



Gineu Wellness Center Annual Report
2020-2021



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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, dedication, and commitment to serving the community during these unprecedented times with covid still being actively present in the world. Your ability to adapt to the many changes for the benefit of the center and community is very much appreciated. Since the pandemic has come upon us, so much has changed in the world, in our community, our gathering spaces, our work and the place we call home. The center has been focusing on our pandemic response and the challenges associated with it and they continue to do an exceptional job as other first nation communities have looked to our community for guidance on pandemic response. The staff at Ginew Wellness Center are doing their best to ensure the health and safety of the community while continuing to provide safe delivery for most of the services. There is so much going on behind the scenes with renovations, proposals, improvements while looking at short, mid, and long-term goals for the center despite the ongoing pandemic. Just to name a few, some of our proud accomplishments is our bus for our mobile health clinic, the water park, covid testing site, completion of our 24-hour accessible gym with a grand opening in January.

This year has been a process of evaluating and re-evaluating priorities while being responsive to quick change as the pandemic codes change and adapting to those changes. Everyone, at every age, plays an important role in keeping our community safe by following the basic health practices and recommendations. Reactive and preventative measure to covid has been hard on families and we are grateful for all the cooperation from everyone. We are grateful for our health staff who worked late hours to do the contract tracing, notifications to try preventing the spread of covid. Please continue to follow the recommended guidelines, not only for ourselves but on behalf of others, from our elderly to our babies and expectant mothers. Our focus has been to keep our community safe through networking, hard work, and dedication with collaborative efforts from our Chief and Council, other programs, groups, all community staff, volunteers, and community members in our community.

The Health Committee also thanks the tribal members of the Roseau River Anishinabe Nation for their continued support, it means so much to everyone. We know these times have brought uncertainty, fear, stress frustration and anxiety to most but we must individually and collectively continue to work together in response to all the challenges we continue to face during this pandemic.

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.

Miigwetch,

Pearl Henry

Chairperson-Ginew Wellness Center Health Committee



Building the new patio

Executive Summary

BY GUY GOSSELIN, CFNHM, EXECUTIVE DIRECTOR

Greetings from the Ginew Wellness Center. 2020-2021 has been an COVID-19 Pandemic blur year, filled with many successes and challenges. This Annual Report will cover the details of our response to the pandemic along with the challenges. The Report covers from April 2020 until March 31, 2021. I will include some of the outstanding Reports in my report.

I would like to start my report by thanking our Leadership Chief & Council, Chief Craig Alexander, Councilors June Thomas, Mike Seenie, Terry Nelson, & Alphia Hayden. They have given excellent leadership and support to the community and to the Ginew Wellness Center. I also want to thank the Health Board appointed by Chief & Council. They are instrumental in providing excellent governance and leadership to the Ginew Wellness Center. The members of the Health Committee are Chair Pearl Henry, and members Joanne Hayden, Grace Smith, Marina Littlejohn, and Millie Roberts. I would also like to thank the Ginew Wellness Center Team for the care and service provided along with programs delivered to our community members.

Here are some of the 2020-21 Reports I would like to report on:

- a. **Covid-19 Funding:** These funds came through various Programs. We needed this extra funding to tackle the many challenges that came with the Pandemic. Some of the programs and activities we were able to do for the community were:
- b. **COVID-19 Perimeter Security:** In September We were asked to oversee the Security for the nation. We set up the security by closing off every entrance except for one Entrance. Hired & Trained Security personnel. Rented as Security Trailer and set up Security Cameras and an Electronic arm to control traffic. 2 security personnel worked per shift. We thank our Security Team for an excellent job and keeping our community safe and preventing large scale outbreaks. This Program directed under Health was from October 2020 until April 2021.
- c. **Food Security:** Hampers were delivered to every household for several Months on a bi-weekly basis. This effort was led by the Day care staff with the support of Ginew School, with DOCFS who provided Groceries & supplies. We thank our partners for the great collaboration.
- d. **Traditional Medicines:** This Team led by Charlie Nelson picked and prepared medicines into packages and were available and delivered as requested by community members,
- e. **Covid-19 screener:** GWC continued to provide services to the community throughout the pandemic. This meant that we had to change our workflows to protect our Staff & community members. We set up the MPR as a large waiting area with social distancing and provided screening for clients as they entered to access services. We also created an Orange Zone to offer COVID-19 testing that was separate by a wall with a separate entrance. The temporary wall and a barrier had to be built for that purpose. This provided safety for the healthy clients who came for services. Initially Community members were encouraged to sew masks for the Ginew Wellness Center and those were distributed to the various programs and at Funerals and wakes. Isolation kits were distributed to each home multiple times throughout the year.
- f. **IT department** was crucial to the development and adjustments we needed to make throughout the year. With the new workflows and client traffic many new stations and phones had to be installed and access re-routed. The new Orange Zone for Covid-19 testing was also set up with separate printer, labeler, and remote access to our Electronic Medical Records (EMR).
- g. **Community Isolation Support team (CIS) Team** was created to support the families that had to isolate due to Covid-19. This team was instrumental in supporting families while they were in isolation. The CIS team checked daily on the families and supported them with supplies, checking mail and doing errands for them. This was one reason we were able to bring our Covid cases down rapidly in the 2 waves we experienced.



Guy Gosselin, CFNHM
Executive Director

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- h. **Pandemic Response Committee:** The Pandemic Response Committee made up of leaders from the Community organizations oversaw the decisions and direction for the navigation of the pandemic response. This Team worked diligently and faithfully throughout the year to make sure that high level decisions and direction was given to the community. The Community directives, Bi-laws, BCR's, Isolation orders, Security Training and set up, CIS team program training & set-up, food security planning & set up, Covid testing, and Immunization sites planning & set up were all discussed and organized at this Pandemic Response Committee level. Community Directives and short videos were prepared and communicated with the community. Daily community updates were prepared and posted to the Ginew Wellness Center Facebook page. Funeral directives were prepared along with safety protocol supplies for the wakes & funerals. The Pandemic Response Committee needs to be recognized and thanked for the great Leadership they provided. Sherri Thomas, Assistant Director/ Pandemic Co-Ordinator was a key person on this Committee serving along with Chief Craig Alexander, Principal Riley Gilbert, Lucy Ducharme Director of DOCFS, Christa Cooper, Office Manager, Kim Nelson, and Brenda French from Chief & Council Administration, and myself had regular ZOOM meetings throughout the year to stay on top of the Pandemic situation.
- i. **Pandemic Response to the 2 waves:** Our first wave of positive case came in December 2020, and we were prepared. The Ginew Wellness Center Team sprang into action and worked diligently through the Christmas break, providing COVID testing, contact tracing, and Daily Isolation checks, with the CIS team supporting the families. Nurses checked the Covid test results through E-chart and were able to respond days ahead of the Public Health notification system. The team provided Alternative Isolation Accommodation (AIA) referrals for community members requesting AIA. Security did a great job monitoring and reporting incidents of concern. Community lockdown was put in the Community directives, and the community responded to reduce the cases and get the community back down to ZERO cases very rapidly. Our GWC nurses along with DOHS nursing support was crucial during this time and I want to thank the nurses and the GWC Team. We called ourselves "TEAM AWESOME" and it was well deserved. Thanks Team I am honored to be part of such a great TEAM.
- j. **Vaccine Clinics:** When the Covid-19 vaccines became available the GWC staff were encouraged to get their vaccines at the supersite in Winnipeg to give more vaccines for the Elders during the initial role out. A large majority of the staff acquired their vaccines at this time providing protection for the GWC Team and the community we served. Elders were vaccinated first, followed by community members and then the youth 12 to 18 became eligible to receive the vaccines. Initially we set up the clinics at the Gaming Center and then we moved the clinics to the Ginew School. The nurses along with the Administration Team planned and executed a very efficient clinic. We offered pictures of "I got my Vaccine today" in front of a poster, a Wellness bag, and Traditional Tea for everyone getting the vaccine. We also want to thank Ginew School and Principal Riley Gilbert for the support given to our Team during the Vaccine clinic days. We had a Policy and a challenge of not wasting any vaccines, therefore we were able to offer the vaccines to teachers and others providing services to our community. This we saw as an act of Reconciliation and creating more safety for our community members. All were very thankful for the vaccine availability at short notice.
- k. **Capital:** We received some additional Capital funding from a few FNIHB Programs which was needed and used for all the capital adjustments required to deal with the Pandemic. We ordered Plexiglas barriers for all the public places in the community and purchased medical grade temporary walls to create our Orange Zone. Other renovations were completed to adjust our workflows and client's access to services. We moved some our services outdoors, when possible, to accommodate in person client visits. Capital funding was used for COVID response activities.
- l. **Medical Transportation:** Our Med. Trans, Team stepped up and prepared for they Pandemic and responded as needed. All Medical Vans were modified by installing a clear plex barrier behind the driver's seat to seal the driver from the passengers. Cleaning procedures, and Covid safety training was provided by the nurses and implemented. Drivers wore full PPE when driving COVID testing clients. We used Gas Cards whenever possible, but our drivers were still available 24 hours/day and seven days/wk. This Team delivered the Covid-19 tests to the Lab in Winnipeg every evening so we could get the results sooner. They also picked up the vaccines when they were needed for the Vaccine clinics. I want to thank them for their diligent and steady service to the community. Well-done; Henry Hayden Co-Ordinator, Susan, Darcy, Myra, and Melissa, you served our community well.
- m. **Mobile Vehicle clinic:** During the early stages of the pandemic, we decided and ordered, a van customized to be a Mobile Clinic. Unfortunately, the customization work took longer than anticipated and the Mobile Clinic Van
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will only be available in the summer of 2021. It is now on site and will be a great asset to the services we provide to the community.

In closing I want to acknowledge our Creator for his protection over our community, our Great Leadership and "TEAM AWESOME" of Ginew Wellness Center for making this an unforgettable year in so many ways. It's been a challenge, but we rose to meet that challenge and I know we have all grown in our resilience and capacities. We accomplished things we did not know we could and have become the team we are today. I am proud to be part of such a great team. We'll all be glad to see the end of this pandemic and get our lives back and hug our loved ones. Until then stay safe, wash your hands, and wear your masks when needed.



Orange zone and Covid-19 testing area



Ginew Wellness Center



Mobile Clinic Van

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 SHERRI A. THOMAS, BA, CFNHM, ASSISTANT DIRECTOR



Sherri Thomas, Assistant Director

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 Administration. HPM works with external agencies in a collaborative effort to offer optimal services to our community members.

Some of the accomplishments achieved this year are:

1. Community Emergency Response (Pandemic Plan)
2. Accreditation Cycle Review

This past year was not a “normal” year as most of the activities within HPM were focused on community emergency response. As Pandemic Coordinator for the community, it was my responsibility to ensure the pandemic plan was

activated and disease management and containment was a priority in addition to providing supports and services to the community during a State of Emergency.

By Laws, BCR’s and Community directives were developed to offer guidance and structure while living in a pandemic. The HPM worked collaboratively with community leadership and managers of community programs to form a high-level Pandemic Response Team.

Most other HPM activities were cancelled or postponed, however, accreditation activities continued.



Vaccine Clinic set up at Ginew School



Vaccine Clinic at Ginew School

Accreditation

BY: SHERRI A. THOMAS, BA, CFNHM, ASSISTANT DIRECTOR & DONNA HAYDEN, ADMINISTRATIVE ASSISTANT



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. We completed our last Accreditation cycle survey in December of 2019 in where independent surveyors visited the center and interviewed staff, clients, leadership, Health Committee, and community members. The results of the survey were very favorable, and the Ginew Wellness Center remained accredited.

