MISSISSAUGA FIRST NATION

HEALTH and SOCIAL SERVICES UNIT

ANNUAL REPORT

2009/ 2010

APPROVED BY
MFN CHIEF AND COUNCIL
AUGUST 11, 2010
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MESSAGE FROM THE HEALTH and SOCIAL SERVICES DIRECTOR

Aahni, Boozhoo, Greetings;

It is my pleasure to submit this fiscal year’s Annual Report 2009-2010. The Mississauga First Nation Health and Social Services Unit is responsible for the delivery of a range of community-based health and social services. The Health and Social Services Unit also works in collaboration with the North Shore Tribal Council Health Program to provide visiting health professional services to community members.

The 2009-2010 fiscal year was a year full of tremendous change in the areas of management and staffing. As a result, the Health and Social Services management has had to begin that journey of developing healthy working relationship with our staff and clients. One of the way to begin to build relationship with our staff, our management team has provided the staff with a team building exercise in July as well as September 2009. This was a great time for the staff to begin to bond with the new leadership.

I would like to acknowledge the hard work and dedication of our Health and Social Services staff. They provided programs and activities throughout the year that promoted the physical, emotional, mental, and spiritual well-being of all members and community residents of the Mississauga First Nation through the great change of management.

The Health and Social Services Unit continues to update policies and procedures for the unit. These updates were approved March 24, 2010 by Chief and Council. Our ultimate goal is to provide a high standard of services to community members.

There were some staff changes during the 2009-2010 fiscal year. A welcomed addition to the Health Centre was Rita Wilson, who accepted the position of Community Health Nurse in May 2010 after the position was vacant for two months. Stacey Armstrong accepted the position of Health Promotions Worker trainee, which was an initiative funded through Indian and Northern Affairs. Ashley Daybutch left the position of Youth Intervention Coordinator in September 2009 to pursue other interests and the position was filled by Danielle Gionette. We wish all of our departed staff the very best in their future endeavours.

Throughout the year, volunteers proved to be a valuable asset to the Health and Social Services Unit. We appreciate your time and help you gave to program staff. We are grateful for your contributions to the community.

Thank you to Chief Douglas Daybutch and Council members for their continued support.

Miigwetch!

Roger A. Boyer II
Health and Social Services Director
INTRODUCTION

This report covers the period of April 1, 2009 to March 31, 2010. The report will outline the programs and services provided to the community during this period.

The Mississauga First Nation provides a range of health and social services to community members. The Health and Social Services Unit administers the program through a Health Transfer Agreement with First Nation and Inuit Health. The Health and Social Services Unit completed the third year of our five (5) years of the Health Transfer Agreement. In accordance with best practices, the Health and Social Services Unit conducted a Program Assessment to examine how the actual service delivery model adheres to the Community Health Plan also measures the perceptions of health services in general.

Due to the surplus shown in the Financial Statement 2008/2009 Audit, in February 2010, First Nations and Inuit Health (FNIH) required a Surplus Management Plan to be submitted in order to ensure that this surplus would be allocated within the term of the conclusion of our existing Transfer Agreement in 2012. A Surplus Management Plan was submitted and approved by FNIH.

As well, during this fiscal year, the Medical Transportation Coordinator and the Health and Social Services Director were made aware of outstanding claims from previous NIHB – Medical Transportation submissions going back to 2007/2008. In order to correct these outstanding claims, the Medical Transportation Coordinator and the Health and Social Services Director have developed a strategy to provide FHN required information to correct these claims. Our Medical Transportation Coordinator is working diligently to make ensure best practices are followed and claims are submitted as per requirements of NIHB – Medical Transportation.

The Health and Social Services Unit consists of the following programs:

- Home and Community Care
- Community Health
- Health Promotions
- Medical Transportation
- Medical Records
- Youth
- Parent Resource
- Community Support Services
- Family Home
- Community Wellness Worker/Crisis Response
- Youth Intervention

One of the continued supports from First Nation and Inuit Health is the Environmental Health Officer. The role of the EHO is to provide collaboration with our First Nation to provide Environmental Health Program activities and responds to the environmental health needs for our community. Through the help of the EHO, our Pandemic Plan was finalized.

In February 2010, our Environmental Health Officer, Thuan Chau left and Paul Taillefer temporary replaced him.

The Mississauga First Nation Health and Social Services Unit works closely with Health Canada-First Nations and Inuit Health (FNIH), and Indian and Northern Affairs Canada (INAC). They also work with...
the Ontario Ministry of Health and Long Term Care, Aboriginal Healing and Wellness Strategy, and the
Ministry of Community, Family and Children Services.

The First Nation and external organizations such as the North Shore Tribal Council Health Program, Nog-
da-win-da-min Family and Community Services and Union of Ontario Indians provide financial resources
to assist the Health and Social Services with community programs and services.
HEALTH AND SOCIAL SERVICES UNIT
STAFF LIST
2009/2010

MANAGEMENT:
Roger A. Boyer II................................................................. Health and Social Services Director
Lucy Ann Trudeau ............................................................. Assistant Health and Social Services Director
Yvonne Lafreniere ............................................................... Home and Community Care Manager

ADMINISTRATIVE SUPPORT:
Lynn Niganobe ................................................................. Team Secretary
Bernadette Boyer ............................................................ Home and Community Care Assistant

HEALTH UNIT:
Rita Wilson ........................................................................... Community Health Nurse
Perry Joe Boyer ...................................................................... Health Promotions Coordinator
Mary Ellen Morningstar ..................................................... Medical Transportation Coordinator/Health Receptionist
Reginald Parizeau ............................................................... Medical Transportation Driver
Stephany Stevens .................................................................. Health Records/HIS Data Entry Clerk
Stacey Armstrong ................................................................ Health Promotions Trainee
Max Chiblow ......................................................................... Relief Medical Transportation Driver

SOCIAL SERVICES:
Christine Owl ......................................................................... Youth Coordinator
Linda Daybutch ................................................................. Community Support Services Worker
Evelyn Niganobe ................................................................. Community Wellness Worker
Stephanie Boyer ...................................................................... Parent Resources Program Coordinator
Nanette Boyer ......................................................................... Family Home Visitor
Monica McGregor ................................................................. Child Welfare Prevention Worker, Nog-da-win-da-min
Danielle Gionette ..................................................................... Youth Intervention Worker

HOME AND COMMUNITY CARE SERVICES:
Tanya Bates ................................................................................. Home and Community Care Nurse
Jamie Morningstar ................................................................. Personal Support Worker
Kim Morningstar .................................................................... Personal Support Worker
Susan Niganobe .................................................................... Personal Support Worker
Zoe Belisle ................................................................................ Personal Support Worker
Barry Boyer ............................................................................... Maintenance Worker
Francis Chiblow ................................................................. Maintenance Assistant
Max Chiblow ............................................................................ Relief Maintenance Worker
Theresa Wishart ................................................................ Domestic Home Maker
Phyllis Chiblow ........................................................................ Domestic Home Maker
Mary Chiblow ........................................................................... Domestic Home Maker
Peggy Koppens ........................................................................ Meals on Wheels Coordinator
PRIMARY HEALTH SERVICES STAFF LIST

VISITING SERVICES:

Dr. Barry Wannan, MD.................................................................NSTC Physician
Lori Russon ..................................................................................NSTC Nurse Practitioner
Grace King ..................................................................................NSTC Occupational Therapist
Derek Debassige ........................................................................NSTC Physiotherapist
Marie Morin ................................................................................NSTC Dietician/Nutritionist
Mary Ellen Mitchell .....................................................................NSTC Occupational Therapist
Renée Martin..............................................................................Mental Health Clinical Supervisor/Counsellor
Thuan Chau ................................................................................Environmental Health Officer

PERSONNEL UPDATES:

The Health and Social Services Unit was fortunate this past year to recruit a new Health and Social Services Director. Roger A. Boyer II joined our team in September 2009. We very much appreciate his caring and dedicated contributions to the Health and Social Services Unit. In October 2009, Ashley Daybutch resigned from the position of Youth Intervention Coordinator. Her contributions to the Health and Social Services Unit were invaluable and we wish her well in her future plans. Stacey Armstrong accepted the position of Health Promotions Worker trainee. Her Funding was provided through INAC.

