

Board of Directors Report - Michael Chokomoolin, Chairperson

Welcoming Remarks –Noojmowin Teg Board Chair

On behalf of the Board, committees and staff, we wish to extend appreciation to all who are attending the 13th Annual General Meeting of Noojmowin Teg Health Centre.

The board would like to report on new developments that occurred over the past year, work completed by the board, potential areas of concern, and opportunities being explored to enhance our current provision of services to the seven First Nations and off-reserve community members.

The organization experienced a number of new developments in 2009-2010. We received funding for two new programs – the Aging at Home and the Diabetes Wellness Team. Another program, to be applied for on a yearly basis, is the Healing Through Art Expression Program. These programs have boosted the number of staff from fifteen to twenty. The board is pleased and excited about the opportunity to work with the existing area services toward enhanced support for aboriginal clients with diabetes and for those aged 55 and older.

The organization continues to work with Mamaweswen Health Centre (North Shore Tribal Council), Mnaamodzawin Health Services, M'Chigeeng Health Centre and Wikwemikong Health Centre on the development of a common Community Electronic Medical Record (C-EMR) in order to chart medical records, and collect data for funder reports and administration requirements. Working groups were established that include Information Technology, End Users, Evaluation and Privacy and Security, and are comprised of First Nation and aboriginal service providers from the First Nations from the Manitoulin Island and North Shore, and staff from the Sault Ste. Marie Indian Friendship Centre. The project completed the development of a business plan, and the group is currently working toward the identification and development of funding applications for the various components of the business plan. The project continues to inform and receive feedback from First Nations governance and health staff provided by each of the participating health directors and monthly update briefs.

As another development, the organization is working with the other nine Aboriginal Health Access Centres distributed across the province having received funding from the Ministry of Health and Long-term care – Aboriginal Health Transition Fund to create standardized diagnostic codes, including codes for traditional healing; accreditation, and lobbying for funding equity from the Ministry of Health and Long-term Care. The diagnostic codes are now aligned with provincial standards so that we will be able to, as an example, compare rates and types of client concerns with more accuracy. We are now associate members of the Community Organizational Health Incorporated (COHI) which is a health accreditation body. We are further lobbying to received funding to obtain full accreditation. Further, the Centres are appealing to the government for funding equity comparable to other non-aboriginal health care organizations. The UCCM and the Wikwemikong Chief and Council have provided band council resolutions endorsing the need to funding equity for the recruitment and retention of primary health care services, and to enhance the holistic health of aboriginal and First Nation members in the Manitoulin Island area,



Noojmowin Teg Board of Directors (2009-2010)

Michael Chokomoolin (re-elected), Board Chair – Off-Reserve Representative
John Roy (replaced by Donna Debassige), Board member – M'Chigeeng Representative,
Chief Irene Kells, Board member – United Chief and Councils of Manitoulin, Jacinta
Manitowabi, Board member – Wikwemikong Representative, Margaret Manitowabi, Board
member – Wikwemikong Representative, Dolores Nahwegahbow (re-elected), Board
member – Alternate Chair – Off-Reserve Representative, Rosemary Pitawanakwat, Board
member – Wikwemikong Representative, Evelyn Aguonia, Board Representative – Mnaa-
modzawin Health Services

This year, the board met for a total of sixteen meetings that included regular monthly meetings, three board policy and by-law review meetings, and one strategic planning review. The board had quorum for all meetings. In this past year, the two off-reserve board members came to the end of their term of office. The vacancies were posted, and upon careful review and consideration, the two positions were re-filled by the same off-reserve board members – Michael Chokomoolin and Dolores Nahwegahbow. The board representative from M'Chigeeng First Nation health committee resigned, and his position was filled by Donna Debassige. We want to thank the members both past and present for their dedication, skills, and direction, and as a vital link into the needs and vision of the First Nation communities and off-reserve community members we serve.

In addition to the monthly board meetings where regular business was conducted, the board participated in four additional meetings. As a result of their efforts, the board policy and bylaw revisions were completed and have been sent for legal advice and will be returned to the board for approval in the new fiscal year. The strategic planning review occurred in February, 2010, with invitations for participation sent to all Chief and Councils, health directors and coordinators, representatives from the advisory committees, and Noojmowin Teg staff. The focus of the strategic plan remained on an integrative approach to service provision, commitment to providing a blend of traditional and western healing methods, and opportunities for enhanced services and infrastructure.

One area of deep concern has been facing the organization over the past few years. We have known that our space has become inadequate and that there is a need for an expansion to the existing building. Last summer, the organization was invited to submit a proposal for Phase II of the building with formal approval from Mnaamodzawin Health Services and the Aundeck Omni Kaning First Nation. While we anticipated positive results from this invitation, we were not approved for funding. We continue to lobby the Ministry of Health and Long-term Care for funding to build an approximate 4,400. square foot addition. In the meantime, the organization must continue to seek stable and adequate space to house six additional health care professionals and their equipment. Finding funding for a building will be a priority in 2010-2011.

As another area of concern, the five year funding cycle for the Fetal Alcohol Spectrum Disorder will end at the end of March, 2011. This will be the 2nd five year cycle for the program that is funded by the Ministry of Children and Youth Services. The organization has not received an increase to the funding in the past ten years and has consistently sent requests to increase the funding from \$165,000. to \$200,000. to enhance staff salaries and increase activities received by the communities. We will further lobby for the continuation of the viable services of the New Beginnings and Child Nutrition programs.

It has been a rewarding experience to participate in the growth of the organization, to see the provision of excellent primary and promotion health care services and activities, and to work in collaboration and partnership with First Nation, aboriginal and non-aboriginal health organizations in order to provide more integrated, and holistic care for the aboriginal people living within the Manitoulin Island District. We are committed to ensuring the continued stability of the organization in keeping with the Seven Grandfathers, and to pushing the bar for increased standards of health care excellence.

Miigwetch.

NOOJMOWIN TEG COMMITTEES

Traditional Advisory Committee

We give acknowledgement and gratitude to the Traditional Advisory Committee Members: Christine Sagon, Chief Joe Endanawas, Donna Debassige, Diana Lariviere, Norman Aguonie, Rosemary Pitawanakwat and Melissa Roy. They bring their traditional knowledge and share these teachings to the committee and program vision. They also provide teachings as per community request.

The Traditional Advisory Committee met four times in 2009-2010 at regularly scheduled quarterly meetings providing advocacy and support to the traditional program. Representatives participated in the strategic planning review held in January, 2010, and also attended the 2008-2009 Annual General Meeting. During the year, the committee reviewed the traditional policies and made recommended revisions to be approved by the board. A member of the committee also sat on the hiring committee for the Traditional Counsellor and Art Facilitator.

The Traditional Committee's central goal is the well-being of participants in the Traditional program and recognizes that this encompasses the emotional, spiritual, physical and mental elements of healing and therefore, shall maintain the best interest of the relative as a primary obligation.

New Beginnings – FASD/Child Nutrition Steering Committee

The New Beginnings Steering Committee meets on a quarterly basis. The Committee works together to provide the most suitable/best practices programming for both the FASD & Child Nutrition programs. The committee has developed Terms of Reference and conducted a strategic plan.

This year has been a review of the Terms of Reference and committee input on workplans, community events and networking possibilities.

We will continue to meet on a quarterly basis with guidance on regular programming plus input on our annual FASD conference and the Child Nutrition program bringing in a Food Security specialist, Dr. Valerie Tarasuk from the University of Toronto for a one day session.

We would like to thank our Steering Committee for providing the best possible direction for our services with their communities.

- Evelyn Roy – Elder Advisor – M'Chigeeng
- Gail Pelletier – Community Wellness – Whitefish River Health Centre
- Leah Migwans – Nursing Department – M'Chigeeng Health Centre
- Nicole Bush – Executive Director – Sheshegwaning Health Centre
- Jackie Kozeyah – CHR – Sheshegwaning Health Centre
- Rachel Maniwabi – Director of Children's Services – Wikwemikong Health Centre
- Shirley Mandoshkin – NAADAP – Aundeck Omni Kaning Health Centre
- Christine Saigon – Band Manager - Zhiibaahaasing Health Centre



Aboriginal Children’s Recreation Committee

The Aboriginal Children’s Recreation Committee meets on a quarterly basis. The committee works together to provide the most suitable and appropriate physically active recreational programs for children aged 6-12 years.

The committee also assisted in the development of the program’s logic module. The committee members also provided letters of support from their communities in Noojmowin Teg Health Centre’s application of the Healthy Communities Fund. Pending funding from the Healthy Communities Fund, all members of the committee as well as several volunteers from each community, will be trained in Community Sport Coaching and certified by the National Coaching Certification Program.

It is our goal to get as many children as physically active as possible in each community in an effort to promote a healthy lifestyle.

Chi-miigwetch to all committee members:

- Duke Peltier – Wikwemikong Recreation Program
- Jeremy Mailloux – Volunteer, Assiginack Township
- Caroline Jocko – Whitefish River First Nation
- Shaun Assiniwai – Aundeck Omni Kaning Recreation
- Leslie Corbiere – Community Support Worker, M’Chigeeng First Nation
- Tiffany Laford – Recreation Activator, Sheshegwaning First Nation
- Theresa Wabegijig – AHWS worker, Zhiibaahaasing First Nation
- Linda Belton – Sudbury & District Health Unit



Manitoulin Anishinabek Research Review Committee

The Manitoulin Anishinabek Research Review Committee (MARRC) provides an ethics review service for the First Nation communities and organizations on Manitoulin Island. Essentially, if a researcher would like to conduct research with Aboriginal people on Manitoulin Island the First Nation community or Aboriginal organization can advise the researcher that their proposal must be reviewed by the MARRC. The MARRC will review a research proposal and provide recommendations for improvement. Even if the MARRC issues an ethics certificate, the researcher must still gain permission from the First Nation community in order to go ahead with their research. The First Nation community has the final decision on whether any research will be allowed to take place.

During 2009/2010 the committee reviewed five ethics applications and one amendment on research projects on topics such as Aboriginal youth resilience and wellness, Aboriginal community engagement, Aboriginal youth tobacco awareness, food beliefs of people with diabetes, and perceptions of Alzheimer's disease and dementia. The diversity of research topics demonstrates the breadth of research currently being conducted in our communities.

