Administrator

We have a full-time IT Administrator that allows us to leverage our investment in E-Health & Technology. With a focus on technology and maintaining our systems; we strive to achieve the best patient treatment and response.

Part of our directive is using the latest in technology to protect our network systems. Using Information Technology - we work on ensuring that our services remain highly available to the community, so that we can continue to provide the highest levels of care and patient confidentiality.

We work diligently to ensure that those available services remain highly secured. Additional safeguards have been put in place for our providers & nurses to keep your sensitive medical information secure.

The Ginew Wellness Center uses Geo-Location services to effectively block Foreign Threat Actors from being able to run remote scans, email scripts, or other unauthorized activity. Two-Factor authentication (2FA) has also been added to our Accuro One EMR (Electronic Medical Record) system – effectively blocking unauthorized sign-in's with an extra security "Factor".

Network health requires visibility and insight into fluid situations as they occur; we use real-time monitor(s) to track the uptime of all major network devices.

Last but not least – we have been carefully leveraging Artificial Intelligence (A.I.) for assistance with network script writing; these scripts assist with the day to day maintenance required in a network environment.

Keeping up with the latest technology is key to allowing our staff to focus on what's most important - the Health & Wellness of our clients and community.

Child Development & Family Services

Aangwaamii'aagok (Jordan's Principle Initiative)

BY JESSIE BILBEY, CASE MANAGER & TEAM LEAD



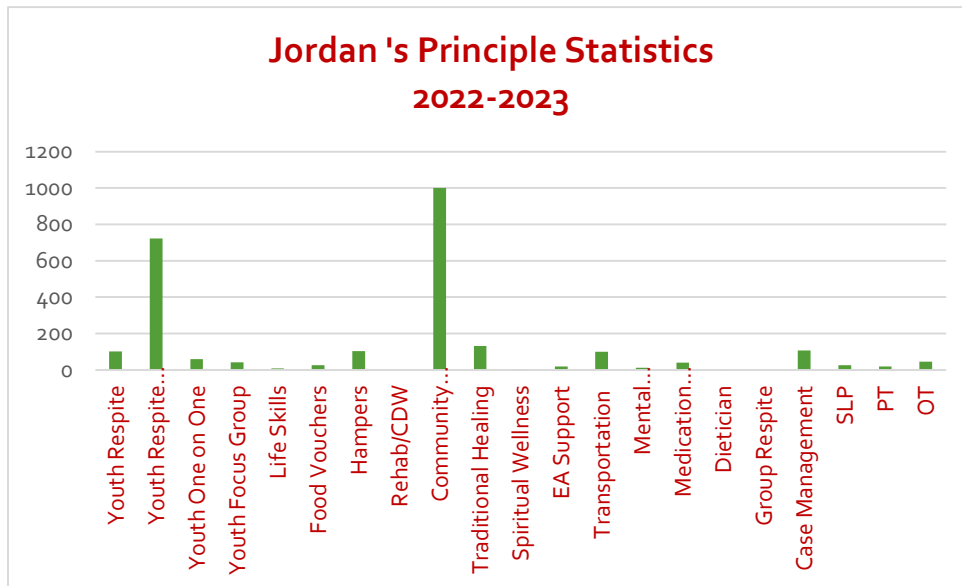
Jordan's Principle is a child-first initiative named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Born with complex needs, Jordan spent more than two years in hospital while federal and provincial governments disagreed over which government was responsible for the cost of services and supports that were needed to bring Jordan home. Tragically, Jordan died in hospital waiting, and never had the opportunity to return to his community.

RRAFN community's Jordan's Principle is named "Aangwaamii'aagok" and means "be vigilant with our children."

This initiative aims to ensure First Nations children (0-18 years old) can access public services ordinarily available to non-indigenous Canadian children without experiencing any service denials, delays or disruptions related to their First Nations status (including services for mental, physical, emotional, and spiritual wellness).

Jordan's Principle has been operating in Roseau River First Nation since January 2017. Its goal is to fill the gaps and breaking any barriers to access to services for First Nations children. Jordan's Principle provides First nations families access to prevention and intervention programming that meets the needs of children and youth, using best practices and family-centered care.

The support is provided to youth and children based on assessments done by Jordan's Principle Staff and in collaboration with the child/youth's family with their goals in mind. Jordan's Principle seeks to collaborate with a variety of organizations/specialists including other Ginew Wellness Center staff, occupational therapy, physiotherapy, speech and language therapy, audiology, wellness teams, dietitian, schools, developmental pediatrician assessments, cultural workers, and follow through with treatment recommendations.



Aboriginal Head Start

BY ALVINA GEGWETCH, HEAD START SUPERVISOR



Alvina Gegwetch

The Aboriginal Head Start program opens for class in September 2022 - 2023. Aboriginal Head Start program at the beginning of September was following guideline restrictions with the covid pandemic till January 2023. The Aboriginal Head Start Program provides activities that support early intervention strategies to address the learning and developmental needs of children aged 2 – 3 years living in the community and surrounding areas. The goal is to support early child development strategies that are designed for children and parents/guardians.

The AHS program assists clients and non-clients. We are a diverse, and nonprofit program. The program has parents/guardianship involvement with their children. This year AHS purchased and delivered Christmas food hampers and Christmas gifts in December 2022 to AHS parents/guardianship. Also, on May 11, 2023, staff, child and parents/guardianship did a Mother's Day gift activity. Parents/guardians were very thankful for this.



This year 2022- 2023 Aboriginal Head Start program graduation will be held at Ginew, School. There will be a walkthrough and the children will receive their certificate as well as a graduation gift with a supper voucher. In June we have 14 of our Aboriginal Head Start children graduate and will be going to nursery.

The Early Childcare educators organize, plan, and prepare the classroom for the opening of Aboriginal Head Start. They set up the classroom area for social distancing and plastic dividers for the tables and floors. We ordered all the supplies and materials we needed for the year.

The staff attends Early learning conferences, workshops, and training and other training provided to staff. We have two staff employees who are taking online courses through the University of Winnipeg, Bachelor of Arts.

Ginew Wellness Center, Ginew School, Maternal Child Health, Star program, Dakota Ojibway Child & Family Services, Manitoba Child Care Association, Cree Nation Tribal Council and Jordan's Principle and other community organizations are in partnership with the Aboriginal Head Start program.

During the summer, Aboriginal Head Start also hosted two Summer Camps, in July and August.

Canada Prenatal Nutrition Program (CPNP)

BY CINDY BUHLER, RN BN



Cindy Buhler

The Canada Prenatal Nutrition Program (CPNP) is for pregnant women and women with infants up to 12 months of age. The CPNP Program provides education on the importance of good nutrition for pregnant and nursing moms, promotes and supports breastfeeding, and provides support to prenatal mothers and their families.

During 2022-2023 the Nurse provided:

- Group and individual sessions to educate on the importance of good nutrition and a healthy lifestyle during pregnancy.
Food vouchers were provided to assist moms with groceries and healthy foods.

In partnership with Kim Knott, Dietician & Winkler food bank to provide hampers to some families.

All Moms were offered and provided with prenatal vitamins as well as a healthy baby benefit package.

Access to prenatal care and follow up.

A prenatal class session.

Breast feeding teaching, support, and assistance as well as providing breast pads and prescriptions to obtain breast pumps for

breast-feeding moms.