In 2020-2021, 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
- Crisis & Emergency Planning Management & Drills
- Community Engagement & Health Planning
- Communicable Disease Planning (updated pandemic plan)
- Infection Prevention & Control Training



Saying "Thank you & See you later" to Joanne

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.

The E-Health department at FNIHB that we submit proposals too; has given us the ability to secure funding and use that toward community focused care.

The changes created by the Covid-19 pandemic has affected everyone – those changes demanded an increase in the flexibility of remote workers; and for those workers, on-demand access to work documents and EMR related records has never been more critical than it is right now.

To aid with the increased demand and expectation – the Ginew Wellness Center has upgraded and re-configured its network

infrastructure – including ISP (Internet Provider), WIFI, Router, and other network-related devices. A complete front to back focus on QOS (Quality of service) – allows us to prioritize network traffic and ensure that the most important network traffic such as EMR records gets put ahead of other requests and provides a stable base upon which we use to build upon.

We remain committed to the privacy of our clients and community; and strive to be counted among the leaders of First Nation facilities, dedicated to the pursuit of wellness and balance for ourselves and others.



Ginew Wellness Center

Child Development & Family Services

Aangwaamii'aagok (Jordan's Principle Initiative)

BY JESSIE BILBEY, CASE MANAGER



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 (0-21 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.

2017 was Jordan's Principle's grand opening, and Ginew Wellness Centre expanded its space to accommodate our Jordan's Principle team.

RRAFN community's Jordan's Principle program has continued to expand to accommodate growing community needs. This year our program has added a Fitness Worker to the team. This year has been a challenge under Covid restrictions, and our team has been very creative in finding innovative ways to provide service while still abiding by safety regulations. Jordan's Principle hopes to continue to expand and include more children and better meet the needs of the community.

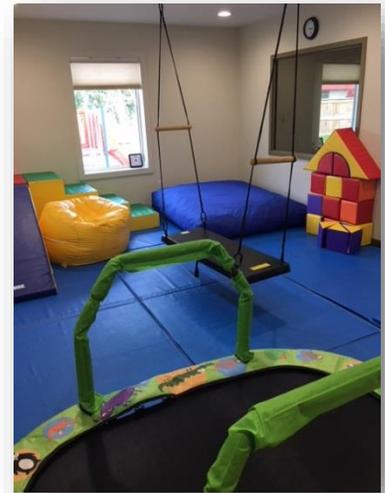
Programs that were offered April 2020 to March 2021

Parents meet with Jordan's Principle therapists and formulating a treatment plan to best support their child. Child development sessions were offered in sensory and therapy spaces located in Ginew Wellness Center in. These sessions run for 45 minutes to an hour. These sessions focus on development, sensory, emotional regulation, speech, language and motor skills, and other goals identified through the assessment process. In previous years, the Jordan's Principle Rehab Assistants were able to meet with children in the treatment rooms at the Wellness Centre and at the school, however due to covid restrictions, this past fiscal year many meetings have been done remotely. Transition meetings and planning meetings took place between Jordan's Principle staff, Ginew School Staff, Occupational/Speech-language therapists and parents of children in our program who are starting Kindergarten in the fall.

Jordan's Principle unfortunately was unable to host the annual Family Fun Day, as per covid regulations. However, Jordan's Principle did support other program events when possible. Jordan's Principle funded and organized a pancake breakfast and a Thanksgiving lunch. Jordan's Principle also assisted Chief and Counsel with coordinating a community BBQ. Upon parents' request, staff members were made available to join in on specialist appointments, for advocacy and support.

Jordan's Principle staff met with various stakeholders to present Jordan's principle as option for youth and children in their program.

RRAFN Jordan's Principle program Youth worker and Cultural worker have been very creative in meeting programming needs under pandemic restrictions. Our Youth Worker had organized several remote programming activities. This included moccasin making classes, dream catcher making classes, and a 7 Sacred Teachings art contest. Our Youth Worker also worked collaboratively with our Cultural worker and organized a youth hunting trip for girls, and organized groups to go medicine picking, as well as organizing activities for the 2020 RRAFN Tribal Days.



Therapy Room

Our Cultural Worker has organized several socially distanced fishing derbies, and hunting trips with youth. He has also hosted sweats in the lodge before the pandemic restrictions came into effect, as well as organizing traditional activities such as moccasin games. Fall ceremonies were able to occur in the fall prior to covid restrictions. Our Cultural worker also has been organizing a Language Table, where community members are able to learn and share their knowledge of Ojibwe. Our Cultural Worker also coordinated and tended to the expanded community garden, and youth from the community have been hired to assist with care and maintenance.

Our recently appointed Fitness Worker has been very busy coordinating the construction of the new gym at the Ginew Wellness Centre. The old gym was moved into the area that was previously the GWC garage. The new gym is expanded and includes more equipment and services, including showers, top of the line equipment, and a 24hr access via a code. Our Fitness worker also coordinated activities such as socially distanced horseshoe tournaments and has been working with youth teaching life skills and activities such as skateboarding.

The Youth Worker, Fitness and the Respite worker also continued to coordinate a Youth Life Skills program, which works directly with youth who are about to graduate. This Life Skills program taught youth skills such as budgeting, how to find an apartment, resume writing, banking, healthy food choices on a budget, transportation options, and connecting youth to resources that will be available to them after they graduate. Jordan's Principle is looking forward to continuing and expanding these services by having a lawyer explain Indigenous legal rights, learning to use the bus route system in Winnipeg, and hands on cooking classes.

Several of our Jordan's Principle team members, such as our Fitness Worker, Youth Worker and Cultural Worker have also had 1 on 1 sessions with several youth in the community. This has included sharing cultural teachings, life skills training, golf lessons, skate lessons, help with homework, beading, and arts and crafts.

Our Jordan's Principle team also purchased and distributed many outdoor recreational activities for children and youth, i.e., street hockey, badminton, soccer, football, frisbee, etc.

Several members of our Jordan's Principle team have been serving on the RRAFN Recreation Committee. Some major accomplishments included Tribal Days games and entertainment, community breakfasts, lunches, and dinners, and tournaments. However, the major accomplishment this year was the construction and opening of the 273 skatepark! This has been a great addition for the community, ever attracting the attention of the media! Jordan's Principle provided funding and assisted/collaborated with Ginew School with the acquisition of helmets, skateboards, BMX bikes, and scooters, and will be providing lessons to any youth interested in learning to skateboard. The recreational committee is also currently working on having a splash park constructed, with support from various partners, including Jordan's Principle.

The Jordan's Principle respite program has also expanded again this year. Jordan's Principle is now working collaboratively with Home Care at the Elders Lodge and has expanded the criteria to which families can access respite services. This has resulted in an over 30% increase in families eligible for respite services.

Jordan's Principle has suspended "The Creatives" which included art projects but is hoping to resume after covid restrictions are lifted. "Gather and Grow," a program that connects parents and children with the Jordan's Principle clinicians, was also temporarily halted.

The Jordan's Principle Team also has worked helping with pandemic planning and administration of covid relief and events. Our staff have put together and distributed isolation kits to many community members who have had to isolate. Our team has also been volunteering during all the vaccine clinics, from assisting with administrative tasks, calling and scheduling appointments, helping with check in and directing community members during the clinic, to providing transportation.

Our team has also been assisting with GWC administrative duties up front by covering the front and back desks and assisting with the ADMs. Our nurse has been very busy with contact tracing and providing support to our nursing team. Our Jordan's Principle team has been willing and able to help the RRAFN pandemic team wherever we have been needed.

Future Planning

Due to restrictions from COVID-19, most of Jordan's Principle's regular programming was suspended. Jordan's Principle will continue to provide services in a manner that will adhere to social distancing requirements in compliance with COVID-19 regulations. This may continue to include remote sessions with clinicians, hosting more art and cooking classes over the internet, socially distanced outdoor activities such as skateboarding lessons, and activities such as community clean up, fishing derbies, and horseshoe tournaments

As Jordan's Principle plans for the future, our goal is to expand and grow our program to become more holistic and accessible to better meet the needs of more children in the community.

We look forward to adding programming such as expanding the respite program to include group respite, lunch and learns, intergenerational events, more community training events, and expanding clinical services.

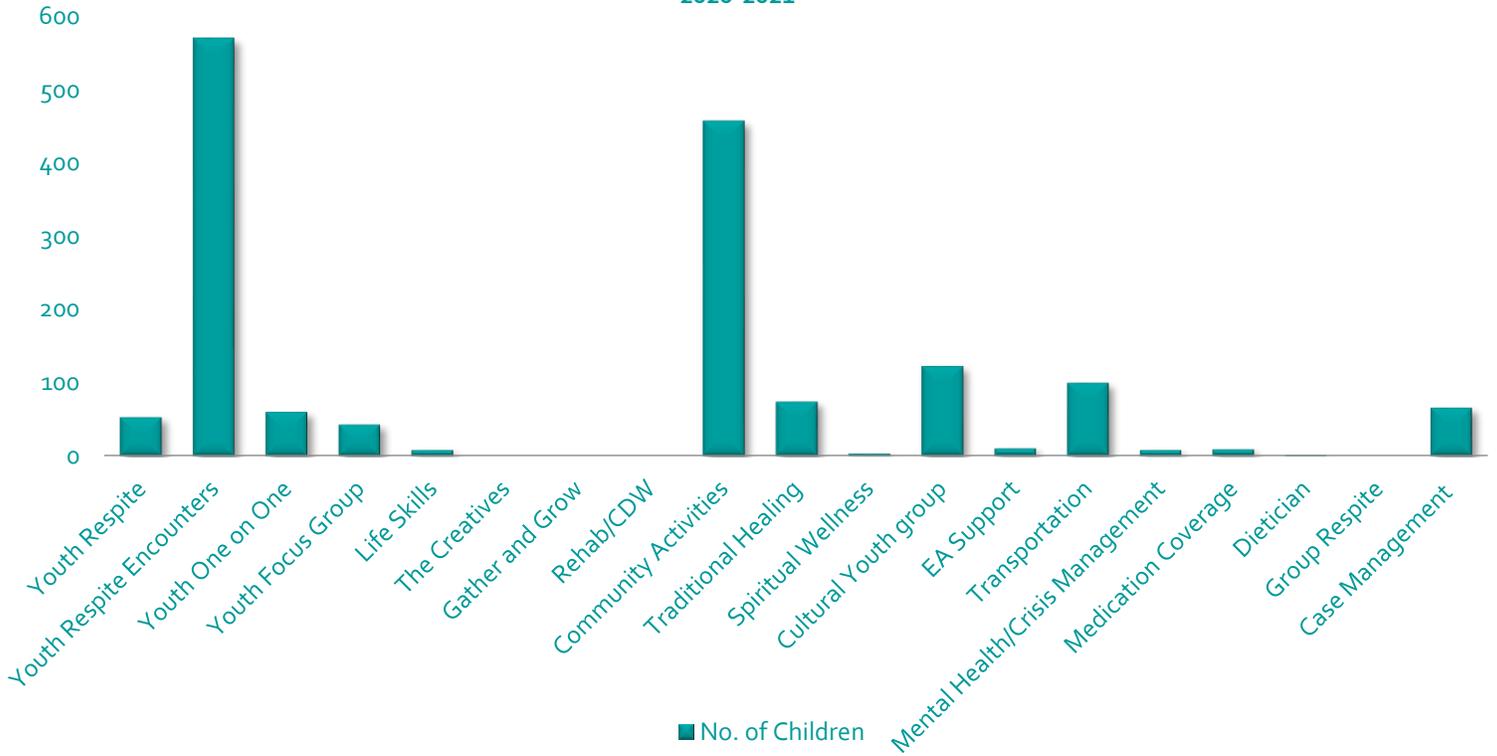
Jordan's Principle youth program hopes to expand by providing more sports and arts/traditional teachings. Jordan's Principle hopes to include curling, hockey, and more intramurals in the upcoming year if covid restrictions are relaxed. Jordan's Principle hopes to continue to provide arts and crafts such as beading lessons, moccasin and dreamcatcher making, and is hoping to expand to offer moss bag and drum making.