Committee members gave three presentations at Laurentian University and to an Aboriginal group developing a health and economic development research project. These presentations help to educate others about ethical Aboriginal research.

In addition to our quarterly committee meetings, we also held a strategic planning session in June 2009 and in August 2009 we hosted a meeting with Elders to discuss how to evaluate whether a research proposal is respectful of the Seven Grandfather teachings. We revised our application form and finalized our Terms of Reference.

Our plans for this year include formalizing an amendment process for research projects that have received an ethics certificate and we are also planning for a research conference that will take place in May 2011 that will not only celebrate 10 years since the initial ethics conference that took place in M'Chigeeng, but it will also feature the research that has taken place here on Manitoulin Island.

The MARRC is comprised of dedicated volunteers and Noojmowin Teg staff members including the following:

- Cheri Corbiere, Sheshegwaning First Nation
- Donna Debassige, Band Councillor, M'Chigeeng First Nation
- Phyllis Kinoshameg, Consultant, Wikwemikong
- Susan Manitowabi, Director, Native Human Services, Laurentian University
- Lenore Mayers, Administrative Program Support , Noojmowin Teg Health Centre
- Lorrilee McGregor, Research Director, Community Based Research
- Niki Naponse, Executive Director, Za-geh-do-win Information Clearinghouse
- Marjory Shawande, Traditional Coordinator, Noojmowin Teg Health Centre



The project is an e-health initiative, representing a collective of First Nation and aboriginal health care organizations that are working toward the establishment of a center of excellence to use technology to support holistic healthcare services to the First Nation and aboriginal community members living within the Manitoulin Island – North Shore region.

The project is comprised of the Giiwednong Health Link Committee (three First Nation health directors and two Aboriginal Health Access Centres' executive Directors), and four working groups – End Users, Information Technology, Evaluation and Privacy and Security – comprised of community staff working in the health centres involved in the project – sampling from across the fourteen First Nation health centres, two AHAC's, and one Indian Friendship Centre.

Giiwednong Health Link is a partnership between:

- Mnaamodzawin Health Services,
- Noojmowin Teg Health Centre,
- M'Chigeeng Health Services
- Nahndahweh Tchigegamig - Wikwemikong Health Centre and
- Mamaweswen, the North Shore Tribal Council Health Program/N'Mninoeyaa Community Health Access Centre.

Noojmowin Teg is designated the lead organization and overseas project secretariat of the five key stakeholder health organizations.

In July 2009, the initiative has been successful in securing funding from Fednor for the development of the GHL Business Plan. Khasma was awarded the contract for the development of the business plan. The plan was completed and accepted in February 2010 with approval from the GHL Steering Committee. The business plan has provided GHL with the following tools; Funding models, Strategic, tactical and operational models and the Solution short list.

Additional funding was received from Aboriginal Health Transfer Fund for the purpose of e-readiness assessment for the GHL member sites. The intention of e-readiness is to determine where the community is at in terms of core readiness, where engagement is possible, where structural readiness exists and to identify those communities that are not ready to proceed. A final report was received on February 26, 2010. GHL will be utilizing the final report in to identify what is needed in each community to ensure that their infrastructure can house the software application that will be purchased by GHL.

In October, 2009 the member sites were asked to appoint a Privacy Coordinator and an alternate for the GHL Initiative. The GHL hosted a Privacy and Security workshop on February 19, 2010, an invitation was sent to Privacy Coordinators, Alternates and Health Directors from the fourteen sites. The training was focussed on privacy fundamentals, the roles of the Coordinators and discussion around privacy concerns within the communities. The workshop was attended by 18 participants. GHL will be hosting another Privacy workshop in the near future for the Privacy Coordinators that missed the first workshop.

The GHL four working groups the opportunity to meet in a larger forum three times over the past year, the workshop were held in two locations, alternating from Sault Ste. Marie to Sudbury. The purpose of the September workshop was for the working groups to develop their workkplan for the upcoming year. The workshop in January was for the working groups to receive an overview of the GHL Business plan and to review and update their workplans. The final meeting in April was for the purpose of evaluating a software application, three vendors (Healthscreen, Practice Solution and X-Wave) were invited to present their product to the membership. Final reports from all the workshops are available upon request at (705) 348-0160.

The GHL Steering Committee has been successful in engaging strategic stakeholders to participate in various meetings. The purpose of the meeting are for the stakeholders to provide advice, advocacy and updates and information on funding opportunities for GHL short and long term project needs. To date, three meetings have been held.

In November 2009, GHL submitted a proposal to Aboriginal Health Transfer Fund for the extension of the GHL Project, funding was approved and the project received an extension to December 31, 2010.

GHL has been successful in securing funding for Information Technology Infrastructure Library (ITIL) Training. The ITIL provides a systematic approach to the provision and management of IT services from inception through design, implementation, operation and continued improvement. The training was provided to several members of the Information Technology Working Group.

The Ultimate outcomes for GHL is that Health Care Services and health care continuity improved through the integration, coordination, management and security of health data and information amongst internal and external key partners in order to improve health care services and management.

Additional information can be viewed on our website at: www.giiwednonghealth.ca or by contacting Sheila Niganobe at (705) 348-0160.

ADMINISTRATION

Executive Director - Pam Williamson

Aanii, Greetings.

On behalf of the staff and myself, I would like to express appreciation for the opportunity to continue our shared task with First Nation health staff, and area primary health care organizations toward the enhanced and holistic health of community members.

The following report is a brief overview of ongoing partnerships and new developments.

Ongoing Partnerships

Key partnerships with whom we work closely include the seven First Nation health service providers (including the FN health authorities of Mnaamodzawin, M'Chigeeng and Wikwemikong), the United Chief and Councils affiliate organizations, the Union of Ontario Indian service providers, area physician groups and Family Health Teams, the Manitoulin Health Centre, Aboriginal Health Access Centres, the Sudbury and District Health Unit, and the Sudbury General Hospital. The Centre has further extended collaborative efforts to include other non-health organizations including First Nation and other area schools and daycares. Relevant partners are formally recognized and listed later in the report.

We also extend thankfulness to our funders who have supported the services we provide and who have continually emphasized the need for organizations to work in partnership.

New Developments

We are pleased to outline a number of new services offered to the communities that address specific health needs. The following is a description of the funding sources, services, and staff for each new program:

Aging at Home Liaison – In 2008, in partnership with Mnaamodzawin, M'Chigeeng, Noojmowin Teg and Wikwemikong Health Services and Centres, a proposal was submitted to the Local Health Integrated Network Systems (LHINS) under the Aging at Home fund. The proposal was approved in 2009. The service received by Noojmowin Teg Health Centre was the Aging at Home Liaison. The partnering organizations received additional funding to enhance their roster of personal support workers. The Liaison (Janet Fathers) works with the Mnaamodzawin, M'Chigeeng, Wikwemikong and area hospital discharge managers, ensuring community members aged 55 and older access the services they need. The Liaison is responsible for connecting First Nation nurses to training opportunities as requested, and providing hands on training to First Nation personal support workers and caregivers. She also is in charge of coordinating drivers for the services of the Aging at Home Van program for medical and social purposes.

Diabetes Wellness Team – The organization was approved and allocated one of the forty diabetes teams the Ministry of Health and Long-term Care rolled out in 2009 as part of the provincial government's diabetes strategy. The Northern Diabetes Health Network assumed responsibilities for our funding and whom we report to regarding the Diabetes Wellness program. The team is comprised of a diabetes nurse, (Angela Shawanda), a diabetes dietitian (Zsolt Toth), and a part time diabetic foot care nurse (Isabel Simon). The purpose of the team is to provide a consistent maintenance of diabetes care through monitoring their condition, diet, and foot care needs as required, and education. The program works closely with the area physicians, Noojmowin Teg primary health care, Manitoulin Health Centre diabetes program, and the First Nation diabetes programs through Mnaamodzawin Health Services, M'Chigeeng Health Centre, and Wikwemikong Health Centre.

Another area of development was that the organization received invitations to submit applications for funding for two programs that must be re-applied for on a yearly basis and based on potentially changing priorities of the funders. The following is a description of the funding sources, services, and staff for the two programs:

Aboriginal Children's Recreation Program – the Ministry of Health Promotion has invited the organization for the past two years to submit a proposal for the position of the Aboriginal Children's Recreation Liaison. The purpose of the funding is to reduce child obesity and diabetes. Working closely with First Nation recreation workers, the Liaison (Mark Peltier) provides regular six week sessions of both organized sports and non-organized recreation activities to children twelve and under. With an emphasis on holistic health, other Noojmowin Teg or First Nation health professionals provide components of nutrition, mental health, and traditional teachings and culture. The program monitors the children's progress through bi-annual Body Mass Index and physical fitness testing.

Traditional Healing Through the Expression of Art – the program is funded by First Nation Inuit Health – Ontario through the Indian Residential Schools Resolution Health Support Program. The program provides healing support to former residential school students and their family through art sessions with an art facilitator (Mark Seabrook) and supported by a traditional counsellor (Anne Solomon). Based on individual need and request, further one on one counselling sessions may be set up with the counsellor, and support by community counsellors or traditional staff.

We would like to extend an invitation for you to meet with these staff members and welcome them personally.

In terms of other program/staffing changes, we were required to fill in and/or to hire for vacancies within the long-term staff positions. One registered dietitian left for six months to go on maternity leave. We were pleased to cover the leave immediately with a short-term contract with a newly minted registered dietitian. As another change, through the Diabetes Wellness Team hiring process, a member of our staff became the successful candidate for the position of diabetes dietitian. The organization was able to successfully recruit the dietitian we had previously contracted. We recognize that we were fortunate to recruit so quickly given the lengthy recruitment processes we experienced previously.