Dietary consultation with dietitians was initiated for any mom who may have experienced special nutritional issues

- ie. Gestational diabetes
- Diapers, wipes, and formula for families to access in emergency situations.

CPNP in partnership with:

- The MCH (Maternal Child Health) program to ensure that Moms have the necessary equipment in home to provide for a safe environment after baby arrives home ie. Cribs, bassinets, car seats or where to access the following.
-

- STAR (Success Through Advocacy and Role Modeling) and MCH provided opportunities to do fun activities such as breastfeeding pillows.
- DOCFS generously provided our postnatal moms with Star Blankets and were provided at our prenatal class or during post-partum visit or through our MCH program.
- Melissa Brown, Indigenous Midwife from Zaagiidiwin provided an Indigenous Full Spectrum Doula workshop and a prenatal circle.

We are continuously trying to be creative and develop new ideas to keep Moms engaged and provide an environment of fun learning. In the 2022-2023 year we had 18 Moms enrolled in the CPNP program and 14 initiated breastfeeding, 3 for 3-6 months and 2 for more than 6 months. We are excited to announce the rates of mothers breastfeeding is continuing to increase annually.

If you are interested in finding out more about this specific program or would like to enroll contact

Cindy Buhler, MCH Nurse Supervisor (431) 800-1275 ext 123.

Strengthening Families-Maternal Child Health (SF-MCH)

BY CINDY BUHLER, RN BN, FAYE NELSON, & CHANTAL SEENIE, NURSE SUPERVISOR & HOME VISITORS



Strengthening Families Maternal Child Health Program (SF-MCH) is a family-focused home visiting program for pre and postnatal women, fathers, and families of infants and young children from 0–6 years of age available in 17 First Nations in Manitoba. The emphasis of the program is on strengthening families through the delivery of home visiting services and the delivery of a curriculum that draws on the cultural strengths of the community and family. The program provided support to nineteen families throughout the year that built on their strengths, addressed families' needs, questions, and concerns.

There are 2 Home Visitors, Faye Nelson and Angelina Zacharias that deliver curriculum and home visiting support focusing on promoting strong attachments between parents and children; educating on child growth and development; improving prenatal care; and increasing awareness of the role that holistic and balanced lifestyles play in the development of healthy families. Activities offered by the Home Visitor are taken directly from the curriculum or culturally adapted module and included, medicine picking, and other child health activities.

The MCH Program offered summer and fall prenatal education sessions through the MCH Nurse and partnership with STAR and CPNP Programs with approximately nine prenatal women and their partners.

The MCH Nurse continued to make referrals and accessing of other supports and promoted coordination of services for children and families through case management with Children's Oral Health Initiative (COHI) Dental Therapist, CHN, ADI, Headstart, DOCFS, Mental Wellness Team, Jordan's Principal, Ginew Housing, MB Housing, Southern Health, and other external resources. The Home Visitors provided in-office/outdoor one-on-one sessions. The SF-MCH program provided a free book gifting program devoted to inspiring a

love of reading in young children. Enrolled children receive monthly a high quality, age-appropriate book in the mail through the Dolly Partin Imagination Library.

The SF-MCH hosted a Prenatal Circle and Full Spectrum Doula training through Zaagi'idiwin and Melissa Brown for the prenatal clients/partners/family members. The SF-MCH team met with a Southern Health Registered Midwife, Laura Wiebe to promote and return birth/midwifery back to the community with ongoing discussion of future services.

If you are interested in finding out more about this specific program or would like to enroll contact

Cindy Buhler, MCH Nurse Supervisor (431) 800-1275 ext 123

Success Through Advocacy & Role Modeling (STAR)

BY CINDY BUHLER, RN BN & CHANTAL SEENIE, NURSE PROGRAM SUPERVISOR & MENTOR



The Success Through Advocacy and Role Modelling (STAR) Program offers support to pre & post-natal women (up to 1 year after birth) to promote healthy pregnancies and lifestyles. This is a client-centered program that links participants with a mentor who assists them in identifying and achieving goals related to wellness.

Our caseload consisted of 8-13 clients throughout the year.

The Mentor offers non-judgmental 3-year mentoring, advocacy, and emotional support to women who are not otherwise effectively engaged with community resources. The STAR Mentor and Program Manager aim to ensure clients are linked to appropriate services including assessments, referrals, follow-up and other services.

The STAR Program also partnered with MCH and CPNP offering summer and fall prenatal health education sessions through the STAR Program Manager/Mentor. Activities offered by the Mentor were beading, ribbon skirt making, and other craft projects as requested.

Wellness & Holistic Health Services Mental Health, Wellness & Addictions Services

BY HEATHER JOHNSON, TEAM LEAD

We have come through a year of concern and heartache. Our team has come together to look after family and friends when able of those who have lost loved ones. We have begun to work on a Crisis Plan for the community regarding mental health issues.

We have continued to meet with our individual clients and have begun booking workshops both for the community and the staff. In the past year we have had 1776 Individual client encounters with our 273 clients. Most of these sessions have been in relation to direct counselling, where the client has booked an appointment with us, although we also have a high number of drop ins where we are meeting clients as needs are immediate.

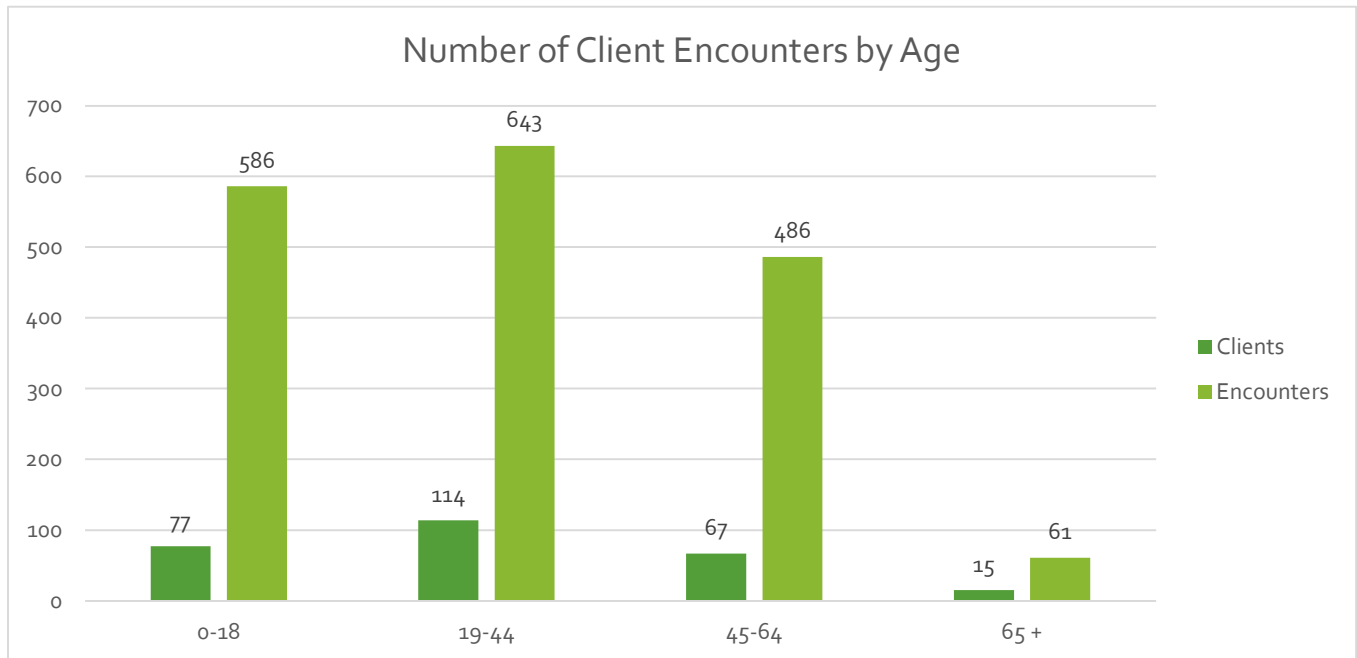


Heather Johnson

With all that has happened this year we have seen the stress in our team. We were able to do a self-care retreat together at the end of August 2022, which was a welcomed rest for all of us. It also allowed us to connect more as a team. We hope for more connecting times like this in the future.