Jordan's Principle also hopes to expand more on language and culture, including continuing the language table and more cultural activities such as lodge teachings, ribbon dress and sweat gown making, round dances, sweats, moccasin games, traditional food preparation and connecting youth to ceremonies.

RRAFN Jordan's Principle continues to grow and is committed to developing programming to meet various needs of children in the community. If you see an unmet need or know of a child who may benefit from Jordan's Principle, please contact the Jordan's Principle team. The Jordan's Principle team would be happy to assist you and connect any child in need to the services and supports they require.

Jordan's Principle Statistics

2020-2021



Jordan's Principle Team.
Missing from photo, Alex Hartin, Kirby Nelson, Carla Peters and Genny McKay

Aboriginal Head Start

BY ALVINA GEGWETCH, HEAD START SUPERVISOR



Alvina Gegwetch

Since the start of April 2020, the whole community was in lockdown. The community has been in and out of lockdown since April 2020. Aboriginal Head Start program was shut down and will not open until further notice. We have been taking new applications since covid 19. The Aboriginal Head Start program is still in operation, even all restrictions are lifted however, we have been delivering remote learning base packages bi – weekly for two – three-year-old children who include all themes and learning materials for that month. Staff continue to work during the lockdown and help the pandemic team when needed. We did a package bag of traditional/natural medicines and delivered to each household in Roseau River First Nation.

The Aboriginal Head Start and other programs join to purchase and delivered Christmas food hampers and Christmas gifts in December 2020 for community member. Also, on May 7, 2020, staff put together a Mother’s Day gift basket and remote learning base packages for mother and child and did a curb side drop off. Also, did the same for Father Day’s. This year 2020 - 2021 Aboriginal Head Start program graduation is a little different because of the community directive restriction on the First Nations. Parents/guardians were very thankful for this.

Staff have been assisting with the vaccination clinic on the reserve.

We continue to organize our classroom and plan and prepare bi-weekly remote learning base packages for delivery. We ordered new tables and chairs to help with social distancing in the classroom and plastic dividers for the tables and floors to continue social distancing in the classroom. We ordered all our supplies and materials we needed for the year. We have been using the binder that Manitoba First Nations Education Resource Centre Inc. sent to us on “Supporting Children’s Play and Development” and there are many useful resources in this binder that we find very supportive. We made copies of the story book “Rainbows in Windows” and will be including this in the homework packages. It is a book about big imaginations, big feelings and sheltering in place during a pandemic.

Aboriginal Head Start staff are taking online training class courses. One staff employee is taking online courses thru University of Winnipeg, Bachelor of Arts and other two staff employees are enrolled in Early Childcare Educator Level II course. They will be done this ECE II course in June. The two Staff employees completed their studies and graduated receiving their ECE II diploma. “Hurray” I am hoping and praying Aboriginal Head Start program will be up and running in September.

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 Principal program 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.



Headstart Classroom

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 2019-2020 the MCH Nurse provided:

Virtual and over the phone sessions with clients were utilized to assess how each client is doing and educate on the importance of good nutrition and healthy living during pregnancy. Food vouchers were provided to assist Moms with groceries and healthy foods. All Moms are provided with prenatal vitamins as well as healthy baby benefit package.

- Access to prenatal care and follow up
- Prenatal classes. Due to the Covid-19 pandemic this comprehensive program that is taught over 6 weeks and increases knowledge on how to have a healthy pregnancy and post-partum experience was not completed. However, in February 2021 DOCS and in partnership, (virtual via zoom) Traditional Prenatal Classes with Melissa Brown were encouraged and promoted.
- Breast feeding teaching, support, and assistance as well as providing breast pumps and breast pads for all breast-feeding moms.
- Dietary consultation with dietitians was initiated for any mom who may have experienced special nutritional issues ie. Gestational diabetes
- CPNP worked together with the MCH program to ensure that Moms have the necessary equipment in home to provide for a safe environment after baby arrives home ie. Cribs, playpens, car seats or where to access the following.
- CPNP, STAR and MCH provided opportunities to do fun activities such as Nutrition Month baskets give away.

We are continuously trying to be creative and develop new ideas to keep Moms engaged and provide an environment of fun learning. In the 2020-2021 year we had 14 Moms enrolled in the CPNP program and 8 initiated breast feeding for less than 3 months and 4 for 3-6 months and 3 for more than 6 months. We are excited to announce the rates of Mothers breastfeeding is continuing to increase annually.



Strengthening Families-Maternal Child Health (SF-MCH)

BY CINDY BUHLER, RN BN, ANGELINA ZACHARIAS & TRICIA HIGHEAGLE, 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 14 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 14 families throughout the year that built on their strengths, addressed families' needs, questions, and concerns especially during a stressful year.

There are 2 Home Visitors 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 include berry picking, medicine picking, and other child health activities. Unfortunately, due to the Covid-19 pandemic the above activities were modified to include draws and virtual sessions.

The Nurse Supervisor and Home Visitors were redeployed throughout the year to other health departments such as the Nursing Team and Vaccine clinics as needed and directed by Ginew Wellness Center Leadership. 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 CHN, ADI, DOCFS, Mental Wellness Team, Jordan's Principle and other external resources. The Home Visitors continued to check in with their clients throughout the year and provided in-office/outdoor one-on-one sessions when the community directives stated it was safe to do so.

If you are interested in finding out more about this specific program or would like to enroll contact Cindy Buhler, MCH Nurse Supervisor (204) 427-2384 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 6-8 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.

Due to the Covid-19 pandemic, the STAR Program offered virtual sessions and check ins with clients throughout 2020-2021 provided by the STAR Program Manager/Mentor. The Mentor/Program Manager also provided outdoor/in office one-on-one sessions when community directives stated it was safe to do so. Virtual events offered by the Mentor/Program Manager this year were Mother's Day baskets, a nutrition month draw and self-care baskets. The Mentor/Program Manager were redeployed throughout the year to other health departments such as the Nursing Team and Vaccine clinics as needed and directed by Ginew Wellness Center Leadership. If you are interested in finding out more about this specific program or would like to enroll contact Cindy Buhler, STAR Program Manager (204) 427-2384 ext. 123 or Chantal Seenie, Mentor ext. 122.

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

BY BONNIE GAMBLE, SUPERVISOR



Bonnie Gamble

This past year has been very different from previous years due to the COVID pandemic. As a result of the pandemic some of our stats have been lower than usual. Nevertheless, we were still very busy not only with clients but helping with the COVID vaccine clinics.

Our mental health team is made up of:

Bonnie Gamble – Mental Health Counselor & Team Lead

Jennifer Friesen – Mental Health Counselor

Brooke Steinke – Mental Health Counselor

Heather Johnson – Mental Health Counselor

Tom Peters – Mental Health Therapist

Charlie Nelson – Traditional Healer

Kirby Nelson – traditional program coordinator

The mental health team provides several essential services to the community including but not limited to:

- Education, prevention, and awareness activities
- Counseling to individuals, couples, family
- Working with children and youth
- Treatment center referrals
- Loss & grief support
- Crisis response
- Self-care
- Substance abuse and addictions counseling
- Traditional healing and cultural events
- Sports, recreation & physical activities

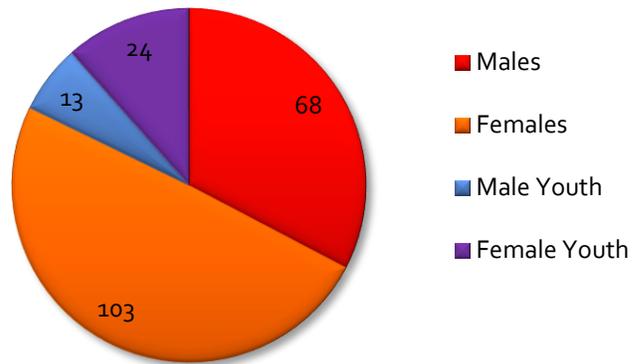


Due to the pandemic, we were unable to host workshops to the community. But staff were able to do some professional development online.

Professional development, workshops, and events online were:

- ASIST Training
- Pandemic Workshop
- The Body Keeps Score Series
- Fundamentals Of Addictions Workshop
- Wellness Workshops
- Mustimuhw Training
- Pandemic Stress & Management Workshop
- Pharmacology of Mood-Altering Drugs (AFM)
- Recovery-Oriented Practice (AFM)
- Brief Focused Counseling Skills (AFM)

Statistics of Clients Seen



Committees & Meetings:

- Local Child Welfare Committee (monthly)
- Regional DOCFS Committee
- Mental Health Team Meetings (weekly)
- GWC Staff Meetings (monthly)
- GWC Team Leaders Meeting



Roseau Rapids

Traditional Healing Program

BY CHARLIE NELSON, TRADITIONAL HEALING COORDINATOR

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 Activity Report

Ceremony/Gathering/Meeting	Date	Location	Participants
Minweyweywigaaan Midewiwin Lodge Summer Ceremonies	Aug 20, 2020	Roseau Rapids	40
Minweyweywigaaan Midewiwin Lodge Fall Ceremonies	Oct 8, 2020	Roseau River	40
DOCFS Annual General Meeting	December 21, 2020	Via Zoom	
Groundbreaking Ceremony	September 29, 2020	Roseau River	30
SCO Knowledge Keepers Meetings	Monthly 2020-2021	Zoom	
Elder’s Gathering			
Roseau River Pow Wow	Aug 2020	Roseau River	200
20 Sweat Lodges	2020-2021	Roseau River	100

Traditional Healing Program Statistics

2020-2021	
Local Healer Initiative	3
Visiting Traditional Healer	4
Traditional Healer Clinic	38
Total	45



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).

