Northern Inter-Tribal Health Authority

Unified Nations for a Healthier Tomorrow

2016-2017 ANNUAL REPORT

TABLE OF CONTENTS

MESSAGE FROM THE CHAIR 4

MESSAGE FROM THE EXECUTIVE DIRECTOR 5

ABOUT NITHA 6

- Northern Inter-Tribal Health Authority (NITHA) 6
- Services We Provide 6
- Our Vision, Mission and Principles ... 7

THE PARTNERSHIP 8

- Partnership Communities 9
- Guided by Our Elders 10
- Board of Chiefs 11
- Executive Council 11

ORGANIZATIONAL CHART 12

HEALTH CAREERS SCHOLARSHIP FUND 13

COMMUNITY SERVICES UNIT 14

- Nursing 15
- Capacity Development 17
- Mental Health and Addictions 19
- Emergency Response 21
- Nutrition 24
- eHealth 25
- Tobacco Control 27

PUBLIC HEALTH UNIT 29

- Public Health – Nursing 30
- Epidemiology 33
- Tuberculosis 34
- Communicable Disease Control 38
- Infection Control 43
- Environmental Health 45
- Health Promotions 47

ADMINISTRATION UNIT 49

- Human Resources 50
- Finance 52

FINANCIAL STATEMENTS 53

“He who has health, has hope; he who has hope, has everything”

-Thomas Carlyle

MESSAGE FROM THE CHAIR

I am pleased to present to you NITHA's Annual Report for 2016-2017, as Chair of NITHA's Board of Chiefs, effective February 17, 2017 to March 31, 2018.

The Board of Chiefs is comprised of members of the NITHA Partnership, including Meadow Lake Tribal Council (MLTC) Tribal Chief Eric Sylvestre, Prince Albert Grand Council (PAGC) Grand Chief Ron Michel, PAGC Vice Chief Christopher Jobb, former PAGC Vice Chief Brian Hardlotte, Peter Ballantyne Cree Nation (PBCN) Chief Peter A. Beatty, PBCN Vice Chief Harold Linklater, Lac La Ronge Indian Band (LLRIB) Chief Tammy Cook-Searson and LLRIB Councillors Mike Bird.

Over the course of the year, the Partners have continued discussions with Health Canada's First Nations and Inuit Health Branch (FNIHB) regarding the offer to NITHA to take on more services and programs. Discussions over this proposal took place at gatherings in 2015-2016, which consisted of community leaders, including Chiefs, Council Members, Health Directors, Elders and front-line workers. The discussions affirmed that, while not all NITHA Partners supported full transfer of health services at that time, we are all determined to address the inadequacies of health funding which have been long overdue.

As a positive first step, the Government of Canada has recently indicated a desire for a renewed relationship with First Nations. At this point, we look forward to changes to lift the two percent cap on funding for programs and services, which is expected to provide predictable, sufficient, and sustained funding for Health Services Transfer Agreements between Health Canada and First Nations.

Yet there is more work to be done on the issues affecting our communities. Each of our partners have faced a challenging year in the area of Mental Health & Addictions as a result of the youth suicide crisis in our northern communities. Community members, front-line, second-level and NITHA's third-level staff pulled together during this critical time. A Plan of Action was implemented and increased resources were put in place to help ensure the safety and well-being of our young people. Still, there needs to be more progress on these deep rooted issues, which are preventing our youth from having the same hopes and aspirations as any other child in Canada.

In the face of tragedy, the NITHA Partnership pledges to support one another. This years' report is dedicated to those community members who have lost a loved one to suicide. This year's theme is *Unified Nations for a Healthier Tomorrow* as we believe there is strength in numbers and hope in unity.

On behalf of the NITHA Board of Chiefs, the Executive Council, and Management, I am pleased to present to you our 2016-2017 Annual Report.

Tiniki,

MLTC Vice Chief Dwayne Lasas
Board Chairperson
Northern-Inter-Tribal Health Authority

MESSAGE FROM THE EXECUTIVE DIRECTOR

Unified Nations For A Healthier Tomorrow as the theme for the 2016-2017 Northern Inter-Tribal Health Authority (NITHA) Annual Report is very appropriate as we recognize that in the face of challenges and adversity in our communities, it takes engagement, collaboration and steadfast commitment to bring the change necessary for a better tomorrow. We look forward to working with our Board of Chiefs, Elders Council, and Executive Council to focus on what needs to be done and how to better serve the interests of our communities.

This annual report briefly describes each of our programs within the fiscal year ending March 31, 2017. It provides an overview of each position in the organization according to our identified strategic priorities. It also provides highlights of the major accomplishments, challenges, and plans for the next fiscal year in which we plan on building on past successes for the benefit of the Partnership. This report also provides a brief financial report of how the organization utilized the funds received.

This period marked my fourth year as the Executive Director and the third year of our existing five-year agreement. I am pleased with the progress we have made and look forward to working to meet the objectives of our five-year Community Health Plan, which sets out the foundation for our staff's annual work plans within the organization. Over the past year, our Partners have discussed an offer to NITHA from Health Canada's First Nations and Inuit Health Branch (FNIHB) to assume an expanded role in Northern Saskatchewan First Nations Health Services. As a result of these discussions, NITHA will be undergoing a review and evaluation of its programs and policies of which a contract has been awarded to Williams Consulting, which specializes in qualitative and quantitative research.

Over the next year, we are looking forward to many projects coming to fruition. We have submitted a proposal to establish a Dental Therapy training program in collaboration with Northland's College, and we are confident we have the plans needed to deliver a much needed program in the province. In addition, NITHA will be focussed on other initiatives, including the development of a political advocacy strategy for transfer sustainability, a comprehensive analysis of the shortfalls in FNIHB programs, a child/youth strategy for the Partnership, and a Traditional Medicine strategy. NITHA's other programs outline many other plans that will be identified throughout the report.

The strength of our contribution to our Partners is a result of the talent and dedication of our staff. While this report reflects significant progress in a number of areas, we know that much more work lies ahead. As we reflect on the challenges in our communities, we are committed - more than ever before - to find new ways to collaborate and move forward together.

Respectfully,

Mary Carlson
Executive Director
Northern Inter-Tribal Health Authority

ABOUT NITHA

Northern Inter-Tribal Health Authority (NITHA)

Northern Inter-Tribal Health Authority (NITHA) is the only First Nations Organization of its kind in the country. NITHA is comprised of the Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, and Lac La Ronge Indian Band and each has extensive experience in health service delivery. The Parners formally joined together in 1998 to create NITHA to deliver a service known as "Third Level."

What is Third Level?

Third Level services are provided by NITHA to the Northern Multi-Community Bands and Tribal Councils. These services are delivered directly to Second Level Partners and include disease surveillance, communicable disease control, health status monitoring, epidemiology, specialized program support, advisory services, research, planning, education, training and technical support.

Second Level services are provided by the Northern Multi-Community Bands, Tribal Councils and in some cases a single Band to the First Level Communities. These services include program design, implementation and administration, supervision of staff at First and Second Level, clinical support, consultation, advice and training.

First Level services are provided in the community directly to the community members.

Services We Provide

Public Health

- Medical Health Officer Services
- Communicable Disease Prevention and Management
- Notifiable Diseases, such as:
  - -Tuberculosis (TB)
  - -Human Immunodeficiency Virus (HIV)
  - -Sexually Transmitted Infections (STI)
- Immunization
- Outbreak Management
- Disease Surveillance and Health Status
- Infection Control
- Health Promotion
- Environmental Health

Community Services

- Nursing Support
  - -Community Health
  - -Home Care
  - -Primary Care
- Capacity Development
- Mental Health & Addictions
- Emergency Response Planning
- Human Resource Development
- eHealth Planning and Design
  - -IT Help Desk
- Privacy Education
- Information Technology Support
- Nutrition
- Tobacco Control

Our Vision, Mission and Principles

Our Vision

Partner communities will achieve improved quality health and well-being, with community members empowered to be responsible for their health.

Mission

The NITHA Partnership, a First Nations driven organization, is a source of collective expertise in culturally based, cutting edge professional practices for northern health services in our Partner Organizations.

Principles

- NITHA's primary identity is a First Nations health organization empowered by traditional language, culture, values and knowledge.
- The NITHA partnership works to promote and protect the inherent First Nation and Treaty Right to Health as signatories to Treaty 6
- NITHA is a bridge between the diversity of our Partners and the external world of different organizations, governments, approaches and best practices.
- The NITHA Partnership has representation at the federal and provincial levels.
- Partner communities are on the inside track of changes and developments.
- Through innovation and experimentation, the NITHA Partnership builds health service models that reflect First Nation values and our best practices.
- NITHA provides professional support, advice and guidance to its Partners.
- NITHA contributes to capacity development for our northern First Nations health service system.
- NITHA works collaboratively by engaging and empowering.

THE PARTNERSHIP

Prince Albert Grand Council
PO Box 1775
851-23rd Street West
Prince Albert, SK S6V 4Y4
Phone: (306) 953-7248

Meadow Lake Tribal Council
8002 Flying Dust Reserve
Meadow Lake , SK S9X 1T8
Phone: (306) 236-5817

The NITHA Partnership works to promote and protect the inherent Aboriginal and Treaty Right to Health as signatories to Treaty 6.

Peter Ballantyne Cree Nation
P.O. Box 339
2300–10th Avenue West
Prince Albert, SK S6V 5R7
Phone: (306) 953-4425

Lac La Ronge Indian Band
Box 1770
La Ronge, SK S0J 1L0
Phone: (306) 425-3600

Partnership Communities

Peter Ballantyne Cree Nation

1. Kinoosao
2. Southend Reindeer Lake
3. Sandy Bay
4. Pelican Narrows
5. Deschambault Lake
6. Denare Beach
7. Sturgeon Landing

Meadow Lake Tribal Council

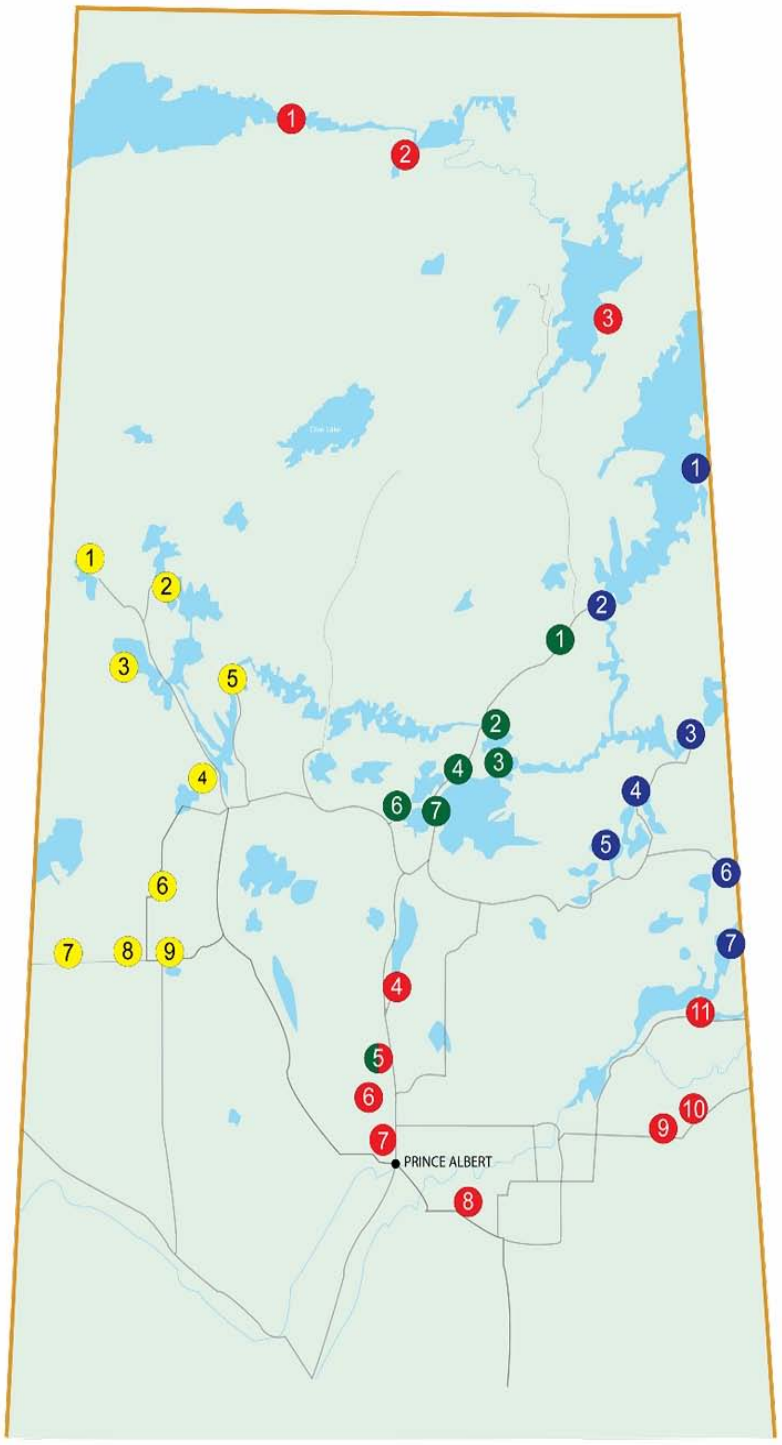
1. Clearwater River Dene Nation
2. Birch Narrows Dene Nation
3. Buffalo River Dene Nation
4. Canoe Lake Cree Nation
5. English River First Nation
6. Waterhen Lake First Nation
7. Ministikwan Lake Cree Nation
8. Makwa Sahgaiehcan First Nation
9. Flying Dust First Nation

Prince Albert Grand Council

1. Fond du Lac Denesuline First Nation
2. Black Lake Denesuline First Nation
3. Hatchet Lake Denesuline First Nation
4. Montreal Lake Cree Nation
5. Little Red River - Montreal Lake
6. Sturgeon Lake First Nation
7. Wahpeton Dakota Nation
8. James Smith Cree Nation
9. Red Earth Cree Nation
10. Shoal Lake Cree Nation
11. Cumberland House Cree Nation

Lac La Ronge Indian Band

1. Brabant
2. Grandmother's Bay
3. Stanley Mission
4. Sucker River
5. Little Red River - La Ronge
6. Hall Lake
7. Kitsaki

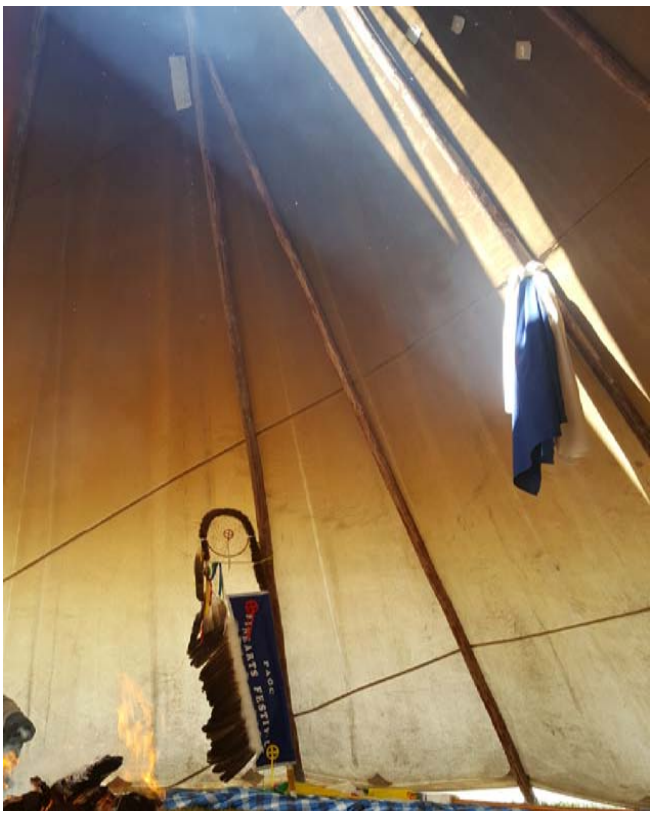


Guided by Our Elders

Elders play an integral role at the Board of Chiefs, Executive Council meetings, and working groups. Four Elders, each representing the Partners, is present and engaged at the Board of Chiefs meetings. In addition, one Elder participates in the Executive Council and working group meetings. It is through our Elders representation that NITHA remains grounded in its First Nation identity representing our diverse Partnership.