We are continuing to receive training, find training for the community and working as a team to create a cohesive Crisis Plan for our community.

We have had one employee on medical leave during this time and brought in a therapist from FNIHB to help us fill the gap.



Traditional Healing Program

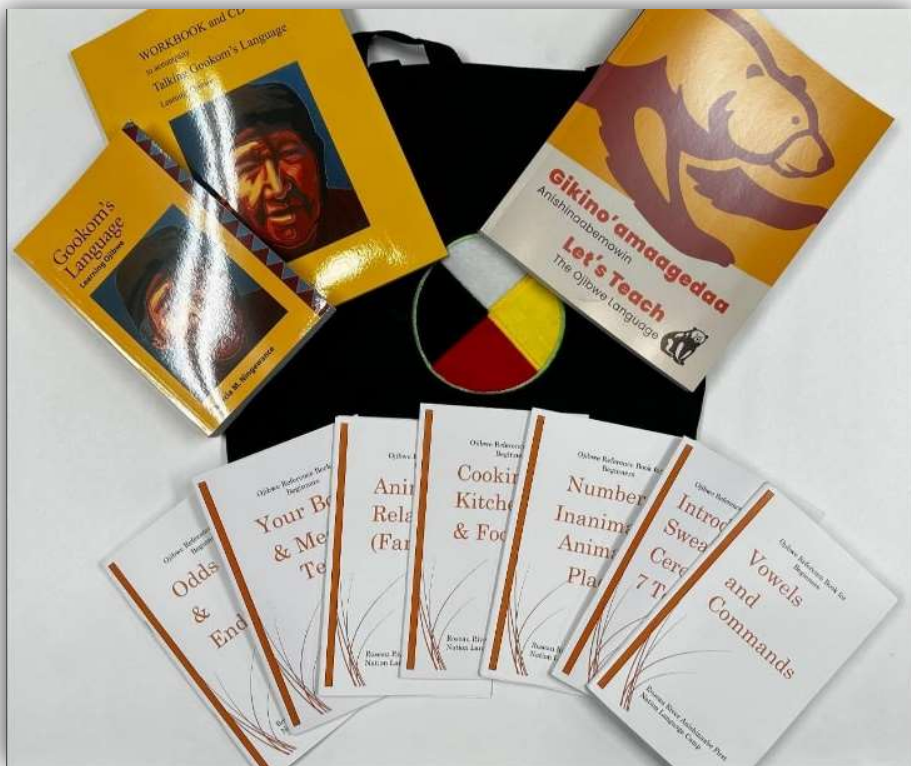
BY KIRBY NELSON, CULTURAL WORKER

The Traditional Healing Program is a community-based program funded through the Non-Insured Health Benefits. In keeping with the community’s beliefs and traditions, we acknowledge the importance and benefit of healing holistically through our traditional healing practices. The Traditional Healing Program assists community members in accessing traditional healers and ceremonies.

It assists community members with limited funds to participate and travel to various traditional gatherings that are categorized under local healer initiatives.

Traditional Healing Activities Report

Ceremony/Gathering/Meeting	Date	Location	Participants
Greeting OX cart	May 24, 2022	Roseau Rapids	25
Spring Ceremonies	May 30- June 4, 2022	Roseau Rapids	150
Summer Ceremonies	Aug 18- 21, 2022	Roseau Rapids	100
DOCFS Collaborative Meetings	Sept 2022, March 2023	Winnipeg, Russel	40,40
DOCFS AGM	Sept 16, 2023	Portage La Prairie	60
DOCFS Local Committee	April 2022 – March 2023	Roseau River	15-Oct
Fall Ceremonies	Nov 3-6, 2022	Roseau River	100
SCO Wellness Gathering	Nov 15-16, 2022	Winnipeg	50
Glenbow Museum Scroll Gathering	Dec 10-13 2022	Winnipeg	200
Language visit with the Elders	Jan 24, 2023	Roseau River	8
Winter Ceremonies	Feb 23-26, 2023	Roseau River	100



Physical Fitness Program

BY ALEX HARTIN, FITNESS WORKER

The Fitness Program’s main objective is to improve our client’s overall health through physical activities and to encourage young people to become more physically active in a safe and healthy environment. My main objective for the Ginew Wellness Center fitness program is to maintain/improve the mental and physical wellbeing of the community (Roseau River First Nation).



Alex Hartin, Fitness Worker

Sports are a great way to keep in good health and they also teach great discipline, teamwork, and leadership, especially for our youth. I’ve offered dry land and in field training including:

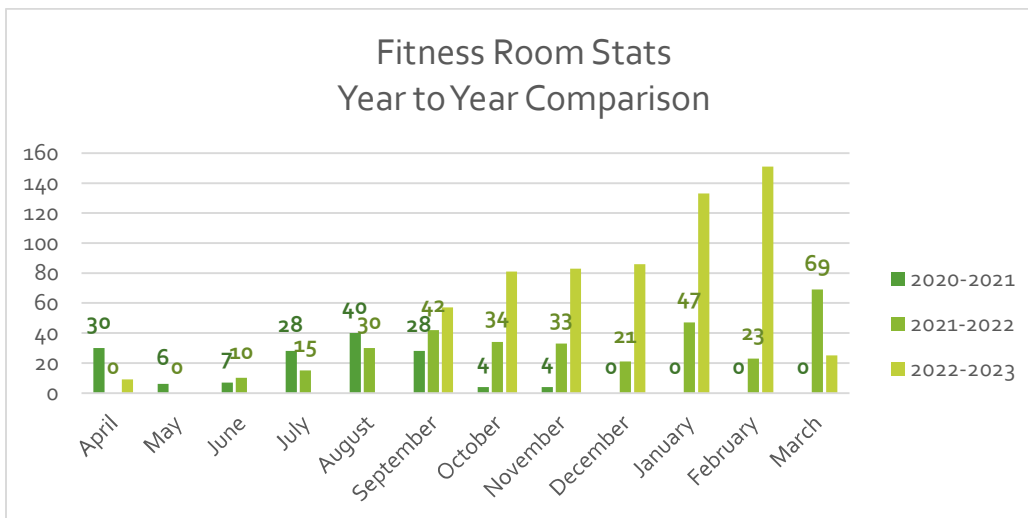
Sports

- Hockey/Skating
- Basketball
- Baseball
- Golf
- Volleyball
- Horseshoes
- Skateboarding
- Biking

Activities

- Yoga
- Strong Man/Woman Competition
- Walking/Jogging/running
- Pilates
- Stretching
- Weightlifting

I’ve had great people that have helped me along the way. I’ve worked alongside our Jordan’s Principle youth worker, dietitian, and mental health team just to name a few. I’ve done a focus group or two, just get a better understanding of what the youth in the community want and are in to, have had a couple cooking classes for clients, made smoothies, and have had some great one on one time with clients to help with mental health. It’s awesome to know your co-workers are all striving for the same goal; to make this community a better place. (Side note: As of the new year, our new gym has been open to the public and we’ve been able to set multiple people up the community with memberships! It’s fantastic to see how many people have signed memberships, let’s get those numbers up!)