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



Fitness Worker, Alex Hartin

Sports

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

Activities

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

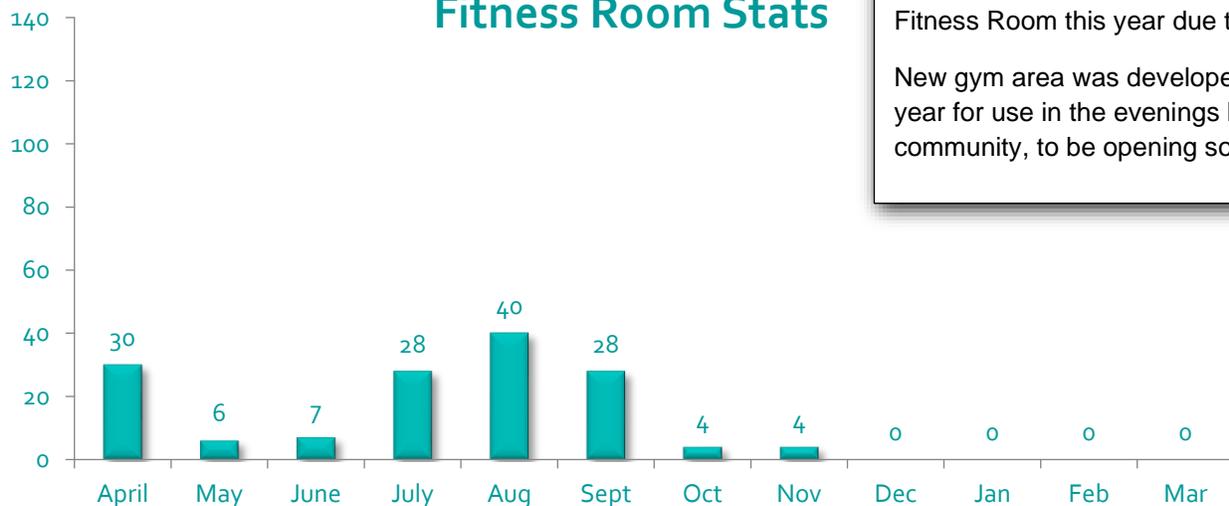
I’ve also had great people that have helped me along the way. I’ve worked alongside our youth worker, dietitian, and mental health team just to name a few. We’ve done focus groups to get a better understanding for what our youth want and are in to, have had a couple cooking classes for clients, made 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.

STAT CHECK

There were **147 total visits** to the Fitness Room this year due to Covid.

New gym area was developed this year for use in the evenings by the community, to be opening soon!

Fitness Room Stats



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.

The Primary Care Nurse provides nursing care to the community members and non-members of Roseau River. She assists the on-site physicians and Nurse Practitioners. The Nurse Practitioner is on site Monday to Friday every week. There is a physician on site every Thursday afternoon. The Primary Care Nurse is usually the first individual the client sees and is responsible to triage and refer to other health care professionals as required.

The Primary Care Nurse is responsible for scheduling nursing meetings for updates, plans, workshops, and training schedules. Up-

dates 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.

The Primary Care Nurse 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. She is also a member of the Zhenobik Committee (Home Care Program).

As the Primary Care Nurse, I manage the Walk-In Clinic daily Monday to Friday. I ensure the clinic is stocked with medical supplies. I provide home visits with client in conjunction with Home Care at times. Also, work in conjunction with Maternal Child Health, Dietician, Aboriginal Diabetes Initiative, Community Health Representative, Medical Transportation, and other programs as needed. I provide phlebotomy Monday-Friday as required and ensure the lab is stocked with supplies. I am responsible for all the Communicable Disease Control follow-ups for tuberculosis, sexually transmitted infections, and any other type of communicable or infectious diseases. I assist the Community Health Nurse with immunization clinics for the school students.

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 collaborates with on-reserve and off-reserve health programs, institutions, and health related businesses.

Due to Covid 19, our focus over the last year has been to ensure safety to our community members and limiting the impact of the virus to our community members.

Access to our primary care clinic and on-site lab visits have been impacted over the last year and at times of high covid acuity we have had to limit the amount of in person visits, offering virtual care at such times.

We had to get creative and make changes in the way we provide care to our community members, ensuring to still provide services in a safe manner and keeping clients in our community for care as much as possible.

We created a green zone at the clinic for routine visits and lab appointments, and we created an orange zone that we offer covid-19 testing, as well an area we can safely assess clients who present with respiratory/influenza like illnesses. This has been working very well for the community, ensuring timely access to care within our community.

We experienced our first outbreak of Covid-19 at the beginning of December 2020 which, was declared over on March 15th, 2021, we had in total 34 cases of Covid-19. We worked hard and quickly to decrease the spread of the virus, with aggressive case and contact tracing and testing we were able to go from 34 cases down to zero cases by March 15, 2021. To date we have completed 180 covid tests. We obtained a rapid test machine called Abbott to help us identify cases of covid-19 quickly to decrease the spread of the disease.

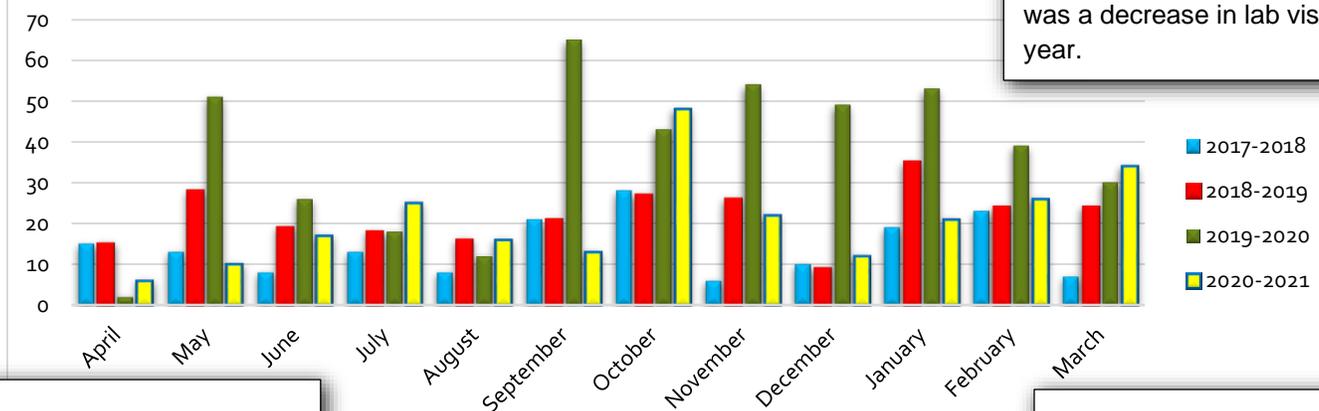
We also complete Active Daily Monitoring of community members who have contracted the virus or who were close contacts; ensuring to monitor their symptoms and assist them with their needs in collaboration with our Community Isolation Support Team. We also arrange accommodations and transportation outside of the community if members requested outside of the community safely.

In January of 2021 we started our Covid-19 Vaccination Campaign, the goal of the Campaign, was to first immunize our most vulnerable population, in which we started to vaccinate our Elders in the community as well as Health Care Staff who provide care. To date we have immunized 72 Elders and Health Care Staff.

Our priority moving forward for the next year, will be to continue to hold immunization events for the Covid-19 vaccine, offer testing as needed, ensure clients have safe access to primary care needs and labs. We are hoping to return to a new normal and see our regular programming and clinic re-open.

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

Lab Stats Year to Year Comparison



STAT CHECK

Due to the pandemic and the need to decrease services there was a decrease in lab visits this year.

STAT NOTE

As we had to move to virtual and appointment only visits there is no new walk-in data to share.

Primary Health Visits Appointment Only



STAT CHECK

We experienced our first community outbreak beginning just before Christmas Break. The increase in appointments reflects the increased Covid testing.

Community Health Nursing & Immunizations

BY SHERRY HADERER, RN BN, COMMUNITY HEALTH NURSE



Sherry Haderer, Community Health Nurse

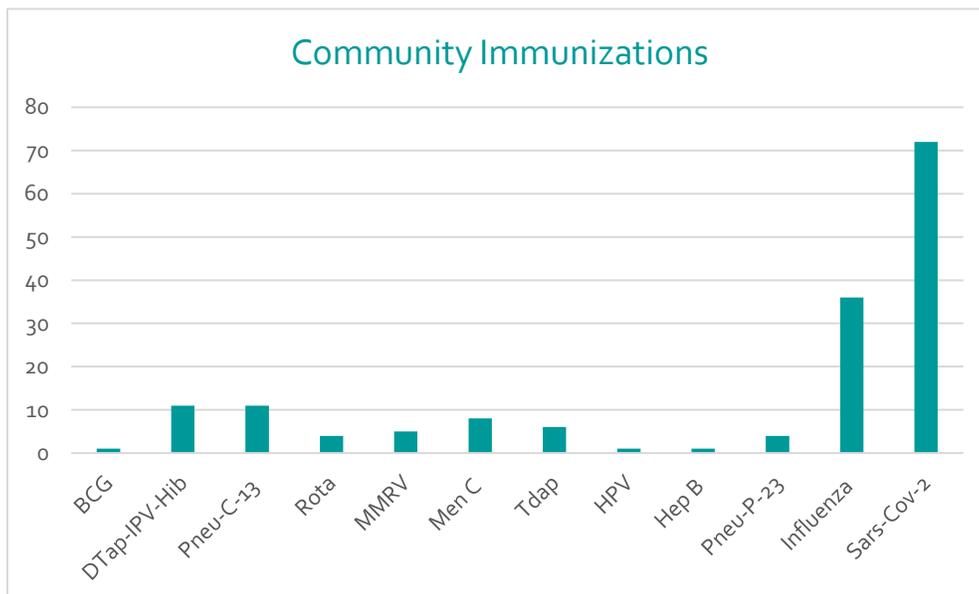
The Community/Public Health Nurse program is managed by the Community Health Nurse who is responsible for promoting health in four major areas:

- Child wellness and immunization including school immunizations
- Health and Wellness education in the community and the school
- HIV and Sexual wellness
- Harm reduction

As well as implementing these programs, the Community Health Nurse provides support in the clinic, when necessary, organizes flu

and vaccine clinics, and does phlebotomy. The Community health nurse works collaboratively with the whole wellness team to address any ongoing concerns as they relate to the community. The community Health Nurse sits on the wellness and healing strategy table.

Due to Covid 19, many of our programs have been limited in the past year while the focus turned to protecting the community from the virus. This year the focus has been on limiting the number of community members impacted during Covid outbreaks, case, and contact tracing, Covid testing and Covid vaccination clinics. Moving forward, child wellness and vaccine clinics will be prioritized as the focus returns to our regular program above.



HIV/AIDS Program

BY SHERRY HADERER, RN BN, 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.

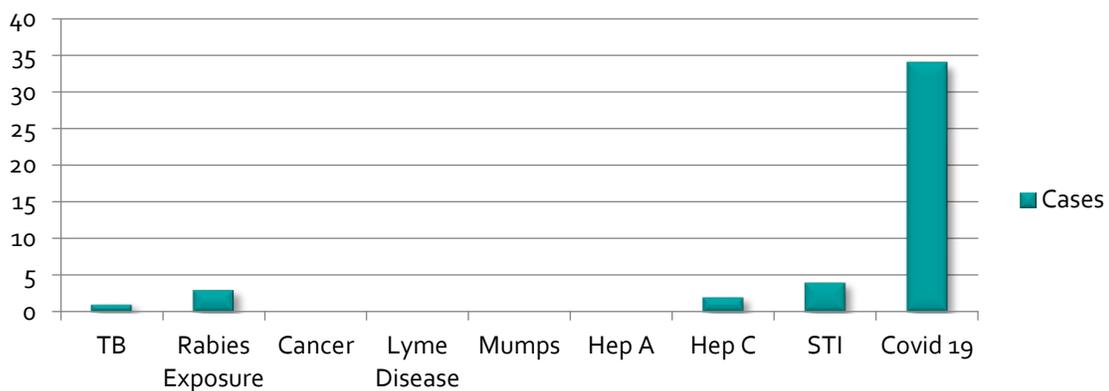
Due to the Covid-19 pandemic the program has been on hold however testing and education is always available upon request.

In past years some of the highlights to this program have included activities such as the HIV poker derby and will hope to bring exciting activities like this once Covid restrictions allow.