PARTNERSHIPS:

The Mississauga First Nation Health Unit is indebted to the many partnerships that have been forged both on and off reserve in our attempt to provide community members with as many local or on-site services as possible:

Some of the partners are:

- MFN Day Care Centre
- MFN Education Centre
- MFN Public Works
- MFN Lands and Natural Resources
- MFN Sports Complex
- MFN Women’s Shelter
- MFN Library
- Algoma Health Unit
- Ontario Provincial Police
- North Shore Tribal Council Health Services
- Nogwindamin
- Cameco Corporation
- MFN Administration
- North Shore First Nations Health Programs i.e. Garden River First Nation
HEALTH AND SOCIAL SERVICES COMMITTEE

The Health and Social Services Committee provides community perspective and guidance to the programs and services in a positive and meaningful manner.

Purpose:

A community advisory committee that provides community perspective, input and guidance into the services delivered within the Health and Social Services Unit.

Health and Social Services Committee (Motion #110409-04, BCR #042-09-10)

- Debbie Mayer Council Portfolio Holder, Chair
- Nancy Whitehead Community Representatives
- Donna Hoeberg Community Representatives
- Janice Boyer Community Representatives
- Annie Austin Community Representatives
- Lorraine Cada Elder
- Matthew Armstrong Community Representatives
- Kim Cada Community Representatives

We would like to acknowledge their support, guidance and input of the members of Mississauga First Nation. The commitment of the team has contributed to the success of Health and Social Services Unit.

ABOUT THE COMMUNITY

The Mississauga First Nation is situated in Northern Ontario in the District of Algoma, along the North Shore of Lake Huron. Mississauga First Nation has a land base of 48,600 acres, with 26 lakes located within its boundaries. The community has many natural resources such as fishing, hunting and many recreational activities that happen year round. The current population is estimated at 1067, with 371 on reserve, and 27.5% of the population is under the age of 18. Major transportation links are the Trans Canada highway, which passes through the First Nation. Other means of transportation include airports at Elliot Lake, Sault Ste. Marie, and Sudbury.

The departments within Mississauga First Nation consist of:

- Finance and Administration
- Education
- Economic Development
- Health and Social Services
- Fire Department
- Day Care Centre
- Library
- Public Works
- First Nations Policing
- Lands and Natural Resources
- Niiganiin – Ontario Works
Community Facilities consist of:

- Dream Catcher Complex
- Community Hall
- Day Care Centre
- Community Library
- Sports Complex
- Education Department
- Community Health Centre
- Red Pine Lodge
- Fire Hall
- Wellness Centre
- Women’s Shelter

Mississauga First Nation is a member of the North Shore Tribal Council (NSTC). The NSTC is a regionally-based organization established to provide direct and advisory services in areas such as health, education, financial management, forestry and economic development. Its objective is to promote cultural, spiritual, political, economic and social well-being to its member First Nations. The NSTC’s Health Unit is situated out of Serpent River First Nation, approximately 30 kilometres east of Mississauga First Nation. As a member, Mississauga is entitled to access health services which include visiting professionals such as: a Physician, Nurse Practitioner, Physiotherapist, Occupational Therapist and Registered Dietician. As part of the responsibility of NSTC, chart audits of the MFN Health and Social Services are done on a yearly basis. A final report is submitted to the Health Unit for their review and staff are required to implement the recommendations outlined in the report.

The community continues to receive housing allocations from Indian and Northern Affairs Canada. The Band currently has 91 Band Owned Homes, 31 Band Owned are rent to own homes, 31 CMHC homes and 11 Private or Certificate of Ownership Homes.

**ANNUAL HIGHLIGHTS**

The Health and Social Services Policies and Procedures were reviewed, revised, and approved by Chief and Council. This task was accomplished by all members of the Health and Social Services Unit. The revision process provided an opportunity for our staff review these documents and measure these policies and procedures based on function and praxis.

The Unit coordinated the efforts with the Visiting Professionals to create a Pandemic Plan, as an appendix to the current Emergency Preparedness Plan. The Pandemic Plan was a tool which allowed us to prepare our First Nations in the event of a Pandemic Outbreak with in Mississauga First Nation and how our staff with the help of other First Nation staff would protect, contain, and secure our site. This document creation was an excellent opportunity for all to experience the implementation of the Pandemic Plan. It was with the help of this tool and the hard work of our Health and Social Services Unit that 76% of our First Nation was immunized for H1N1.
The Unit hosted our Annual Health Fair in May. We coordinated this event with the Membership Office, so that it would coincide with Treaty Day. The Health Fair entertained more than 150 visitors/participants to the day’s activities. What a fantastic day it turned out to be!! We had 21 exhibitors participating, everything from the Alzheimer’s Society, Life Scan aiding with blood glucose screening, and the Canadian Paraplegic Association to the Society for Animals in Distress as well as Mississauga First Nation organizations and departments.

**Mississauga First Nation Health and Social Services Programs**

**Community Health Nurse – Michelle Fortier**

The mandate of the program is to provide Public Health Nursing services such as: Communicable Disease Control, Immunization, Education and Teaching and Pre/Post Natal Health as well as Environmental Health.

The objectives of the program are to promote primary health and intervention and conduct assessments and referrals that include screening for prevention of disease, to promote Healthy Babies for a Healthy Community Program and to ensure the proper disposal of biohazardous wastes and medications.

During the 2009/2010 fiscal year, the Community Health Nurse have been very busy with immunizations and the preparation of the H1N1 pandemic planning. The CHN has provided Blood Screening Testing during the monthly foot care clinics. These clinics see approximately 17 community members as well as allow for our Unit to capture their blood pressure. Sessions with Pre/Post Natal mothers and fathers are planned and held accordingly along with the Family Home Visitor worker.

Seasonal Influenza and H1N1 clinics were held during the months of November and December with 76% of the community being vaccinated against the H1N1 virus. The Nurse Practitioner and the Home and Community Care Nurse were instrumental in assisting the CHN with the clinic.

The CHN is responsible for the maintenance of the refrigeration temperature and vaccine inventory of supplies for well baby clinics and for mass immunizations such as the H1N1 and for the Seasonal Influenza campaign. The CHN also ensures that Over-the-Counter medication is dispensed to the medical directives and protocols for the program.

The CHN also provides assessments and referrals appropriate to the clients seen for additional follow ups to other Health Care Professionals or visiting services such as Occupational Therapy, Physiotherapy, Dietician, Mental Health, Diabetes Educator or the visiting Physician.