Primary Care & Community Health Services

Primary Care Nursing, Clinic, and Communicable Disease Control

BY NICOLE SOLNES, RN, PRIMARY CARE NURSE



Nicole Solnes, Primary care Nurse

As the Primary Care Nurse, I report to the Health Director and Assistant Health Director and manage the Primary Care Clinic Monday to Friday. The Primary Care Nurse provides nursing care to community members and non-members of Roseau River First Nation. Often the Primary Care Nurse is the first individual the client meets in the clinic setting and is responsible in providing care for a variety of medical conditions, assessments, and referring to other health care professionals or medical facilities as required. I assist and work closely with our Nurse Practitioner and Doctors on and off site.

The Primary Care Clinic offers medical appointments Monday to Friday with our Nurse Practitioners, and Physician appointments on Wednesday afternoons and Thursdays for the full day. We offer scheduled, walk-in, and same day appointments. We provide blood work, vital sign measurements such as blood pressure, temperatures, oxygen levels and heart rate.

Tuberculosis skin testing is available and treatment if required is offered and monitored. Wound care, dressing changes, medication injections, diabetic and chronic disease education to mention a few services. I am responsible for Communicable Disease Control follow-ups for tuberculosis, sexually transmitted and blood born infections as well animal bites with possible rabies exposure. Should you need treatment for a communicable disease we can treat it here on the spot at the clinic. I assist the Community Health Nurse with immunization clinics for the school students and provide home visits to clients in the community at times. I am also responsible for ensuring the clinic is stocked with equipment and supplies.

The Primary Care Nurse works with on-reserve and off-reserve health programs, institutions, and health related businesses, and is involved as a member of the Local Child and Welfare Committee for the Dakota Ojibway Child and Family Service. Meetings are held monthly for discussion and planning for prevention activities at the agency level and community level. I am also a member of the Zhenobik Committee (Home Care Program). I sit on the Manitoba First Nations Aids/HIV Working Group, meetings are held quarterly, the working group is committed to making sure that Manitoba First Nations are actively involved in the provincial strategies and opportunities regarding HIV/AIDS. I work in conjunction with Maternal Child Health, Dietician, Aboriginal Diabetes Initiative, Community Health Representative, Medical Transportation, and other programs as needed. I also attend South Zone Area Nurses meetings and training at times with the other nurses under the Dakota Ojibway Health Services.

The Primary Care Nurse is responsible for scheduling nursing meetings for updates, plans, workshops, and training schedules. Updates are provided to each other as needed daily. The Primary Care Nurse advocates on behalf of the nurses and the individuals residing in the community.

Our focus over the last year has been getting back to regular business after the Covid-19 Pandemic. We are excited to say that we now have a second Nurse Practitioner here three days a week – Mondays, Wednesday and Fridays. We continue to see an increase in clinic visits and will continue to provide services to community members daily. With the easing of public health orders and restrictions we were able to host the 6 month follow up for the Non-Alcoholic Fatty Liver Study. The study was led by Dr. Julia Uhanova, Associate Professor and her team through The University of Manitoba and Four Arrows Regional Health Authority. The study was to determine how common and/or severe the condition called 'non-alcoholic fatty liver disease' (NAFLD) is in Manitoba, and the long-term outcomes for people who have this condition. We enrolled 121

participants, 76 of them (62.8%) have fatty liver and will be followed up every 6 months, while 45 participants without fatty liver will be called at the end of study; March 2024 for another ultrasound assessment. – waiting for numbers and information on this section

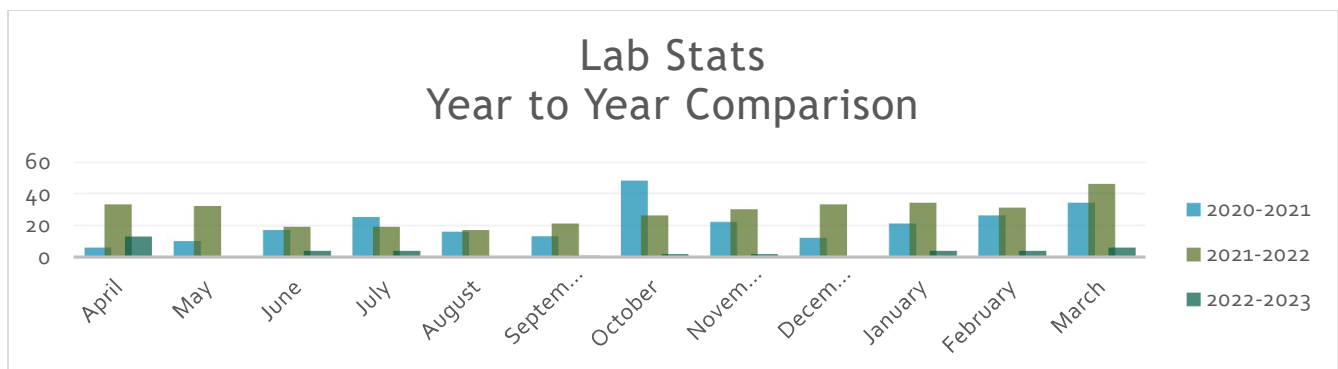
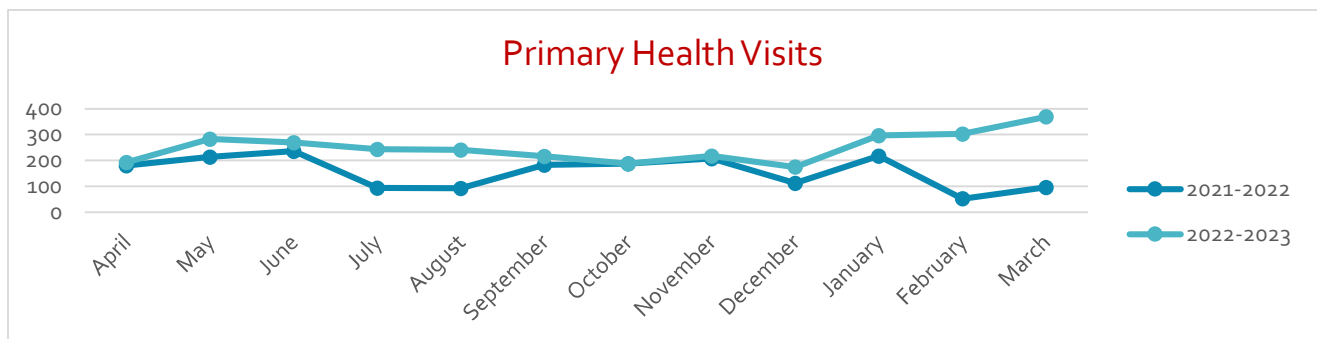
Our priority moving forward for the next year will be to continue to ensure the safety of our community members and continue to provide excellent primary care services; addressing the health needs of community members, ensuring to promote health, disease prevention and treatment. We are looking forward to hosting our annual health fair in September this year as well as hosting chronic disease clinics such as high blood pressure and diabetic clinics to name a few. We will be focusing on working with our community members, peers, and leadership to communicate, educate and implement a harm reduction program that works well for our community.