Our Elders are Mike Daniels, Vitaline Read, Rose Daniels, Marilyn Morin, Gertie Montgrand and John Cook.

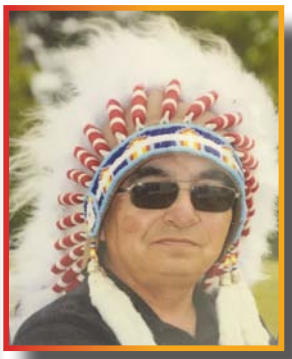
The four Partners are unique and make their own decisions.
Relationships are principal.
Decisions are made based on consensus.
Consensus based decisions are informed and supported by the practices of gathering information from various sources, open and timely communication, and supportive learning environments.



Board of Chiefs

Grand Chief Ron Michel
BOC Member
Prince Albert Grand Council

Tribal Chief Eric Sylvestre
BOC Member
Meadow Lake Tribal Council



Chief Peter A. Beatty
BOC Member
Peter Ballantyne Cree Nation

Chief Tammy Cook-Searson
BOC Member
Lac La Ronge Indian Band

Alternates:

Vice Chief Christopher Jobb
BOC Alternate
Prince Albert Grand Council

Vice Chief Dwayne Lasas
Chairperson
Meadow Lake Tribal Council

Vice Chief Harold Linklater
BOC Alternate
Peter Ballantyne Cree Nation

Councillor Mike Bird
BOC Alternate
Lac La Ronge Indian Band

Executive Council

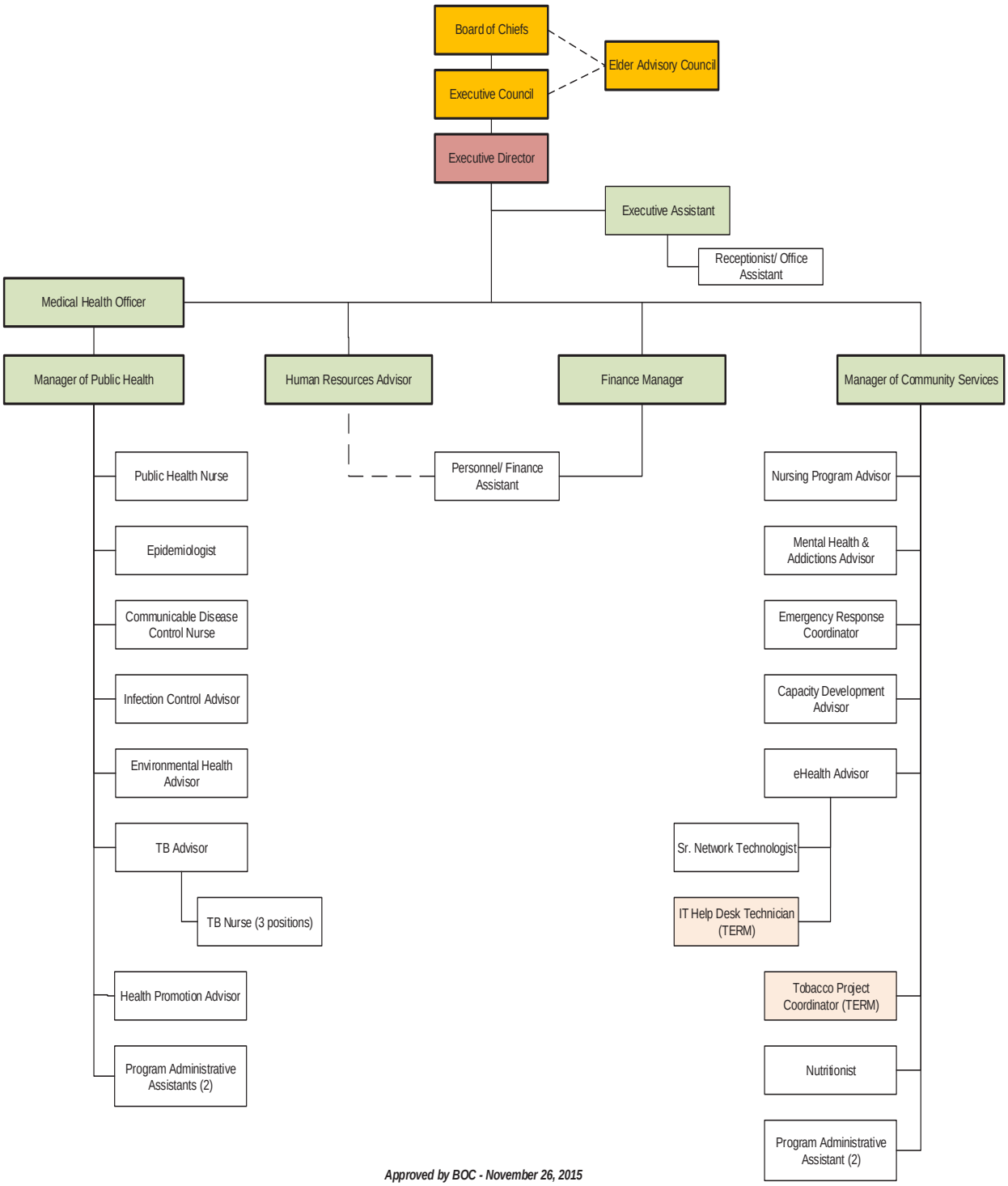
Al Ducharme
Prince Albert Grand Council

Flora Fiddler
Meadow Lake Tribal Council

Arnette Weber-Beeds
Peter Ballantyne Cree Nation

Rick Kuzyk
Lac La Ronge Indian Band

ORGANIZATIONAL CHART



Approved by BOC - November 26, 2015

HEALTH CAREERS SCHOLARSHIP FUND

We are pleased to announce the 2016 NITHA Health Careers Scholarship Fund recipients. We would like to thank everyone who applied and congratulate those who were selected. The scholarship is awarded annually to students who are a member of one of NITHA's Partners and are pursuing a career in areas related to health. In October 2016, 15 successful applicants each received a scholarship in the amount of $3,000.

To be eligible for the scholarship, applicants must be a full-time student in a post-secondary health related program of study such as, but not limited to the following: Nursing, dentistry, pharmacy, lab technology, physiotherapy, dietetics, nutrition, medicine, and health administration or public health policy. The program must be a minimum of two (2) academic years in length.

Please be advised that the deadline for applications is September 30 of every calendar year. Once again, congratulations to the 2016 scholarship recipients.

Aaron Mckenzie
LLRIB- Grandmother's Bay, BSc Nursing

Brenda Lepage
MLTC- English River, BSc Nursing

Darcy Diachinsky
MLTC- Buffalo River
BSc Nursing

Kristy Mirasty
LLRIB- Stanley Mission
BSc Nursing

Laura Hrdlicka
PAGC- Fond du Lac
BSc Nursing

Marie Sanderson
LLRIB- La Ronge
BSc Nursing

Joy Caisse
LLRIB- Stanley Mission
BISW- MH&A

Shannon Bear
PBCN- Deschambault Lake, BSc Nursing

Rolanda Laliberte
PBCN- Sandy Bay
Practical Nursing

Megan Naytowhow
PAGC- Little Red River
BSc Nursing

Melissa Hardlotte
LLRIB- La Ronge
BSc Nursing

Natasha Lemaigre
MLTC- Clearwater River
BSc Nursing

Phillip McLeod
LLRIB- Stanley Mission
Mental Health & Wellness Diploma

Rachel Merasty
PBCN- Pelican Narrows
BSc Nursing

Samantha Waditaka
PAGC- Wahpeton
BAS- Health Studies

COMMUNITY SERVICES UNIT

Program Overview

The Community Services Unit (CSU) provides third-level support in Nursing (Home Care, Primary Care, and Community Health), Capacity Development, Mental Health and Addictions, Emergency Preparedness, Nutrition, Tobacco Control, and eHealth.

CSU supports the NITHA Partners through program development, policy and procedure development, capacity building, training and education, partner & community consultations, advocacy, building linkages with various organizations, and participation in the partner and community working groups.

CSU consists of a Community Services Manager, Nurse Program Advisor, Capacity Development Advisor, Mental Health and Addictions Advisor, Emergency Response Coordinator, eHealth Advisor and Tobacco Project Coordinator. In September 2016, a position for the Nutrition program was created and filled.

CSU staff continue to work collaboratively with its Partners and a number of external stakeholders, including Health Canada, the First Nations Inuit Health Branch, Saskatchewan's Ministry of Health and Northern Population Health Branch, the Saskatchewan Registered Nurses' Association, provincial educational Institutions, and others.

Val Fosseneuve
Manager of Community Services

CSU's activities and plans are summarized in the following reports.

For more information, please visit www.nitha.com or our group page on Facebook.

Jeanette Villeneuve
Program Administrative Assistant

Danielle MacDonald
Program Administrative Assistant

Nursing

Program Overview

The Nursing Program brings leadership, innovation and vision to support and supplement the Partnership in the areas of Home Care and Primary Care Nursing. The program strives to foster a high standard of nursing within the NITHA Partnership by providing clinical, educational and policy support covering nursing practices.

The Nursing Program Advisor (NPA) provides support to second-level nursing supervisors in the development of policy, procedures and manuals to reflect established standards of nursing practice. In addition, the NPA prepares proposals, coordinates or facilitates the delivery of recommended education and training programs, and supports clinical practice by providing ongoing reviews of scope of practice, coordinating nursing orientation and assisting in the process of competency review for nurses.

Accomplishments

Over the past year, NITHA Nurse Managers have supported discussions with the Saskatchewan Registered Nurses Association (SRNA) over the transition from Transfer of Medical Function to licenses as Registered Nurses (RNs) with Additional Authorized Practice (AAP). By March 31, 2017, 82 RNs have been licensed with AAP.

The NITHA Practice Advisory Group was created to work on the ongoing issues regarding delivery of health care to the Partners. A project to develop the Northern Nursing Specialty Practice Manual was completed. It supports the delivery of nursing services in the northern primary care sites.

Fay Michayluk
Nurse Program Advisor

Other highlights included information meetings held with three regional Health Authorities and NITHA Home Care Nurse Managers that provided opportunities to discuss the challenges related to Discharge Planning as well as meetings that provided information updates.

During the past fiscal year, conferences and workshops were provided, including one for Home Care Nurse/Home Health Aids (70 attended), NITHA Nursing Conference (42 attended), and a Home Health Aid Workshop (37 attended). In Feb 2016, the NPA completed the Non-Violent Crisis Intervention Program for Managers as well as FNIHB's Sponsored Nurses Safety Awareness training workshop.

Challenges

As NITHA's Partners continue to experience challenges in recruitment and retention of staff in all nursing programs, difficulty arises in planning meetings, workshops and conferences to support the ongoing educational needs of nursing staff. In addition, the Northern Nursing Specialty Practice Manual of RN Protocols and Procedures requires an annual review and update by December 1, 2017. Another challenge will be gaining access to equipment and supplies for Home Care Programs and Wound Management. Over the next

year, the NPA will determine the need for ongoing education workshops to support the needs of NITHA's Nursing Programs. The NPA will also gather pertinent data regarding the chronic care needs of the NITHA Partners in the area of diabetes, hypertension and cancer for review and further discussion.

Priorities for Next Year and the Future

Over the next year, the NPA will continue to work with the NITHA Partner Nursing Programs to provide safe accessible and quality nursing care for its community members.

Education needs of NITHA Nursing programs will be reviewed and relevant workshops will be developed and facilitated. The NPA will continue to be involved in the Saskatchewan Registered Nurses' Association, Saskatchewan Polytechnic, the University of Saskatchewan's Continuing Education and Development for Nurses in the development of programs and certifications to address the ongoing education needs for the RNs (AAP).

In addition, work will be continued in the review and development of the Home Health Aid Manual and the Northern Nursing Speciality Practice Manual. The NPA will also continue work to gain clearer direction for the delivery of Home Care services related to HIV, Palliative Care and End of Life Care, as well as access to Home Care and Wound Management supplies. Work will focus on introducing the Inter RAI data collection system in Saskatchewan. New meetings with the RHAs will be set to review and discuss the revised Discharge Planning Tool Kit and other issues.

Review of information in regards to the Continuum of Care Project and its follow up will continue.

> *"The nurse manager is the accountable person – 24/7 on the front lines of care with patients and families, with staff and administration."*

Capacity Development

Program Overview

Capacity Development involves the ongoing process of enabling individuals and organizations to obtain, strengthen and maintain their capabilities to set and achieve their own development objectives.

At an individual level, capacity development helps to develop the knowledge, skills, and competencies of individual healthcare workers and the capacities of the communities to respond to the needs of their communities.
At an organizational level, it helps to develop internal policies, systems, and strategies that enable organizations to operate and to achieve their goals by providing management and leadership with organizational knowledge, skills and capacities that embed First Nations culture, values, knowledge, and perspectives.

In a broader sense, capacity development is culturally sensitive and creates an environment that nurtures larger society's understanding of First Nations culture, values, and knowledge as well as their contributions to health and well-being. It is grounded in the teachings of the Sacred Medicine Wheel and involves close work with the First Nations Elders and Knowledge Keepers.

Accomplishments

On June 17, 2016, 11 students graduated from Saskatchewan Polytechnic with a Mental Health and Addictions Worker Certificate which enabled certification through CACCF (Canadian Addictions Counsellors Certification Federation). They were the first group in Canada to graduate from a combined mental health and addictions program that was developed from a First Nations perspective. The graduates continue to live and work in the northern communities which represents a 100% retention rate.

Linda Nosbush
Capacity Development Advisor

In the development of a community-based worker program, 32 underlying principles were formulated by NITHA's Elders and four Core Key Informants; these principles captured the knowledge, teachings, and lived experiences of those involved. Throughout the consultation process, a number of key resources were located and recommended. A proposal was developed but it was not funded due to changes to FNIHB funding. However, the process helped us identify the attributes of an enabling environment for growth and development as well as the underlying principles which will guide future work.