As another development, the organization was able to secure a number of smaller and short-term initiatives through our development of funding proposals. The following is a description of the funder, the activity and the program:

- Cancer Care Ontario – Tobacco Cessation Initiative was directed at children aged 12 and under to provide knowledge on the adverse effects of smoking and life skills to say no despite peer pressure. The service was attached to the Aboriginal Children's Recreation Program and the facilitator was Alanna Trudeau. Miigwetch for an excellent job, Alanna!
- Aboriginal Healing and Wellness Strategy – Repairs and Maintenance – We successfully received funding to purchase a larger server to accommodate the co-networked needs of Mnaamodzawin and Noojmowin Teg staff, and to potentially house future software from our Gii-wednong Health Link partnership. We were able to purchase: pandemic supplies, adult digital scale, examination table, furniture dolly, laptop upgrades, software upgrades, cost-share security videos, and mobile shelving units. These items were either shared with Mnaamodzawin (as an office enhancement) or with the First Nation health centres.
- Health Canada – An Aboriginal Health Transition Fund was submitted in partnership with Mnaamodzawin Health Services, Mamaweswan Health Centre (North Shore), M'Chigeeng Health Centre, and Wikwemikong Health Centre to support the continued planning of the Gii-wednong Health Link E-Health project. We were able to fund a total of four trainings regarding e-health information technology to the 14 participating First Nation health staff, two aboriginal health access centres, one Indian Friendship centre, and for coordination and continued planning and lobbying for a common community electronic medical record software system. The project continues into 2010-2011.

- Northeast Local Health Integrated Network Systems – Ontario Common Assessment was a pilot project that the psychological services providers agreed to move forward. It was intended to provide a standard basis of assessment that was completed by both the providers and each client. We are currently assessing the viability of the pilot and whether it best meets the needs of the mental health clients served by our mental health program.

As an unanticipated and jointly worked on activity, Noojmowin Teg and Mnaamodzawin administration and program staff spent a number of days developing a pandemic plan, working preemptively to complete the plan in anticipation of a potential pandemic within the First Nations. The plans were completed and provided to the First Nations, and were shared with a variety of organizations also developing their own plans. When the pandemic became a reality, the organizations were able to respond accordingly, and staff were ready to relay out their roles as described and required.

We thank the staff for their hard work. We thank the communities for their patience and in working with organizational staff through the planning, implementation and adjustments required to fit the new services of the diabetes, aging at home, and traditional healing through art programs within their centres. We also thank the Creator for reminding us that a holistic balance is the only way to maintain a path of good health.

The following are brief highlights of planned activities and developments for the upcoming year to be completed in partnership and collaboration with area First Nation and other health organizations and services:

- Aboriginal Children's Recreation Program was re-approved for annual funding
- Continued lobbying for Phase II infrastructure
- Ongoing communication and work in partnership and collaboration with area First Nation health directors/coordinators
- Cost-shared and collaboratively planned training or conferences including the Indian Residential School gathering, Cognitive Behaviour
- Therapy training, Fetal Alcohol Spectrum Disorder Symposium, and Giiwednong Health Link e-health training
- Further planning and funding sought for the Giiwednong Health Link e-health project
- Working toward funding equity comparable to non-aboriginal health centres
- Completion of updates to personnel and board policies
- Working toward accreditation
- Seeking enhanced Fetal Alcohol Spectrum Disorder diagnostic services within the north
- Further integration into existing Electronic Medical Record Systems (Health Screen and Roxy) toward becoming a completely chartless and health system

In summary, the organization respectfully submits an annual report we trust demonstrates a stable, growing and viable health organization that ably serves the First Nation and off-reserve aboriginal populations within the Manitoulin Island District. Each staff member, from administration to program professionals, work in an integrative model with every program or service working with their First Nation and area primary health care counterparts. From a total of 151 voluntary survey participants who responded to the annual client benefit questionnaires in 2009, 69% said their health status improved, 25% said their health status remained the same, and 6% said worse. Due to new programming and services, the organization's budget grew from \$2.3 million dollars in 2008-2009 to \$3 million in 2009-2010. As further comparison, the original budget of the organization was \$1.2 million in 1999-2000 and \$1.5 million in 2005. The funding is merely an indication of the growth in direct services provided to the communities. The organization remains cognizant and committed to our role as a health support and service to the communities. We trust that the communities are proud of an organization that is of their creation.

Director of Operations – Debbie Francis

There has been an influx of program funding initiatives as funding was received for three (3) grants (Indigenous Health Research Development Program/CFDR/Ontario Agri-Food/LAMBAC). New funding was introduced for a Diabetes Health Team (2.5 positions), Aging at Home Program (1 position) and Indian Residential School enhanced funding (2 positions). A Bookkeeper was hired on a contractual basis to provide services 1-2 days per week due to the increased workload and reporting requirements to funders.

Description of Activities

- Human Resources – assist with the orientation process and hiring of new employees, review of timesheets accruals to date and ensure association fees and First Aid & CPR training for staff is up to date.
- Finance –accounts payable, receivables, bank deposits, journal adjustments and audit preparation
- Provide support to the Aging at Home Van with client call-ins of bookings and cancellations when the Coordinator is unavailable
- Applications were submitted to the Union of Ontario Indians for summer students, Ontario Agri Food and OCAN Pilot project for short-term funding initiatives
- Administrator for Noojmowin Teg Health and Pension Plan –providing updates to staff for the EAP Program and ensure changes or amendments to the policy are updated.
- Secretariat for the Giiwednong Health Link project which includes quarterly reports to the funders and monthly budgets to the partners (Mnaamodzawin, North Shore, Wikwemikong and M'Chigeeng).

Networking

- Attend monthly Board and Staff Meetings –present a monthly financial report to the Board and transcribe meeting minutes at each meeting.
- Teleconference meetings are hosted monthly with the Giiwednong Health Link Evaluation Committee and attend as required to keep apprised of new developments and training opportunities for the E-Health project.
- Meet regularly with colleagues to review and discuss program budgets, group insurance and timesheets
- Employer representative for the Occupational Health & Safety Committee partnered with Mnaamodzawin Health Services
- Attended the Indian Residential School National Forum in Montreal. This event was very inspirational as survivors shared their heartaches and healing process in grieving this traumatic experience they endured.
- Assist in the monthly planning committee meetings for the August 23-25, 2010 Mental Health Conference “Opiod Abuse in First Nations”
- Schedule and attended quarterly health meetings with each of the Mnaamodzawin Health services partners (Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Whitefish River and Zhiibaahaasing First Nation) and provide updates along with the Executive Director.

Anticipated activities for 2010-2011

- Seeking funding initiatives for summer students
- Assist with WERS & CDS Reports to the Ministry of Health and Long Term Care
- Assist with the locum services

Administrative Program Support - Lenore Mayers

As Administrative Program Support worker, I provide administrative support to the Executive Director and Director of Operations as well as all other Noojmowin Teg staff members. Duties include assisting with the coordination of monthly staff and board meetings; assisting with providing orientation and community visits for new staff members; coordinating the peer review process for annual staff performance reviews; assisting with the planning of conference and special events and the promotion of Noojmowin Teg's programs and services through the publication of the monthly newsletter. I also assist with the ordering and inventory of office, medical and promotional supplies and updating staff forms. I also assist with preparation and recording of minutes for the monthly staff meetings, the New Beginnings Committee meetings and the Recreation Committee meetings. I am also a member of the Manitoulin Anishinabek Research Review Committee (MARRC) and I assist with meetings, submission of conference abstracts and presentations and the coordination of ethics review proposals.

Highlights for the 2009-2010 fiscal year include: assisting with the coordination of monthly staff meetings; quarterly MARRC meetings and quarterly New Beginnings FASD/ACNP committee meetings. I have also made two conference presentations on behalf of MARRC at the Anishinabe Kweok Research Network at Laurentian University and the Ethics Colloquium at Laurentian University. I have also submitted an abstract for the Northern Health Research Conference which is to be held in June 2010. I have assisted with the Mental Health Conference, the Annual General Meeting, the Annual FASD Teaching Symposium and I have participated in three community health /career fairs. I have accessed three opportunities for professional development training which included computer software training, policy writing training and administrative assistant training.

Information Technology – Darrell Assiniwe

As the Information Technologist, my primary responsibility is to ensure the appropriate technological resources are available for Noojmowin Teg Health Care Providers to provide services to each of the communities in our service area. I provide support for the organization's Electronic Wellness Records (EWR) programs, which include Healthscreen and Roxy Software. Another one of my main duties is management of Health Data. I provide statistical reports for the services provided by our Health Care Providers. The reports are provided on a monthly, quarterly, semi-annual, and annual basis.

Description of Activities

- Provide data to Executive Director for AHWS Quarterly, CDS-MH Semi-annual Reports
- Provide software support and training to staff for Healthscreen, Roxy Software
- Healthscreen administration functions, including electronic lab imports
- Roxy Software administration functions, enhancing quality of data collection
- Provide onsite/offsite Information Technology support to staff members in collaboration with Software Developers and External Information
- Technology Support, including hardware, software and network support
- Website updates (www.noojmowin-teg.ca)
- Deployment of encryption software on notebook computers for all staff
- Training, certification in ITIL IT Service Management, Network Security

Networking

- Monthly / Staff Meetings
- Monthly / Giiwednong Health Link Information Management/Information Technology Meetings
- As Needed / Update Meetings with Individual Staff Members
- Monthly / ECR Champions Committee Meetings
- Quarterly / GHIL Conferences/Workshops

Anticipated activities for 2010-2011

- Continue to implement, provide training for Healthscreen, Roxy Software programs
 - Ensure data quality for submission to funders
 - Enhance data collection methods for Health Care Providers
 - Maintain, optimize Noojmowin Teg network
 - Continue to provide onsite/offsite Information Technology support to staff members in collaboration with Software Developers and External Information Technology Support
-
-

PRIMARY HEALTH CARE

Traditional Health – Marjory Shawande

Ahnee Anishnawbek : to all individuals, families and communities within the district of Manitoulin Island.

Noojmowin Teg Traditional health service contributed to our healing process by the following activities for 2009-2010:

- Administration and coordination of assessment, intakes, referrals and follow-up for individuals appointments for - 76 Relatives (note: number lower due to request for family circles)
- Consultation and coordination with family or community members for teaching and healing circles for - 1688 Relatives
- Networking and consultation meetings with other internal and external health care providers - # 62 Contacts
- Consultation and research with Mnaamodzawin Health Services on Knowledge Transfer and quarterly meetings with MARR. Journal of Aboriginal Health article submission with Marion Maar and accepted for publication with NAHO.
- Indian Residential School program provided advocacy and support at the Spanish Gathering in June, 2009 – # 50 Relatives
- Former IRS students and family received Art therapy by Linda Manitowabi with positive feedback . Therefore, the evaluation results provided the basis for a proposal for a full-time art therapy program. We received acceptance for this proposal in December, 2009.
- Solomon, Traditional Counsellor and Mark Seabrook, Healing through Art Facilitator have been hired for this one year funding from Health Canada, First Nation & Inuit Health Branch.