This program is fluid and so changes from year to year. These are some highlights of the HIV program but are not limited to:

- Condom distribution program
- One on one consultations and education re sexually transmitted diseases
- Onsite one stop treatment for STBBI's
- Onsite testing for STBBI's including HIV and Hep C
- Naloxone Kits
- Referral to Methadone programs.
- Liaises with HSC HIV clinics as well as FNIHB STBBI surveillance team to provide timely follow up care and treatment for all clients whose health is impacted by STBBI's.
- Provide teaching materials in the form of pamphlets and handouts.
- Birth control consultant service
- Participates in the community Healing Strategy committee
- Harm reduction strategies/education and consultation

Communicable Disease Statistics



Medical Clinic Services (Health Services Integration Fund)

BY CHRISTA COOPER, OFFICE MANAGER



Christa Cooper, Office Manager

This year the Administrative team at the Wellness Center has seen staff changes and positions added as we moved into a pandemic. Along with it the pandemic brought changes to daily tasks as well as scheduling challenges. At the start of the pandemic the staff at the center split into 2 teams to mitigate the possibility of having to close the center should staff become ill. During that time, we also moved to providing essential services only, redeploying staff to help with additional tasks that come along with a pandemic event.

We have a new Medical Clerk, Darby Holden; Administrative Assistant, Heather Thomas; and have added a Covid Screener/Sanitizer, Jennifer

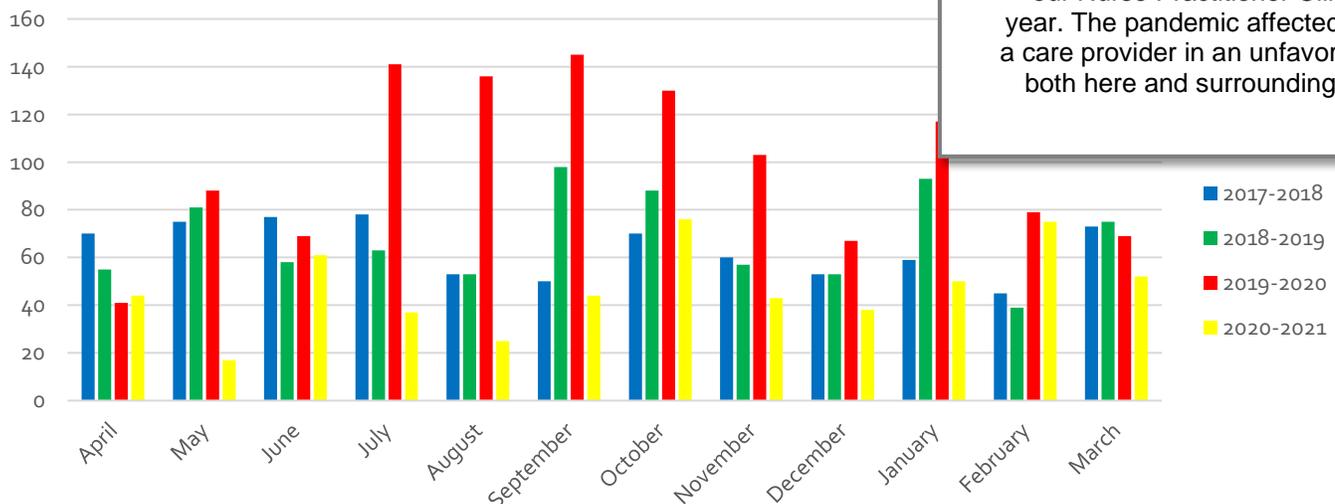
Verrier to the team. Also, part of the team is Veronica Berg, Community Health Transformation Liaison (maternity leave coverage for Tara Dela Cruz). All these wonderful ladies are here to help you when contacting the center to book an appointment, need to book medical transportation or just have a question.

We are pleased to offer Physician Clinics every Thursday with Dr. Gupta and Dr. Thompson who rotate at our clinic each week. As well Footcare Nurse, Bonnie Friesen, is here to provide Footcare on a bi-weekly basis. This is a much appreciated and needed service for the community.

We continue to offer Telehealth services via appointments, webinars, meetings, and presentations.

Our Nurse Practitioner program is funded through the Health Services Integration Fund (HSIF) and a partnership with Southern Health. Culturally appropriate Primary Health Care services located in the community is beneficial and essential to compliment a full range of Holistic Health Services working in collaboration. This is a valuable service that needs to become permanently funded.

**Nurse Practitioner Clinic
Year to Year Comparison**



STAT CHECK

There was a total of **562 visits** to our Nurse Practitioner Clinic this year. The pandemic affected visits to a care provider in an unfavorable way both here and surrounding areas.

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.



Kim Knott and Debbie Alexander

Drinking Water Safety Program

BY ALERON ALEXANDER, WATER QUALITY MONITOR



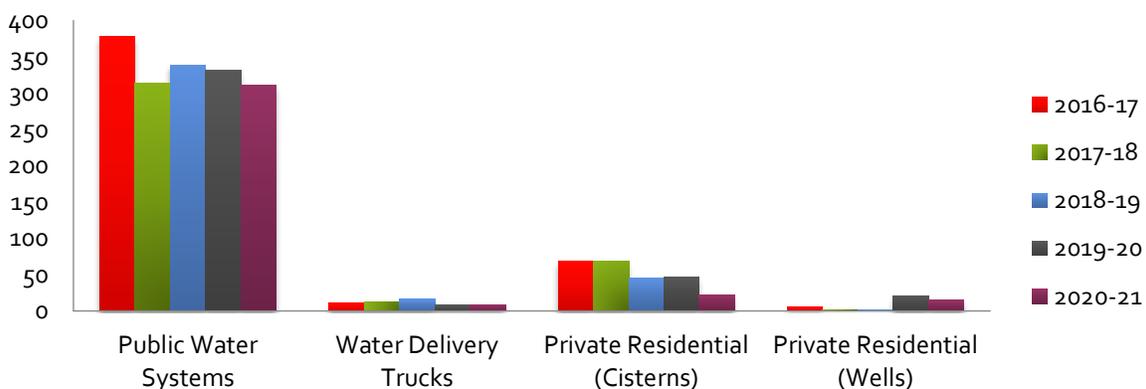
Aleron Alexander

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.”

community-based drinking water quality monitoring programs.”

Water Testing Year to Year Comparison



Foot Care Clinic (Community Health Promotion & Injury Illness)

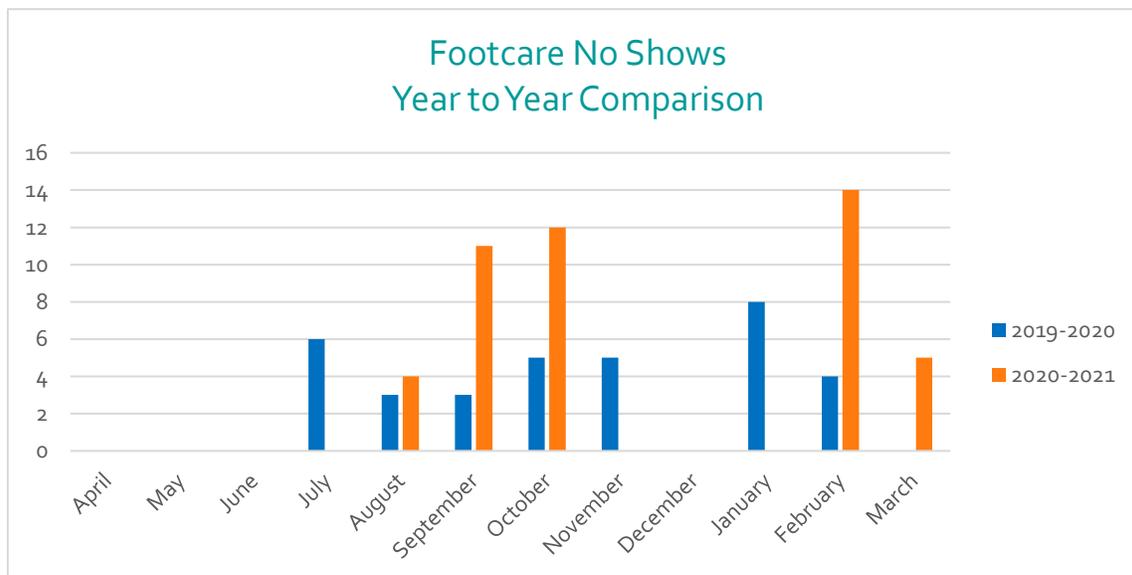
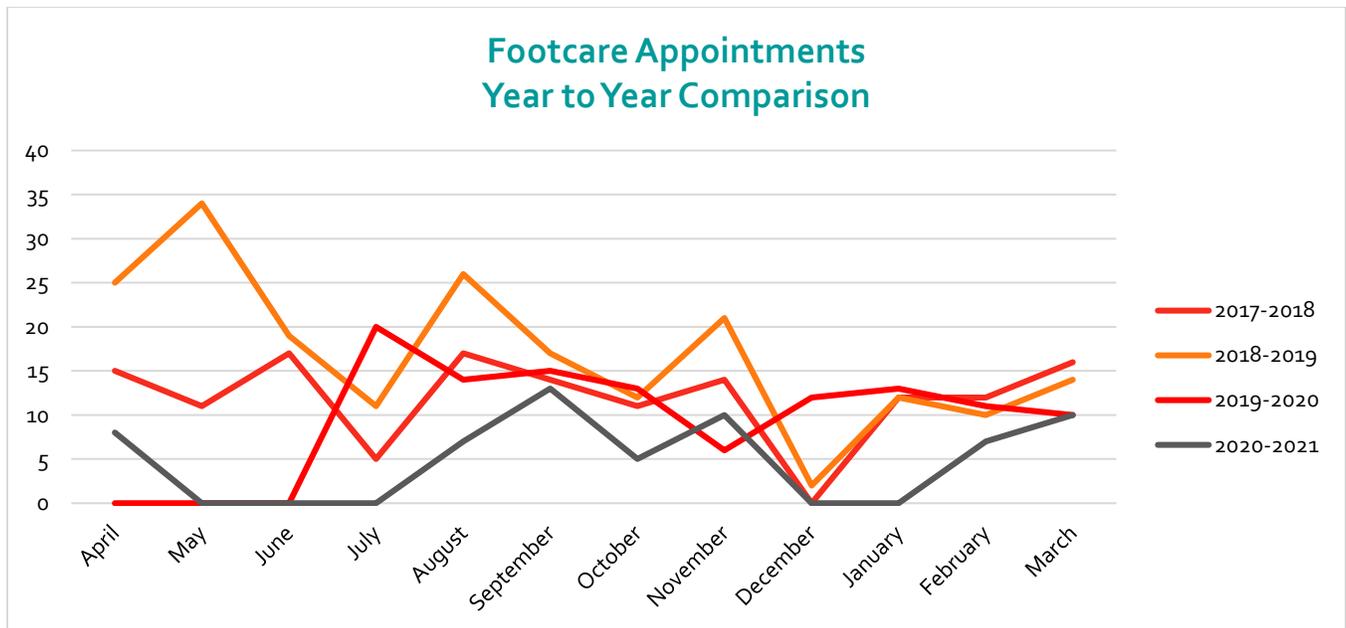
BY DEBBIE ALEXANDER, COMMUNITY HEALTH REPRESENTATIVE



Bonnie Friesen and Debbie Alexander

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. In total, there were 114 clients who utilized the Foot Care Clinic throughout the 2019-2020 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.