A number of workshops were held to help nurture individual and collective capacity. For example, four days of workshops were held to build capacity in health promotion together with the Health Promotion Advisor to promote physical activity for staff and youth in their personal and community lives. Another workshop was offered to Saskatchewan Region CHRs on Trauma Informed Care. In addition, a full-day workshop was provided to staff, Elders, and some members of the Band Council of James Smith Cree Nation on

how to use the DACUM (Developing a Curriculum) Process to help them prepare for their accreditation. Finally, a presentation on Dementia from a Caregivers Perspective was delivered at NITHA's Home Health Aide Conference.

The Aboriginal Health Human Resource Initiative (AHHRI) Evaluation Report for programs provided between 2010-2015 was completed by Laurence Thompson and presented to the NITHA Executive Committee in 2017. Thompson reported that all objectives for this national initiative have been met with a Return on Investment of 1:16, that is, sixteen dollars return for every dollar invested. The results of this evaluation will inform subsequent program development.

Many opportunities to better understand the culture and traditions of First Nations have occurred this year, especially the invitation to attend Hall Lake's Sun Dance where Elders/ Knowledge Keepers shared teachings on the Sacred Medicine Wheel.

Continued involvement in the Saskatchewan Oral Health Coalition and the Northern Oral Health Working Group provide an opportunity for knowledge exchange of local, regional, provincial and national policies, programs, training, and practices related to new developments in Oral Health. The latter group is particularly focused on the North and its knowledge exchange is focussed on implementing strategies that address the challenges faced in northern and remote communities. In the Fall of 2018, an Oral Health Day for the North is being planned; it will offer free oral health services at one location. Ongoing dialogue, grant writing, and negotiations are ongoing with the aim of providing Dental Therapy training in northern Saskatchewan since restorative services have been compromised due to the closure of the National School of Dental Therapy in 2011. Not only is the Dental Therapy Labour Force shrinking, it is also aging with 40% of Dental Therapists over the age of 50 and over 5% under 30.

Finally, there were opportunities for knowledge sharing through provincial and national webinar series offered by the Saskatchewan Prevention Institute on Attachment and the National Indigenous Cultural Safety Learning Series.

Challenges

Capacity Development is a broad portfolio that encompasses many program areas, professional organizations, and post-secondary institutions. One of the challenges is working with personnel from within these organizations as well as across institutions to ensure that programs are responsive to the needs of northern and remote First Nations. This requires time, ongoing learning, and nurturing relationships that promote problem-solving, critical reflection and solution finding. Perhaps the most significant challenge is securing sustainable funding, which will not only create but also maintain, certified post-secondary training programs in northern and remote areas of Saskatchewan, which require ongoing fiscal support and social capital development that can leverage funding across agencies, institutions, and levels of government.

Priorities for Next Year and the Future

Over the next year, programs in Cultural Competence and Aboriginal Parenting will be developed. In addition, there will be collaborative efforts to secure funding for a Mental Health and Addictions, Health Director, Dental Therapy and Community Health Representative Programs.

Mental Health and Addictions

Program Overview

Mental Health and Addictions (MHA) provides third-level services to its Partners, primarily through the MHA Advisor. This work includes strengthening the capacity of First Nations to deliver culturally appropriate and responsive mental health and addiction/wellness services, identifying best practices, offering educational and training opportunities, and helping to access clinical supervision that is responsive to community needs. Other areas include working with MHA leads and designated representatives of the Partners to prepare plans and assessments that respond to the needs of their priorities.

Accomplishments

Strengthening our relationship with the Partners and meeting with the MHA Working Group is a top priority.

In alignment with the priorities of the 2016/17 Work Plan, the MHA Advisor also held Training of Trainer (TOT) activities, provided advisory support, collaborated with the Partners, provincial and federal committees and approved working groups and others.

Over the past year, the MHA Working Group reviewed options to improve TOT as a key capacity-building event. The MHA Advisor reviewed training events delivered by Saskatchewan Indian Institute of Technologies, the Suicide Prevention Centre, Living Works and others for quality, cultural competency, and development of a process to provide trainers with new relevant knowledge and skills. Upon request, the MHA Advisor has also worked with its Partners to address priority issues, such as advisory in program/project development, crisis support, mental wellness team-building, proposal writing and negotiations, and providing research or assistance with programs, manuals, protocols and toolkits. This included work on a MHA suicide ideation measurement tool. MHA also worked with the committee on an upgrade and expansion of the EPDS tool, which is now used by by nurses in Maternal Mental Health.

Joanna McKay
Mental Health and Addictions Advisor

This year, TOT events this year resulted in 23 trainers completing the Applied Suicide Intervention Skills Training (ASIST) and 21 completing Phase One of the SafeTALK. Partners have agreed to continue with Phase Two of SafeTalk and provide mentoring as needed.

There will be some changes to our work with MHA Leads at the Regional Health Authorities since there will be fewer RHAs and more work directly with the provincial ministries.

The MHA Advisor continues to be involved in the MHA Action Plan Reference Group. There has been some progress this year in their recognition that First Nations need to be involved as 'Partners' before Action Plans are written. In turn, priorities of resources in MHA services and facilities have been acknowledged. MHA Advisor will participate in an Indigenous-focussed Patient First advocacy group.

In addition, connections have been made with FNIHB that has resulted in ongoing discussions to provide further support to the Partners for ongoing Mental Health/Wellness Therapists. They have expressed their recognition of support for communities in crisis with plans to expand the Partners' current Mental Wellness Teams.

It has been helpful to build closer relationships with the Embracing Life Committee. While it is made up of a team of professionals, there is a need for more resources to respond to the complex issues connected to suicides, suicide clusters, violence and other crises. There is a continued need to build on the strength of culture and wellness programs that respond to the needs of the youth and children.

Challenges

The biggest challenge in building wellness continues to be addressing the underlying issues of the social determinants of health. Many communities have made considerable improvements in this area, yet devastating crises are still occurring. Temporary relief may be provided; however, they are not lasting solutions and require a long-term community based approach.

Priorities for the Next Year and the Future

Over the next year, the MHA Program will continue to meet its objectives in the work plan for the benefit of the Partners. Second-level training will continue to be provided on the Warriors Against Violence and Walk With Me program. In addition, a framework for Mental Health and Addictions will be developed, which will be inclusive yet respectful of the diversity of each of our Partners and communities.

MMH Graduation - Jun 17

Emergency Response

Program Overview

The Emergency Response (ER) program works with its Partners to assist, support and advise on Emergency Response and Preparedness. The Emergency Response Coordinator (ERC) assists Partners through First Responder capacity development, First Aid/CPR/AED training, community Emergency Response planning, pandemic planning, and public access to defibrillation.

Accomplishments

First Responders are an important part of on-reserve community response and pre-hospital treatment. In many cases, communities of NITHA's Partners are located far from definitive care and pre-hospital emergency medical services. However, when there are functioning First Responders, they can help to significantly shorten this window in getting basic life support care to their community much faster than outside agencies.

The ERC continues to support First Responder initiatives through stakeholder coordination, advice and support regarding operational policies and procedures, and coordination of training with the long-term goal of providing it in-house. In 2016-2017, training was provided in-house by second-level instructors to 250 First Aid and CPR/AED providers, two First Aid and CPR/AED Instructors, 10 First Responders, and four Emergency Medical Responders. As a result of changing the training capacity at a second-level, over 800 persons have been trained with a reduction of two-thirds of its costs.

Patrick Hassler
Emergency Response Coordinator

In ER planning, evacuations are considered an inevitable fact of living in flood and fire zones. There was the same potential of the 2015 wildfires developing in 2016. The number of recorded fires was nearly identical by the end of the season, including the area of total area burned; however, the impacts of were less due to their locations. Satellite information and mapping software continue to be used to better inform and orientate stakeholders.

The graphic on the next page illustrates the fires over 100Ha. It also shows the 2016 Husky Oil spill and its proximity to the First Nations.

Community Risk Assessments continue to take place on a regular basis. An evidenced-based approach is used

in all hazard-related emergency planning. It involves the following process: Community Risk Assessment, Contingency Planning, All Hazard Plan Update, and Table Top Exercises. Currently, the majority of the Partner communities are following this process.

The ERC also works with NITHA's Nursing Program Advisor to ensure that Partners are aware of prehospital treatment and transport changes or advancements such as stroke transport protocol changes and utilization of Naloxone.

Challenges

An annual review of ER plans is an industry standard. Yet, one of the major challenges facing our Partners is a need for dedicated staff in Emergency Response at the first and second level. If there were more staff, they would be able to conduct Risk Assessments, update ER plans, build contingency plans, as well as prepare communities for unique contingencies such as evacuations. Advocacy for funding for these positions will continue.

In 2017, First Nations Emergency Management began to provide Emergency Management training to First Nations throughout Saskatchewan.

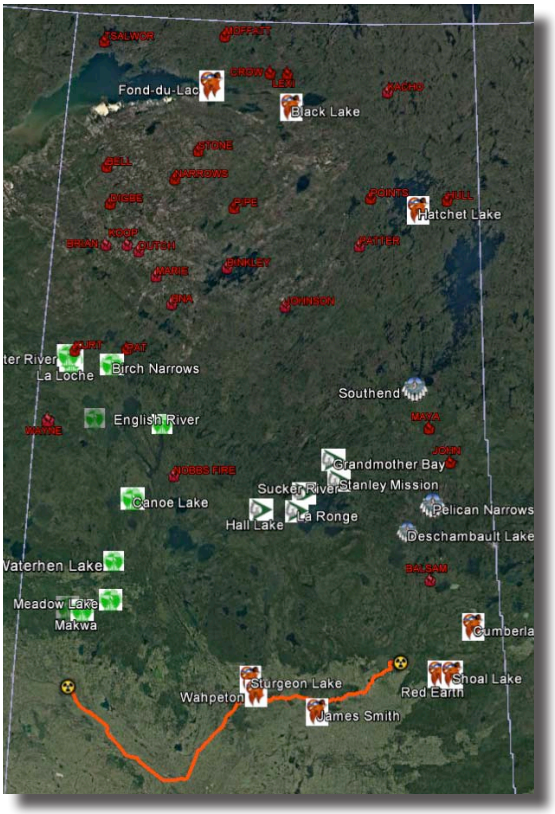
There are also challenges in the area of training with the increased costs of travel and accommodation. NITHA is exploring options with changes to the agreements between the federal and provincial government.

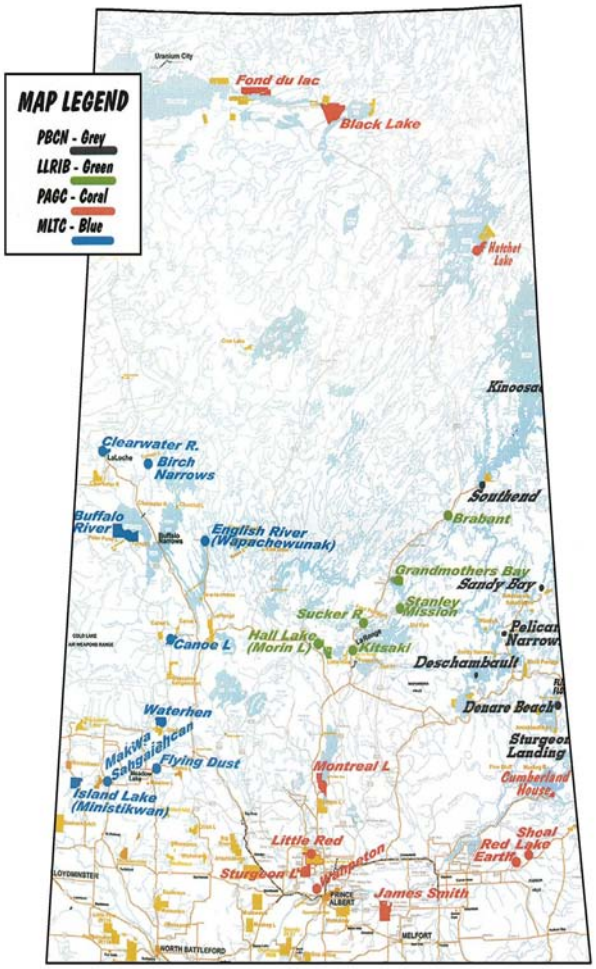
Priorities for Next Year and the Future

Support will continue to be provided to the Partners's ERCs to ensure that the Community Emergency Response plans take an "All Hazard" approach, which will ensure that all community contingencies will have access to it. As a result, the Emergency Response Plan would not only become more familiar to community members, it could also be used with greater ease.

Into the next year, the ERC will continue to support and assist communities as they build sustainable initiatives for First Responders. We recognize that they are able to quickly deliver basic life-support as important resources in times of community disasters. They enhance the Emergency Medical System by being local "experts" in the language, terrain, resources as well as having access to the sick or injured in affected communities.

We recognize that if First Responders are able to continue their education, they could effectively assist in injury prevention awareness and community emergencies. For these reasons NITHA will continue to support the NITHA





Communicable Disease Plan and review the NITHA Communicable Disease Planning Manual every two years.

The most current versions are now available on the NITHA website at www.nitha.com.

A study on the 2015 Wildfire Season will be released in the Summer of 2017. The study was designed to better understand the health and safety concerns that emerged from the actions taken in response to the 2015 Wildfire, including its threats, the protection of the stakeholder communities, the evacuations, sheltering and repatriation of the community members, and the provision of services as they related to the physical, mental and cultural needs of the evacuees.

Since many organizations are mobilized during an emergency of this magnitude, it is essential for NITHA to ensure that the concerns of our Partners are heard and addressed. NITHA recognizes that northern communities are very unique and it takes a tailored approach to handle emergency events, which are quite different from those in the southern regions of the province.

Nutrition

Program Overview

The Nutrition program provides comprehensive support to the NITHA Partners in the area of nutrition and food science. It is designed to develop nutrition strategies in the promotion of health and prevention of disease, review of the latest research and evidence-based practice in nutrition and food science. It also supports the development of evidence-based and culturally appropriate nutrition initiatives and practices, as well as partnerships at the local, regional, provincial and federal level.

The Nutritionist plays a vital role in developing preventative and educational information on nutrition strategies, and assisting, supporting and providing advice on best practices to the Partners. This new position was created and filled in September 2016.

In addition, the Nutritionist will provide support in infant, child and youth development, breastfeeding, chronic disease prevention, wound management, dental health, and substance abuse/misuse. Support will also be provided in mental well-being, food security and sovereignty, nutrition-friendly environments, traditional foods, as well as home care, long-term care and palliative care.

Accomplishments

Since the position was put in place, a Nutrition Working Group has been established with the Partners. Information on nutrition has been shared with Nurses and Home Health Aides at their annual conferences.

Guidelines were developed for healthy food choices for catered meals and snacks. An evaluation framework was developed for diabetes programs.

Carol Udey
Nutritionist

The Nutritionist served as a co-chair of the Healthy Eating Team, which is one of the committees for the Northern Healthy Communities Partnership, the Breastfeeding Committee for Saskatchewan, as well as an active member of the Maternal and Child Health Team.

Challenges

Despite its allocated budget, the Nutritionist will work to meet the goals and objectives in the annual work plan, meetings will take place with Partners and nutrition caregivers in each of the Partner communities.

Priorities for the Next Year and the Future

For the next fiscal year, the Nutritionist will continue to work collaboratively with the second-level Nutritionists and Nurses to plan and develop nutrition strategies and initiatives. Efforts will continue in collaborating with and providing guidance and support to the NITHA second-level nutrition educators. Workshops will be facilitated to professionals assisting with the education of prenatal classes, which is one of the initiatives of the Maternal and Child Health Team.

eHealth

Program Overview

Electronic Health (eHealth) is the use of Information Technology to support health care. Example of eHealth solutions are Panorama, Electronic Medical Record (EMR), Telehealth, Internet connectivity for research and email, and Microsoft Office for general business productivity.