We also look forward to utilizing our Mobile Primary Care Clinic Van increasing access to Primary care services for those in need.

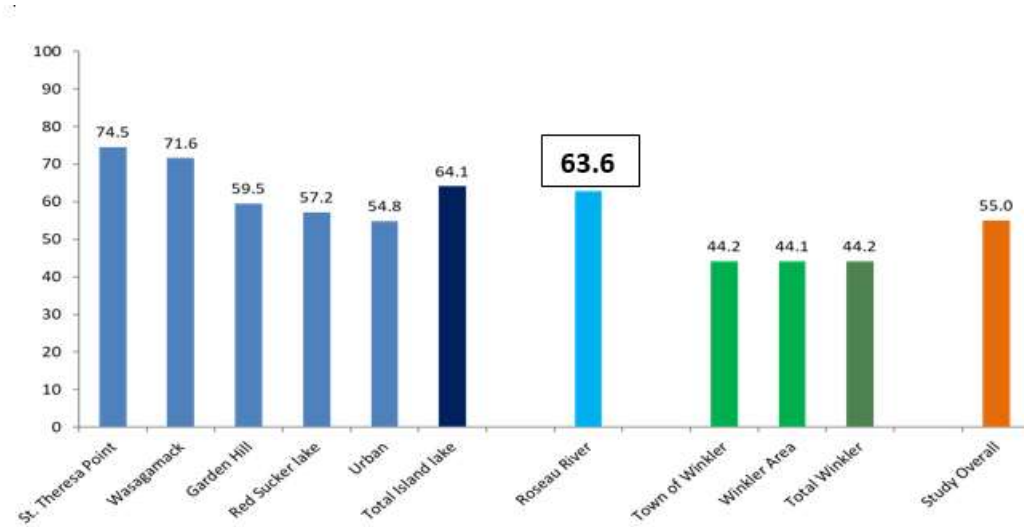
Nurses are required by the Manitoba Association of Registered Nurses to have continuing education, professional development and competency training, and reinforcement of job skills. Last year I enrolled with Red River College to take the Authorized Nurse Prescriber – Reproductive Health and STBBI course. I have completed the first module and I look forward to continuing my education over the next year in Sexual Transmitted Disease Management, Treatment and Reproductive Health.

It continues to be a real honor and pleasure to be working in a great community. I enjoy working for the Ginew Wellness Center and with my fellow co-workers.

Awaiting numbers from FNIHB for epidemiology.

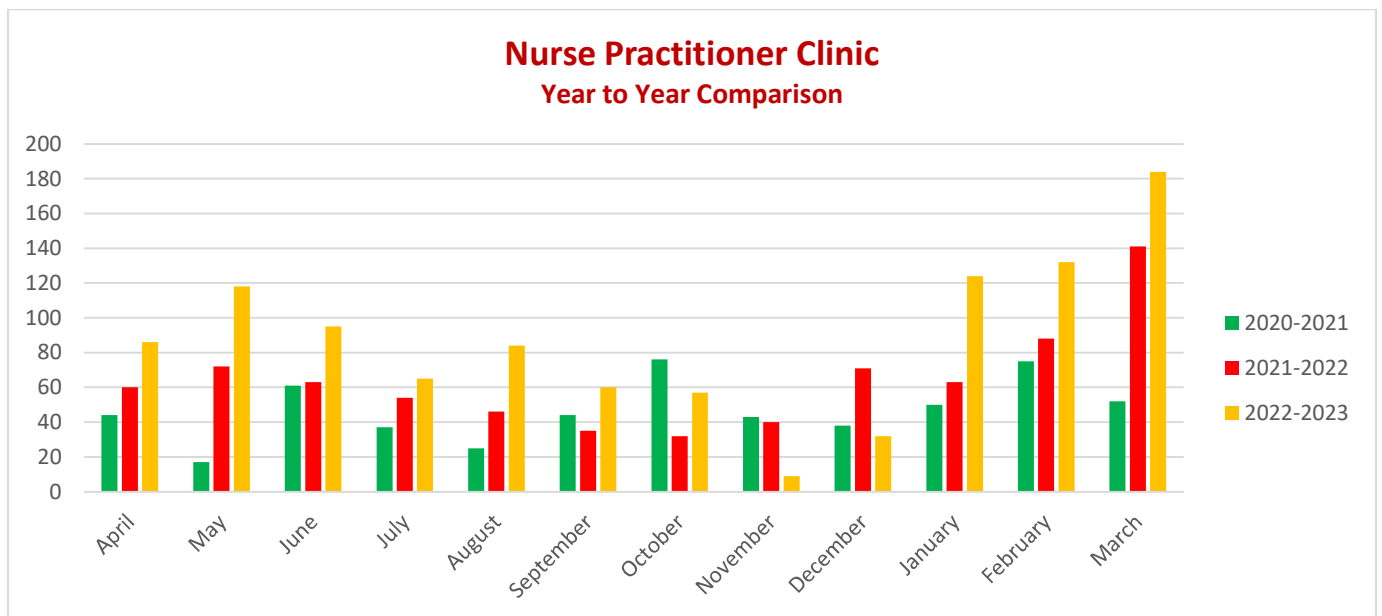


Prevalence of NAFLD among the participating communities



Total Participants	121
Participants with fatty liver	77 (63.6%)
Healthy participants	44 (36.4%)
Follow-up appointment	36 (45.75%)*

*Only 36 participants with fatty liver out of a total of 77 - or **46.75%** - attended the follow-up clinic.



Community Health Nursing & Immunizations

BY KELLY JOHNSON, COMMUNITY HEALTH NURSE, URIS NURSE



Kelly Johnson

The Community/Public Health Nurse program is managed by the Community Health Nurse who is responsible for promoting health in five major areas:

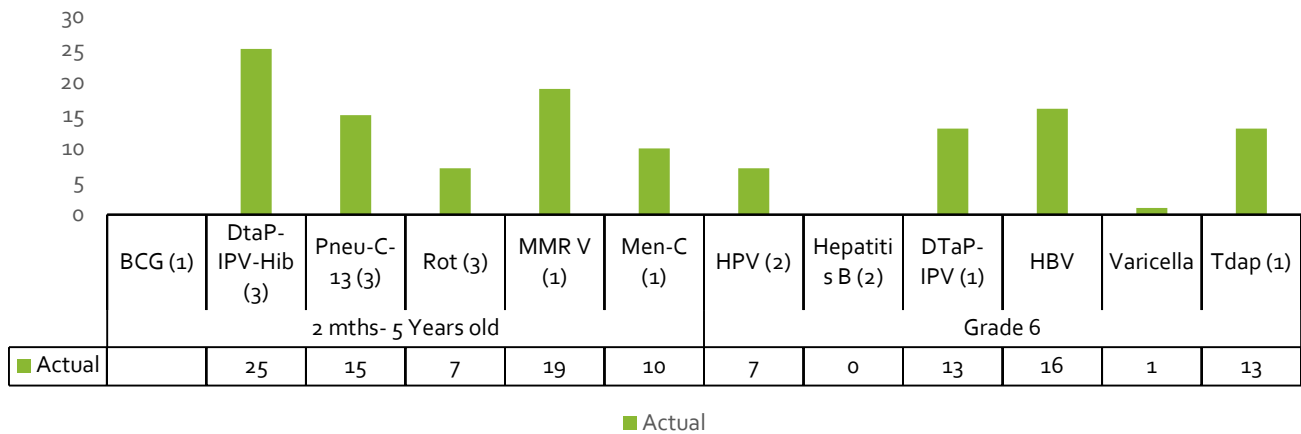
- Child wellness and immunization including school immunizations.
- Health and Wellness education in the community and the school
- HIV and Sexual wellness
- Harm reduction
- Unified Referral and Intake System (URIS) for children from daycare, preschool and up to grade 8.

The URIS program is new to the wellness center (previously covered through Manitoba First Nations Education Resource Center). One of the big changes will be that it will not only be in the school K – 8 it will also be available for daycare, preschool and head start program and will follow the child through to grade 8 if needed. The Uris program is for children with health problems such as Asthma, allergies, diabetes etc. There are pamphlets and applications available at all the mentioned sites.

Aside from implementing these programs, the Community Health Nurse provides support in the clinic, when necessary, organizes flu and vaccine clinics, and does phlebotomy (bloodwork). The Community health nurse works collaboratively with the whole wellness team to address any ongoing health and wellness concerns as they relate to the community.

As of January 2023, the red zone has been taken down, we still test at the center and maintain a supply of rapid home tests for clients. We have Covid vaccines available for anyone requesting one.

Community Immunization Report 2022-2023



HIV/AIDS Program

BY KELLY JOHNSON, COMMUNITY HEALTH NURSE

This program focuses on sexual health and wellness for the entire community with special emphasis given to HIV, Hepatitis C, and syphilis.

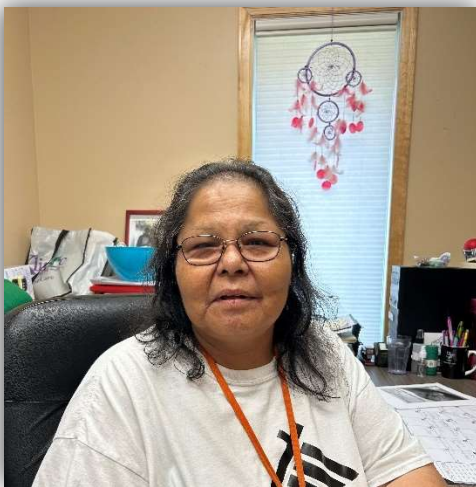
During the Covid-19 pandemic the program was on hold however testing and education has and will always be available upon request. Recently, efforts have returned to case and contact tracing as previous and working with individuals and in the community to slow/stop the spread of these and sexually transmitted and blood borne infections.

We tested 8 people for Covid 19 in the time frame of April 1 2022 – March 31 2023 at the Wellness Center. This number does not depict the true numbers, only people who have come to the Wellness Center for a test.

Aboriginal Diabetes Initiative (ADI)

BY DEBBIE ALEXANDER, COMMUNITY HEALTH REPRESENTATIVE & KIM KNOTT, RD, DIETICIAN

The Aboriginal Diabetes Initiative Program promotes diabetes awareness, prevention, and treatment. We have been involved with promoting good nutrition for wound care and collaborated with other programs like Maternal Health to promote good nutrition for infants, toddlers and during pregnancy. We have promoted healthy nutrition and encourage the preparation of homemade food. This year has been a challenging year to continue our program. We did a takeout meal in the fall where people picked up a dinner and it was very successful. Nutrition counselling however has been limited to phone visits. As more people are vaccinated, we hope to return to more normal activities.



Debbie Alexander



Kim Knott

Drinking Water Safety Program

BY ALERON ALEXANDER, WATER QUALITY MONITOR

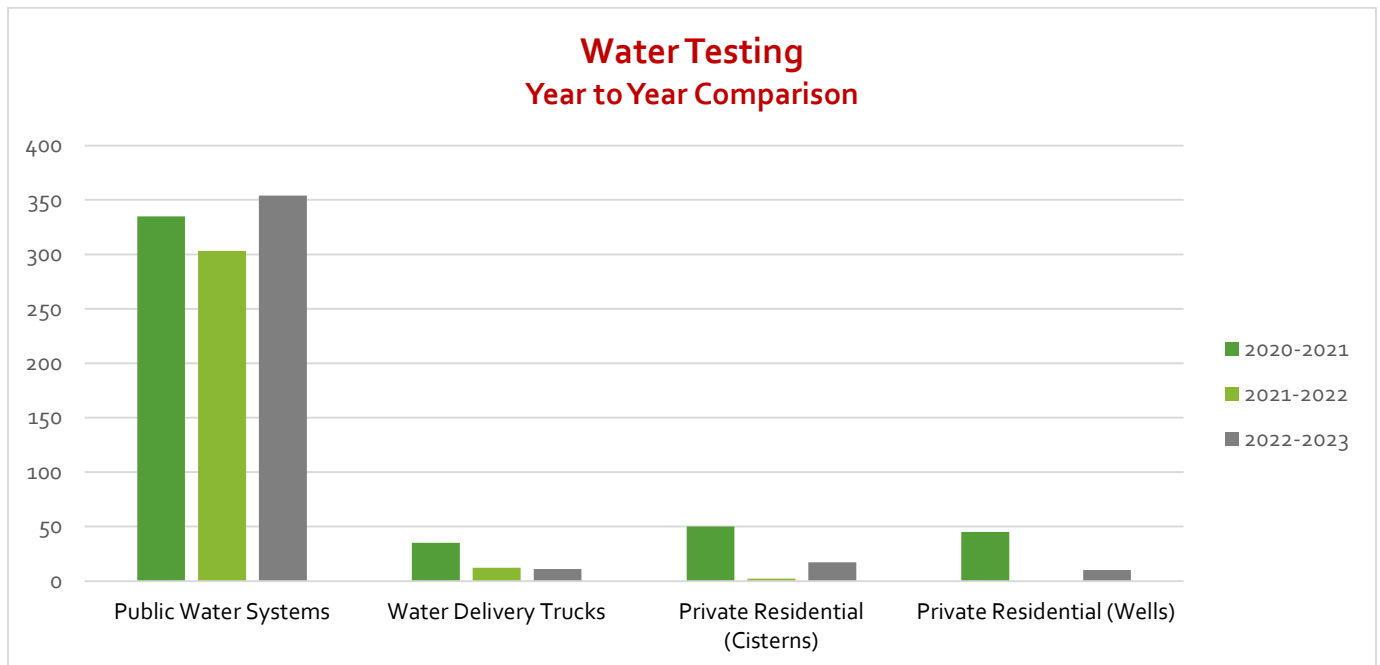


Aleron Alexander

The Drinking Water Safety Program staffs a half time trained Community-Based Drinking Water Quality Monitor to conduct monitoring of microbiological drinking water quality. As per the Contribution Agreement, the DWSP must:

“Sample and test drinking water supplies for E. coli, total coliforms, and chlorine residuals in distribution systems greater than five connections, cisterns and community wells; reduce the possibility of waterborne disease outbreaks by increasing and improving the monitoring of and reporting on community drinking water supplies in Roseau River Anishinabe First Nation; and to build capacity of the Roseau River Anishinabe First Nations

through community-based drinking water quality monitoring programs.”