Nurse Practitioner - Mary Dantouze, RN(EC)

Description of Activities

Primary Health Care Clinics provided for communities of Sheshegwaning, M'Chigeeng, Wikwemikong. Main objectives are in keeping with Noojmowin Teg Strategic Plan which are wellness activities targeting cancer screening for colon, breast and cervical; screening for mental health issues and diabetes.

Statistics:

of clients served in above 3 clinics – 715 (# of visits – 1427)

of workshops – 2

of clients @workshops – 252

Networking:

- Diabetes Island Coalition Member
- Diabetes Research Group
- Aboriginal Hypertension Project
- M'Chigeeng Drug Strategy Meetings
- Joint Staff Meetings between Noojmowin Teg and Mnamaadzowin
- Joint Meetings between Noojmowin Teg NP's and Wiki RN's to facilitate co-ordination of care.

Workshop Activities or Activity Participation Rates

- Presentation for Health Professionals on Methadone Use in Pregnancy during National Aboriginal Addictions Awareness Week campaign.
- Prenatal Workshop on Preconceptual and Post Partum Care
- Assisted communities of Wikwemikong and M'Chigeeng with mass immunization clinics
- M'Chigeeng's Annual health planning session

Anticipated activities for 2010 -2011

- Continued delivery of clinic services for communities of M'Chigeeng, Wikwemikong, Sheshegwaning, Zhiibaahaasing
- Continued surveillance and screening for cancer, mental health, and diabetes
- Collaborating with Implementation of Aboriginal Hypertension Project in community of M'Chigeeng and Wikwemikong

Nurse Practitioner - Brenda Beaudry RN(EC)

Activity Report for 2009- 2010 – Brenda Beaudry, Primary Health Care Nurse Practitioner for Aundeck Omni Kaning, Sheguiandah, Sheshegwaning, Wikwemikong and Zhibaaahaasing. Nurse Practitioner services were provided to all age groups with a focus on preventing disease, promoting good health and treating illness. Patients were seen for acute episodic illness, monitoring of stable chronic disease and prevention-screening.

There were 658 clients seen in 1093 client visits; 342 of these visits were for wellness; 698 visits were for acute episodic illness and 54 visits were for chronic disease management. Presentations include: Annual and Quarterly Screening for clients with Type 2 Diabetes (Aundeck Omni Kaning), A Day In the Life Of A Nurse Practitioner (Wikwemikong High School Career Fair). Participated in Sheguiandah's School Aged Health Fair.

Networking was accomplished through several meetings including: NP Networking, Quarterly Community Health Program meetings, Health Screen, Heart and Stroke Foundation Blood Pressure Strategy, Nursing and Pandemic Planning.

Anticipated Activities for 2010-2011 are to continue to in collaboration with the health team develop and provide access to chronic disease management for the client and to continue to capture from health screen, the trends in diagnosis and services provided.

Nurse Practitioner - Tamera Maguire RN(EC)

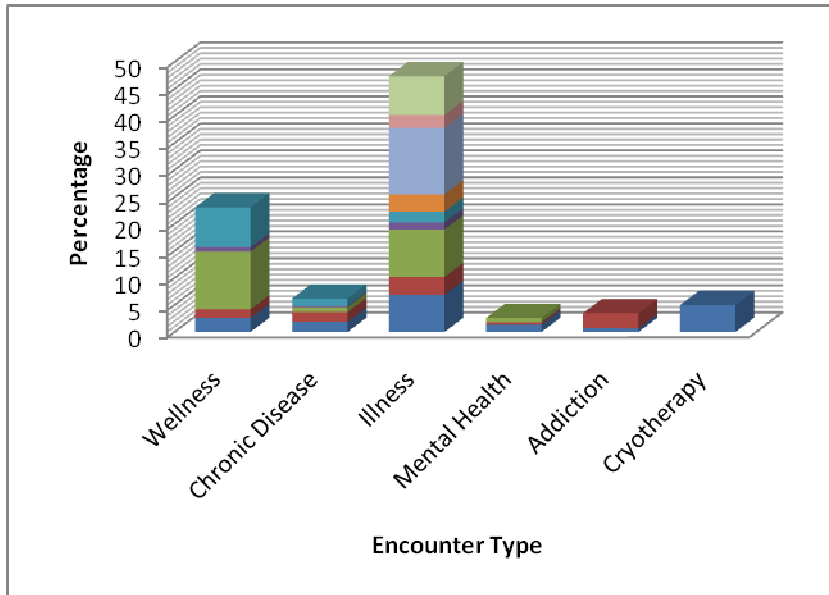
I am pleased to provide a snapshot of my first year back with Noojmowin Teg serving the communities of Whitefish River, Wikwemikong, Sheshegwaning, Zhiibaahaasing and the Off-Reserve clinic at Noojmowin Teg.

It's been an exciting year of both challenges (ie. H1N1 pandemic) and opportunities – change has been the constant, and enhanced collaborative practice, a key developing achievement!

In an effort to enhance collaborative practice, I was afforded the opportunity of secondment to the Northeast Manitoulin Family Health Team for 1.5 days/week from October 2009 to April 2010 inclusive. Thanks to all involved and/or affected by these changes – particularly noteworthy recognition is extended to Noojmowin Teg Administration and staff, the NEM FHT and WFR Health Centre Administration, staff and community. Fuelled by a strong belief in the value of collaborative practice, their innovative thinking and dedicated support in building capacity for collaborative practice has established the groundwork for an ongoing process which is already yielding mutual benefits towards optimal health care delivery, which we anticipate will translate into better health care and outcomes. Furthermore, with additional staffing and program development such as our Diabetes Program, we continue to define and refine interdisciplinary management (ie. shared care) to achieve better care for patients with and/or at risk for diabetes.

Concurrently, we are engaging in a workload shift from reactive to more proactive care – from a largely illness care model to one emphasizing wellness care (ie. health promotion, disease prevention and chronic disease management) – a balance that will enable us to better address current and anticipated health and wellness needs of the communities and membership we serve – and a process which we will continue to refine through ongoing collaborative efforts. Walk in clinics have been reduced, enabling an increase in wellness clinics and enhancement of chronic disease management. Hypertension (high blood pressure) and diabetes will be given priority attention as we work in partnerships rolling out the Heart & Stroke Foundation's Aboriginal Hypertension Management Program and Noojmowin Teg's newly developed Diabetes Program. Cryotherapy services were added in Wikwemikong in response to community need.

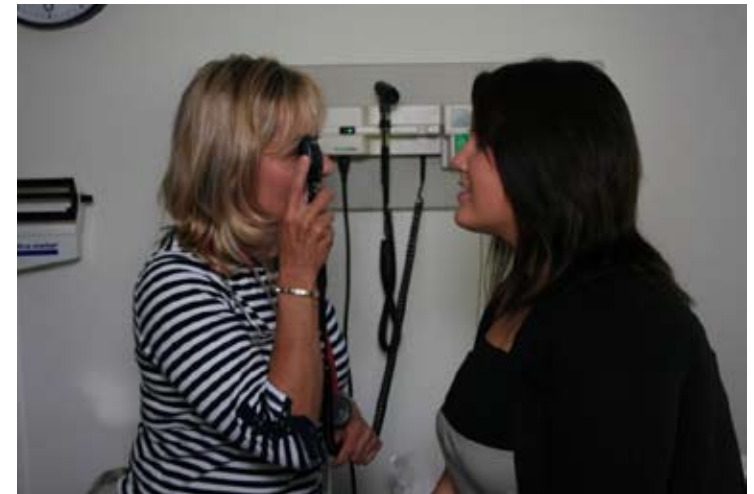
The table below illustrates current clinical workload distribution for client encounters with diagnoses. (9.8% of encounters were for conditions not yet determined, diagnosis not identified or unknown and are not represented in the chart below). With some 47.5% clients seen for illness care, the need for a shift towards health and wellness care (23%), inclusive of chronic disease management (currently 6%) is evident.



Locum Services

A testament to the hard work and dedication of our Administrative staff, services of 6 locum NPs were secured, including those of Patreen Hare, contracted to cover my days absent in WFR and the Noojmowin Teg Off-Reserve Clinic due to my secondment. As well, Patreen provided service enhancement to M’Chigeeng. Treva Job, Bernice Pleta, Erin Peltier, Angela Spence-Bedard and Lisa Stainton comprise the other locum NPs. A total of 531 patient encounters were achieved over 41 (+Treva, Bernice & Lisa) days of locum coverage.

Chi Miigwetch and I look forward to another exciting year working with and for Noojmowin Teg and you!



COMMUNITY NUTRITION

Registered Dietitian - Zsolt Toth

As a Registered Dietitian with Noojmowin Teg it is my role to advise on diet, food and nutrition on an individual basis as well as promote healthy living through food and physical activity on a community level. Today's food landscape can be confusing with its range of fresh and processed foods. It can be difficult to separate fact from fiction, Registered Dietitians are uniquely trained to help you ensure you select healthy eating plans from unsafe diets and translate the science of nutrition into healthy food choices.

Description of Activities for 2009-2010

- Diabetes Community Research in M'Chigeeng
- Men's Wellness Workshops (ongoing)
- Diabetes Prevention and Awareness - Manitoulin Trade Fair
- Dietetic and Nutrition career promotion – NODIP intern
- Interactive pre-natal nutrition education work

Number of Clients Served: First Visit; Multiple Visits

- 257 client visits, 138 multiple visits

Sites Served:

- FN Clinics in Wikwemikong, Aundeck Omni Kaning, Zhiibaahaasing, M'Chigeeng and off-reserve.

Description of trends

- Need for more Diabetes Education within communities.
- Need for coordinated community led action for the prevention and management of childhood obesity.

Networking

- Manitoulin Diabetes Network
- M'Chigeeng Child Obesity Initiative Team
- Dietitian's of Canada Networks (Aboriginal Nutrition Network)
- Cancer Care Ontario

Participation Activities

- 4 events, 6 presentations and 8 workshops, serving 8119 participants within the 7 First Nation Communities and off-reserve within Manitoulin District.