NITHA's goal is to support the Partners with implementation of eHealth solutions. Overall, eHealth is complex and involves stakeholder relationships, data governance, privacy, capacity development, and sustainability.

Accomplishments

NITHA submitted a three-year funding proposal for a shared EMR project, which involved First Nations pilot sites and the two northern Regional Health Authorities (RHA). A shared system will support client care and improve collaboration between providers across jurisdictions. Lessons learned and best practices from MLTC and experiences by the RHAs were factored into the proposal.

NITHA received funding to develop a custom self-paced, online privacy training tool. The topics covered are: (1) The Ten Golden Privacy Principles, (2) Safeguards for protecting personal health information, (3) the Health Information Protection Act, and (4) Safeguarding personal health information in one's day-to-day work. It is designed to educate healthcare workers on privacy issues and prepare them for eHealth systems such as the EMR.

Charles Bighead
eHealth Advisor

Several IT training classes were provided via Telehealth for frontline healthcare workers. The topics covered included basic computer hardware and software, and how to use the Internet, email, and MS Office products. The classes were found to be helpful and will continue to be provided.

Licenses were acquired for MS Office 365, which will significantly improve the email services for northern First Nations health organizations. To date, Stanley Mission Reserve, James Smith Cree Nation and PBCN have migrated to the new email service.

The eHealth Advisor participated in PAGC, MLTC and LLRIB's Information Governance workshops. This was an opportunity to promote privacy policy development and inform the Partners about current eHealth activities.

Funding was received to maintain the Internet services (CommunityNet) at the healthcare facilities. The CommunityNet service level was increased at two locations because of higher bandwidth needs. NITHA was able to procure advanced firewalls, wireless access points and batteries for the uninterruptable power supplies for the Partners and communities.

A proposal has been submitted to renew the Smartnet agreements for TeleHealth equipment. Smartnet is like a hardware

warranty and also entitles software upgrades to improve performance or fix problems. All sites on the Saskatchewan Telehealth Network are required to have Smartnet agreements for the equipment.

The eHealth Advisor has been supporting the Environmental Health Advisor with a business case to implement a better Environmental Health database system for the Partners. He continues to provide business and analytical support as requested, such as reviewing technical documents or liaising with the province.

The Sr. Network Technician continues to provide advanced IT support to the Partners. The problems presented by the Partners are usually complex and requires time and research to resolve.

Efforts continued to enable First Nations access to the Saskatchewan Electronic Health Record (eHR) Viewer. The eHR Viewer is a powerful tool that can support primary care and public health.

The Province is implementing changes to the Communicable Disease regulations that affect Panorama and the First Nation principles of Ownership, Control, Access and Possession (OCAP). In response, NITHA has proposed revisions to protect First Nations interests, which have not yet been ratified by the provincial cabinet.

Redesign of the NITHA website is underway.

Challenges

FNIHB has released their approach for implementing an EMR, yet there is no investment strategy to date. Trying to implement an EMR without adequate and sustained funding is very challenging.

To date, only a few communities have been using the IT Helpdesk service. Its intent is to provide timely service for frontline workers and relieve the second-level IT personnel from routine help calls so they can focus more on improving network systems and implementing new systems. The Helpdesk Technician position is currently vacant but will soon be filled.

Communities have been requesting for faster Internet to allow for a better email and web browsing experience, and also so eHealth systems such as Telehealth and EMR can perform better. There is an added cost for increased bandwidth.

Priorities for Next Year and the Future

Over the next year and near future, some of eHealth's priorities are to fill the vacant IT Helpdesk position and resume the Helpdesk service and IT training, continue advocacy for additional funds to increase CommunityNet bandwidth at health facilities as needed, and continue efforts to pursue funds for the shared EMR project. Although there is not a national investment strategy for EMR systems, there are indications that the regional office may be able to provide partial funding. In addition, eHealth will be developing a process to facilitate First Nations access to the Saskatchewan eHR Viewer. Lastly, a Panorama forum will be held to inform the communities of the CD regulations affecting Panorama and First Nations Information Governance.

Eric Xue
Senior Network Technologist

Ali Mirzaei
Senior Network Technologist

Tobacco Control

Program Overview

The Tobacco Control (TC) program provides second-level support to Community Tobacco Coordinators in implementing the Federal Tobacco Control Strategy (FTCS). The six essential elements include Protection, Reduced Access to Tobacco Products, Prevention, Education, Cessation, Data Collection and Evaluation.

During 2016-2017 year, the Northern Saskatchewan Breathe Easy (NSBE) campaign continued with the overall goal to end the use of commercial tobacco in northern First Nation communities while maintaining respect toward the traditional use of tobacco.

The program has been extended for another year to allow for further consultation with the public on the future of tobacco control. As part of Health Canada's seven-week public consultations on FTCS, the Federal Minister of Health Jane Philpott hosted a three-day national forum in Ottawa on the future of tobacco control. She expressed her commitment to reduce tobacco use to under 5% by 2035.

Accomplishments

During the year, the TC Coordinator participated in a number of meetings, both internally and externally, to identify and discuss tobacco-related issues, provide input in the development of guidelines and policies, and network with federal, provincial, municipal and non-government agencies. In addition, the NSBE Working Group participated in four scheduled face-to-face meetings as well as teleconferences usually held every other month or as the need arose.

Justina Ndubuka
Tobacco Project Coordinator

In collaboration with the group, the TC developed an Information and Fitness Smoking Cessation Mobile App (SCMA) on two platforms: Apple iOS 8.0+ and Android 4.1+ smartphones. It was launched on October 21, 2016 at an event in Prince Albert where 70 youth and Elders from NITHA communities were in attendance.

A process evaluation framework that will be used in evaluating the SCMA has also been developed with the assistance of a Masters of Public Health practicum student.

A training plan for tobacco retailers was also developed, along with training to second-level tobacco coordinators. The plan is designed to reduce youth access to commercial tobacco products and to ensure that retailers are well equipped with the updated information on the legislation related to tobacco sales to minors. It is also designed to help retailers develop policies surrounding the sale of tobacco and how to train their staff.

Revisions were also made to the Northern Tobacco Strategy (NTS) maternal module, which covered brief interventions by front-line service providers who provided pregnant and new mothers with cessation support.

A Basic Tobacco Knowledge powerpoint was also developed for the youth and maternal modules. It was presented to NTS members on June 13 and 14, 2016.

As part of the NSBE awareness campaign, about 60 anti-tobacco messages were posted on NSBE social media accounts. The messages focussed on the health effects and consequences of tobacco, deceptive practices used by the tobacco industry and the dangers of second-hand smoke. The NSBE Facebook page received 188 "Likes" and the potential of reaching about 18,000 and engaging over 600. MBC and local community radio stations aired a total of 147 radio spots in English, Dene and Cree.

In addition, over 2,000 promotional items were developed and distributed to NITHA partners, as well as retractable banners that can be used by the Community Tobacco Coordinators.

The TC also conducted a youth and pre/post-natal survey on questions related to smoke-free places in public spaces.

Data of smoke-free public places in Northern Inter-Tribal Health Authority communities was collated and analyzed. Also, the youth and pre/post-natal survey was analysed and submitted to NITHA Executive Council for approval. In addition, a display booth was also set up at the Home Care Nursing Conference and Home Health Aide workshop.

As a member of the NITHA Influenza Committee, smoking cessation messaging were prominent in the past year's campaign. It included messages such as: "Are You a Smoker?", "Smoking of Chewing Tobacco Increases Your Risk of Getting the Flu and Worsens Your Flu Symptoms," and "Quit Smoking and Get the Flu Shot!"

In order to determine best practices for tobacco practice, a literature review was conducted and White Bear First Nation's smoke-free public policy was identified as a best practice which was adopted by NITHA and its partners for implementation.

Challenges

Although the project is on track, it is unlikely that all intended project objectives will be accomplished by 2018. Smoking/tobacco control is such a complicated issue as it is a result of a number of social, structural and individual-level barriers, a holistic approach is needed to achieve its goals, which need to be long-term, sustainable and proportionate-to-the-need. In addition, the effectiveness of tobacco control activities are compromised when its funding is dependent on short-term funding. Therefore, addressing its social determinants would require sufficient, predictable and sustained funding beyond 2018.

Priorities for Next Year and the Future

NITHA recognizes the importance of continuing the community campaigns to increase awareness of the importance of tobacco policies. Awareness campaigns that target youth as "drivers of change" will also continue to help them understand the negative impact of commercial tobacco use.

Over the next year, there will be continued efforts to increase the number of downloads and users of the SCMA app. A mini video will be produced and linked to the SCMA, as well as a relevant matrix, which will facilitate data collection for evaluation. In addition, there will be new "quit challenges" developed for the NITHA communities.

PUBLIC HEALTH UNIT

Program Overview

Under the direction of NITHA Medical Health Officer Dr. Nnamdi Ndubuka, the Public Health Unit (PHU) provides advice and expertise for various public health programs including population health assessment, disease surveillance, health promotion, health protection, and disease and injury prevention. PHU also provides direct assistance in the prevention and management of tuberculosis.

PHU is focussed on continuing the improvement of immunization rates within partner communities and development of immunization standards as part of the provincial-wide public health strategy. It is also continuing its work in implementing the TB High Incidence Strategy. Other priorities for the next fiscal year include establishing sentinel surveillance sites for antimicrobial resistance organisms, and expanding a Master of Public Health practicum student placement program as part of NITHA's capacity-building initiative.

The PHU consists of a Medical Health Officer, Public Health Nurse, Epidemiologist, Tuberculosis Advisor, TB Nurse Advisor, TB Nurses, Communicable Disease Control Nurse, Infection Control Advisor, Environmental Health Advisor, and Health Promotion Advisor.

Dr Nnamdi Ndubuka
Medical Health Officer

This year's report reflects the extensive collaborative efforts and commitment of our staff, various NITHA working groups, partner communities, First Nations organizations, Regional Health Authorities, and our many other stakeholders.

We are hopeful that your ongoing support will foster our collaborative and integrated responses to enhance the health and well-being of NITHA community members.

Achievements, challenges, and priorities of various program leads are discussed in the next section.

For more information, please visit www.nitha.com or our group page on Facebook.

Deanna Brown
Program Administrative Assistant

Public Health - Nursing

Program Overview

The Public Health - Nursing program provides overall immunization coordination and ongoing education to nurses and other members of the health care team in the area of immunization. The Public Health Nurse (PHN) is responsible for developing, recommending and providing expert, consultation, and clinical assistance to those implementing public health nursing policies and programs.

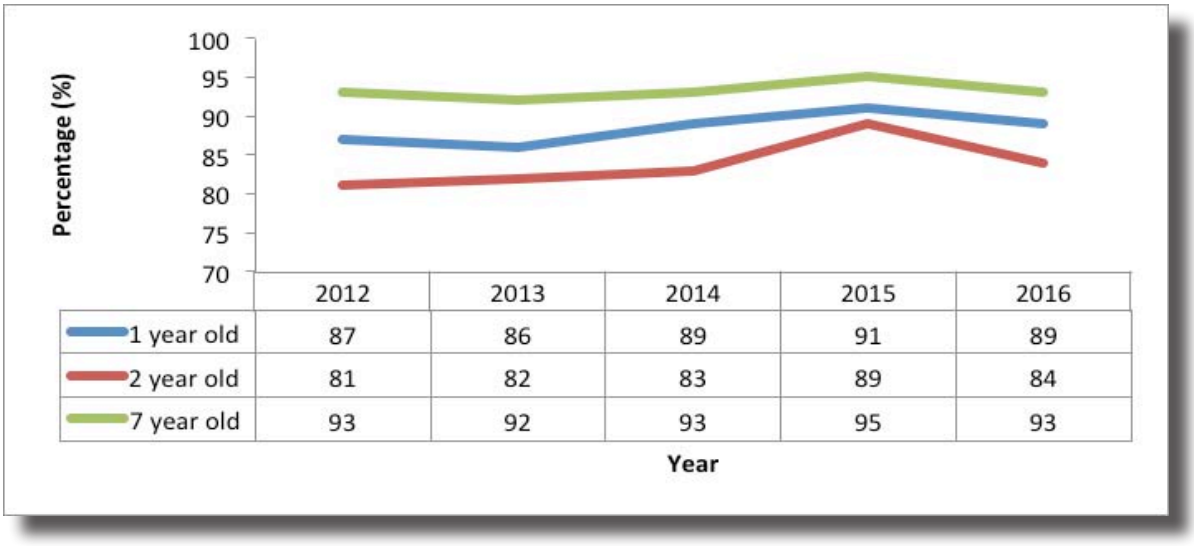
In consultation with the Partners, the PHN focuses on the following areas: Immunization (preschool, school and influenza), Maternal and Child Health (MCH), Panorama, and Influenza. PHN also provides certification in immunization for specialty nursing practices as well as other continuing nursing education. Reviews of nursing policy and procedures are developed in consultation with internal and external stakeholders. In addition, the PHN and Nursing Program Advisor work together on developments in specialty practices for Community Health Nurses, Home Care Nurses and Primary Care Nurses.

Carrie Gardipy
Public Health Nurse

Accomplishments

Immunization

In the area of immunization, the Childhood Immunization Coverage Report (CICR) detailed an overview of immunization rates of vaccine preventable diseases for one, two and seven year old children. Overall, there was a decrease in the overall coverage rates in each population cohort. The one-year-old coverage rate decreased from 91% in 2015 to 89% in 2016. For the two-year-old coverage, there was a 5% drop in the vaccine coverage rates from 89%



	2012	2013	2014	2015	2016
1 year old	87	86	89	91	89
2 year old	81	82	83	89	84
7 year old	93	92	93	95	93

Figure 1: Average childhood immunization coverage rates for 1-year, 2-year, and 7-year old cohort, NITHA, 2012-2016

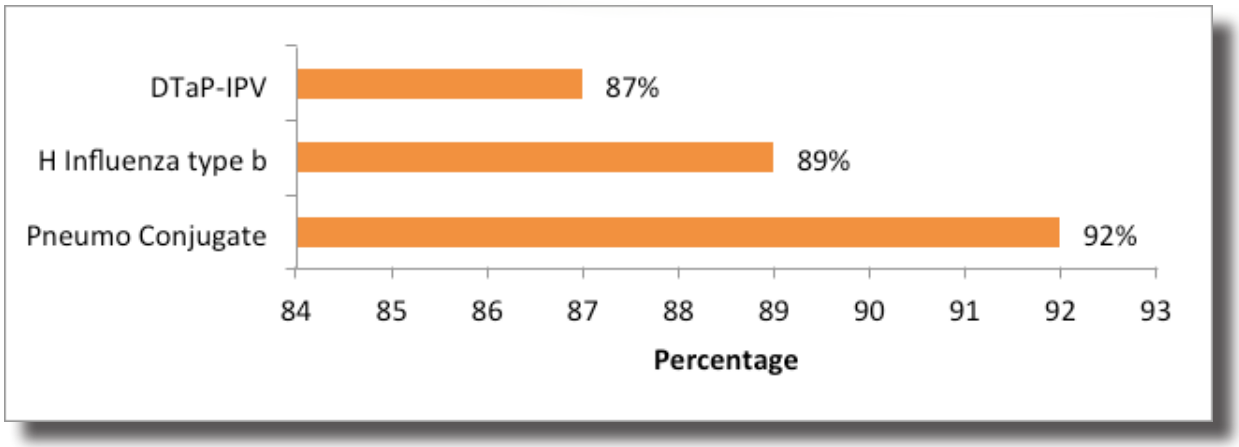


Figure 2: Vaccine-specific immunization coverage rates for 1-year old cohort, NITHA, 2016

in 2015 to 84% in 2016. For the seven-year-old coverage rate, there was a slight decrease from 95% in 2015 to 93% in 2016. (See Figure 1.) For vaccine specific coverage rates, please see Figures 2-4.