Medical Transportation Services

Medical Transportation (NIHB)

BY HENRY HAYDEN, TRANSPORTATION COORDINATOR



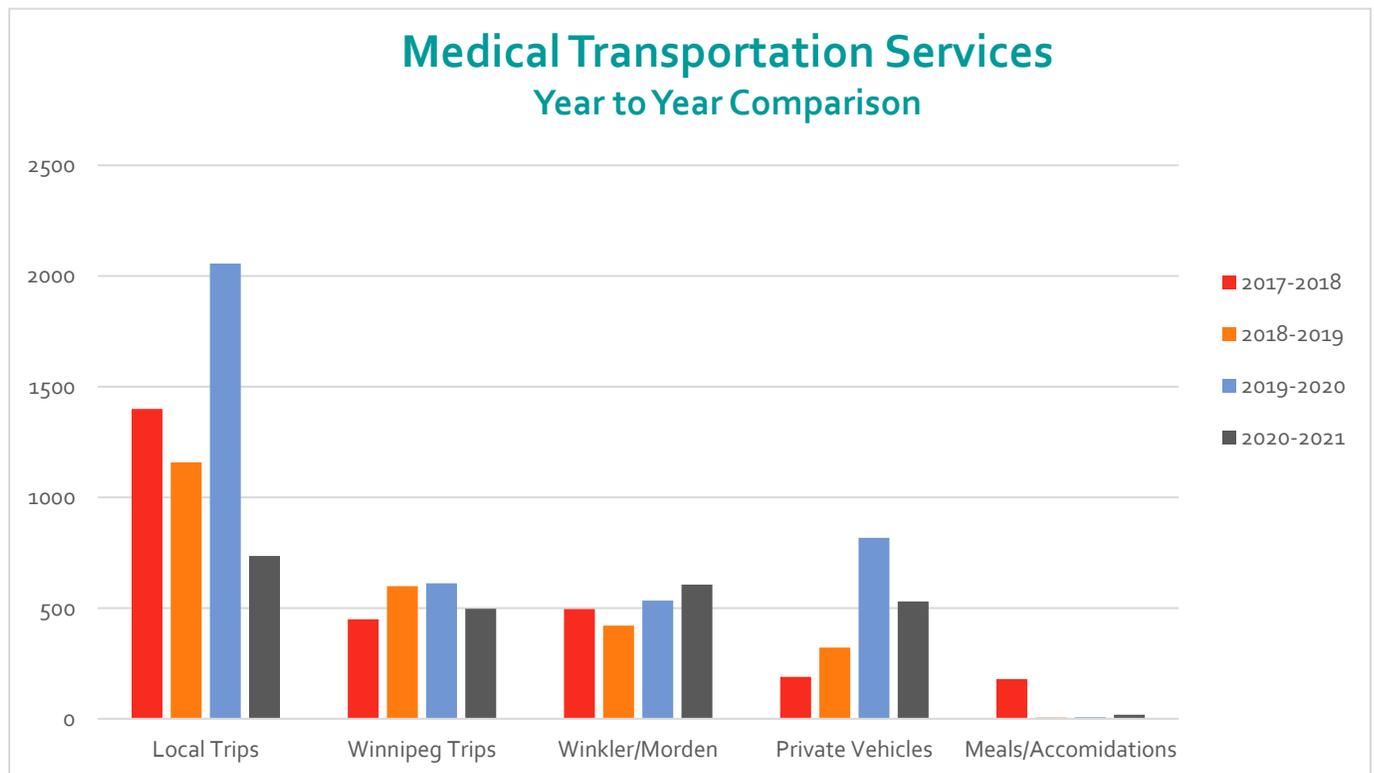
Henry Hayden, Transport Coordinator

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:



Home & Community Care

First Nation Inuit Home & Community Care

BY MARGARET MACGREGOR, RN, HOME CARE NURSE & JENNIFER SHEPIT, SUPPORT SERVICES SUPERVISOR



Home Care Team

The Home & Community Care Program on the Roseau River Anishinabe First Nation is housed in the Ginew Senior's Lodge, a branch of the Ginew Wellness Center, and receives funding from First Nations and Inuit Health. At the community level, we have integrated our Home & Community Care Program with the In-Home Care Program funded through Aboriginal Affairs & Northern Development Canada.

Our home care program consists of a Home Care Nurse (RN), a Support Services Supervisor Planner, Certified Health Care Aides, Administrative Assistant/Driver, a Cook/ Activities and Home makers. All services are based on a client assessment and care plan prepared by the Home Care Nurse. All services are provided by health care team of staff at the community level. Clients may qualify

for services under the following circumstances:

- Short term, acute care support (1 month or less)
- Intermediate term (1 to 3 months)
- Long term care (3 months or longer)
- Palliative Care
- Home making services only
- Activities
- Nutritional -Congregate Meals on Wheels program which offers breakfast, lunch, and supper
- Bathing Program, as well as supportive care. Dressing changes, assist with medication, ordering equipment and supplies.
- Laundry Program
- Home Making Program - light housekeeping, supportive care laundry service.
- Ordering of medical supplies for home care clients
- Exercise with Physiotherapist and Occupational Therapist (referral based)

One of our major priorities for Ginew Seniors Lodge is to provide an environment in which our elders not only feel at home in their own space, but also part of a wider community. With our recent renovations the tenants were consulted in pattern selection and style and designs. In December, the entire lodge was painted to go with a common color scheme. We have an open concept gathering area in which we encourage social interactions, allowing for meaningful connections to be made between our elders, families, and staff. During the year, the Elders had voiced they wished they had new furnishings. With management and health committee support we were able to purchase some furniture that not only was suitable for their comfort, but was elegant, and met infection control standards. These were all important factors when we



New furniture



New furniture

considered decisions in the design of the space, and furniture selection. Features such as firm seats and sturdy armrests are important for easy access in and out of chairs, and easy to clean fabrics and closed seams allow for effective cleaning that aligns with the requirements of infection control protocol. They are light weight and able to maneuver the furniture, which is important for the staff, and provides an opportunity to change the space from social to private, depending on the need. It was utmost important to have a durable product that would meet all our needs for our Elders. It was an exciting experience for the clients and staff when all of our new furniture arrived, and included: new chairs, (some bariatric) and tables that have an adjustable height feature for easy wheelchair accessibility; a computer desk and a computer with Wi-Fi for the tenants; a puzzle table with storage for the many puzzles always on the go; recliners, coffee and end tables, loveseat, as well as a couch now create an inviting and enjoyable lounge with a new 70" tv. Once everything was in place, the result was revitalizing for our Elders.

MEALS

Our Cook for the Ginew Seniors Lodge Home & Community Care Program holds her Food Handling Certificate. The Cook plans menus alongside the dieticians and orders the food that is needed to run the program. She cooks for both the community and the meals on wheels program. There has been an increase in the number of people receiving meals daily. The meals that are prepared are for specific dietary needs. She keeps all the recipes on file with the specific amounts needed for the program preparation. At the end of the day, she also cleans and sanitizes the kitchen.



Annette Laroque, Home Care Cook

ACTIVITY PLANNER

As the activity planner plans the activities for the community and lodge residents. Some of the activities that we do are as follows:

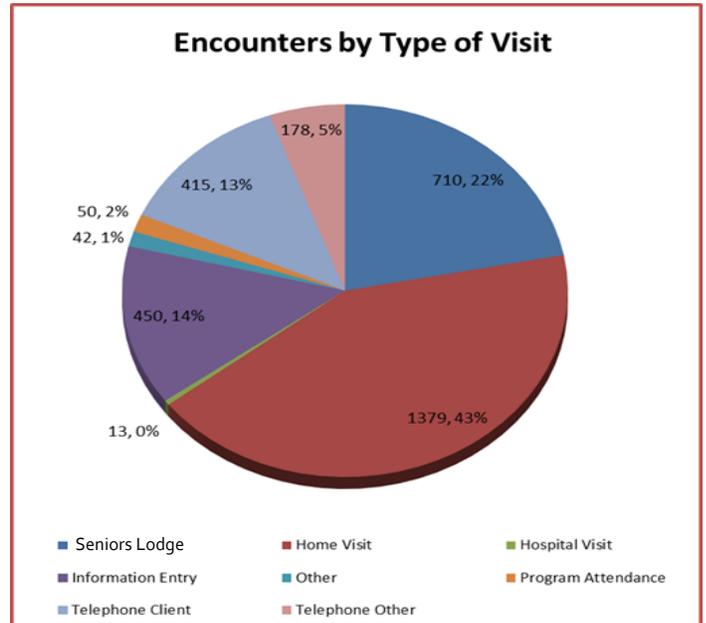
- Morning exercises
- Bingo
- Cooking classes
- Strawberry and saskatoon picking
- Sweetgrass picking.

Our activities have been reduced drastically due to the public restrictions and the no visitor's policy in the Ginew Seniors Lodge. Once the restrictions lift, we are hoping to start more activities and plan more outings for the elders in the community.

ADMINISTRATION SUPPORT/ TRANSPORTATION

The Admin Support / Driver in the Ginew Seniors Lodge has a wide base of duties and responsibilities. I work alongside the Support Service Supervisor and the Home Care Nurse. Working as a team ensures that tasks get done correctly and efficiently. Some of the responsibilities of the Admin Support / Driver include:

- Daily charting using the Mustimuhw program
- Making appointments for the clients and residents. Booking transportation for these clients
- Filing and organizing
- Work alongside the Home Makers coordinating weekly trip to Altona to pick up bread that is donated to the Elders at the Lodge as well as weekly grocery shopping for the meal program.
- Assist with patient / resident care and provide basic supportive services as delegated
- Totaling services monthly for each client and resident
- Placing orders for office equipment and supplies.



One of the changes since the pandemic is that we now take daily temperatures of all residents, clients, and staff. Charting of these temperatures assure that we can determine the health and safety of everyone and keep our residents in the Lodge and community safe.

HEALTH CARE AIDE

Health Care Aide services are delivered in the home of the client, and or at the Ginew Seniors Lodge. As Health Care Aides we assist in providing personal care for patients, who require care in their homes. Patients may vary from Acute, Chronic, Palliative and/or other health ailments and disabilities and prefer to stay home instead of relocating to a facility. As a health care team, we offer individualized care to our clients.



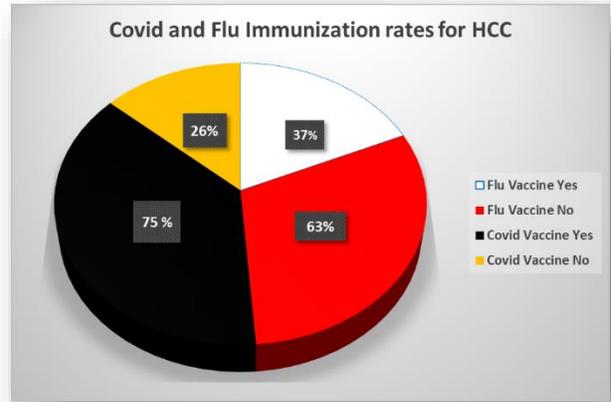
Health Care Aide responsibilities vary from patient to patient, and it is our responsibility to observe and report back to the home care nurse the clients physical and mental condition to ensure our clients are getting the care they need. That is why we believe it is important to have a positive and trusting relationship with our clients, family members and coworkers.