Foot Care Clinic (Community Health Promotion & Injury Illness)

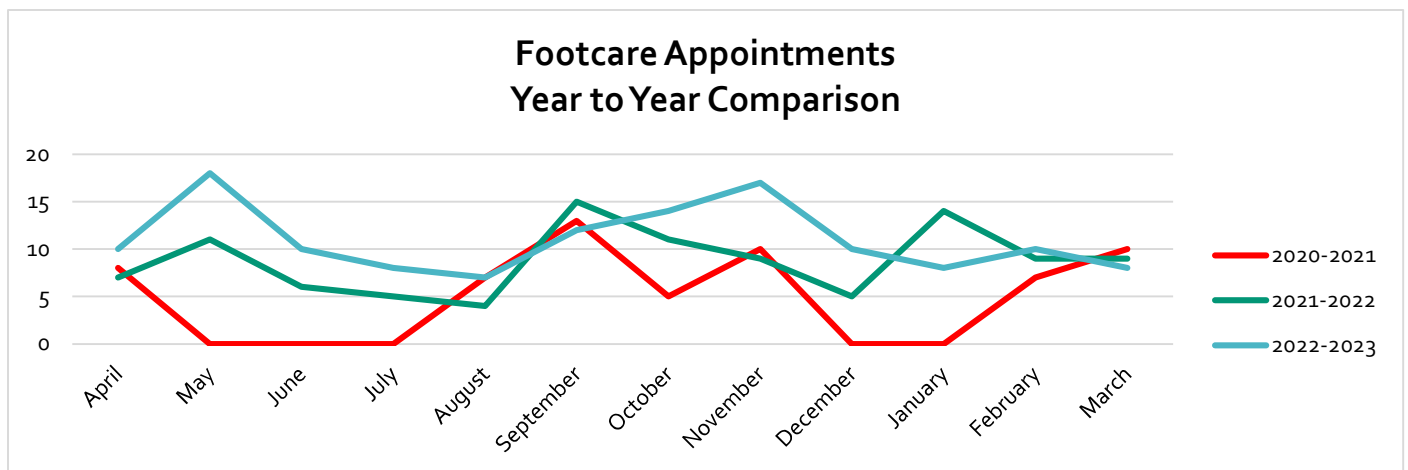
BY DEBBIE ALEXANDER, COMMUNITY HEALTH REPRESENTATIVE AND RHONDA HALL, FOOT CARE NURSE



Rhonda Hall

The Foot Care Clinic is under the Community Health Promotion and Injury Illness Program. We have one certified Foot Care Nurse with clinics scheduled twice per month. Despite the challenges of working through a pandemic there were still 105 clients who utilized the Foot Care Clinic throughout the 2020-2021 year.

The Foot Care Clinic is a preventative and monitoring service and a beneficial tool for diabetics as a preventative measure. The Foot Care Nurse regularly follows up with clients and charts in our Electronic Medical Records System. The Foot Care Nurse works closely with our medical team of Nurses, Physicians, and Nurse Practitioners. The foot care program includes basic foot care, lower limb assessment, providing nail care, wound assessment, basic footwear assessment, corn and callus reduction, and client education.



Medical Transportation (NIHB)

BY HENRY HAYDEN, TRANSPORTATION COORDINATOR

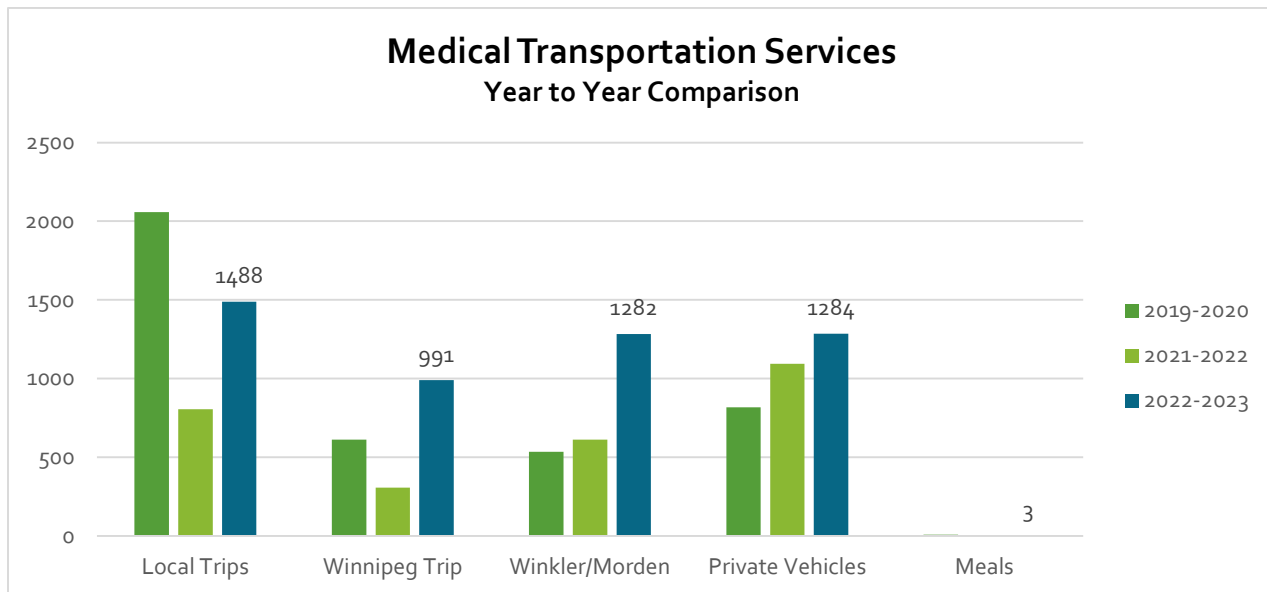


Henry Hayden

The Medical Transportation Program is funded by the Non-Insured Health Benefits Program through the First Nations & Inuit Health Branch. It can assist community members with transportation to access medically necessary health services not available locally. An overall summary of the Roseau River Medical Transportation Program comprises of a Medical Transportation Coordinator, two full time drivers, and several casual drivers and has a fleet of three medical vans.

The Medical Transportation Program works diligently to offer services to community members 24 hours, 7 days a week (a service that exceeds most Medical Transportation Programs in other First Nation’s communities). The Medical Transportation Coordinator and Medical Driver’s work collaboratively with the Medical Clerk, Nurses, Physicians, and other Health Care Facilities to best coordinate its’ services.

Below is a year-to-year comparison of the activities provided through the Medical Transportation Program:





Ginew Seniors Lodge

The Lodge has served the community’s elders and members since 2007. Over the last year we have continued to offer tours to other organizations and First Nations, looking to learn our best practices and how we have built a supportive and caring health center. Over the last year Part II arose through the Supportive Care Initiative Self-Assessment Initiative. This proposal addressed the areas of the lodge that required improvements as well as ongoing maintenance.