Anticipated Activities For 2010/2011

- Diabetes Research
- Men's Wellness Programming
- Diabetes Group Curriculum implementation
- Development of Diabetes Clinics in FN communities

Description of Diabetes Community Research

Do cultural beliefs and attitudes towards foods have an impact on acceptance of dietary recommendations for the management of Type 2 Diabetes? Research shows that Aboriginal people with Type 2 Diabetes have less favorable glycemic control than the general population. Food choices contribute to this phenomenon. This community-based research will look at culturally shared local beliefs towards foods that may impact glycemic control. An understanding of cultural beliefs and attitudes towards foods will allow for a better patient-provider interaction and can promote healthier dietary intakes amongst Aboriginal community members with Diabetes.

This research is kindly funded by the 1) University of Toronto/McMaster University - Indigenous Health Research Development Program and 2) Canadian Foundation for Dietetic Research.

Registered Dietitians - Crystal Morra / Zsolt Toth

Description of Activities for 2009-2010:

- provided interim nutrition counselling and programming services for Kathleen Shaw from September 2009 to February 2010
- one-on-one dietary and lifestyle counseling
- group nutrition workshops and programming

of clients served (primary care, one-on-one counselling) **First visits:** 57 **Multiple Visits:** 30 **Total client visits:** 135

Sites Served (for primary care):

Communities served (4):

- Whitefish River – 10 clinics
- Wikwemikong – 17 clinics
- Sheguiandah – 10 clinics
- Sheshegwaning – 7 clinics

Networking:

- Planning for Manitou Mnising – The culture of Foods workshops and feast
- Annual Aboriginal Dietitians and Nutritionists networking meeting in Toronto – focus on school nutrition programs and policies.
- Collaboration with diabetes programs from Mnaamodzawin Health services and Wikwemikong health
- Participation in steering committee for Aboriginal Children's Health Research Priorities - proposed Research by Lorrilee McGregor
- Participation in strategic planning with Aboriginal Children's Recreation Program

Registered Dietitian - Kathleen Shaw

Description of activities for 2009/2010:

Note: Maternity Leave July 2009 – January 2010 inclusive.

On-going:

- one-on-one dietary and lifestyle counseling in the clinic and in home visits as warranted
- group education classes
- nutrition workshops
- health fairs
- career fairs
- school programming
- Heart and Stroke Hypertension Management Program in Whitefish River
- Increased utilization of Healthscreen

New:

- Received funding for local foods education funding through Ontario Agri-Food Education Inc. (in cooperation with other staff)
- Established program outline including public workshops and feast featuring local agricultural and local wild foods, and as in-class education and farm visit with Manitoulin Secondary School.
- Fall component of the project was finalized and carried out under the leadership of my maternity leave replacement, Crystal Morra, RD.
- Provided internship placement for Northern Ontario Dietetic Internship Program (NODIP) (through Northern Ontario School of Medicine)

Community	Types of Workshops/Activities	Total Participation
Off-Reserve	Cross Cultural Foods High school Session (2 sessions)	70
AOK	Cross Cultural Foods Community Workshop Cross Cultural Food Feast	123
Sheguiandah	Child Focused Health Fair	50
Sheshegwaning	Healthy Snacks for Athletes Diabetes Education Group Sessions	21
Whitefish River	Healthy Snacks for Athletes Healthy Eating and More!	49
Wiwewikong	Healthy Lunch Ideas Prenatal Nutrition Diabetes Education Group Sessions	56
TOTAL		369

of clients served (primary care, one-on-one counseling) **First visits:** 81 clients **Multiple Visits:** 28 clients **Total client visits:** 157

Sites Served (for primary care):

- Community clinics (4): Wikwemikong, Sheguiandah, Whitefish River, Sheshegwaning
- Home visits within above communities

Trends:

- Increased referrals for:
 - diabetes management from other service providers
 - toddler and child nutrition (picky eating, nutritional adequacy, obesity, nutritional deficiency)
 - diabetic nephropathy (kidney disease)
- Continued requests from food service providers for menu review and consultation support (Meals on Wheels, Day Care)

Networking:

- Minimal yearly meeting with communities for workplan collaboration
- Quarterly Meeting with communities and Mnaamodzawin
- Manitoulin Diabetes Network (quarterly) – meet with individuals and organizations involved in diabetes prevention and management
- Manitoulin Community Food Network – committee working to promote sustainable food production and availability of healthy food on Manitoulin
- Healthy Babies/Healthy Children – to better understand the program and how we can work together to improve mutual client care
- Internal staff meetings (monthly) to share information and resources
- Professional organization networks (3) (on line sharing of information, resources and tools within a common area of practice)

Participation Activities:

Community	Types of Workshops/Activities	Participation (#)
M'Chigeeng	Nutrition Month (Lakeview School)	120
Sheguiandah	Nutrition bingo (2)	51
Sheshegwaning	Lifestyle balance (Diabetes), Nutrition Month at the school (joint with Zhiibaahaasing)	28
Whitefish River	Meals on Wheels in-service, Pre-schooler eating	7
Wikwemikong	Label reading	9
Little Current	Trade Fair (diabetes awareness booth)	100
TOTAL		315



Anticipated Activities for 2010/2011:

- Cross Cultural foods program with students to educate about locally available agricultural and wild foods. (carry over from last year)
- Exploration of interest and feasibility of implementing a Good Food Box program (carry over from last year)
- NODIP: mentoring of one intern (4 weeks)
- Increase off-reserve programming and aim to meet identified gaps in this service
- Increase programming in schools to improve our program’s service to the off-reserve population
- Further networking and partnerships to promote nutritional value and use of traditional foods
- Increased involvement with Heart and Stroke hypertension management program as it is implemented in remaining communities

Nogdawen Dissun Diabetes Wellness Program

Diabetes Health Nurse – Angela Shawanda

Program Activity Highlights March 2010

Program Activities for 2010 consisted of orientation of Registered Nurse to Noojmowin-Teg Health Centre upon hiring. Angela Shawanda, Registered Nurse attended the Drug Strategy Network Meeting as representative for Noojmowin-Teg to provide feedback for the program's development.

Other activities involved research and planning for professional development and training (submission of registrations and planning travel arrangements) and planning for network meetings for the Diabetes Team. Also, the Diabetes Wellness team planned and attended various meetings with First Nation communities and other Diabetes Educators to build capacity to plan in provision of service. The team also attended other meetings within the Manitoulin District with the Executive Director to coordinate planning and implementation of the program with main health care agencies. Agency based meetings were also implemented to review funding agreements & work on budgets, work plans, and program development.

Other program activities involved ordering of office equipment and supplies, and setting up IT access. The Diabetes Wellness team also assisted in posting Foot Nurse employment position into local newsletters. Two workshops were attended "Our Time, Our Place" diabetes conference at London, ON from March 23 – 25, 2010, and Improve Nutrition Assessment Skills including Physical Assessments workshop on March 30, 2010 at Sudbury, ON .

Anticipated Program Activities 2010/2011

- Presently, the Diabetes Wellness Team is working on program development for implementation of diabetes education and care to provide service to seven First Nations communities and to off reserve Aboriginal persons residing on Manitoulin Island, Ontario, Canada
- The program anticipates to delivering service to approximately 1000 new clients for the 2010 fiscal year; however, considering that the program is providing "outreach" service, it is anticipated that the number of new clients will be less.
- It is also estimated that 10-15% of travel time will be required to deliver services to new and existing clients.
- The program also estimates that the total number of adult First Nation persons with diabetes accessing the Nogdawen Dissun Diabetes Wellness Program within all First Nations communities is 425 persons and with increase incidents of diabetes those numbers are rising.
- It is estimated that the number of adults with diabetes residing in First Nation communities on Manitoulin are:
 - 200+ in Wikwemikong
 - 126 in M'Chigeeng First Nation
 - 25+ in Aundeck Omni Kaning First Nation
 - 56 in Whitefish River First Nation
 - 25+ in Sheguindah First Nation
 - 12+ in Sheshegewaning First Nation
 - 6+ in Zhibaaahaasing First Nation

- There are a non-identified number of off-reserve First Nation adult persons having Diabetes. These numbers need to be documented to be projected in the 2010/2011 annual report.
- Diabetes Education team(s) are to be trained to provide diabetes services by June 1st, 2010
- A Foot Care Nurse to be hired by May 31st, 2010
- Screening for HTN and Diabetes to be tracked and monitored for optimal care and follow up appointments will be made for clients who may require extensive treatment and therapy
- Activity Level Reporting will be done prior to the 15th of every month, all team providers to submit their ALR to the reporting coordinator on the week of the 15th of every month, and all copies of reports are to be submitted to the Executive Director, Noojmowin-Teg Health Centre and to the NDHN
- Diabetes Wellness Team to meet with Community Health Representatives (CHRs) and other community programs (approximately 7-10 meetings with community representatives and diabetes programs) by June 2010
- Diabetes Wellness Team will work to incorporate the seven grandfather teachings when appropriate and medicine wheel for focusing on the holistic model of care. This will be evaluated by the traditional program/staff prior to implementing the education session
- Diabetes Wellness Team will participate in 5-10 community education sessions for community programs/organizations and community members to attend
- There will be an evaluation for each new presentation/workshop to identify learning and learning needs, and determine new ideas for enhanced learning or topic delivery
- Each member of the Diabetes Wellness Team will obtain training at a minimum of ten training hours per year
- Each member of the Diabetes Wellness Team will obtain a minimum of 15 hours of continual education per year
- Attended Health Screen orientation (1 hr) with Darrell Assiniwe, IT Support, Noojmowin-Teg Health Centre. Currently receiving on-going support from IT Support as necessary. Assisted in planning and have attended various network meetings with other Diabetes Educators within the Manitoulin District. The first network meeting was scheduled in April 2010. There have been ongoing meetings and consultations via telephone/internet for program development and support with Lauri Ann Marshall, NDHN Program Coordinator.