In accordance with the past five-year trends, immunization coverage varied significantly in Partner communities. Overall, coverage remained at over the targeted rate of 90% for both the one- and seven-year-old cohort. Compared to the provincial immunization rates, NITHA's immunization coverage rates were the highest across all age groups.

Over the past year, consultation was provided to the Community Health Nurses on immunization scheduling, immunization of special populations, and school programming. Monitoring and reporting of Adverse Events Following Immunization were completed. A Vaccine Incident/Error Reporting Form was developed in consultation with the Nurse Managers to identify common errors and enhance best practices.

Procurement of the vaccine supply for NITHA's 33 communities continued to adhere to the Cold Chain guidelines. Over the past fiscal year, a total of $541,145 worth of vaccines were disseminated from NITHA to its Partners. It was another successful year as there was minimal vaccine wastage reported at the distribution site.

In addition, an abstract poster was presented on behalf of NITHA at the 2016 National Immunization Conference's *Exploring Knowledge and Attitudes in a Low-Immunization Saskatchewan First Nation Community.* It was well received by physicians, nurses and other health professionals.

As part of its promotional efforts targeting one year olds, infant onesies were approved, ordered and distributed to the communities. In addition, plaques of recognition were presented at the NITHA Annual General Meeting to 20 communities who had achieved an immunization coverage rate of 90% or more.

Panorama

In February 2015, Saskatchewan Health launched Panorama, which is a comprehensive, integrated public health information system designed for public health professionals. It brings professionals together to more effectively manage vaccine inventories, immunizations, investigations, outbreaks and family health. NITHA's role in Panorama includes trusteeship, training coordination, information dissemination, communications and support.

Presently, 15 communities are using the system: PAGC (6 of 10), LLRIB (6 of 6), MLTC (1 of 9), and AHA (2 of 2). PBCN has opted out at this time. Overall, the

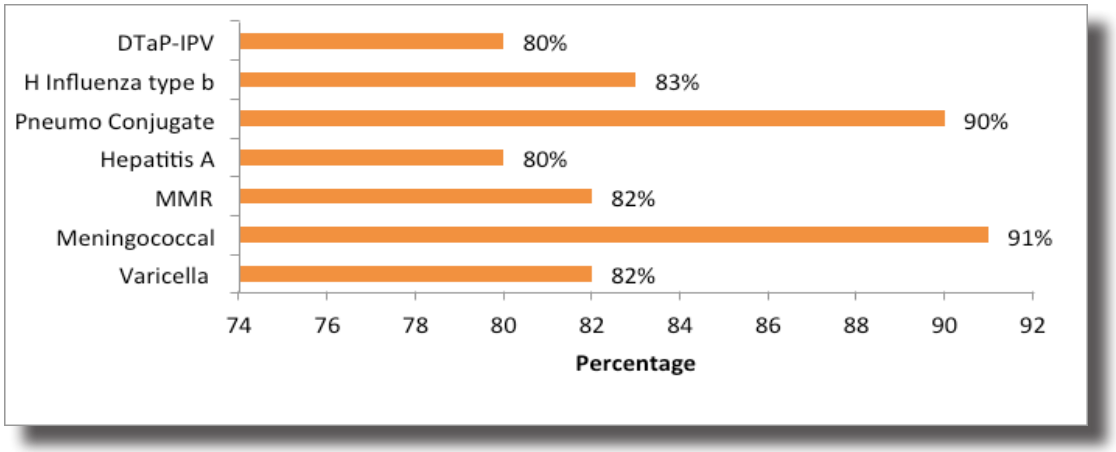


Figure 3: Vaccine-specific immunization coverage rates for 2-year old cohort, NITHA, 2016

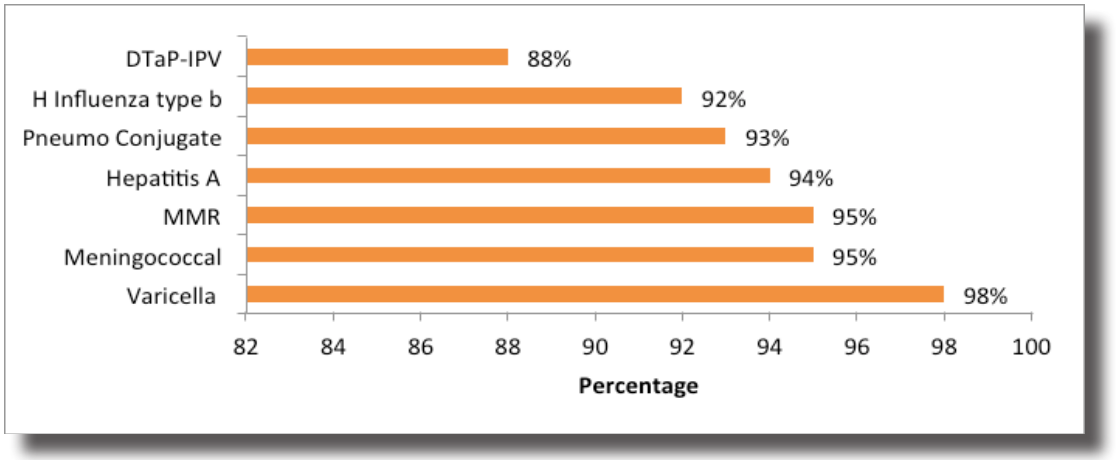


Figure 4: Vaccine-specific immunization coverage rates for 7-year old cohort, NITHA, 2016

system has received positive feedback in its initial usage of the module. PHN continues to provide information on Panorama as more communities become interested in incorporating it into their health programming. Expansion is also continuing under the direction of the NITHA Executive Council as the Province and NITHA leadership seek legal consultation in regards to the logistics of the system.

Influenza Strategy

As part of the Influenza Strategy, the PHN coordinated the annual teleconferences with the NITHA communities and partners held in the Fall of 2016, prior to the 2016-2017 Influenza season. In total, 462 health care workers and 3,757 members of the general public received vaccines. From October to December 2016, weekly reports, including surveillance reports, were submitted to FNIHB-SK and the Saskatchewan Ministry of Health.

Continuing Nursing Education

In the area of Continuing Nursing Education, 111 Registered Nurses and Licensed Practical Nurses submitted immunization exams to PHN, including PAGC (47), PBCN (25), MLTD (22) and LLRIB (12). The exams were returned within 10 days with written feedback.

NITHA hosted a Nursing Conference in September 2016, with 45 nurses and nursing students and 10 staff in attendance. As part of the event, the PHN provided a presentation on immunizations and the Influenza Strategy.

Epidemiology

Program Overview

Epidemiology is the science of studying the patterns, causes, effects of health, and disease conditions in defined populations. It informs policy decisions and evidence-based practices by identifying risk factors for disease and targets for preventative healthcare.

The Epidemiologist formulates study designs, data collection, statistical analysis, interpretation, dissemination of research results and policy decisions.

Overall, the Epidemiologist is responsible for reporting enteric, food and waterborne diseases, respiratory route diseases, diseases transmitted by direct contact, routine vaccination prevented diseases, sexually transmitted infections, animal bites, and boil water advisories to the MHO and Partners.

Accomplishments

Over the past year demographic information from 2004 to 2016 and population pyramids have been developed for each of NITHA partners, which will help with health planning and resource allocation. The internal database was cleaned and maintained to ensure that high quality data is available.

Quarterly and annual communicable disease reports were completed, as well as the report for the 2010-2015 NITHA Health Status Report. Support was also provided in the management of disease outbreaks in two partner communities in 2016.

Challenges

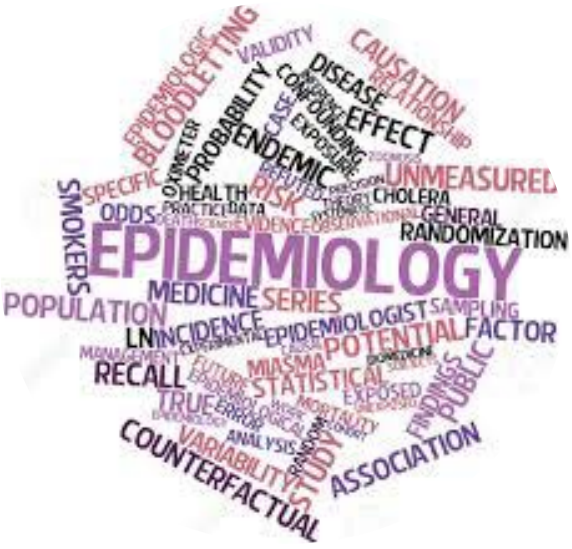
The most significant challenge is obtaining the most current data, specific to NITHA communities, not including communicable disease and immunization data as this data is collected and housed within the NITHA PHU. At the present time, there is a lack of standardized electronic data, which limits the amount of data available for the evaluation of a program's health status, especially in the area of chronic diseases.

Janet Yang
Epidemiologist

Priorities for Next Year and the Future

Over the next year, efforts will be continued to maintain high quality data to support public health programs.

Structured Query Language will be used, and access will be gained to develop the NITHA database. In addition, work on the NITHA Health Status Report will continue.



Tuberculosis

Program Overview

The Tuberculosis (TB) program serves its Partner communities by providng ongoing support for contact tracing, outbreak management, high incidence community childhood screening, and education for community nurses and TB program workers.

Program Overview

During the fiscal year, TB nurses made 29 visits to 10 communities. Following the recommendations of NITHA's Program Review in 2015, TB nurses are now working extended hours, one week in the communities and one week off. This approach has increased time in the communities but additional support and coordination are required to run smoothly.

In 2016, there were 31 cases of suspected or confirmed active TB across NITHA communities (Figure 5). This is similar to the previous year and it is in line with the five-year average of 30 cases. Of these reported cases, 19 or 62% of them were in four communities designated as "high incidence."

The age and sex distribution of Active and Suspected TB cases in 2016 is highlighted in Figure 6.

In 2016, the highest number of cases were in the age groups of 15-24 years and 25-34 years.

Sheila Hourigan
TB Advisor

Figure 7 show- that all cases in 2016 were in ten NITHA communities. Community G, a designated high incidence community, had the greatest proportion of TB cases at 35%.

Figure 8 shows that in 2016, 45.2% (n=14) of cases were smear positive at the time of diagnosis. This indicates more advanced disease and greater transmissibility at the time of diagnosis. Of the 14 cases, 9 or 64% were over the age of 40. The higher rate of smear positive disease in this older group might be attributed to higher incidence of other health risks, which can lead to a delay in diagnosis.

The most common risk factor for active TB cases between 2008 and 2016 was contact with a case, followed by alcohol consumption and smoking. Younger age groups are more likely to acquire TB through contact with a case while older adults are more likely to have smoking, alcohol use and diabetes as risk factors. Determination of common risk factors

Eileen Oliveri
TB Nurse

Barb George
TB Nurse

Shirley Nelson
TB Nurse

Cindy Sewap
Program Admin Assistant

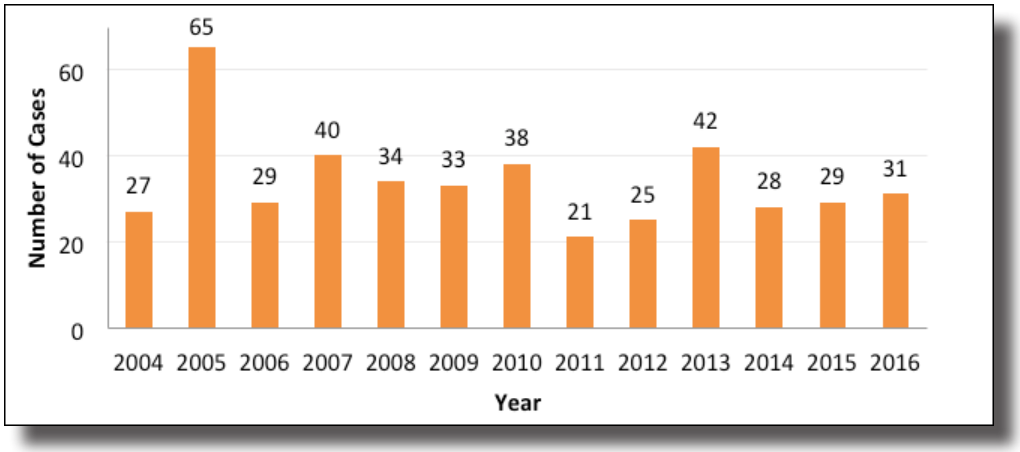


Figure 5: Number of Active TB Cases by years, NITHA, 2004-2016

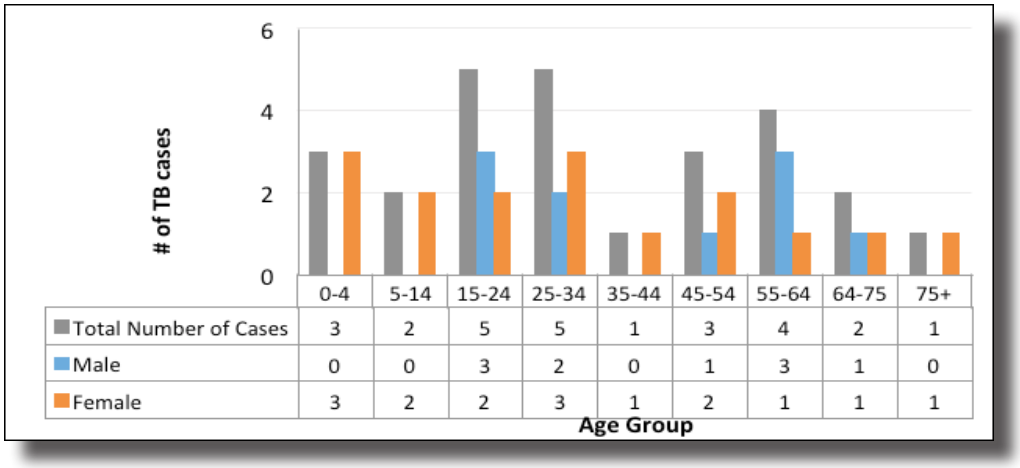


Figure 6: Number of TB cases by age group and gender, NITHA, 2016

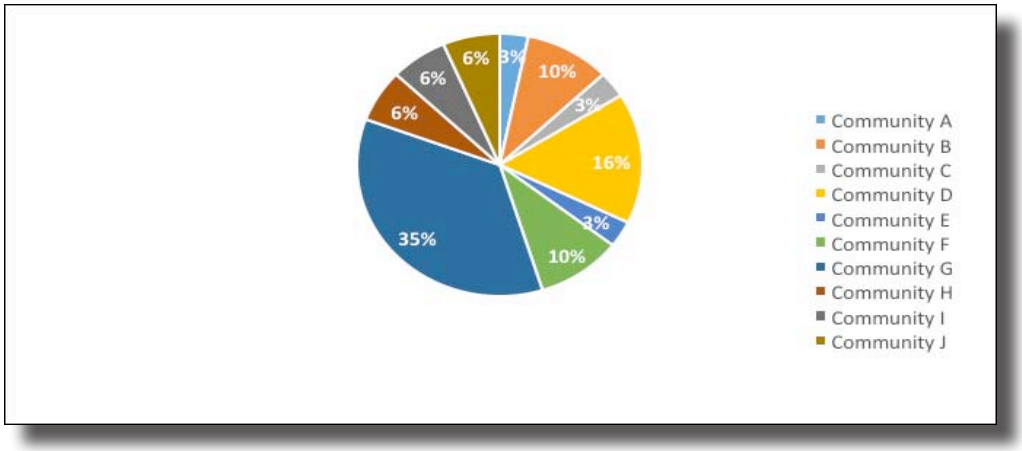


Figure 7: Distribution of TB Cases by community, NITHA, 2016

among TB patients is important as it can help health care providers target screening and direct preventative therapy efforts. Efforts to ensure all those contacts who are exposed to TB and who may benefit from preventative treatment are intensive; however, many exposed individuals do not follow through with requests for follow-up. Some of these individuals end up acquiring TB and spreading it to their family and community members.