The Supportive Care Initiative Self-Assessment Initiative proposal resulted in increasing our staffing levels. The new term positions created were:



- Driver- The Driver takes and assists clients on shopping trips, events planned with activity coordinator, delivers Meals on Wheels, and maintains vehicles.
- Maintenance/security- The Maintenance worker provides yard care and small repairs as needed, and orders and picks up supplies needed to maintain the Ginew Seniors Lodge.
- Services to Seniors/Activity - Services to Seniors/Activities has been a highlight of our program, by improving mental health, reconnecting us from all the separation and isolation Covid had created. The positions also does daily activities, monthly calendars, and event trips

Palliative Care:

In collaboration with Southern Health Palliative Care, we are committed to building our program of palliative care to the community of Roseau River. Our team consists of our local home care team, with support from the Southern Health Palliative Care Team. We work closely with one of the physicians and one of the nurses, as well as a social worker, who specializes in palliative care- ‘ *End of Life Journey*’ . The model we hope to create is a culturally sensitive palliative program, where our community members have the opportunity to die at home, a place they have lived all their lives with there loved ones surrounded by. As First Nations we have always taken care of our loved ones. With our partnership with the Southern Health Palliative Care Program Team, they have allowed us to keep clients at home. With the relationship we have established it has made our work, and the End-of-life journey easier. They ensure our clients’ needs are met and come to the community to meet with us and clients on regular basis



Boozhoo, my name is Renee Seymour, and I am the senior activity worker for the Ginew Wellness Centre – Homecare Program.

Since beginning with the program, I have slowly built bonds with the elders and helped them with daily life tasks. The more that I have contributed and helped them, the more they have learned to trust me.

In recent months, I have helped clients in the homecare program apply for Indian Status cards, taking clients to do their taxes, health cards, get onto the social media platform, apply for day school, provided meal delivery services, taking our clients to healing gatherings in the Winnipeg region, brought clients out to Minweyweyiigan ceremonies, medicine picking, tobacco prepping, golfing, played their favorite pass time card games, learned how to sew pucker toe moccasins, sew ribbon skirts, sew ribbons shirts, wood pyrography, explored their creative abilities with painting and crafting.

We have recently started doing puzzle races, cribbage freerolls, rummy freerolls and word search races. This is a great way to get the clients to use their mental abilities to have a friendly competition match with one another. We have also had Meals on Wheels clients interested in attending our activities. We have some out of community trips coming up, such as visiting vegetable and fruit gardens.

Upon first arriving, the attendance for most activities was quite low. However, over the past months, we are starting to see more and more clients come out to sit with one another and have coffee. As an activity worker I continuously encourage our beloved elders to color outside of the lines and explore their own creative abilities, and to build our elders' self-esteem and give them that confidence to participate in something that they have never done before.

We strive to work with other programs when the opportunity arises. We have had support from the DOCFS team in providing financial support towards a collaboration between the HCC program and Jordan's Principle.

We have also worked with the Ginew Wellness Centre & the Language Program. They have helped send clients from the homecare program and the community to Wasay- Survivors healing gathering in Winnipeg. Clients there were given the opportunity to participate in many different healing activities.

There has been a recent spark in traditional medicine picking among our clients. The clients have become more confident in trying new activities, overcoming fears, and they genuinely enjoy having the company. Our leaders have lived full lives and are full of endless stories of struggles, hardships, and a lot more stories about perseverance.



Appendix

Financials



Independent Auditor's Report

To the Chief and Council of Roseau River Anishinabe First Nation:

Opinion

We have audited the financial statements of Ginew Wellness Center (the "Center"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations and accumulated operating surplus, remeasurement gains and losses, changes in net financial assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and supporting schedules.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Center as at March 31, 2023, and the results of its operations, its remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Center in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Center's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Center or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Center's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Center's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Center to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

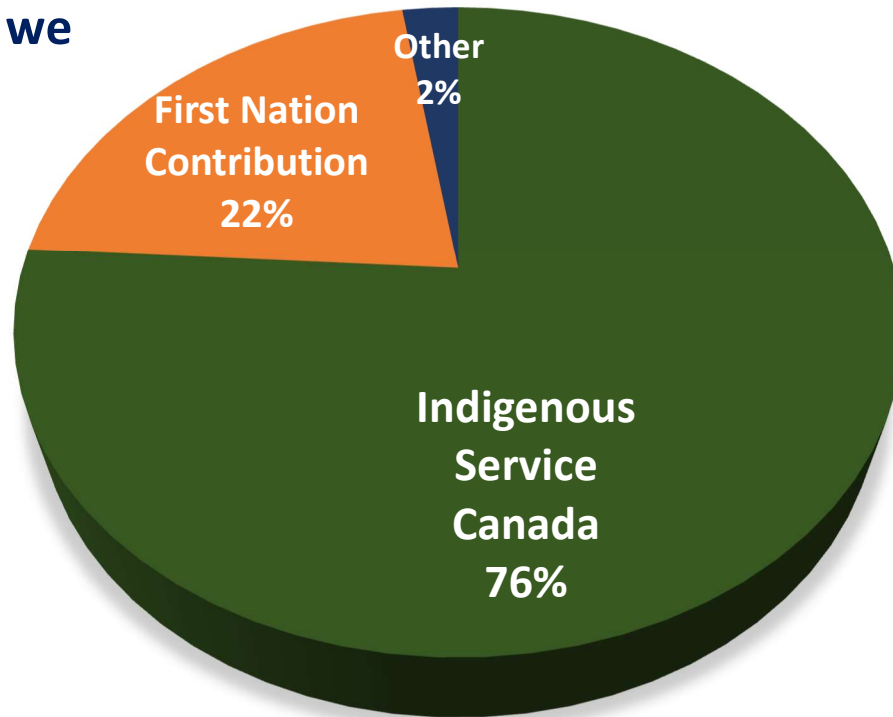
We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Winnipeg, Manitoba

October 19, 2023

MNP LLP
Chartered Professional Accountants

Where do we get our Funding!



	Revenue	Expenses
Canada Prenatal Nutrition	34,362	35,276
Fetal Alcohol Spectrum Disorder	62,062	62,242
Maternal Child Health	240,673	245,432
Aboriginal Head Start	224,132	224,637
Capital Investments	92,533	34,953
Mental Health Care	150,869	134,523
Mental Wellness	687,187	687,187
Jordan's Principle Educational Assistants	224,550	225,428
Aboriginal Diabetes Initiative	91,976	91,720
Community Health Representative / Nursing	263,923	264,799
Home and Community Care	541,959	541,959
HIV/AIDS	34,942	6,065
Environmental Health Drinking Water	18,025	25,794
Jordan's Principle	1,707,051	1,707,051
Medical Transportation	366,630	363,433
Medical Transportation Support	85,833	85,831
Health Plan Management	366,476	369,018
Accreditation	30,000	46,474
Building Operations and Maintenance	104,591	162,805
eHealth Infrastructure (Electronic Medical / Health Records)	68,616	70,833
COVID	25,695	28,190
Total	5,422,085	5,413,649

Where do we spend our Funding!