Anticipated Activities for 2010/2011

- Darrell Assiniwe, IT Support, to provide ongoing training as requested by the Diabetes Wellness Team
- Diabetes Wellness Team to request assistance from Program Support to assist in program administration
- Training to be scheduled and planned by Administrative Support and IT Support staff for use of new software programs and new technologies

MENTAL HEALTH

Psychologist - Barbara Erskine, PhD, CPsych

Activities:

On-going:

- Direct care to individuals (children, youth, adults) and families for a wide range of mental health concerns
- Leadership and participation in networking activities that bring together mental health service providers in First Nations and that reach out to provincially-funded local services to maximize care delivery to local Anishnaabe people
- Leadership and participation in knowledge exchange activities between Psychological Services and Traditional Medicine
- Guiding capacity-building for local mental health service providers

New:

- Participation in the Ontario Common Assessment of Needs (OCAN) pilot project and evaluation of a standardized tool for assessing mental health needs
- Participation in an “appreciative inquiry” project to facilitate knowledge transfer between mental health services and Traditional Medicine
- Participation on Alternate Level of Care (ALC)/ Discharge Planning Task Force for LHIN 13 (Northeast) to discuss and recommend strategies to improve discharge planning for mental health patients who have had long-term hospital stays
- Participation in a “mapping “ process of all Manitoulin addictions and mental health services to analyze gaps and assist in service planning for provincially funded services

Clients Served: First visits: 8 clients **Multiple Visits:** 31 clients

Sites Served:

- All 5 Mnaamodzawin communities
- Clients living in off-reserve areas of Manitoulin

Trends:

- More than 50% of my clients are under 25 years old
- The primary diagnostic categories for clients are Anxiety Disorders and Mood Disorders

Networking:

- Island Mental Health Network—a meeting of mental health and addictions service providers from Manitoulin First Nations and related agencies for information sharing
- Manitoulin Mental Health and Addictions Service Partners—a meeting of First Nations and non-native mental health and addictions agency representatives for information sharing and planning for service enhancements
- Trauma Training—a small group of local mental health/addictions services providers meeting to view and discuss DVDs on Cognitive Behavioural Therapy and to plan capacity-building training
- Psychological Services/IT/Administration—meetings to discuss operation of Psychological Services
- Mnaamodzawin Mental Health Team Intake meetings—meetings to review new referrals, discuss resources to meet client needs, make referrals to other resources and assign clients to providers
- Northeastern Regional Eating Disorders Advisory Committee—meeting to discuss the operation of the regional eating disorders program
- Presentations about Psychological Services to health staff in Sheguiandah, Aundeck Omni Kaning and Whitefish River First Nations in conjunction with Mnaamodzawin Mental Health Team (14 community staff attending in total)
- Presentation to Provincial Select Committee on Mental Health in Sudbury regarding Anishnaabe mental health services and system needs (13 committee members attending)

Anticipated Activities for 2010-2011

- Providing direct care to Mnaamodzawin communities and off-reserve Anishnaabe people
- Completion of ALC/Discharge Planning Committee recommendations in May 2010
- Completion of Manitoulin Mental Health Service mapping report in September 2010
- Coordination of Cognitive Behavioural Therapy and Trauma workshop in May 2010
- Poster session at FNHIB health conference in May 2010
- Ongoing networking activity



Psychological Associate - Brad Hempel, M.A., C.Psych.Assoc.

Description of Activities for 2009-2010

- I maintained a full case load in M'Chigeeng and Wikwemikong for the majority of the 2009-2010 fiscal year with community members presenting with a variety of mental health conditions, such as Post-traumatic Stress Disorder, Depression, Generalized Anxiety Disorder, Adult AD/HD, Personality Disorders, Obsessive-Compulsive Disorder, and Substance Abuse Disorders. I responded to numerous crises in the communities by participating in Critical Incident Stress Debriefing for UCCM Police, providing acute trauma therapy for community members directly and indirectly impacted by crises, and attending a wake in M'Chigeeng.
- Noojmowin Teg Health Centre engaged in a pilot project with the North East Local Health Integration Network to administer OCAN (Ontario Common Assessment of Need), a common mental health assessment used with community members in efforts to move towards the provincial vision of creating electronic health records. I performed the duties of OCAN Coordinator for the pilot project that involved many administrative duties, such as attending seven days of training in Sault St. Marie, Sudbury, and Mississauga, attending bi-monthly teleconferences and periodic district meetings in Sudbury, offering training and support for the Psychological Services Team, submitting monthly and annual reports, and collaborating with North Shore Tribal Council.
- I contributed to the planning and implementation of community events for males in M'Chigeeng and Wikwemikong focusing on cleaning and cooking fish. The intention of these events was to encourage knowledge transfer between generations of men (fathers and sons, uncles and nephews, ect), to promote Noojmowin Teg Health Centre, and to increase rates of males accessing health care.
- I was a member of a mental health planning committee that focused on offering training opportunities for island mental health workers in the area of Cognitive Behavioural Therapy and Trauma. I participated in various training workshops and individual study to enhance my skills and knowledge of Cognitive Behavioral Therapy in the treatment of a variety of mental health conditions, and enhanced my understanding of the Aboriginal culture and mental health through personal readings, numerous conversations with community members, and through my experience with clients.

Clients Served:

- I served approximately 125 community members for individual sessions, workshops and seminars.

Sites Served:

- I provided psychological services for the First Nations communities of M'Chigeeng and Wikwemikong, and off-reserve First Nations. Psychological services include individual and couple therapy, consultation for mental health workers, crisis response, psychological assessments for treatment planning and ODSP applications, and offering training workshops.

Trends:

- The majority of mental health conditions that community members presented for therapy were anxiety and mood disorders, personality disorders, and concurrent disorders (a person experiencing a mental health disorder and a substance abuse disorder). In addition, issues of grief and loss, family violence, suicidal ideation, psychosis, legal problems, acute trauma symptoms following a community crisis, and coping with cognitive disabilities were issues addressed in therapy.

- There was an increase in requests by the communities for psychological assessments to complete ODSP (Ontario Disability Support Program) applications which signifies that a service gap exists for psychological assessments on Manitoulin Island. Also, the physician groups on the island made requests for specialized services for clients who suffered from mental health conditions related to chronic pain.

Networking:

- I attended a meeting with the M'Chigeeng mental health program and the Centre for Addictions and Mental Health (CAMH) to discuss strategies in areas of community addiction prevention and intervention.
- I met with Dr. Brenda Restoule from Shkagamik-Kwe Health Centre to expand my network of professionals in the field of mental health and learn more about the health centre's services.
- Dr. Poenn and I held a meeting to develop a referral process and discuss strategies to address the increasing demand for mental health services in the area of chronic pain management.
- I attended a presentation by Dr. Ferrie on EMDR treatment for trauma-related mental disorders and to consider future collaborations on facilitating workshops on trauma.
- I met with the executive director of Rainbow Lodge in Wikwemikong to discuss collaborative opportunities including shared client care and consultation.

Participation Activities:

- I presented a workshop at the Aboriginal Children's Services Network to service providers on February 12th, 2010 focusing on preventing burnout and managing stress. I had 13 participants attend the workshop from various children's programs across the island.
- I presented a 3-hour in-service training workshop for four M'Chigeeng mental health staff and management on structuring the therapeutic process, treatment planning, stages of change, and documentation.
- A career fair in Wikwemikong provided an opportunity to promote the field of Psychology to 15 High School students.

Anticipated Activities for 2010/2011

- I will strive towards meeting the increased demand for Psychological Assessments for ODSP applications and for treatment planning.
- I anticipate managing a full caseload due to an increase in client referrals in Wikwemikong and M'Chigeeng, and to develop an off-reserve clinic at Noojmowin Teg Health Centre.
- The Psychological Services Team has planned on developing a method of gathering client feedback and/or measuring mental health outcomes that will generate clinical information for providing evidence of program effectiveness.

HEALTH PROMOTION/PREVENTION SERVICES

New Beginnings FASD Coordinator – Dan Garcia

Description of Activities:

The activities provided during the past year have been offered in collaboration with participating communities through partnership and networking efforts. The New Beginnings FASD Program is geared toward providing FASD awareness, education, supportive services and advocacy.

On-going:

- FASD Awareness Information Sessions for schools, pre/post natal groups, and service providers.
- FASD Referrals for Diagnosis.
- FASD Diagnostics Referral Consultations.
- FASD Information Booths.
- Hosted Annual FASD Conference, prevention strategies with Dr. Larry Burd.
- Healthy Living and Cultural Teachings.

New:

- “More Than Just Fishsticks”, men’s mentoring, interactive, and skills based workshop.
- Men’s Support Circle’s
- In partnership w Recreation Specialist and Union of Ontario Indians offered training titles, “Physical Activities with Special Needs Children”.
- In partnership w Mnaamodzawin and Union of Ontario Indians offered training titled, “RIRO- Reaching In, Reaching Out Resiliency Training for Service Providers and Foster Parents”.
- Men’s Roles and Responsibility Teachings.

Clients Served:

1508 clients have been served throughout the 2009/2010 year. This number reflects services in the areas of workshops, presentation, cultural teachings, booths, referrals and networking.

Referrals for FASD Diagnosis: 3 referrals made.

Networking:

- 77 is the total networking count - 47 internal and 20 external meetings attended.
- Organizations and programs in partnership with Mnaamodzawin, Union of Ontario Indians, Northshore Tribal Council, Sudbury FASD Network, Northeast Aboriginal FASD Circle, Weengushk Films, 7 local Manitoulin First Nations Health Centres, Noojmowin Teg Recreation, Traditional, Nutritionist and Child Nutrition programs.

Anticipated Activities for 2010/2011:

- Annual FASD Conference. TBA.
- First Annual FASD Day Pow Wow, Sept. 9/10.
- Men’s Mentoring workshop, “More Than Just Fishsticks Men’s Gathering”, in Sheshegwaning June 26/10.
- Cradle Board making workshops in M’Chigeeng.
- Continued FASD awareness infused with cultural teachings.
- Continued advocacy efforts in enhancing local FASD diagnostic services.
- FASD Diagnostic Training. TBA

Child Nutrition Coordinator –Tammy Albers

Description of Activities for 2009-2010:

- Yearly 'nutrition circles' at 4 First Nation Schools, 4 Rainbow District schools & 4 First Nation Day Cares – over 300 children in total.
- Yearly review of Day Care & nutrition program menus.
- Sexual Health sessions – 47 teens
- Ongoing nutrition workshops/cooking classes – 282 attendees in total.
- Elder's Picnic – 400 elders attended
- Participated in 1 Career Fair & 1 Health Fair – 147 total attendees.
- Assisted/Attended FASD conference – 80 attendees.
- Lead in the ACSN Conference 'Making Connection' – 2 days – 1 for families & 1 for service providers: Day 1 (families) – 98 attendees; Day 2 – 68 attendees.
- Cross Cultural Foods Fall & Spring Sessions: FHS in the fall – 23 students, 4 sessions. Booklet developed with spring supplement created.
- Fall feast & workshops doubled our expectations: 60 attended workshops, 120 attended the feast. Spring event: 60 attended workshops & fed 160 at the feast. Vendors & Display booths plus children's activities. A great event.
- Guest speaker at the NAAAW conference.