Accomplishments

The TB program provided orientation to 18 nurses at the community level and through occupational skills training. Community health nurses also recieve consultative support in the areas of case management, contact investigation, screening and prevention programs.

During the fiscal year, 10 new TB program workers were trained and 3 workers received updates or additional orientation at the community level. In addition, 19 workers attended the annual TB Worker Continuing Education workshop in Saskatoon. TB workers are the cornerstone of the TB program in NITHA First Nations as they provide directly observed therapy to TB clients with active disease and those taking preventative therapy.

In the area of Contact Investigation, ongoing and intensive support was provided to communities as contact tracing is the most valuable means of interrupting the cycle of transmission and of detecting cases early. In 2016, 22 Contact investigations were conducted in NITHA partner communities including assessment of 450 contacts.

In the Childhood Screening Program, assistance was provided to all communities with a three-year average annual incidence of Smear Positive TB greater than 15 cases per 100 000 population. The TB screening program was conducted for children two years of age and at school entry. In total, 448 children were screened, representing a coverage rate of 78%.

In the area of Community Awareness, a campaign was held for both high and low incidence communities on TB and its risk factors. A poster campaign using infographics highlighted important information about each risk factor, which is related to TB such as diabetes, smoking, HIV, alcohol, cancers, and age. These posters were also posted on the NITHA Facebook page and community members were encouraged to share knowledge, ask questions and discuss

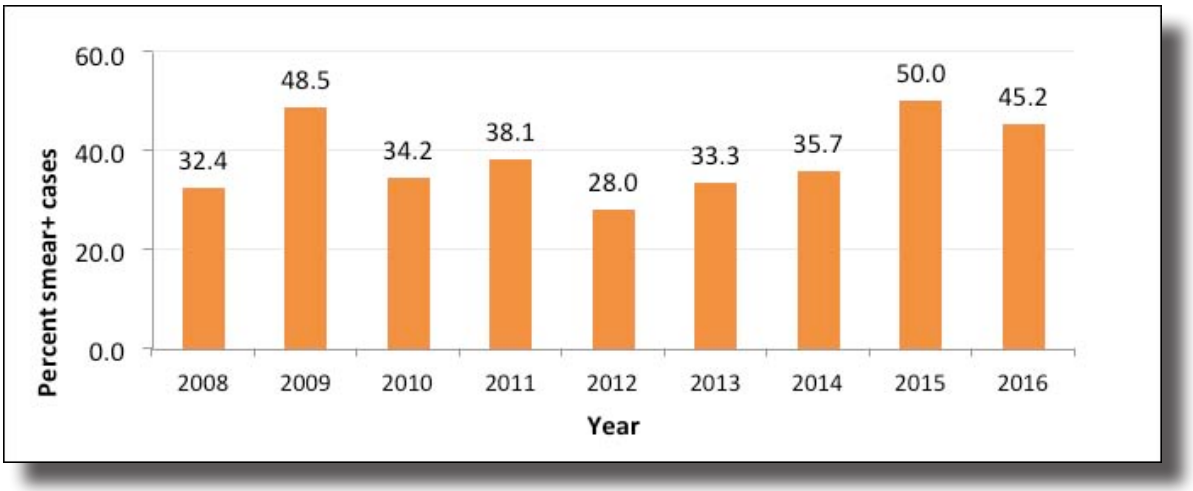


Figure 8: Percentage of smear positive TB cases by year, NITHA, 2008-2016

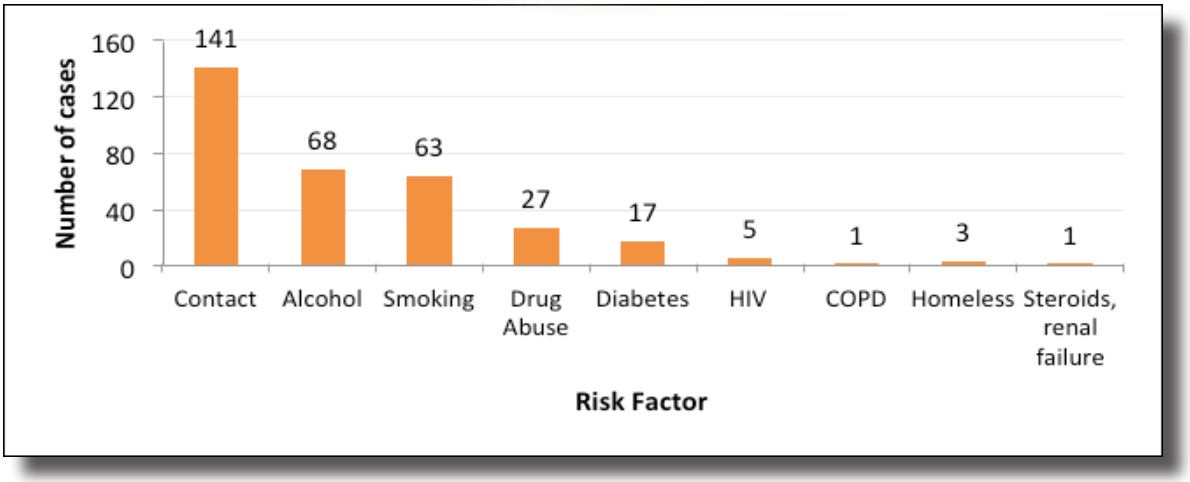


Figure 9: Number of TB cases by risk factors, NITHA, 2008-2016

their experiences with TB. There were opportunities for participants to win prizes, which resulted in 500 posts by community members.

As part of the High Incidence Strategy, four NITHA partner communities have been pilot sites for implementing the Strategy for the Management of Tuberculosis in High Incidence Communities. A major focus was on evaluating the strategy that has been ongoing since 2013.

In the area of Outbreak Management, the outbreak that began in one community in July 2014 has waned. However, a neighbouring community is having an increased number of cases, and we are awaiting DNA strain fingerprinting of the organism to determine if it is that same strain in the outbreak community.

The community with the highest number of cases, had multiple strains and only two cases that had evidence of transmission. The remainder of the cases appear to be reactivation TB, which is a form of TB that occurs several to many years after a person is initially infected. It is usually common in middle age to older adults with risk factors such as diabetes.

There was another high incidence community with three cases in 2016. They were all linked to one smear positive adult TB case. Efforts in that community have been ramped up in order to stop transmission.

Challenges

In general, cases are occurring in adults with risk factors such as diabetes and alcohol abuse. Another challenge is that not all those exposed to TB are taking the opportunity to be assessed by the TB physician in order to initiate preventative treatment with some of these individuals developing active TB. In addition, delays in diagnosis have contributed to significant transmission to vulnerable individuals.

Priorities for the Next Year and the Future

Over the next year, Contact Tracing will remain a top priority for the program as it is the most important means to finding and preventing TB. The staff will continue to provide ongoing support of high incidence strategies and outbreak management. In addition, there will be an increased focus on awareness of all communities about high risk groups for progression from latent TB infection to active TB disease, especially contacts, Elders, diabetics and people who abuse alcohol. Finally, we will examine the potential of extending surveillance and screening programs to high risk adults as a means to detect reactivation TB earlier.

Communicable Disease Control

Program Overview

Communicable Disease Control (CDC) Nurse supports the NITHA Partners through timely reporting of Communicable Diseases (CDs) and provides direct support to front-line health workers. Surveillance is an important aspect in CD prevention and control through data collection, analysis, interpretation and summary reports that facilitate timely public health action for illness prevention. CDC surveillance is a top priority. The CDC Nurse responds to queries and provides appropriate recommendation upon request in consultation with the Medical Health Officer.

Statistics on Sexually Transmitted and Blood Borne Infections (STBBIs)

The CDC Nurse covers the following STBBIs: Chlamydia, Gonorrhoea, Syphilis, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B and Hepatitis C. He also reports other communicable diseases including Community-Acquired Methicillin Resistant Staphylococcus Aureus (CMRSA), and Vaccine Preventable and Direct Respiratory Route Infections.

James Piad
Communicable Disease Control Nurse

Chlamydia and Gonorrhoea: STIs continue to be a concern in NITHA communities with Chlamydia and Gonorrhea among the most commonly reported CDs. Cases continue to be consistently high with fluctuations noted every year (See Figure 10). However, these numbers do not reflect the true transmission occurring in the communities because clients may choose to get tested and treated at off-reserve

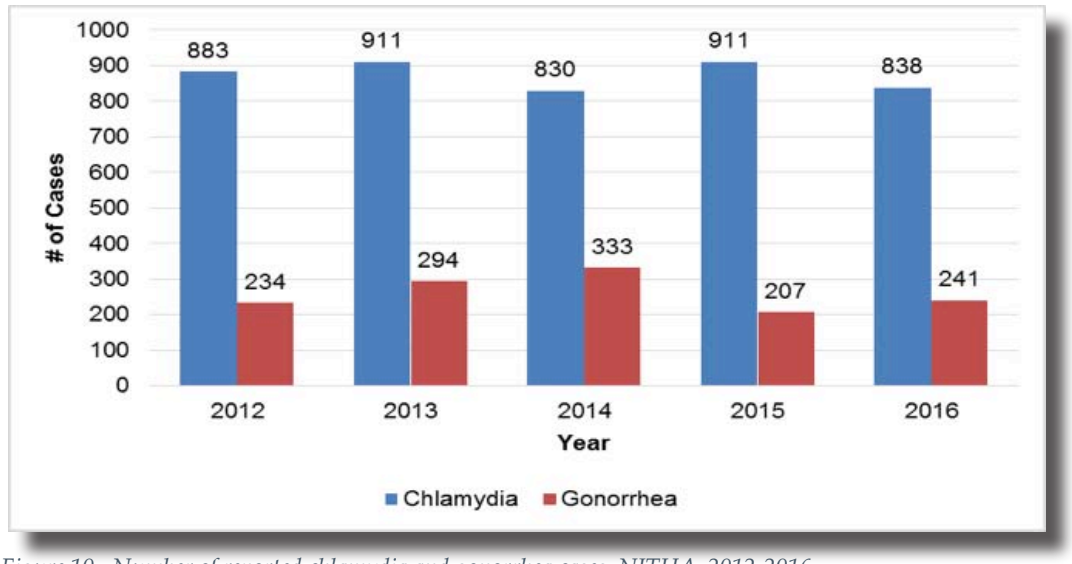


Figure 10. Number of reported chlamydia and gonorrhea cases, NITHA, 2012-2016

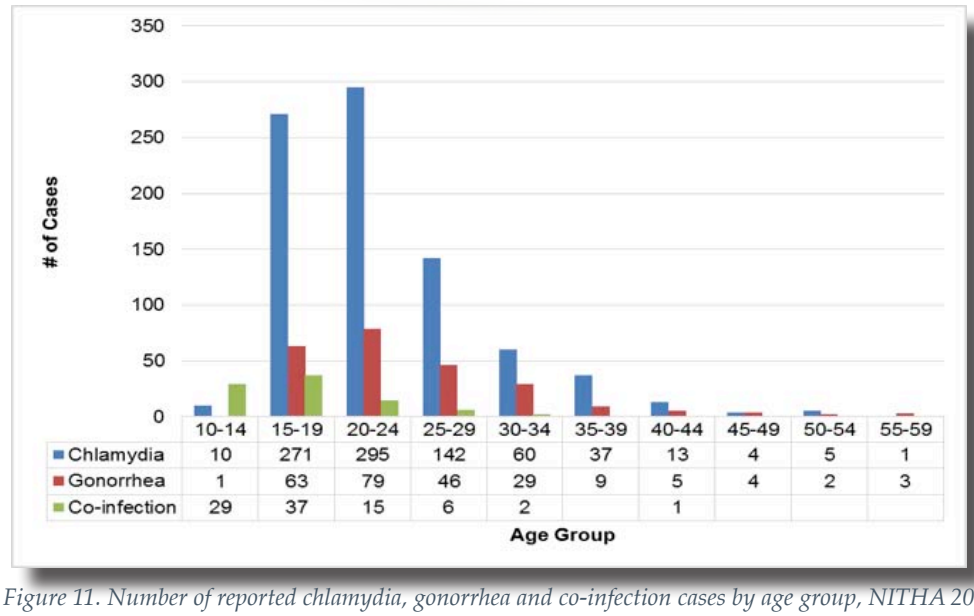


Figure 11. Number of reported chlamydia, gonorrhea and co-infection cases by age group, NITHA 2016

clinics on their own so as to avoid being identified. As a result, their cases are counted in the jurisdiction where they accessed STI services. In total, there were 838 cases of Chlamydia and 241 cases of Gonorrhea. Of those cases, 90 were co-infected with both STIs. Most STIs cases were reported among the younger age groups. (See Figure 11).

Syphilis: Syphilis is an STI, which is not as common as Chlamydia or Gonorrhea; however, it can lead to fatal complications. It is highly preventable and curable. One new case was reported in 2016 (See Figure 12).

HIV / AIDS: In 2016, there were nine HIV cases and no AIDS reported by NITHA in 2016 (See Figure 12). This is 31% lower than the previous year. The most common risk factor identified in the partnerships for HIV transmission is the sharing of needles during injection drug use. The second risk factor is heterosexual sex. NITHA Public Health Unit continues to emphasize the importance of HIV testing for early diagnosis and treatment for individuals who are at higher risk of contracting HIV. It can also reduce the risk of transmitting HIV to others and allow infected individuals to live a normal life.

Hepatitis B & C: Hepatitis B & C are chronic infections of the liver caused by Hepatitis B and C viruses, respectively. There were 35 new cases of Hepatitis C in 2016 compared to 46 in the previous year, representing a decrease of 24% (See Figure 12). In total, 29% of the cases were in the 25- to 29-year-old age group. Injection drug use through sharing of needles is the main risk of getting Hepatitis C. There were no cases of Hepatitis B reported in 2016.