**COMMUNICABLE DISEASES:**

One Tuberculin Skin Test was given and analyzed as negative.

<table>
<thead>
<tr>
<th>IMMUNIZATIONS GIVEN BY CHN ONLY:</th>
<th>CLINIC VISITS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menjugate: 3</td>
<td>Scheduled: 147</td>
</tr>
<tr>
<td>Quadracel: 0</td>
<td>Unscheduled: 205</td>
</tr>
<tr>
<td>Pediacel: 2</td>
<td>Total: 352</td>
</tr>
<tr>
<td>Prevnar: 3</td>
<td></td>
</tr>
<tr>
<td>MMR: 2</td>
<td></td>
</tr>
</tbody>
</table>

**HOME VISITS:**

Scheduled: 7
Varilrix: 3  
Hepatitis B: 1 (2nd in series)  
Fluviral: 44  
Vaxigrip: 0  
Td: 4  
H1N1: 124  
Unscheduled: 2  
Total: 9

**REFERRALS MADE BY THE CHN:**
- Dr. Wannan: 2
- Nurse Practitioner: 2
- Emergency Department: 4
- Assistance at Dr.’s Clinic: 8

**REFERRALS FROM THE HOME AND COMMUNITY CARE PROGRAM:**
Covered in the Home and Community Care Section of the Report

**PRIORITIES FOR THE COMING YEAR:**
- Immunization Administration
- Community Health Educational Seminars and Workshops
- Immunization Tracking
- Six Month Medical Reassessments
- H1NI Preparation

**Health Promotions Coordinator** – Perry Joe Boyer

April started off with a planning meeting for the annual health fair being held at the Sports Complex. “Tween” night was every Wednesday, taking place at the sports complex with an average of 25 children attending so the program was pretty busy.

July started off with an R and R day with all the health staff enjoying a day at the golf course July 2nd. This is a nice day to relax and enjoy each others company and golf whether it’s a game for you or not, Perry got a chance to hone in his skills at putting is all. Perry also did 6 glucometer exchanges and provided 3 referrals to the regulated health staff. There were a total of 22 participants who registered for the 100 mile club, and 35 participants for the healthy weight loss challenge.

The Healthy Weight Loss Challenge was open to the community with separate categories as follows, youth, adult, elders, and staff. This unique program was a chance for an individual to lose weight over a 6-month period, however were encouraged to increase physical activity.

In August planning for the upcoming Programs as well as the 6th Annual Adult Diabetes Conference held in Garden River this year. This conference takes a lot of planning and ensuring everything is overseen including the guest speakers. A total of 20 participants from each community got an opportunity to attend. Perry returned to work August 24th and was happy to have Belinda Chiblow take care of the weekly weigh ins, and other program tasks. There was some more preparation before the month ended with planning for the 6th Annual Diabetes Conference.

The 100 Mile Club was extended for another 6 months at the participants request, as this program was motivational for now 47 participants. This was a 60% increase from the previous 100 Mile Club. There was a total of 20 Participants registered for this year’s Diabetes Conference, and 3-4 community members on the waiting list. The Conference was held on Sept 12, 13 in Garden River. From the evaluations, this
event generated a lot of positive feedback from participants that will help with next year's conference in Batchewana. The Monthly Foot Care Luncheons have been going extremely well. Participation has seen an increase by 30% monthly.

January 20th was the day for Weed less Wednesday and a foot care luncheon combined. This luncheon was huge success with over 20 participants taking part. It was also a start to a 6 week smoking cessation program to help participants quit smoking.

The end of January the Health promotion Coordinator enrolled into a Men's Program called “Tending the Fire” based in London Ontario through FNTI. This program requires attending every 2nd month for a week long of class’s. After 2 years is completed Perry will receive a social worker diploma through FNTI. There is option to attend a 3rd year to complete a BA in social work program.

February and March has seen an increase in programs especially the Foot Care lunches, and the skate night program. The Men’s group meeting has been meeting on a regular basis and is working on the terms of reference and the mandate of the program.

The Mid Winter Ceremonies at the sports complex was exciting to host here in the community and too help plan well. There were over 30 participants from various First Nations along the North Shore. Also in attendance were 8 Pipe who shared around the circle with a followed community feast.

March is always a busy month for all programs within the unit as it is year end and also March break activities in the middle of all this. This year is no different as Perry was chaperon and helper for all planned activities. They include out of town excursions to Sudbury to Science North, Elliot Lake for bowling, and Sault Ste Marie for a movie day.

Perry prepared himself going down to London for the 2nd week training and hope to share what is learned at this training with the Men’s group here in Mississauga.

For the year end prior to March 31st the Health Promotion Coordinator ensured that all reports and submissions are completed. Also the stats are compiled and tallied in accordance with all on going programming. Some of the programming will carry into the New Year commencing April 1st 2010 with new budget and fresh start.

<table>
<thead>
<tr>
<th>Workshops/Programs</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot Care Luncheons – Oct, Nov, Dec 2009 Total = 52 Jan, Feb, Mar Total= 53</td>
<td>HIV/AIDS- work plan submission completed</td>
</tr>
<tr>
<td>Smoking Coloring Contest Participants-56 Smoking presentation Nov12 Total- 110 participants-</td>
<td>MOHDP- Diabetes Education Report Union of Ontario Indians- Quarterly completed</td>
</tr>
<tr>
<td>Event</td>
<td>Attendance</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Weight Loss Challenge Oct, 3 2009</td>
<td>75 People attended</td>
</tr>
<tr>
<td>Traditional Feast – 30 people attended</td>
<td>Oct 4/09</td>
</tr>
<tr>
<td>Sparks Proposal</td>
<td>submitted Heart and Stroke Foundation</td>
</tr>
<tr>
<td>Union Of Ontario Indians</td>
<td>Reports-Gambling-HIV/Aids</td>
</tr>
<tr>
<td>- Gambling strategy</td>
<td>Reports are due quarterly and year end- and new work plans for 2010-2011</td>
</tr>
<tr>
<td>Diabetes/Smoking Presentation Nov 24</td>
<td>W.C. Eaket- 14 participants</td>
</tr>
<tr>
<td>Submission NDHN – Northern Diabetes</td>
<td></td>
</tr>
</tbody>
</table>

**Youth Intervention Worker – Danielle Gionette**

On October 26, Danielle Gionette was hired as the Youth Intervention Coordinator. The first activity she organized was a Youth Group meeting on November 4th. The meeting was held to generate ideas and suggestions on what the youth would like to do during the upcoming winter months. Six youth attended deciding they would like to go swimming, skiing and other sporting events, as well as hold weekly Wii Game nights to be able to get together outside of school with their friends during weeknights.

On November 5th, Danielle along with the Native Student Support Mentor hosted an Elder and Youth Supper at the Red Pine Lodge. Eight youth attended. The Elders shared stories about how they remembered Mississauga First Nation when they were little. The youth were captivated by the storytelling of the Elders.

On November 6th, the Youth Intervention Coordinator chaperoned the Girls Conference in Sault Ste. Marie. Eleven girls attended the conference where they were informed about relationship pressures and how to deal with them. They also learned some self-defense techniques.