Sites Served:

- Have offered workshops &/or attended events in each community over the fiscal year.
- Attended a one day conference in North Bay through Union of Ontario Indians.
- 4 off-reserve schools visited yearly, several age groups.

Networking:

- Aboriginal Children's Services Network – children's service providers from all 7 First Nation communities. Includes ¼ly meetings, in service sessions, training opportunities through Child Care Resources & a conference planned bi-annually. Will be separating into the primary health authorities: Wikwemikong, M'Chigeeng & UCCM/Mnaamodzawin.
- Manitoulin Community Food Network – producers, nutrition providers, government agri-reps, community health nurses, etc. meet monthly to promote local foods, whole foods, food security, & to create a yearly Harvest Bounty event.
- New Beginnings Steering Committee – quarterly meetings for the FASD & Child Nutrition program with membership consisting of one Elder advisor, rep from each Community Health Centre & a Board rep. Guidance provided from membership for programming & future planning.

Participation Activities:

- FASD Conference – 80 attendees.
- Annual Elder's Picnic – Sheguiandah – 400 attendees.
- Wasse Abin Career Fair – May 7/09 – 100 students
- Sheguiandah – School Aged Health Fair – 47 attendees.

Anticipated Activities for 2010/2011:

- Ongoing activities as specified in workplan: nutrition circles, workshops, sexual health sessions, Cross Cultural Foods wrap-up, summer day camps, FASD conference, Health Canada 'Community Food Educators' recertification in Toronto, Best Start Conference, community specific requests, Health & Career Fairs, Networking.

AGING AT HOME PROGRAM

Aging at Home Liaison –Janet Fathers

Description of Activities 2009-2010:

46 documented networking activities - with First Nations Health Centres staff, especially long term care community nurses & PSW's; elders in their homes using health centre services; well elders in community; discharge planners in local & regional hospitals and hospice; family physicians; "partnering" community service providers, ie. VON, Alzheimers' Society; wound nurse specialists; Heart & Stroke Hypertension Initiative staff.

20 Home Visits were made to Elders in community: for assessment; to advocate for; to be used as a resource for; and/or to provide education for client, family or PSW's/ nurses.

6 referrals for palliative, placement & capacity assessments for First Nations clients were received from family physicians and LTC community nurses; also 2 referrals for assessment & assistance with psychogeriatric clients were received from nursing staff.

PSW Educational trip was arranged for x6 PSW's from x5 FN communities, to "shadow" PSW's in LTC facilities in the North Bay area. This served as a "refresher," -that is the PSW's observed many personal care tasks within the PSW's role, within a short period of time. The Aging at Home Liaison also attended Wound Care education in BC, with opportunity for 4 days of practical experience to support the theory learned.

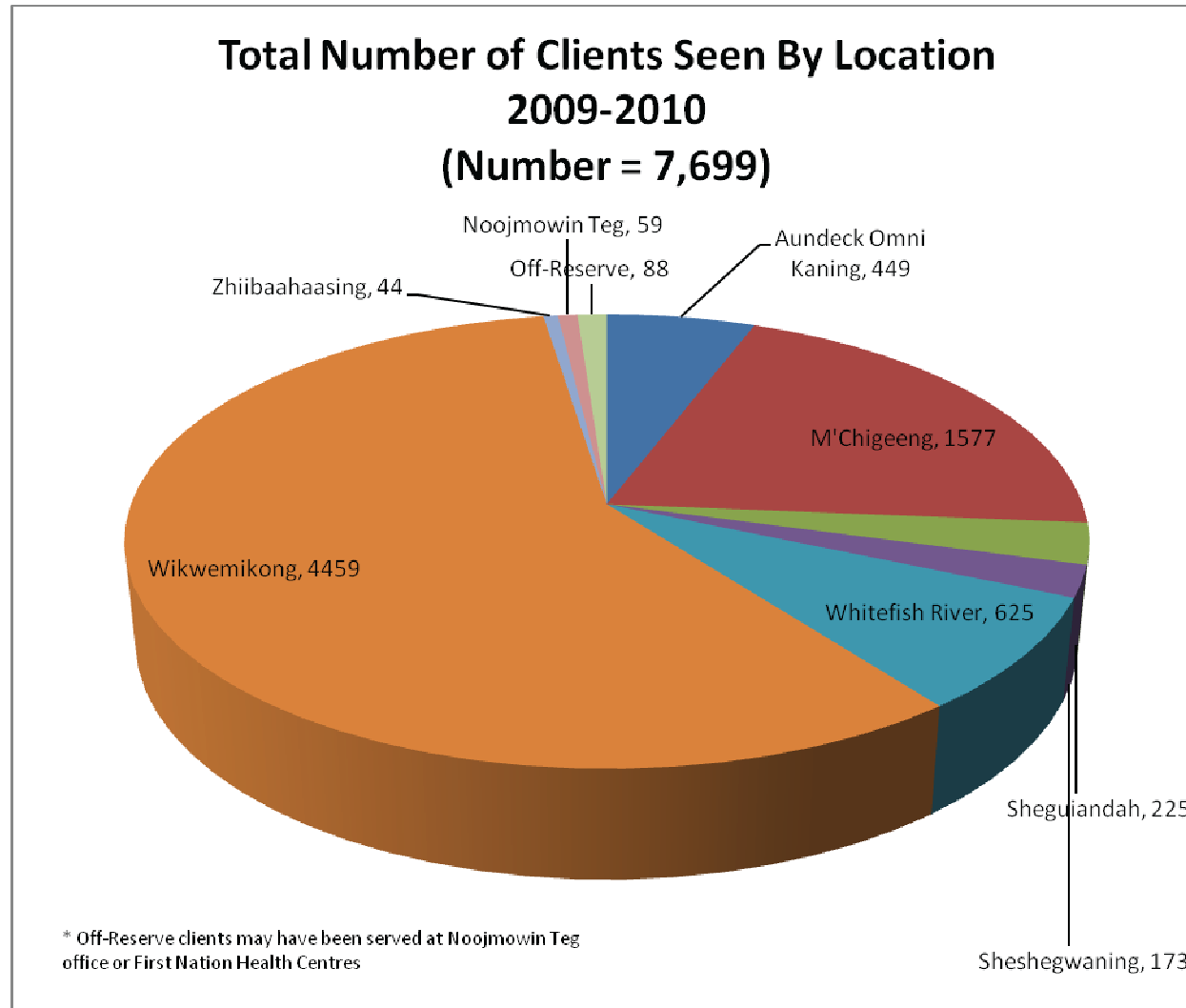
Coordination of the Aging at Home Transportation services is another component of my job: Statistics: 154 trips were made; 223 clients 55yrs or older were provided transportation, (98 of whom were new clients); the van was in use 685 hours.

Anticipated Activities for 2010/2011:

- Continuing to respond to referrals, requests for assistance and education as above; and provision of transportation services, ongoing.
- Quarterly "workshops" for community PSW's in all FN communities. Topics requested include: Monitoring B P, & Blood Sugars; Documentation; Alzheimers; Lift & Transfer.
- Increased visits with well elders, to assist as able to ensure they continue to manage in their own homes, in community, and out of hospitals & LTC facilities. Some of these visits will be in conjunction with the Heart and Stroke's Hypertension Initiative, reinforcing teaching of accurate self-blood pressure monitoring.