CMRSA: Community-acquired Methicillin Resistant Staphylococcus Aureus (MRSA) is an infection caused by a germ resistant to methicillin, a penicillin-related antibiotic. In 2016, there were 325 new cases, representing a decrease of 22% from the previous year (See Figure 14). NITHA's PHU continues to promote preventative activities, such as frequent handwashing, daily personal hygiene, non-sharing of personal items and correct, and appropriate use of antibiotics.

Vaccine Preventable & Direct Respiratory Route Infections: Vaccine Preventable Infections refer to a group of infections that can be prevented through immunization. Direct Respiratory Route Infections on the other hand, are those

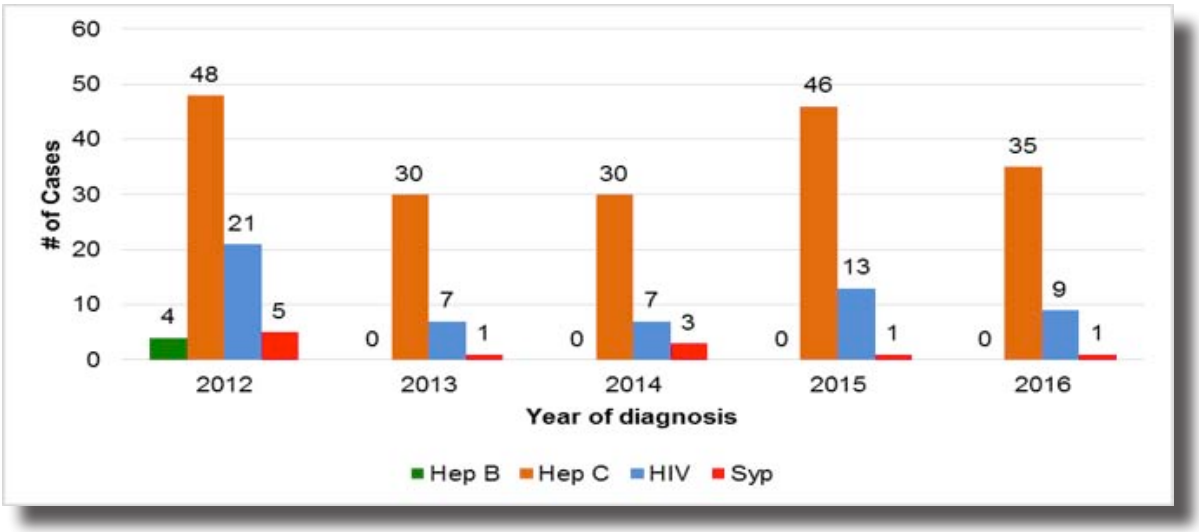


Figure 12. Number of newly diagnosed HIV, Hep B, Hep C and Syphilis, NITHA, 2012-2016

that are spread by direct contact with droplets of coughs or sneezes from an infected person, or indirectly through saliva or mucus on unwashed hands. Most of the Direct Respiratory Route Infections are also vaccine preventable.

Figure 15 shows the number of direct respiratory route and vaccine preventable CDs reported to NITHA in 2016.

They include Invasive Streptococcal Pneumonia, Invasive Group-a Streptococcal infection (iGAS), Pertussis, Chickenpox, Mumps and Influenza (or Flu). Except for iGAS, these infections can be prevented through immunization. NITHA's PHU emphasizes the importance of immunization. Good personal hygiene such as frequent handwashing and sanitation are also encouraged for disease prevention.

In addition,Influenza is a seasonal viral infection that usually occurs during the winter months. The type of virus that causes it varies every year. In 2016, there were 131 reported cases. The predominant type was Influenza Type A (H1N1) pdm09. In 2015, there were 129 cases. Flu immunization is provided every year, usually beginning in October.

Accomplishments

Over the past fiscal year, the CDC Nurse has continued work with Partners to trace cases of CDs and contacts for testing and treatment. Engagements with Elders have continued in awareness activities -- their words and wisdom continue to be integrated into the communicable disease program.

Awareness campaigns can empower individuals by correcting misconceptions and myths, clearing doubts and increasing knowledge, which could led to better behaviours and practices in relation to CDs. Partnerships with other agencies have been created to access CD resources, such as pamphlets and posters. In outbreak situations, NITHA has provided technical support to the affected communities.

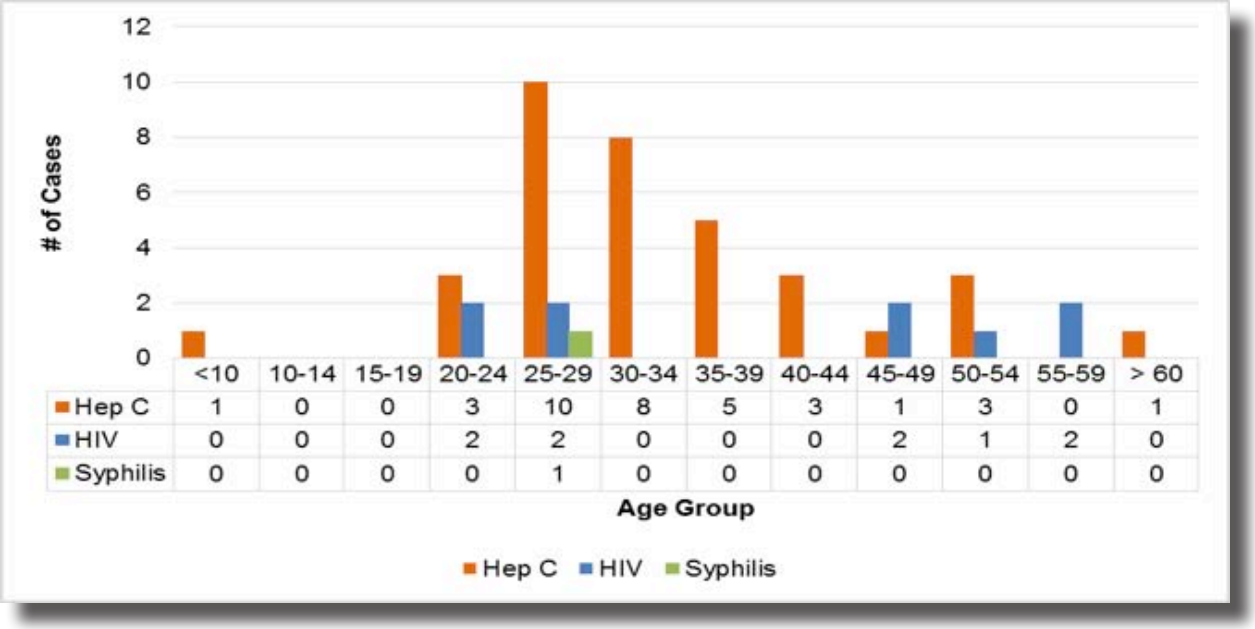


Figure 13. Comparison of Hep C, HIV and Syphilis cases by age group, NITHA, 2016

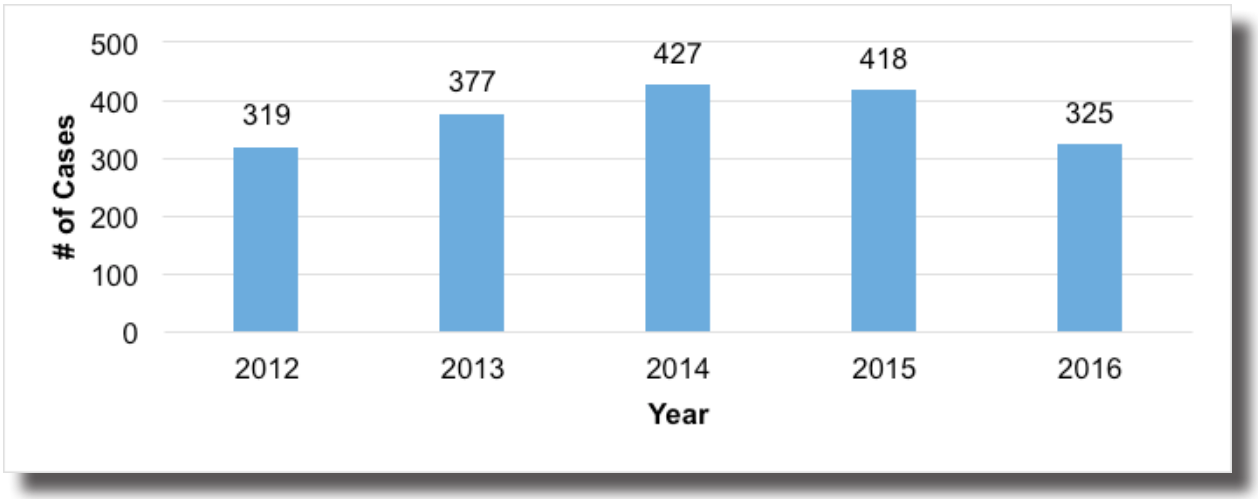


Figure 14. Number of new reported MRSA cases by year, NITHA, 2012-2016

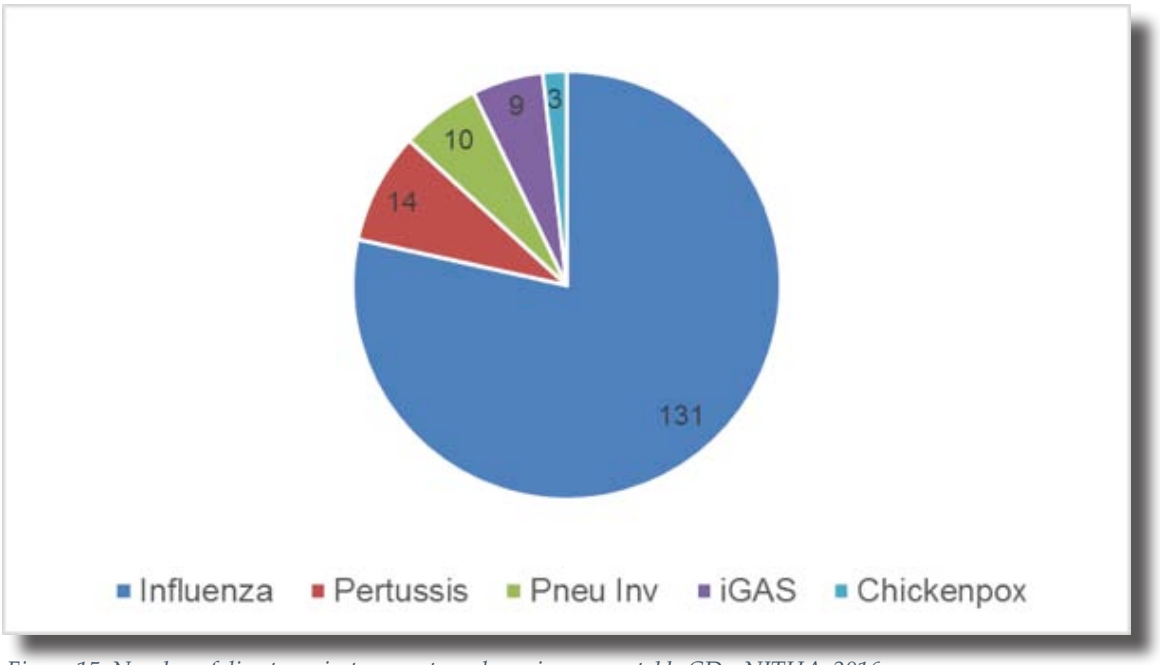


Figure 15. Number of direct respiratory route and vaccine preventable CDs, NITHA, 2016

Challenges

Some of the challenges include the shortage of nurses and health care staff. As a result, work is affected in the follow-up of patients and contacts. In addition, health education is taught best by nurses at an individual and family level. Another issue is insufficient details about cases and their contacts for investigation. In prevention and control efforts, it is necessary to treat or test individuals; however, the contact's information contains insufficient details for identification and notification.

Privacy and confidentiality while identifying and notifying a case or a contact requires a degree of caution so that confidentiality and privacy is not breached. NITHA continues to promote client confidentiality and privacy at all levels.

Priorities for Next Year and the Future

Over the next year, the CDC Nurse will continue to maintain high quality surveillance data and provide promotional campaigns to sustain awareness of communicable diseases at the community level, especially in the area of prevention and control. In addition, the CDC Nurse will continue to engage with Elders and youth in the awareness campaigns, and provide support to community-based awareness campaigns. The CDC Nurse will also continue to establish new relationships and strengthen existing ones with the key stakeholders.

Infection Control

Program Overview

The Infection Prevention and Control (IPC) aims to improve knowledge through the development of policies, procedures, guidelines, protocols, and standards. The IPC Advisor supports infection prevention and control activities across the NITHA Partnership.

Successes

Over the past year, IPC successfully completed a number of activities, including updating and printing 20,000 copies of the Infection Control Guidelines, which were distributed to households, clinics, band offices and public places within the Partner communities. FNHIB also received copies, which were distributed to First Nations in the south-central region of the province. The documents is available as an online resources on the NITHA website.

IPC continued to share information with NITHA Partners. As a result of the strong collaboration between both groups, there are more members on the IPC Working Group. The IPC Advisor has also been instrumental in providing evidence-based infection control recommendations related to the construction of new PAGC facilities on Peter Ballantyne Cree Nation. In addition, support was provided to MLTC in their preparation for accreditation.

The IPC Advisor also provided infection control support and education during community visits to Southend, Waterhen, Flying Dust, Little Red River, Shoal Lake, Red Earth, and Deschambault Lake. During each visit, an environmental assessment was conducted at each of the health facility. A presentation was also given on specific infection prevention and control topics specific to the needs of each community.

Adeshola Abati
Infection Control Advisor

The IPC also provided information on best practices as well as feedback on the environmental assessments. During this time, information was also provided on Hand Hygiene, Methicillin-Resistant Staphylococcus Aureus (MRSA) infection, Vancomycin-Resistant Enterococci (VRE) infection and environmental cleaning. In addition, the IPC Advisor continued to create awareness and encourage NITHA partner staff to complete the online IPC module.

A two-day Janitorial Environmental Cleaning Workshop was also held to train janitors on how to reduce the spread of infections. It featured an interactive presentation by the NITHA Environmental Health Advisor and Infection Control Advisor. Twenty-six participants who attended from each of the Partner communities recieved a certificate of participation.

Challenges

Identification of training needs is a challenge due to lack of infection control personnel. Similarly, lack of access to facilities with Internet access also poses a challenge when the training is based on an online IPC module.

Priorities for Next Year and the Future

Over the next year and into the future, the IPC Advisor will continue to support its Partners by providing recommendations on best practices in infection prevention and control. NITHA's Infection Control Manual will also be updated and made accessible to the Partners, which will be available in both hard and electronic copy. In addition, more culturally appropriate infection prevention and control resources will be developed.

Environmental Health

Program Overview

Environmental Health covers the areas of drinking water, food safety, health and housing, waste water, pest control, environmental complaints, solid waste disposal, and facility inspections. It also covers communicable disease control, emergency preparedness and response, environmental contaminants, research, and risk assessment.

The Environmental Health Advisor (EHA) supports the Environmental Health Officers (EHOs) and Community Health Nurses (CHNs) within the NITHA Partnership by providing technical advice on protecting and preventing the potential spread of Communicable Diseases (CD) and/or environmental public health risks within NITHA communities.