Some of the services we provide include bathing, AM Care, monitoring blood sugar, blood pressure, weight, medications, safety checks, booking a wide variety of appointments, booking transportation for the client’s appointment, and transporting clients to the lodge for their scheduled baths or showers. We also attend home visits with an Occupational Therapist and a Physio Therapist once a month. We have also had the opportunity to work with Brandon Mobility, a company where most of the

clients get their medical equipment, such as wheelchairs, walkers, commodes, hospital beds, bed rails, bathroom safety rails, safety poles and scooters.

COVID-19

This last year within the home care program we have had to operate the best and safest way for our cliental. As the COVID-19 pandemic has evolved and has presented significant challenges, the home and community care has learned to evolve with the epidemic. Throughout the year we worked with the Ginew Wellness team and had to develop and implement a responsive strategy to reduce transmission. For the delivery care model for the program, we had to implement practices that support remotely, when possible. Ones who required a home visit was done practicing PPE guidelines as per policy to reduce the spread of COVID-19 and provide on-going quality health care to patients. Frequent and ongoing communication occurred through letters, and phone calls to inform patients and families and provide assurances and reminders that their safety and care was an utmost priority.



During the pandemic we had to make some changes in the way services were delivered to our clients. Meals on wheels and homemaking services that were provided from the Lodge were put on hold for clients outside of the Lodge. We still made sure the services were being provided by hiring someone in the client’s bubble to cook, clean, and assist as needed. When the meal program started up again, we ensured contactless delivery. In time, after staff and clients were fully vaccinated, our homemakers resumed services always wearing proper PPE while in a client’s home. The safety of our clients and staff is always top priority. We monitor temperatures and ask the COVID-19 screening questions to anyone that enters the lodge. We also call clients prior to the necessary home visits and daily for check-ins to see how they are feeling. As staff we did experience days of mandatory self-isolation, waiting the negative test results that we were so happy to receive. As a team we came together to fill in the gaps, to make our services from our program run as smooth and consistent as possible.

Screening was an essential part of limiting transmission in the home care sector and prevented transmission to the broader community. Daily screening of staff and patients protected patients, family members, other staff, and communities from exposure. All staff proactively and effectively self-screened daily to ensure fitness for work. There was regular communication between staff and supervisors to discuss any need for self-isolation, testing or return to work plans which all followed required Occupational health recommendations. Despite the challenges and different outbreaks, we encountered we strived to provide quality service, accepting referrals and scheduling home visits. Due to the increased risk of our population, we service we encouraged through a variety of strategies to have as many as possible get vaccinated.



APPENDIX

Roseau River Health Department Financial Statements

Management's Responsibility

To the Members of Roseau River Anishinabe First Nation:

The accompanying financial statements of Ginew Wellness Centre are the responsibility of management and have been approved by the Chief and Council.

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting policies and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Roseau River Anishinabe First Nation Chief and Council is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial statements. The Chief and Council fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Chief and Council is also responsible for recommending the appointment of the Centre's external auditors.

MNP LLP is appointed by the Chief and Council on behalf of the Members to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Chief and Council and management to discuss their audit findings.



Executive Director



Financial Controller



Independent Auditor's Report

To the Members of Roseau River Anishinabe First Nation:

Opinion

We have audited the financial statements of Ginew Wellness Centre (the "Centre"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations and accumulated surplus, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 2021, and the results of its operations 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 Centre 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 Centre'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 Centre or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Centre'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 Centre'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 Centre'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 Centre 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

November 22, 2021

MNP LLP

Chartered Professional Accountants

**Ginew Wellness Centre
Statement of Financial Position**

As at March 31, 2021

	2021	2020
Financial assets		
Cash (Note 3)	2,825,715	1,713,107
Accounts receivable (Note 4)	66,922	29,891
Due from Ginew Seniors Lodge (Note 5)	76,179	76,179
	2,968,816	1,819,177
Liabilities		
Accounts payable and accruals	519,269	122,603
Due to Roseau River Anishinabe First Nation	-	60,000
Deferred revenue (Note 6)	843,948	592,019
	1,363,217	774,622
Net financial assets	1,605,599	1,044,555
Contingencies (Note 7)		
Non-financial assets		
Tangible capital assets (Schedule 1)	1,730,352	1,515,127
Prepaid expenses	37,009	37,359
	1,767,361	1,552,486
Accumulated surplus (Note 8)	3,372,960	2,597,041

Approved on behalf of the Chief and Council and the Ginew Wellness Centre Committee

 _____	Chief	 _____	Councillor
_____	Councillor	 _____	Councillor
_____	Committee Member	_____	Committee Member
 _____	Committee Member	 _____	Committee Member
 _____	Committee Member	_____	Committee Member

Ginew Wellness Centre
Statement of Operations and Accumulated Surplus

For the year ended March 31, 2021

	Schedules	2021 Budget	2021	2020
Revenue				
Indigenous Services Canada		4,116,844	5,926,647	4,809,783
First Nation contribution (Note 9)		172,761	430,862	730,236
Other		-	14,318	35,773
Rental income		-	-	1,000
Revenue deferred in prior year (Note 6)		-	592,019	54,584
Revenue deferred to subsequent year (Note 6)		-	(843,948)	(592,019)
		4,289,605	6,119,898	5,039,357
Segment expenses				
General Operations	4	-	777,088	673,063
Health	5	4,116,844	4,342,584	3,388,346
In Home Care	6	93,761	90,744	82,975
Family Violence Prevention	7	14,000	12,600	12,644
Flood Prevention	8	-	-	537,925
Health Transformation	9	-	53,026	-
Early Learning Child Care	10	-	2,935	-
Seniors Housing	11	65,000	65,002	-
		4,289,605	5,343,979	4,694,953
Surplus before other items		-	775,919	344,404
Other items				
Loss on disposal of capital assets		-	-	(6,816)
Surplus		-	775,919	337,588
Accumulated surplus, beginning of year		2,597,041	2,597,041	2,259,453
Accumulated surplus, end of year (Note 8)		2,597,041	3,372,960	2,597,041

Ginew Wellness Centre
Statement of Changes in Net Financial Assets
For the year ended March 31, 2021

	<i>2021 Budget</i>	<i>2021</i>	<i>2020</i>
Annual surplus	-	775,919	337,588
Purchases of tangible capital assets	-	(449,240)	(394,887)
Amortization of tangible capital assets	-	234,015	217,514
Loss on sale of tangible capital assets	-	-	6,816
Proceeds of disposal of tangible capital assets	-	-	1,000
Use of prepaid expenses	-	350	3,341
Increase in net financial assets	-	561,044	171,372
Net financial assets, beginning of year	1,044,555	1,044,555	873,183
Net financial assets, end of year	1,044,555	1,605,599	1,044,555

Ginew Wellness Centre
Statement of Cash Flows
For the year ended March 31, 2021

	2021	2020
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	6,334,796	5,607,317
Cash paid to suppliers	(1,043,573)	(1,696,751)
Cash paid to employees	(3,669,375)	(2,753,939)
	1,621,848	1,156,627
Financing activities		
Settlement of amount due to Roseau River Anishinabe First Nation	(60,000)	-
Capital activities		
Purchases of tangible capital assets	(449,240)	(394,887)
Proceeds of disposal of tangible capital assets	-	1,000
	(449,240)	(393,887)
Increase in cash resources	1,112,608	762,740
Cash resources, beginning of year	1,713,107	950,367
Cash resources, end of year	2,825,715	1,713,107

Ginew Wellness Centre
Notes to the Financial Statements
For the year ended March 31, 2021

1. Nature of organization

The Roseau River Anishinabe First Nation's Ginew Wellness Centre (the "Centre") is a department of the Roseau River Anishinabe First Nation (the "First Nation"). The Centre is treated separately for accounting purposes and consolidated into the First Nation for reporting purposes. As a department of the First Nation, the Centre is exempt from corporate tax. The Centre's mission is to provide quality health care services for the members of Roseau River Anishinabe First Nation.

2. Significant accounting policies

These financial statements are the representations of management, prepared in accordance with Canadian public sector accounting standards and including the following significant accounting policies:

Basis of presentation

Sources of financing and expenses are recorded on the accrual basis of accounting. The accrual basis of accounting recognizes revenue as it becomes available and measurable; expenses are recognized as they are incurred and measurable as a result of the receipt of goods and services and the creation of a legal obligation to pay.

Cash

Cash includes balances with banks. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Tangible capital assets

Tangible capital assets are initially recorded at cost. Contributed tangible assets are recorded at their fair value at the date of contribution.

Amortization

Tangible capital assets are amortized annually using the straight-line method at rates intended to amortize the cost of the assets over their estimated useful lives:

Buildings	20 years
Equipment	10 years
Vehicles	5 years
Computer hardware	5 years

Long-lived assets

Long-lived assets consist of tangible capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

The Centre performs impairment testing on long-lived assets held for use whenever events or changes in circumstances indicate that the carrying amount of an asset exceeds the value of future economic benefits associated with the asset. Impairment is measured as the amount by which the assets' carrying value exceeds the residual value of the assets' service potential to the Centre. Any impairment is included in operations for the year.

Non-financial assets

The Centre's tangible capital assets and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge the liabilities of the Centre unless they are sold.

Net financial assets

The Centre's financial statements are presented so as to highlight net financial assets as the measurement of financial position. The net financial assets of the Centre is determined by its financial assets less its liabilities. Net financial assets combined with non-financial assets comprise a second indicator of financial position, accumulated surplus.

Ginew Wellness Centre
Notes to the Financial Statements
For the year ended March 31, 2021

2. **Significant accounting policies** (Continued from previous page)

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable and due from Ginew Seniors Lodge are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of tangible capital assets. Deferred revenue is recorded based on management's analysis of the extent to which eligibility requirements have been met on government transfer revenue. Provisions for funding recoveries are recorded in accordance with management's estimates of future costs.

These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in operations in the period in which they become known.

Revenue recognition

The Centre recognizes a government transfer as revenue when the transfer is authorized and all eligibility criteria, if any, have been met. A government transfer with stipulations giving rise to an obligation that meets the definition of a liability is recognized as a liability. In such circumstances, the Centre recognizes revenue as the liability is settled. Transfers of non-depreciable assets are recognized in revenue when received or receivable.

Other revenue includes government transfer revenue, grants from other organizations, interest revenue and service fees. Other revenue is either recognized in accordance with government transfer revenue, or when related to services, when services have been provided and when collection is reasonably assured.

Employee future benefits

The Centre's employee future benefit programs consist of a defined contribution pension plan. The Centre's contributions to the defined contribution plan are expensed as incurred.

Segments

The Centre conducts its business through eight reportable segments as listed below. These operating segments are established by senior management to facilitate the achievement of the Centre's long-term objectives to aid in resource allocation decisions, and to assess operational performance.

The accounting policies used in these segments are consistent with those followed in the preparation of the financial statements as disclosed in the *Significant accounting policies*.

General Operations - includes overhead and general operating costs

Health - includes the Centre's funding related to health and wellness

In Home Care - includes the provision of home care services

Family Violence Prevention - includes the provision of family violence prevention services

Flood Prevention - includes the provision of flood mitigation and prevention services

Health Transformation - includes the provision of health transformation services

Seniors Housing - includes the funding related to providing affordable housing to seniors on reserve

Early Learning Child Care - includes funding from the First Nation for Early Learning Child Care

Ginew Wellness Centre
Notes to the Financial Statements
For the year ended March 31, 2021

2. **Significant accounting policies** (Continued from previous page)

Financial instruments

Financial instruments include cash, accounts receivable, due from Ginew Seniors Lodge, accounts payable and accruals and due to Roseau River Anishinabe First Nation. Unless otherwise stated, it is management's opinion that the Centre is not exposed to significant interest, currency or credit risk arising from the financial instruments.