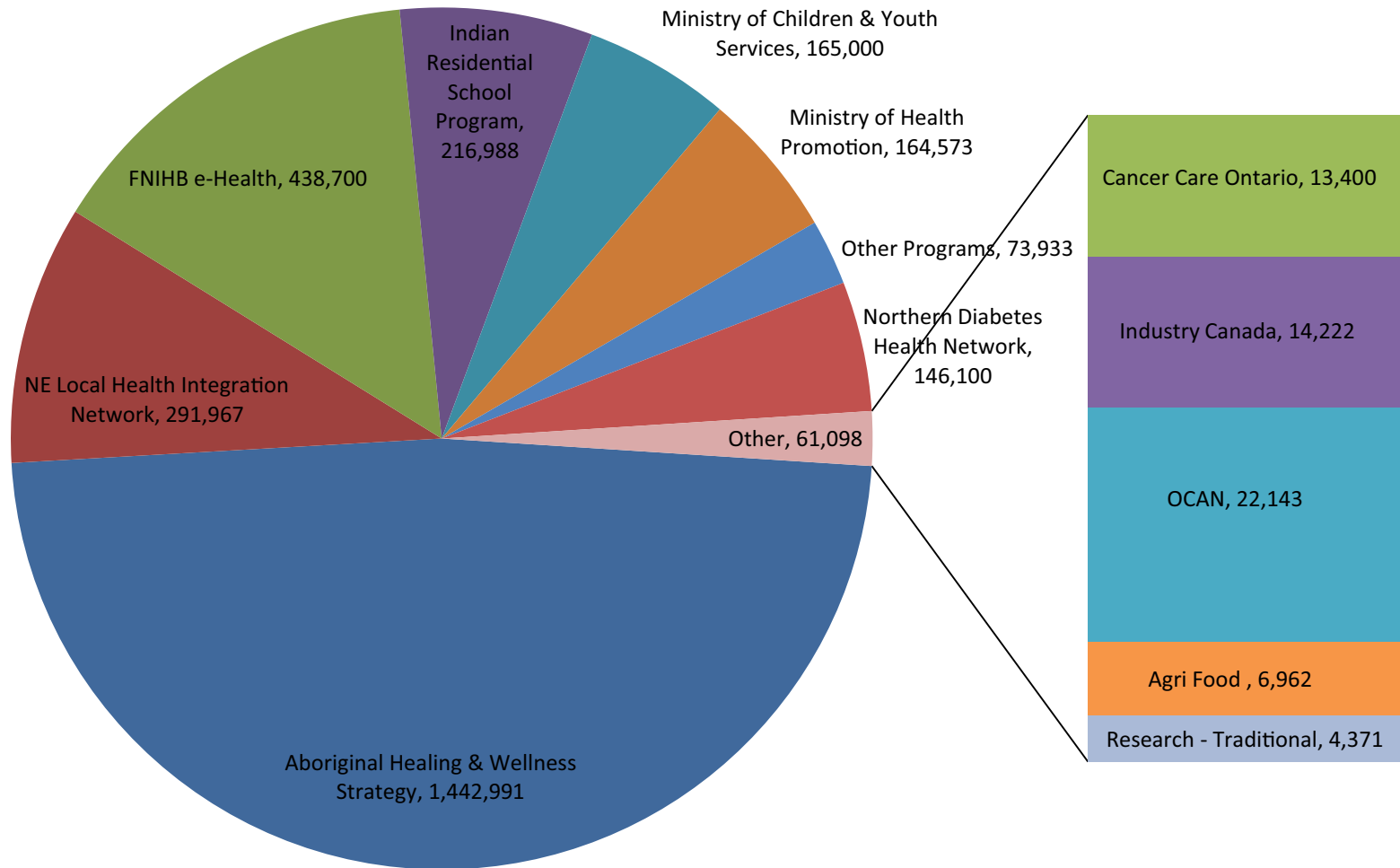


STATISTICAL REPORT



FINANCIAL REPORT

Noojmowin Teg Health Centre
 Funding Sources 2009.2010
 Total funding: \$3,001,350



Noojmowin Teg Health Centre's Service Area and Affiliates

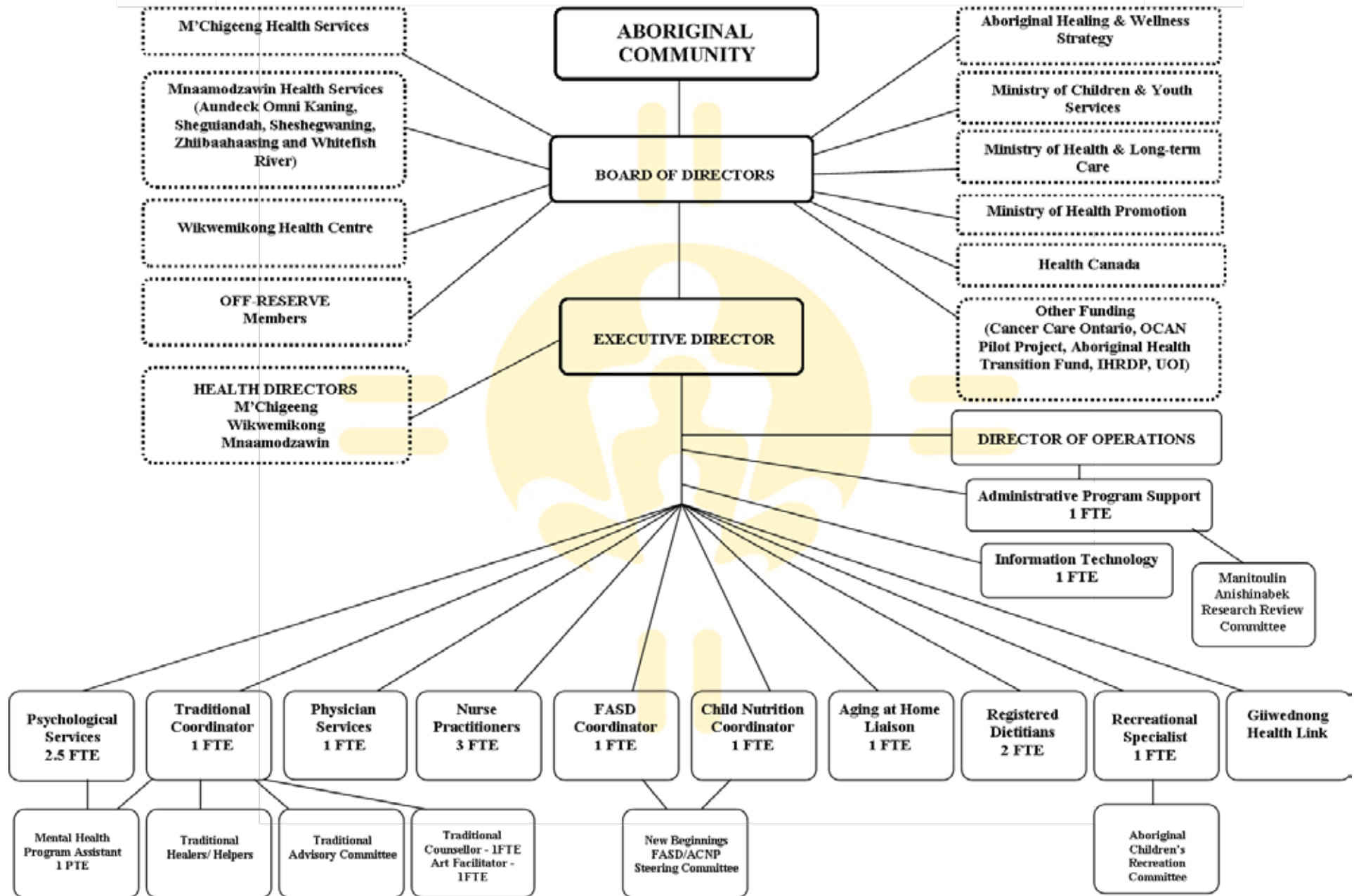
Noojmowin Teg Health Centre catchment area includes the seven (7) First Nations and off-reserve Aboriginal population providing primary and traditional health care services include:

- | | | |
|--|---|--|
| A.B. Ellis Public School | Manitoulin Family Resources | Sheshegwaning Health Centre |
| Amikook Elders Centre | Manitoulin Farmers Market | St. Joseph's Anishnabek |
| Anishnaabe Mekwaatawgsajig of | Manitoulin Community Food Network | Sudbury District Health Unit and |
| Manitoulin Health Centre | Manitoulin Health Centre | Mindemoya Site |
| Anke Groenvelt Counselling | Manitoulin Midwifery | Sudbury/Manitoulin Student Nourishment |
| Association of Ontario Health Centres | Margaret Martin Counselling Services | Advisory Committee |
| Aundeck Omni Kaning First Nation | M'Chigeeng First Nation | Sudbury Regional Hospital (Algoma Site) |
| Canadian Diabetes Association | M'Chigeeng Health Centre | Transitions Counselling Services (Edith |
| Canadian Mental Health Association | Mindemoya Family Physicians | Biehn) |
| Canadian Cancer Care | Mnaamodzawin Health Services | United Chiefs and Councils of Manitoulin |
| Children's Aid Society | Naandwehgiigamik Health Centre (AOK) | Union of Ontario Indians |
| Community Based Research | Neegan Abik Daycare | University of Guelph (Jaimie |
| Darrell Manitowabi Independent | Northern Diabetes Health Network | Mishinbinijima) |
| Aboriginal Research | Northeast Local Aboriginal Health | Wasse Abin High School (Wikwemikong) |
| Dr. Caloyannis | Committee | Waasanaabin Community/Youth Services |
| Dr. Chris Nash Counselling Service | Northeastern Manitoulin Family Health | Centre |
| Espanola High School | Team | Whitefish River First Nation Health Centre |
| Gore Bay Medical Physicians | Northern Ontario Medical Education | Whitefish River First Nation |
| Indigenous Health Research | Corporation | Wikwemikong Board of Education |
| Island Mental Health Network | North Shore Tribal Council | Wikwemikong Family Centre |
| Island Nurse Practitioners | Ojibwe Cultural Foundation | Wikwemikong hub Centre |
| Kenjgewin Teg Educational Institute | Ontario Cancer Care | Za-geh-do-win Clearing House |
| Kina Gbezhgomi Child and Family Services | Ontario Regional Aboriginal Health Access | Zhiibaahaasing First Nation |
| Lakeview Public School | Centres | Zhiibaahaasing Health Services |
| Little Current Public School | Sacred Heart Catholic School | |
| Maamwe Kendaasing Child Care Centre | Shawanoswe School | |
| Mamaweswen Health Centre | Sheguiandah First Nation | |
| Manitoulin Adult Mental Health Providers | Sheguiandah Health Services | |
| Manitoulin Community Clinic | Sheshegwaning First Nation | |





Noojmowin Teg Health Centre Organizational Chart



BOARD OF DIRECTORS

Michael Chokomoolin, Chair (Off-reserve)
Margaret Manitowabi, Director (Wikwemikong)
Jacinta Manitowabi, Director (Wikwemikong)
Rosemary Pitawanakwat, Director (Wikwemikong)
Dolores Nahwegahbow, Director (Off-reserve)
Donna Debassige, Director (M'Chigeeng)
Chief Irene Kells, Director (UCCM)
Vacant, Director (Mnaamodzawin)

STAFF DIRECTORY

Pam Williamson, Executive Director
Debbie Francis, Director of Operations
Melissa Biedermann, Interim Administrative Support
Darrell Assiniwe, Information Technology Support
Kathleen Shaw, Registered Dietitian
Crystal Morra, Registered Dietitian
Zsolt Toth, Diabetes Registered Dietitian
Angela Shawanda, Diabetes Nurse
Tammy Albers, Child Nutrition Coordinator
Dan Garcia, New Beginnings (FASD) Coordinator
Mark Peltier, Aboriginal Children's Recreation Specialist
Mary Dantouze, Nurse Practitioner
Brenda Beaudry, Nurse Practitioner
Tammy Maguire, Nurse Practitioner
Janet Fathers, Aging at Home Liaison
Barbara Erskine, Psychologist
Brad Hempel, Psychological Associate
Marjory Shawande, Traditional Coordinator
Mark Seabrook, Traditional Art Facilitator
Anne Solomon, Traditional Counsellor



Noojmowin Teg Health Centre

Hwy 540, Postal Bag 2002, 48 Hillside Road,

Aundeck Omni Kaning

Little Current, Ontario P0P 1K0

(705) 368-2182 (705) 368-2229

www.noojmowin-teg.ca info@noojmowin-teg.ca

NOTES

NOTES