For the months of November and December, the Youth Intervention Coordinator assisted the Native Student Support Mentor by going into the elementary schools and implementing cultural activities with the students. On November 30th, they organized a girls group in the high school every Monday at lunch, implementing different self-awareness activities for the girls to take part in. Lunch is provided at each session. The number of participants varied each week, with a minimum of 3 and a maximum of 7. The girls seemed to enjoy the time together, and have requested that this program continue throughout the school year.

During the day of November 25th, she assisted with the Diabetes Presentation at the high school where six youth attended. The youth were informed of the risks of having high or low blood sugar as well as some known contributing causes. Students also had their blood sugar levels taken. This was a great opportunity for our students to have their blood sugars tested. Later that same night of November 25th, Danielle organized a youth swim night in Espanola. Eight participants attended and thoroughly enjoyed themselves.
On December 1st, Danielle attended an HIV/AIDS workshop at the high school hosted by the Health Promotions Coordinator. Seventeen youth attended and were informed about the dangers of HIV/AIDS. The youth seemed to retain the information as it was delivered in an interesting and unique presentation style.

On December 3rd, Danielle started a 17-week program called Wii Nights. The game nights are held every Thursday from 6:00pm to 9:00pm at the Child and Youth building. On the first night, 6 youth came out. Since then, there have been an average of 3 youth per night, with 2 attending consistently. It has been difficult getting youth to attend the Wii nights. Although there is an indication of high interest among the majority of the youth, most do not attend.

On December 10th, the Youth Intervention Coordinator organized youth who were in need of volunteer hours, to assist at the Elders Christmas supper. Five youth attended and in turn each got three volunteer hours needed for their Ontario Secondary School Diploma.

On December 13th Danielle, along with Christine Owl, Youth Coordinator organized a Youth Spa Day, which was run from 1:00pm - 5:00pm at the Child and Youth Building. There were seven youth in attendance. Linda Vincent and Tammy Rocque were hired to provide their services including cutting hair, Reiki treatments, and instructions on how to make bath products.

Danielle and Christine collaborated again, and held a Christmas Supper for youth at Mustang’s Restaurant. Twenty-three youth attended. The workers provided gifts for all the youth. This supper was a year-end celebration for the youth and the staff who work closely with them.

In January the Wii nights were continued on Thursday nights between 6:00pm – 9:00pm at the Child and Youth Building. In addition to playing on the Wii game console, Danielle questioned the students to see what other activities they could incorporate into the Wii night. The youth determined they would like to make food, and play other games. Danielle purchased board games for the youth which proven to be popular with the attending youth. Every second week the youth decided what they would like to cook the following week. The youth have baked cookies and muffins, as well as made quesadillas and homemade pizza. The youth have shown a great interest in these additions to Wii night. On January 21, 2010 the Wii night was held in conjunction with a Youth Group Meeting. 9 youth were in attendance. This program was funded through a proposal approved by Indian and Inuit Health Careers.

The Youth Intervention Coordinator also continued the Girls Group, held Monday’s at lunch in the Native Resource Room at W.C. Eaket. There has been an average of 5 girls that attended 4 of whom attend regularly. In addition to journal writing and sharing Danielle brought in lunch for the girls once a month, normally pizza or subway.

On January 8, 2010 the Youth Intervention Coordinator organized a trip to Sudbury to visit Laurentian University. The purpose of the trip was to inform the youth of the opportunities for higher education available close to their home community. Only one student showed up, and the trip was rescheduled for March 10, 2010. There was also a trip planned to visit Sault College on January 11, 2010. This trip had the same purpose, but was focused on higher education in the medical field. The Youth were going to sit in on a nursing lecture as well as tour the residence and school and have a luncheon with the Native Resource worker for Sault College. Again only 1 student showed up, and the trip was cancelled.

The weekend of January 30- January 31, 2010 Danielle organized an ASIST workshop. ASIST is Applied Suicide Intervention Skills Training. The workshop was given by Wallace Bog and ran on Saturday from
9:00 am – 5:00 pm as well as Sunday for the same time. One youth attended the workshop in addition to two other members of the community. The participants were all given certificates proving their completion of the workshop and certifying them to assist in suicide prevention should it ever affect the community. An X-BOX 360 was purchased by the Youth Intervention Coordinator to be drawn amongst the participants. The winner of the draw was Robert Legace.

Throughout February both the Wii Nights and the Girls Group continued weekly. Attendance was up for the Wii nights with an average of 4 youth attending, 3 of whom were consistently present. Attendance was down for the Girls Group with a maximum of 2.

Turtle Concepts ran an anti-bullying seminar at W.C. Eaket Secondary School on February 10, 2010. The seminar was originally planned only for First Nations students, but was later opened up to the Outdoor Education students. Lunch was provided for the students as well as those delivering the seminar. There were 21 students in total. The seminar was well respected for those delivering it as well as well received by individuals who participated in the activities. An iPod Touch was purchased by the Youth Intervention Coordinator to be given away to a student who attended the seminar all day. The winner of the draw was Robert Legace.

On February 11 and 12, 2010, Danielle accompanied Tommy Morningstar and Robert Legace to a War on Drugs conference in Sault Ste. Marie, Ontario. Tommy and Robert were the youth representatives from Mississauga First Nation. The purpose of the conference was to provide knowledge about the War On Drugs Strategies that are currently being implemented on other First Nations as well as our own. Tommy and Robert presented themselves in a respectable way and represented our community well.

On March 4, 2010, a weekly Youth Council meeting started running Thursdays at lunch at W.C. Eaket Secondary School. The youth council has only met three times so far and therefore is in the primary developmental stage. The aim of the Council is to organize the youth and provide them with structured group that will have a greater voice within the community.

Councilor Debbie Mayer ran a War on Drugs information session at W.C. Eaket Secondary School in the Native Resource Room on March 9, 2010. Lunch was provided for the students who attended. Councilor Mayer had attended the War on Drugs conference in Sault Ste Marie in February and was in attendance to pass along the information she had received to the students.

The rescheduled trip to Laurentian University in Sudbury went through as planned with 4 youth attending on March 10, 2010. The youth toured the campus, residences and Native Resource Center as well as heard a presentation from a Laurentian ambassador about the programs that are available at the school.

The Youth Intervention Coordinator accompanied 9 youth to the Anishaaebemowin Language Conference in Sault Ste Marie, Michigan. The youth attended workshops on outdoor education, cultural teachings, and sat in on workshops spoken in the Anishaaebemowin language.

**Youth Coordinator Program – Christine Owl**

The Youth Coordinator assisted with the planning and implementing of the Brother/Sister Bear Club programming. The program is implemented for 10 weeks in the fall season and 6 weeks during the winter.
This program is for ages 5 to 12 years and focuses on cooperation, respect, culture and helping others through a variety of activities such as: arts and crafts, storytelling, food drive, field trips and we organize weekly bingo for fundraising.

Other programming completed was organizing health presentations in our 3 local schools. Some presentations were: Nutrition, HIV/AIDS, STI’s, Cyber Bullying and Diabetes. Other activities implemented for the youth 13 – 18 years include: Youth Christmas Dinner, Spa Day, sports night, social evening and youth council. Together with The First Nations OPP Liaison Officer and two other First Nations we organized a “Good Choices Day for the youth. Our guest speaker was George Chivello, who spoke to the youth about his loss of his children and wife because substance abuse. As well, there were other presenters set up in the sports complex such as the K-9 Unit, The Emergency Task Force and the Health Programs from the North Shore Tribal Council.