3. **Cash**

	2021	2020
Operating	172,679	1,095,256
Savings	2,653,036	617,851
	2,825,715	1,713,107

4. **Accounts receivable**

	2021	2020
Indigenous Services Canada	66,922	29,891

5. **Due from Ginew Seniors Lodge**

Advances due from the Ginew Seniors Lodge are unsecured, non-interest bearing and without stipulated terms of repayment of principal or interest. The parties are related by virtue of common control by the Chief and Council of Roseau River Anishinabe First Nation.

6. **Deferred revenue**

Deferred revenue is comprised of unexpended Indigenous Services Canada funding, restricted for use on qualifying expenditures as outlined in the funding agreement between the Roseau River Anishinabe First Nation and Indigenous Services Canada.

	2021	2020
Funding for moveable asset purchases	77,645	65,944
Funding for Jordan's Principle program	648,578	526,075
Mental Wellness (COVID-19)	117,725	-
	843,948	592,019

7. **Contingencies**

The Centre is subject to funding recoveries according to their agreements with Indigenous Services Canada. At year-end, it was not yet determined to what extent any funding amounts related to the year end March 31, 2021 might be recovered by these agencies.

Ginew Wellness Centre
Notes to the Financial Statements
For the year ended March 31, 2021

8. Accumulated surplus

	2021	2020
Available for operating activities		
Health segment	587,159	328,094
Early Learning Child Care segment	208,986	48,817
Other segments	846,463	705,003
	1,642,608	1,081,914
Invested in tangible capital assets		
Net book value of tangible capital assets	1,730,352	1,515,127
	3,372,960	2,597,041

9. Transactions with Roseau River Anishinabe First Nation

During the year the Centre had the following related party transactions:

- paid rent to the Ginew Seniors Lodge of \$15,840 (2020 - \$15,840)
- paid administration fees to the First Nation of \$0 (2020 - \$60,000)
- purchased tangible capital assets (school playground) on behalf of the First Nation for \$59,144 (2020 - \$0)
- received funding from the First Nation as outlined below.

	2021	2020
Funding from Indigenous Services Canada:		
Family Violence Prevention	14,000	14,000
Seniors Housing	65,002	-
Flood Prevention	-	573,663
In Home Care	93,756	93,756
	172,758	681,419
Funding from Southern Chiefs' Organization Inc.:		
Health Transformation	95,000	-
Funding from Assembly of Manitoba Chiefs Secretariat Inc.:		
Early Learning Child Care	163,104	48,817
	430,862	730,236

Related party transactions were conducted in the normal course of operations and measured at the exchange amount which is the amount of consideration established and agreed to by the related parties.

**Ginew Wellness Centre
Notes to the Financial Statements***For the year ended March 31, 2021*

10. Economic dependence

The Centre receives substantially all of its revenue from departments of the Government of Canada. The ability of the Centre to continue operations is dependent upon the Government of Canada's continued financial commitments.

11. Comparative figures

Certain comparative figures have been reclassified to conform with current year's presentation.

12. Significant event

In March 2020, there was a global outbreak of COVID-19 (coronavirus), which has had a significant impact on businesses through the restrictions put in place by the Canadian, provincial and municipal governments regarding travel, business operations and isolation/quarantine orders. At this time, it is unknown the extent of the impact the COVID-19 outbreak may have on the Lodge as this will depend on future developments that are highly uncertain and that cannot be predicted with confidence. These uncertainties arise from the inability to predict the ultimate geographic spread of the disease, and the duration of the outbreak, including the duration of travel restrictions, business closures or disruptions, and quarantine/isolation measures that are currently, or may be put, in place by Canada and other countries to fight the virus.

Ginew Wellness Centre
Schedule 1 - Schedule of Tangible Capital Assets
For the year ended March 31, 2021

	<i>Buildings</i>	<i>Equipment</i>	<i>Computer Hardware</i>	<i>Vehicles</i>	<i>2021</i>	<i>2020</i>
Cost						
Balance, beginning of year	2,994,678	681,456	130,238	388,879	4,195,251	3,925,782
Acquisition of tangible capital assets	251,339	69,545	9,759	118,597	449,240	394,887
Disposal of tangible capital assets	-	-	-	-	-	(125,418)
Balance, end of year	3,246,017	751,001	139,997	507,476	4,644,491	4,195,251
Accumulated amortization						
Balance, beginning of year	1,837,648	525,046	98,056	219,374	2,680,124	2,580,212
Annual amortization	110,822	34,560	17,646	70,987	234,015	217,514
Accumulated amortization on disposals	-	-	-	-	-	(117,602)
Balance, end of year	1,948,470	559,606	115,702	290,361	2,914,139	2,680,124
Net book value of tangible capital assets	1,297,547	191,395	24,295	217,115	1,730,352	1,515,127
2020 Net book value of tangible capital assets	1,157,030	156,410	32,182	169,505	1,515,127	

Ginew Wellness Centre
Schedule 2 - Schedule of Expenses by Object
For the year ended March 31, 2021

	2021	2020
Administration	-	98,045
Advertising	-	4,500
Amortization	234,015	217,514
Automotive	139,949	185,867
Community donations	6,000	1,471
Contracted services	-	467,782
Equipment rental	14,050	-
Groceries	154,215	73,276
Honouraria	12,400	12,432
Insurance	63,362	37,860
Interest and bank charges	759	475
Meals	622	-
Miscellaneous	360	-
Professional fees	35,137	37,427
Rent	18,826	19,521
Repairs and maintenance	17,953	34,993
Salaries and benefits	3,634,238	2,715,894
First Nation infrastructure	59,144	-
Supplies	445,766	315,968
Technology consulting	11,446	21,364
Training and development	389,428	318,504
Travel	48,062	69,548
Utilities	58,247	62,512
	5,343,979	4,694,953

Ginew Wellness Centre
Schedule 3 - Summary Schedule of Operations by Segment
For the year ended March 31, 2021

	<i>Schedule #</i>	<i>Revenue</i>	<i>Expenses</i>	<i>Transfers from (to) other segments</i>	<i>2021 Surplus (Deficit)</i>	<i>2020 Surplus (Deficit)</i>
Segments						
General Operations	4	13,817	777,088	1,085,448	322,177	275,534
Health	5	5,674,718	4,342,584	(1,073,069)	259,065	11,610
In Home Care	6	93,756	90,744	(9,375)	(6,363)	1,406
Family Violence Prevention	7	14,000	12,600	(1,400)	-	(44)
Flood Prevention	8	-	-	-	-	264
Health Transformation	9	95,500	53,026	(1,604)	40,870	-
Early Learning Child Care	10	163,104	2,935	-	160,169	48,817
Seniors Housing	11	65,002	65,002	-	-	-
		6,119,897	5,343,979	-	775,918	337,587

Ginew Wellness Centre
General Operations
Schedule 4 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
Rental income	-	1,000
Other	13,817	35,773
	13,817	36,773
Expenses		
Administration	-	98,045
Advertising	-	4,500
Amortization	234,015	217,514
Groceries	3,205	2,123
Honouraria	4,000	-
Insurance	20,223	11,370
Interest and bank charges	759	475
Professional fees	35,137	37,427
Rent	-	60
Repairs and maintenance	1,450	12,837
Salaries and benefits	404,867	188,955
Supplies	30,946	45,606
Technology consulting	2,334	3,157
Training and development	-	2,839
Travel	2,396	2,246
Utilities	37,756	45,909
	777,088	673,063
Deficit before other items	(763,271)	(636,290)
Other items		
Loss on disposal of capital assets	-	(6,816)
Deficit before transfers	(763,271)	(643,106)
Transfers between programs		
Internal rent charges	60,000	60,000
Transfer for administration	576,208	504,629
Transfer for tangible capital asset purchases	449,240	354,011
	1,085,448	918,640
Surplus	322,177	275,534

Ginew Wellness Centre
Health
Schedule 5 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
Indigenous Services Canada	5,926,647	4,809,783
Revenue deferred in prior year	592,019	54,584
Revenue deferred to subsequent year	(843,948)	(592,019)
	5,674,718	4,272,348
Expenses		
Automotive	139,949	185,075
Community donations	6,000	1,471
Equipment rental	14,050	-
First Nation infrastructure	59,144	-
Groceries	149,180	69,515
Honouraria	6,500	12,432
Insurance	39,021	26,490
Meals	494	-
Miscellaneous	360	-
Rent	18,676	19,461
Repairs and maintenance	14,324	22,156
Salaries and benefits	3,028,309	2,388,423
Supplies	402,906	245,638
Technology consulting	9,111	18,207
Training and development	389,428	315,665
Travel	44,744	67,212
Utilities	20,388	16,601
	4,342,584	3,388,346
Surplus before transfers	1,332,134	884,002
Transfers between programs		
Internal rent charges	(60,000)	(60,000)
Transfer for tangible capital asset purchases	(447,635)	(354,011)
Transfer for administration	(565,434)	(458,381)
	(1,073,069)	(872,392)
Surplus	259,065	11,610

Ginew Wellness Centre
In Home Care
Schedule 6 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	93,756	93,756
Expenses		
Salaries and benefits	90,744	82,975
Surplus before transfers	3,012	10,781
Transfers between programs		
Transfer for administration	(9,375)	(9,375)
Surplus (deficit)	(6,363)	1,406

Ginew Wellness Centre
Family Violence Prevention
Schedule 7 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	14,000	14,000
Expenses		
Automotive	-	792
Groceries	1,831	1,638
Honouraria	1,800	-
Rent	150	-
Salaries and benefits	-	1,050
Supplies	8,819	9,164
	12,600	12,644
Surplus before transfers	1,400	1,356
Transfers between programs		
Transfer for administration	(1,400)	(1,400)
Deficit	-	(44)

Ginew Wellness Centre
Flood Prevention
Schedule 8 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	-	573,663
Expenses		
Contracted services	-	467,782
Salaries and benefits	-	54,492
Supplies	-	15,561
Travel	-	90
	-	537,925
Surplus before transfers	-	35,738
Transfers between programs		
Transfer for administration	-	(35,474)
Surplus	-	264

Ginew Wellness Centre
Health Transformation
Schedule 9 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	95,000	-
Other	500	-
	95,500	-
Expenses		
Honouraria	100	-
Insurance	4,119	-
Meals	128	-
Salaries and benefits	46,983	-
Supplies	673	-
Travel	923	-
Utilities	100	-
	53,026	-
Surplus before transfers	42,474	-
Transfers between programs		
Transfer for tangible capital asset purchases	(1,604)	-
Surplus	40,870	-

Ginew Wellness Centre
Early Learning Child Care
Schedule 10 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	163,104	48,817
Expenses		
Repairs and maintenance	2,180	-
Supplies	755	-
	2,935	-
Surplus	160,169	48,817

Ginew Wellness Centre
Seniors Housing
Schedule 11 - Schedule of Segment Operations
For the year ended March 31, 2021

	2021	2020
Revenue		
First Nation contribution	65,002	-
Expenses		
Salaries and benefits	63,336	-
Supplies	1,666	-
	65,002	-
Surplus (deficit)	-	-