Some Community Events included: Family Swim, spaghetti supper, community breakfast, Annual Child Abuse Prevention Walk, downhill skiing, cross country skiing, ice fishing, bowling movies and 4 week community safety Workshops.

During the summer months the youth coordinator runs a summer camp for children 5 to 12 years. The goal of summer camp is to promote the importance of summer safety for the well being of Mississauga First Nation Children by providing them with cultural, educational and recreational programs and activities in a safe and enjoyable environment. The youth coordinator also supervises 4 summer students who help run the day camp program. Some of the activities include: horseback riding, treasure hunt, swimming and water safety, bowling, cultural teachings, arts and crafts and recreational games to name a few.

Annual Participation:

<table>
<thead>
<tr>
<th>April 09</th>
<th>May 09</th>
<th>June 09</th>
<th>July 09</th>
<th>August 09</th>
<th>September 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>390</td>
<td>144</td>
<td>0</td>
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<tr>
<td>October 09</td>
<td>November 09</td>
<td>December 09</td>
<td>January 10</td>
<td>February 10</td>
<td>March 10</td>
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<tr>
<td>123</td>
<td>125</td>
<td>197</td>
<td>57</td>
<td>122</td>
<td>208</td>
</tr>
</tbody>
</table>

Community Wellness Worker – Evelyn Niganobe

The purpose of the program is to improve the personal well-being of individuals and families by expanding the Mental Health Program and Crisis Response Services in the Community. A Community Mental Health Action Plan includes working protocols, integration and partnerships with agencies is also a major component of the program.

The program also provides traditional programming to the community, through traditional counselling, and traditional doctoring.
A two day women’s retreat was held on June 26, and 27th at Melwel Lodge in Iron Bridge. There were 14 women participating including our facilitators. During this retreat the women were given teachings on the Medicine Wheel which included hands on instructions. Pipe ceremonies were conducted daily to which all women were invited to participate in.

Alternative Healing Therapies were held monthly. Linda Vincent provided Reikii and Reflexology to various community members who benefited from the relaxation and stress relief this service provides.

The Crisis Response Team is slowly being reactivated. New members were invited to participate and a two team members participated in the Mental Health Symposium in Sudbury.

The Worker also works collaboratively with the North Shore Tribal Council in the Mental Health Program and the Traditional Health Program, to assist in the delivery of services identified by the sub-committee as requested by the Community members of the 7 First Nations

**Traditional Health and Alternative Health**

A Traditional Healer was brought into the community to provide one on one Doctoring services to the community. During the year Harlan Downwind visited the Community in April, July, October 2009 and again in January 2010. Visits varied between 20 to 27 people who saw the Traditional Healer for various ailments and received traditional medicine to assist with their health and well being. Harlan also provided members with their Anishinabe names, clans and colors.

Various Teachings were held during the year with Liza Mosher, she gave the teachings on the Full Moon Ceremony and teachings on Cedar Baths, both ceremonies were conducted during the course of the year. A Spiritual Consultant was brought into the community during two separate occasions who offered one on one consultations to individual and family for spiritual and emotional well-being.

**Environmental Health Program**

Due to unforeseen circumstances, the Green Plan was not fulfilled.

**Medical Transportation – Mary Ellen Morningstar**

The mandate of the program is to manage medical transportation benefits and services to Mississauga First Nation clients attending medical appointments to the nearest appropriate medical facility. The objectives of the program are coordinating medical transportation services that includes local and out-of-town appointments. Also ensuring that community members are informed of any last minute changes. The Coordinator's duties include the supervision of the medical transportation drivers in their duties and procedures while transporting clients. First Nation Inuit Health continue to require more information for Prior Approvals which makes the program more challenging.

The Health and Social Services took part in a Lateral Violence Workshop and one day Medication Session.

The medical transportation program was extremely busy over the past year.

Total number of clients services this year was 2098
Health Information System – Stephany Stevens-Sayers

The duties and responsibilities as the Health Records Clerk now include working within the Health Screen Program that was implemented by the North Shore Tribal Council for the Visiting Services.

During the First Quarter of the year, Stephany attended a Health Clerks meeting held at the North Shore Tribal Council in Blind River, which included an introduction to the Ojibway Language module that is part of the Aboriginal Records Clerk job requirements.

During the Third Quarter, As part of the Giwiwednong Health Link Project, I was elected as the Privacy Coordinator Tier Two. As part of the North Shore Tribal Council requirements is to be part of the End Users Group. I also attended a Giwiwednong Health Link Privacy Policies meeting in Garden River December 7, 2009 with the Assistant Health Director. I also have been attending the teleconferences and videoconferences as well. During the Third quarter, the H1N1 Pandemic was among us. So we began extensive measures and prevention against the H1N1. The MFN Health Centre began screenings and all incoming visitors and clients.

During the Fourth Quarter, I attended meetings for the GL Health Link Project- End-user and Privacy Coordinator Tier 2 as part of my position.

Outlined are the meetings I attended since January 2010.
As part of my position, I am part of the Clinical Health Team that we have quarterly, our meeting was held March 23.

The Medical Records Clerk took part in our Open House Presentation for the M.F.N. community and outlined and presented were my duties and responsibilities as the Health Clerk - March 31.

Outlined are the clients seen by all the Visiting Services during the year.

<table>
<thead>
<tr>
<th>Visiting Professionals</th>
<th>Clients</th>
<th>Clients No Show</th>
<th>Total Clients</th>
<th># of Clinic Days</th>
<th>% of Clients per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr. Wannan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April - June 2009</td>
<td>108</td>
<td>32</td>
<td>140</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>July - Sept 2009</td>
<td>109</td>
<td>30</td>
<td>139</td>
<td>9</td>
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<td>Jan. - March 2010</td>
<td>143</td>
<td>23</td>
<td>166</td>
<td>11</td>
<td>15</td>
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<tr>
<td><strong>Total</strong></td>
<td>298</td>
<td>100</td>
<td>398</td>
<td>37</td>
<td>10.7</td>
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<tr>
<td><strong>Lori Russon, N.P.</strong></td>
<td></td>
<td></td>
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<tr>
<td>April - June 2009</td>
<td>73</td>
<td>41</td>
<td>114</td>
<td>15</td>
<td>7.6</td>
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<td>July - Sept 2009</td>
<td>127</td>
<td>23</td>
<td>150</td>
<td>18</td>
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<tr>
<td>Jan. - March 2010</td>
<td>105</td>
<td>27</td>
<td>132</td>
<td>17</td>
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<tr>
<td><strong>Total</strong></td>
<td>399</td>
<td>119</td>
<td>518</td>
<td>68</td>
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</tr>
<tr>
<td><strong>Marie Morin, Dietician</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>April - June 2009</td>
<td>2</td>
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<td>4</td>
<td>10</td>
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<td>1.6</td>
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<td>Oct. - Dec. 2009</td>
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<td>14</td>
<td>5</td>
<td>2.8</td>
</tr>
<tr>
<td>Jan. - March 2010</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>8</td>
<td>1.3</td>
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<tr>
<td><strong>Total of All</strong></td>
<td>722</td>
<td>233</td>
<td>955</td>
<td>132</td>
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</table>
Mary Ellen Mitchell, Chiropodist

<table>
<thead>
<tr>
<th>Period</th>
<th>Visits</th>
<th>New</th>
<th>Total</th>
<th>Refil</th>
<th>Comp</th>
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<tbody>
<tr>
<td>April - June 2009</td>
<td>33</td>
<td>6</td>
<td>39</td>
<td>3</td>
<td>13</td>
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<td>July - Sept 2009</td>
<td>32</td>
<td>5</td>
<td>37</td>
<td>3</td>
<td>12.3</td>
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<tr>
<td>Oct. - Dec. 2009</td>
<td>36</td>
<td>6</td>
<td>42</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Jan. - March 2010</td>
<td>35</td>
<td>7</td>
<td>42</td>
<td>3</td>
<td>14</td>
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<tr>
<td><strong>Total</strong></td>
<td>136</td>
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<td>160</td>
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<tr>
<td><strong>Total of All Visiting Services</strong></td>
<td>858</td>
<td>257</td>
<td>1115</td>
<td>144</td>
<td>7.7</td>
</tr>
</tbody>
</table>

**Home and Community Care – Yvonne Lafreniere, Tanya Bates, and Bernadette Boyer**

The Home and Community Care Program provides home care services to the elderly and disabled. The program assists the clients who have chronic and acute illness in maintaining optimum health, wellbeing, and independence. The requirements for care vary from client to client. Therefore, a clients' assessment is done on an individual basis, which is a requirement to receive services. Every six months a re-assessment is to be completed. The Home and Community Care Manager and the Home and Community Care Nurse work collaboratively to accomplish these assessments. Other services that may be referred are the visiting Occupational Therapist and the Physiotherapist. These services are offered bi-weekly and have a client base of 2-8 clients per visit. Home and Community Care services that are available are nursing, personal care, home support, case management, and maintenance services.

The Home and Community Care Nurse was hired in January 2009. The Home and Community Care Nurse introduced herself to the clients within the community and became familiar with the services offered and the staff of the program. She and the Home and Community Care Manager began the task of client intakes and re-assessments. During this fiscal year she also completed weekly home visits with the clients of the program. The home visits involve the monitoring of blood pressure, blood sugar, filling medication dossettes, administering monthly B12 injections, accompanying clients on local medical appointments, and prescription pickup at local pharmacies. On a monthly basis the Home and Community Care Nurse completes the e-SDRT reports for the First Nation and Inuit, Home and Community Care reporting requirements. The Home and Community Care Nurse also delivered some in-service sessions for the staff of Home and Community Care Program.

For this fiscal year the Home and Community Care Assistant was busy completing required reports to the various funding agencies. On a monthly basis she completes the reimbursement claim forms to the Ministry of Health and Long Term Care, and Indian Northern Affairs Canada. She also completed the North East Local Health Integration Network quarterly reports and the Trial Balance submissions to the Ministry of Health and Long Term Care. She also completed the ARR, Annual Reconciliation Report. As a going responsibility, the Home and Community Care Assistant provides clerical support to the Occupational Therapist and the Physiotherapist when they are scheduled in the community. The Home and Community Care Assistant completes administrative tasks on a weekly basis such as; completing weekly flyers/notices to the community, prepares cheque requisitions, assists with the coordination of elders’ activities. She also completes minutes for the Home and Community Care staff meetings and the
Elders Planning meetings. In the absence of the Home and Community Care Manager and the Home and Community Care Nurse she ensures that the supplies, forms and proper relief staff are available.

The Home and Community Care Manager was away on sick leave for the first two and a half months of the 2009/10 fiscal years. During this time the Health and Social Services Director, the Assistant Health and Social Services Director and the Home and Community Care Nurse managed, coordinated, and administered the Home and Community Care Program, along with the assistance of the Home and Community Care Assistant. The Home and Community Care Manager would like to take this opportunity to thank these individuals for all their work and dedication to the program. The Home and Community Care Manager works collaboratively with the Home and Community Care Nurse to complete the assessments and re-assessments for services, which is ongoing throughout the year. She supervises 10 staff and when necessary relief staff. The Home and Community Care staff is made up of Maintenance personnel, Personal Support Workers, Home Support Workers, Domestic Home Makers, Home and Community Care Assistant, and the Home and Community Care Nurse.

On a monthly basis the Home and Community Care Manager prepares the work schedules for the program staff. This also includes reviewing and approving timesheets on bi-weekly. The Home and Community Care Manager reviews cheque requisitions, monthly budget updates, financial reports to the funding agencies and the Health and Social Services quarterly reports. The Home and Community Care Manager coordinated and organized staff meetings and in-service sessions for the Home and Community Care staff as well as the community. Some of these sessions were the Family Caregiver Learning Series, documentation training, Hand washing information session, Seniors Safety Presentation and Medications information session for seniors and staff. In 2009 she also maintained the Life Line phones for the clients in the community, which entailed installation of the units, replacement of batteries or units, and updated the client information. The Home and Community Care Manager prepared and submitted a successful proposal to the Casino Rama Committee to purchase a new truck and plow for the Maintenance program. The Home and Community Care Manager must attend and participate in many meetings, training, and videoconferences to be current with the ever-changing needs of the community and the program.

The Home and Community Care staff participated in the following meetings, training, conferences, and workshops throughout 2009.

- Mental Health training
- WHIMS training
- Aging and Dementia Seminar
- Auditor’s meetings
- First Aid/CPR training
- AED training
- NSTC LTC Managers meetings
- Pandemic Planning meetings
- Quarterly supervision meetings
- Lateral Violence workshop
- e-SDRT training
- HCC staff meetings
- Microsoft Dynamics GP training
- WHIMS training
- MFN Program Managers
- Hand washing In-service training
- War on Drugs meeting
- Diabetic teleconference
- Alzheimer’s workshops
- HSS team meetings
- Budget meetings
- Elders meetings
- Cough etiquette
- Documentation training
- NE LHIN training on Community Annual Planning
- Community Annual Planning Submission training
- Healthcare Financial and Statistical Systems training
- CCIM sessions on Data Quality Education
- HandSS Policy and Procedure review
- HandSS Open House
- Community Analysis Tool Reporting
- Reception of Award of Excellence for Ten (10) years of Services in Long Term Care
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>SERVICE DELIVERY</th>
<th>CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>Service provided once every two weeks (as needed)</td>
<td>61 clients</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Service provided once every two weeks (as needed)</td>
<td>72 clients</td>
</tr>
<tr>
<td>Case Management</td>
<td>Ongoing</td>
<td>39 clients</td>
</tr>
<tr>
<td>Meals on Wheels</td>
<td>Service provided twice a week</td>
<td>7 clients</td>
</tr>
<tr>
<td>Homemakers/Domestic Homemakers</td>
<td>Ongoing</td>
<td>10 clients</td>
</tr>
<tr>
<td>Personal Support Workers</td>
<td>Ongoing</td>
<td>5 clients</td>
</tr>
<tr>
<td>Maintenance</td>
<td>ongoing</td>
<td>33 clients</td>
</tr>
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</table>

Program planning for the elder’s activities took place every three-month. The activities were funded by the seniors’ picnic dollars from 2006 for the past three years. There were some smaller fund raising activities, which were utilized for some of the activities as well. All funds have been spent and the seniors have taken on these fundraising efforts. Listed below are the activities that have taken place over the past year.

**ACTIVITY** | **PARTICIPATION**
---|---
Weekly carpet bowling | 3-4 seniors and 1-2 staff
Prize Bingo-bi-weekly | 7-15 seniors and 2-4 staff
Weekly exercise | 0-2 seniors and sports complex staff
Quarterly shopping in Sault Ste. Marie | 5-10 seniors and 1-2 staff
Agawa Canyon train tour | 18 seniors and 4 staff
Special occasions dinners | 8-15 seniors and 4-6 staff
Pancake brunch on St. Joseph Island | 8 seniors and 2 staff
Lunch at the Potomac | 10 seniors and 5 staff
Pontoon boat ride and lunch | 7 seniors and 4 staff
Bowling in Elliot Lake | 2 seniors and 1 staff
Annual Elders Picnic | 18 seniors and 4 staff
End of summer BBQ | 10 seniors and 4 staff
Strawberry and Blueberry picking | 4-6 seniors and 1-2 staff
Ice Fishing on the Blind River and Cranberry Lake | 2-4 seniors and 3 staff
Sleigh ride at Cedar Rail Ranch | 6 seniors and 1 staff
Craft making-bi-weekly | 8 seniors and 3 staff
Christmas light viewing | 3 seniors 1 staff
Seniors’ Games in Blind River | 7 seniors and 1 staff
Wreath Making | 2-4 seniors and 1-2 staff
Quilt making-weekly | 1-3 seniors and 1-2 staff

**Community Support Services Program – Linda Daybutch**

The Earth celebrations of 2009 encompassed 7 elements. The day began with a Sunrise ceremony followed by an open invitation to families to come out for a community breakfast. Fifty three adults and children were served. The same day a community clean-up was organized, twenty seven people rolled up their sleeves, put on their gloves and began filling up garbage bags. The Mississauga First Nation Staff took part in an “Earth Hour” where everyone used less energy for 1 hour: turning off lights, computers
and radios. In the afternoon 7 pre-school children from the Day Care planted trees at the Mike and Molly Play Park. A contest for youth was held to invent/make something from recycled material.

Brother Bear Sister Bear is a 16 week program than runs 10 weeks in the fall and 6 weeks in the winter. The highlight of their children’s club was the annual field trip. Thirty six children, parents and community workers boarded a coach bus to Canada’s Wonderland. The following day the children spent the day at the ROM-Royal Ontario Museum. This was a excellent learning experience for the children and adults. There were five floors of exhibits for the children to explore. There were wolf dens, bat caves, dress up areas, and excavating sites. As the day came to an end, the group boarded the bus for yet another adventure. An evening at Medieval Times which included dinner and a show. The Brother Bear Sister Bear club was directed to the blue section of the arena and instructed to cheer for the “blue knight”. With no utensils the children washed their hands and waited for the wenches (serving girl) to bring them their dinner. The group ate their fill of soup, chicken, ribs, potatoes, garlic bread, dessert and refreshments, there were entertained by the knights competing in games.

The Health and Social Services workers had weekly bingos fundraisers which was very successful in the 6 month period. It was this that enabled the group of 40 to go on this 2 day trip with a minimum contribution from parents.

<table>
<thead>
<tr>
<th>Food Bank</th>
<th>Families</th>
<th>Adults</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter</td>
<td>15</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>2nd Quarter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Quarter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Quarter</td>
<td>37</td>
<td>51</td>
<td>28</td>
</tr>
</tbody>
</table>

The food bank services Mississauga First Nation Members. The doors are open every Friday from 9:00 a.m. --11:45 a.m. Clients fill out intake forms and are able to access the program up to 6 times a year.

The community breakfasts are offered 4 times a year. Students and families are encouraged to come out to enjoy a nutritious breakfast and family bonding. The theme for every breakfast is “Celebrating the Seasons”.

The Breakfast Programs at the three schools in Blind River are also supported through monetary donations.

The duration of the Sunflower Growing Contest did not deter the thirty-two families who pick-up their seeds in June. There were forty-four children and forty-nine parents, for a total of ninety-three participants. The families took great care planting, watering and care for their flowers. The tallest sunflower was 8 feet, 3 inches.

National Day of Child is celebrated on November 20. Every year the Elliot Lake Municipal Pool is rented. Families are invited to come out for a Family Swim. When we return to the village a Spaghetti Dinner awaits. After the swim and drive home the children and parents are very hungry. Sixteen families participated in this year celebration. (13 parents+21 children=56 participants)
The Church Bells rang nine times on September 9th at 9:09 a.m. to raise awareness of Fetal Alcohol Syndrome Disorder. Fourteen staff and community member stood for a moment of silence to remember families and children dealing with this disorder.

Child Abuse Prevention Walk
This year, Mississauga was the host community for this initiative of Nog da win da min. The children, parents and workers made posters, handed out flyer information and walked through the village to raise awareness on Child Abuse Prevention.

National Addictions Awareness Week
Students from the Native Language Class in Blind River joined the “Sobriety Walk” which was sponsored by the Treatment Centre.

Blind River and Area Christmas Food Baskets
Every year the Community Support Service Worker works with this committee in this very worthwhile project. The project covers the area from the Elliot Lake Turnoff to Dayton Road, just pass Iron Bridge. The C.S.S.Worker does the intakes, organizes the food drives, the contest to collect non-perishable food items and recruits volunteers to deliver the Christmas Baskets for the Mississauga Area. Thirty-three families benefited from this project. (54 Adults +21 Children=75 participants)

In the spring of the year a group of 6 interested persons participated in the harvesting of Wild Plants. Leeks and Fiddleheads were collected cleaned and pickled or frozen. In the summer, the children and elders picked strawberry and blueberries which were frozen for the winter. The elders told the children to remember the hot day, when they eat the berries in the winter. In the fall another group of ten ladies pickled mixed vegetables, beets and made cranberry sauce.

Parent Resource Coordinator – Stephanie Boyer / Nanette Boyer

The goal of the program is to manage, coordinate, and implement the Kids for Life Centre services and programs for families with children newborn to six years of age. The Parent Resource Coordinator develops and delivers a variety of new and existing parenting and infant/child resources, services and programs for families and their children.

The program has been providing the following services to community members:

The Maternity/Infant Clothing Exchange program was developed for families and infants that may have grown out of a few items of clothing. The program is offered free of charge and we encourage recycling of gently used clothes. They offer clothing for infant’s newborn - 18 months and maternity clothing in different sizes. This program will assist families with clothing for a short period of time. The maternity clothes today are very appealing and this cost is expensive to purchase. The program has been accessing a variety of stores in the surrounding area to assist in purchasing these items.

The Magic Diaper Run Program was developed to assist families with children who are in diapers. This program will provide assistance with individually packaged (8 - 10 per package) diapers and infant wipes. The sizes range from new born to children in pull ups.

The Infant Furnishing Subsidy Program was developed for families and infants in the community between the ages of new born to six years of age. The program assist’s new parents through a one time financial assistance in offsetting the cost of Infant Furnishings i.e. Playpens, High Chair, Crib, etc. Each band member child is entitled to $80.00 to pay towards infant furnishings, upon submitting a receipt of purchased items.
The Centre has a variety of resource materials to lend on topics such as parenting issues, child development, prenatal care, and other relevant information about children and families.

The Drop in service welcomes parents and caregivers along with their children ages newborn to six years of age. Parents are encouraged to bring older siblings to experience the warm family interaction. The centre is a place to play, learn and be creative and to share fun moments together.

The Kids for Life Centre offers a Subsidy Request program for children four to twelve years of age who actively participate in extra sporting activities or extra curricular activities. Each band member child is entitled to $80.00 to pay towards an organized activity. In the past years it has been accessed for the use of Hockey Registration, Horse Back Riding Lessons, Dance Works and Power Skating Clinics.

<table>
<thead>
<tr>
<th>Program</th>
<th># of Participants</th>
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<tbody>
<tr>
<td>Babysitters Training Course</td>
<td>5</td>
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<tr>
<td>Fetal Alcohol Spectrum Day</td>
<td>29</td>
</tr>
<tr>
<td>Maternity/Infant Clothing Exchange Program</td>
<td>21</td>
</tr>
<tr>
<td>Magic Diaper Run Program</td>
<td>17</td>
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<tr>
<td>Active Lifestyles for Children Subsidy Program</td>
<td>27</td>
</tr>
<tr>
<td>Infant/Toddler Lending Program</td>
<td>26</td>
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<tr>
<td>Family Christmas Event</td>
<td>57</td>
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<tr>
<td>March Break Activities</td>
<td>18</td>
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<tr>
<td>Family Life book Evening</td>
<td>15</td>
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The Chart below reflects the number of people accessing services and programs offered in the 2009/2010 year.

<table>
<thead>
<tr>
<th># of Parents/Caregivers</th>
<th># of Children</th>
<th>First time</th>
<th>Play area</th>
<th>Story</th>
<th>Craft</th>
<th>Adult Resources</th>
<th>Computer and Internet</th>
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<tbody>
<tr>
<td>79</td>
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<td>5</td>
<td>50</td>
<td>23</td>
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**Family Home Visitor Program/ Healthy Babies Healthy Children – Nanette Boyer**
The purpose of the program is to support parents and families with young infants/children (0-6 Years) under the Aboriginal Healthy Babies/Healthy Children Program by providing voluntarily friendly in-home services as well as group support activities and services to all new parents.

The Goals are as follows:

- To assist all Mississauga First Nation Families to provide the best opportunities for Healthy Child Development, through family home visiting, service coordination and referrals.
- To ensure that the program addresses the needs of the children at risk.
- To ensure access to other internal and external services and supports that will address their needs in regards to prenatal and post-natal care.
- To help reduce Family Violence and to improve aboriginal Family Health.
- To have all births be within the healthy weight range and to maintain optimal growth and development of all children.

The Objectives are as follows:

- To continue to deliver the mandatory field/home visits on the Mississauga First Nation to expected parents and families with infants/children aged (0-6 years).
- Actively promote and identify the protection of all infants/children through performing safety workshops.
- Network with other services internal and external to ensure that families will be able to access and utilize their services.
- Promote the Ojibway Culture with various Native Teachings.
- Actively promote Healthy Lifestyles and Nutritional Values within the community families. Families will begin to increase their activity level and learn to make a difference in their eating habits.
- Demonstrate and deliver the mandatory requirements of the program to attend monthly, quarterly and annually meetings, workshops pertaining to Healthy Child Development.

Furthermore Goals Achieved:

- With the projected number of clients for the fiscal year of clients visited were as follows: 550 clients from the Mississauga First Nation visited the program to seek needs, internal, external, improve Family Health, and the 4 births in the Mississauga First Nation Community fell within the healthy weight range.
- In reference to the Canada’s Prenatal Nutrition Program, 105 clients accessed this program.

Objectives Accomplished:

- Through field/home visiting services 550 clients accessed support through one on one sessions obtaining parenting, infant/baby care, proper installation of infant car seats and booster seat, and prenatal and post-natal care information etc.,
- Addressing and delivering Ojibway Cultural Teachings such as, Rattle Making, Drum Making, Medicine Wheel Teachings and Regalia Making for families of the Mississauga First Nation Community.
In order to promote Healthy Lifestyles and Nutritional Values, 144 clients participated in Family Collective Kitchens and other Healthy Lifestyles Activities such as Family Walking Groups, etc.

The Family Home Visitor attended and participated in the required meetings and workshops pertaining to Healthy Child Development.

Management and Administrative Services – Roger A. Boyer II / Lucy Ann Trudeau

It has been a year of change for the management of the Health and Social Services Unit of Mississauga First Nation. With the Assistant Health and Social Services Director, Lucy Ann Trudeau, starting in February 2009 and the Health and Social Services Director, Roger A. Boyer II, starting in September 2009, the Health and Social Services Management is starting at the grassroots of understanding health from a Mississauga First Nation perspective. For both managers, it has been a learning curve since their backgrounds were in Lands, Economic Development, Wellness, Youth Addictions, and Academics. Roger A. Boyer II has found the staff to be a tremendous asset to provide local education on process and protocols as well as office orientation.

Once again, the Health and Social Services staff are to be commended for their dedication and hard work to provide programs and services to the members and community residence of Mississauga First Nation.

With new leadership comes challenges. One of the key challenges to overcome in the past six months has been the roles and responsibilities of the Directors. Due to the ambiguity of the job descriptions, there were joint areas of responsibility discovered and confusion within the ranks of the staff of who to report to for their particular needs. So the Directors decided to review and make recommendation towards their job descriptions with the aid of the Director of Operations. In March 2010, these redefined job descriptions with a role clarification session helped solidify the management structure of the Mississauga First Nation Health and Social Services Unit.

Another challenge was the relationship the new Health and Social Services Director had with First Nation and Inuit Health. As a new Director, the expectation was that a member of the First Nation and Inuit Health team would provide an orientation package or a Change Management Strategy which would be followed up on through weekly or monthly through discussions with the Program Manager provide details on the orientation of the Health and Social Services Director role, responsibility, duty, and obligation to partners within First Nation and Inuit Health and other First Nations. The First Nation and Inuit Health met with the Health and Social Services Director once during the seven months of the fiscal year over videoconference. This videoconference was immediately after receiving the sixty-nine page Community Health Plan and Contribution Agreements. It would be beneficial for this process to be investigated by First Nation and Inuit Health.

Through this fiscal year, our Health and Social Services staff have provided wonderful activities and programs meeting the needs of our clients. Brother Bear and Sister Bear program is one example of a program where staff combine efforts to maximize the impact within our children and youth. Its programs like these ones that keep our clients and participates engaged and actively striving to become healthier Anishinabek for a better future.

Another new management initiative implemented into the Health and Social Services Unit is the Program Development Team. These monthly meeting consist of all individual program workers who are responsible for creation, development, implementation, and evaluation of outreach programs. Members of this team are our Health Promotion Coordinator, Community Wellness Worker, Community Support

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1 See Attached Job Descriptions for Health and Social Services Director and Assistant Health and Social Services Director.
Services Worker, Family Home Visitor, Parent Resource Coordinator, and Community Health Nurse. This team is facilitated by the Assistant Health and Social Services Director. The purpose of this team is to move from an isolated model of service delivery to integration. There have been some amazing products of this new team like the creation of a global service calendar for all of our clients and participants showing each activity, event, or workshop offered by this team.

Financial Information

(See MFN 2009/2010 Audit from BDO)