Accomplishments

During the 2016-2017 year, the EHA maintained relationships with its stakeholders by attending monthly meetings with the Provincial Public Health Inspector Managers, as well as meetings with the FSIN Environmental Health Working Group and FNIHB EHOs.

Treena Cottingham
Environmental Health Advisor

As a result of meetings with the Public Health Inspectors from the Prince Albert Parkland Health Region and PAGC EHOs, a practicum placement was developed for a First Nations student in Public Health Inspector/Environmental Health Officer program.

Some of the progress made in Environmental Health include updates to the Infection Control Guidelines, a Janitorial Cleaning conference co-hosted with the Infection Control Advisor, development and printing of a series of Food Safety posters, completion of a CDC project on communicable diseases, as well as completion and implementation of a

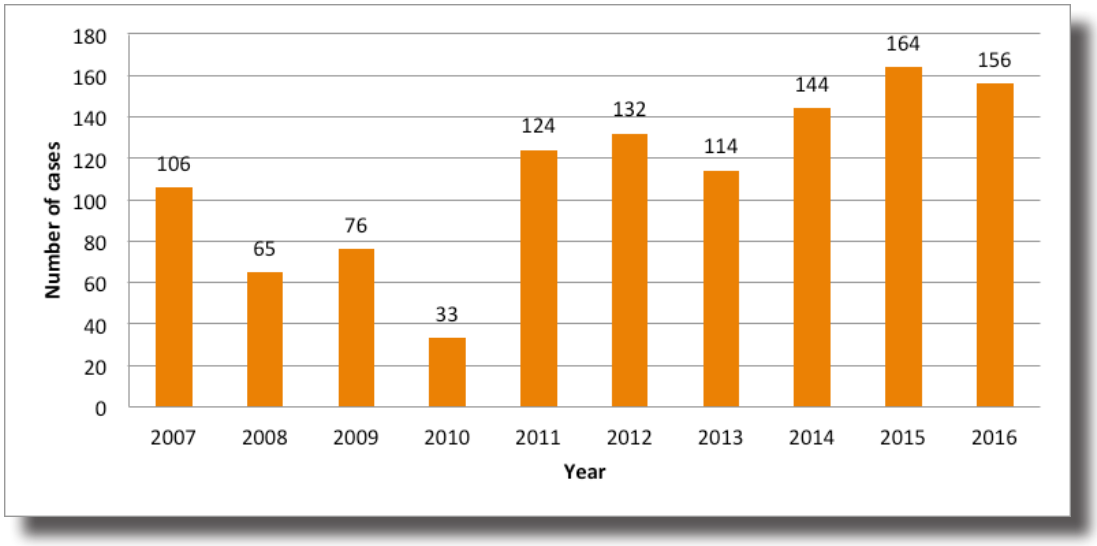


Figure 16: Reported cases of Animal bite by year, NITHA, 2007-2016

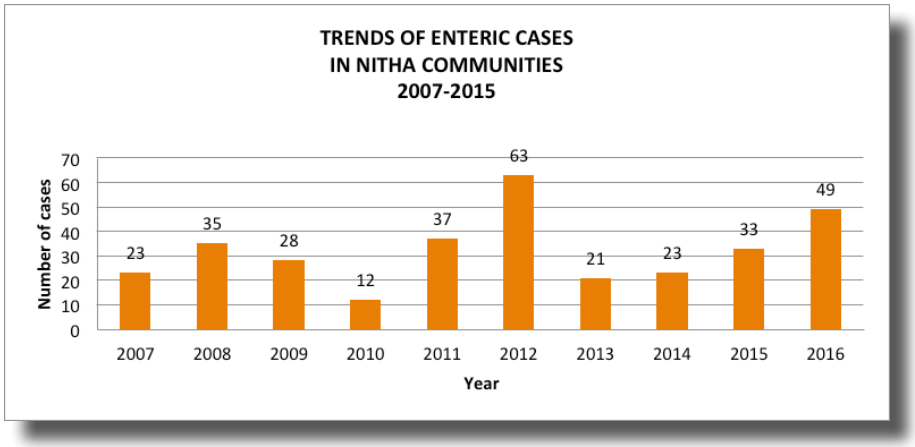


Figure 17: Reported cases of Enteric cases, NITHA, 2007 - 2015

policy on Game Meat in Care Facilities. Work also included the development of an Animal Carcass Submission work standard for Rabies Testing, and posters on Hantavirus and river water contamination.

In 2016, NITHA reported 156 animal bites. (See Figure 16). Of those bites, 96% were dog bites and 31% of bites involved children under 10 years old. Less than 2% of cases required Rabies vaccinations for post-exposure prophylaxis.

In 2016, there were a total of 49 cases of enteric disease. This was an increase of 48% from the previous year, which was attributed to an outbreak of Salmonella in one community.

Challenges

There continues to be challenges in receiving timely reporting of animal bites or enteric cases as a result of staffing, technology or routing of information concerns.

Priorities for Next Year and the Future

Over the next fiscal year, this program will focus on meeting provincial reporting requirements for enteric illness as well as developing a Transportation of Dangerous Goods Policy and Animal Carcass Sampling Kit, and continuing work on the Canine Action Project to bring spaying and neutering clinics to communities as well as pet ownership training. The EHO will also continue to support the work of the EHOs to develop a better data collection system.

Health Promotions

Program Overview

The Health Promotion program provides support to NITHA Partners in the area of health promotion by developing strategies and educating its Partners to deliver First Nation-based programs and services at the community level.

The Health Promotion Advisor (HPA) advises its Partners on health promotion theory and practices, and public health policy in relation to physical activity, balanced nutrition, obesity, mental health, smoking cessation, substance abuse, and chronic conditions.

Accomplishments

There were a number of accomplishments during 2016-2017.

The NITHA Health Promotion Working Group was revised to keep its Partners informed on different health promotion programs and initiatives. A NITHA Communications Committee led to the development of NITHA's social media sites, such as, Facebook and Instagram, as a strategy to keep the Partners informed of the changes in the communications landscape. Social media guidelines were drafted on how to professionally use social media in the workplace and as a health promotion and communication tool.

The first edition of the NITHA Health Express newsletter was launched to keep Partners informed of NITHA's various projects and events. The development of the new NITHA website is the result of NITHA's Website Development Committee.

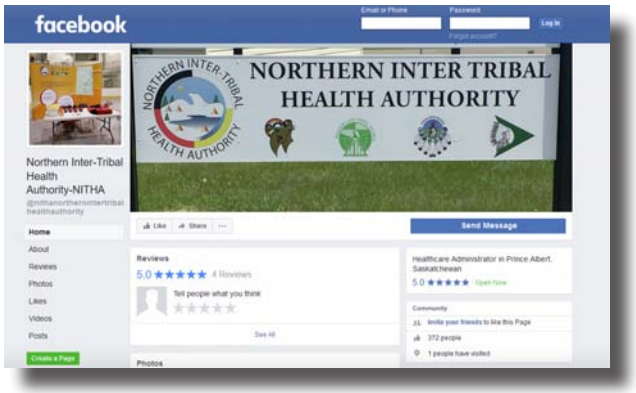
Kevin Mageto
Health Promotion Advisor

In addition, activities were coordinated through the Northern Healthy Communities Partnership (NHCP). It is comprised of Active Communities, Babies, Books, and Bonding, Building Vibrant Youth, Healthy Eating Team, and the Northern Tobacco Strategy. NHCP focusses on promoting health through increasing physical activity, healthy eating, youth health, child literacy, and commercial tobacco cessation.

The Provincial Population Health Promotion Practitioners held a number of health promotion and awareness activities to mark the first ever Saskatchewan Health Promotion Week. The HPA continued to participate in local, provincial and national

committees, such as, the Breast Feeding Committee of Saskatchewan, the Population Health Promotion Working Group, as well as, others in efforts to maintain communications and share new developments and initiatives with the Partners.

Workshops on building capacity in physical activity were held for CHRs at Partner communities. A series of First Nation-specific health promotion posters, pamphlets, and other health



promotion material for the Partnership were developed to address mental health, immunization, infection control and physical activity. In addition, an agreement was set up between NITHA and Goodlife Fitness to provide NITHA employees and Partners with options for discounted gym membership rates.

Challenges

Since HPA organizes a number of meetings, the greatest challenge is finding a suitable time for most members of their respective committees to meet. As a result, some issues or concerns may not be represented or addressed.

Health knowledge and literacy varies from community to community. As NITHA focusses on developing First Nation-specific material for the Partners, another challenge is making sure that all residents of all ages and literacy levels are able to understand the health promotion material provided to them.

Priorities for Next Year and the Future

Over the next year and into the future, HPA will be developing a NITHA-wide injury prevention strategy on bike safety, winter sport safety, all-terrain vehicle (ATV) safety and other safety areas as identified by the Partners.

Training manuals for injury prevention and physical activity will also be developed, along with training opportunities for the Partners. An evaluation template will be created to assess the efficiency of current health promotion programs and workshops as well as research into a NITHA youth strategy in health promotion, which can be linked with other NITHA programs such as mental health.

ADMINISTRATION UNIT

Program Overview

The Administration Unit is responsible for the overall ongoing operations of the organization. It is comprised of the Executive Director, Executive Assistant, Finance Manager, Human Resource Advisor, the Personnel and Finance Assistant, and the Receptionist Office Assistant.

Heather Bighead
Executive Assistant

The administration staff work as a team to provide the following:

- Keeping the leadership updated on the progress of programs and services that have been requested by the Partner;,
- Keeping accurate financial records and presenting quarterly financial statements to the leadership;
- Implementing financial decisions following established policies;
- Development and maintenance of financial and HR policies; and,
- Recruitment and retention in the North.

Glenna Thomas
Personnel/Finance Assistant

Deanne Janvier
Receptionist Office Assistant

Human Resources

Program Overview

Human Resources (HR) support the NITHA Partnership through the planning, implementation, and operation of HR programs through a collaborative approach. This includes, but is not limited to, consultation, advice, and the implementation of HR initiatives with its Partners. In general, Human Resource Management (HRM) is in place to maximize the performance of employees in aligning with NITHA's goals and objectives.

The HR Advisor deals with issues related to recruitment and retention, compensation, performance management, organizational development, occupational health and safety, employee wellness, employee benefits, and employee relations. The Advisor also works on communications, HR administration, and employee training and development. The Personnel Finance Assistant provides support to the HR Advisor.

Accomplishments

Over the year, the HR Working Group has regularly met to provide support to one another and discuss successes and challenges within their respective organizations. HR is reaching targeted applicants by posting job advertisements on our website and other places such as Nation Talk, which is an national, online Aboriginal network. The Partners also continued to participate in NITHA's resume-screening activities and interviews. This support has ensured that NITHA is selecting the right candidates to fill vacant positions. HR also provided support in various areas such as researching salary grids and/or drafting/editing job descriptions, as well as researching policies and providing policy templates upon request. In addition, HR Strategic Planning and Recruitment is reviewed as to whether filling a vacancy in the same manner is required.

Tara Campbell
Human Resource Advisor

At the beginning of the year, there were vacancies in the positions of TB Nurse, Nutritionist and Program Administrative Assistant. The HIV Strategy Coordinator was a new position, which added to our ever-growing team. As of March 31, 2017, there was one opening for an IT Help Desk Technician. For the total fiscal year, there were 120 applicants for the following eight positions:

In Employee Relations, staff continued to ensure that there was an adequate flow of information between employees and management on NITHA's goals and policies. Work was continued to

Position/Title	Date Filled
Finance Manager	Jun 2016
TB Nurse	Jun 2016
Infection Control Advisor	Jul 2016
Nutritionist	Jul 2016
HIV Strategy Coordinator	Feb 2017
Program Administrative Assistant	Feb 2017
Receptionist Office Assistant	Mar 2017
Manager of Public Health	Mar 2017

ensure compliance to employment legislation as stipulated under the Canada Labour Code, Human Rights legislation and Common Law. In the area of performance management, a process was put in place to set objectives, assess progress, and provide on-going coaching and feedback to ensure that employees are meeting both their objectives and career goals. The HR Advisor continued to provide support to the NITHA managers and employees in this area.

In addition, HR policies and procedures were reviewed, recommended, updated, and interpreted. In the area of improving employee wellness, advocacy on the importance of healthy and balanced work life continued to be a priority. Social activities were also held for staff, including the staff Christmas party, staff appreciation events, the staff retreat, and other special events. In efforts to promote NITHA, an information booth was set up at various nursing conferences and careers fairs, including a national event. The activities were designed to promote NITHA, as well as, to encourage First Nations to apply for the NITHA scholarship and encourage First Nations to pursue health careers such as nursing. At all six events, the information booth attracted about 1,400 visitors.

Challenges

Once again, the overall health industry experienced skill set shortages at NITHA and its Partners. The demand for skills in the health industry is yet to be met without competition between provinces, as well as, within provincial regional health authorities for these professionals.

Strategies in capacity development continue to be NITHA's long-term goal to build skills required for various health professions in northern Saskatchewan, which will prepare First Nations for employment at NITHA and its Partners. In response, HR will continue its work with the HR Working Group to identify the major issues within each organizations as a way to begin the process to address them.

Priorities for Next Year and the Future

Over the next year and into the near future, HR will focus on maintaining a full complement of staff for the continuity of business operations. It will also provide a review of the benefit plan to ensure it is current and competitive. Engagement with the HR Working Group will continue in our efforts to identify shared strategic HR goals, objectives and outstanding HR issues as well as recruitment and retention strategies. In addition, policies and procedures will be reviewed to ensure they are in compliance with legislation. Current Personnel Management Polices and the General Procedures Manuals will be revised, and NITHA and its Partners' services and job opportunities will continue to be promoted.

NITHA wishes to thank the following former employees of the organization for their contributions to the success of NITHA. We wish them all the best in their future endeavours:

Ivan Serunkuma - Infection Control Advisor, May 2016

Jacqueline Valois - Manager of Public Health, November 2016

Ali Mirzaei - IT Help Desk Technician, December 2016

Finance

Program Overview

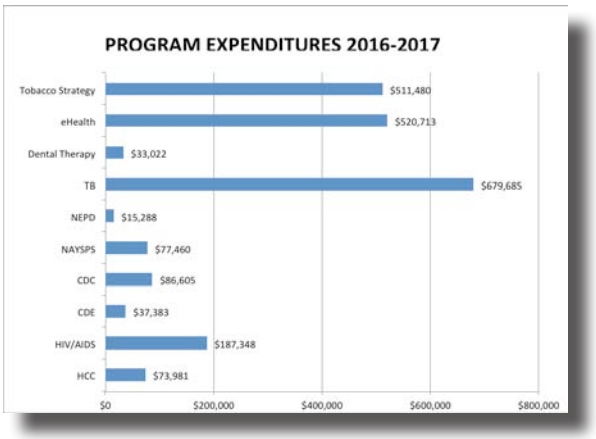
NITHA's Finance develops annual program budgets and provides monthly and annual financial reports, as well it ensures financial management is consistent with generally accepted accounting principles (GAAP) that meet audit standards.

In adherence to the Financial Management Policy and Procedures Manual, the Finance Manager is responsible for the development and maintenance of the financial management policy and procedures manual, and developing the appropriate administrative forms and approvals processes on all finance procedures.

Block Funding	$3,302,618
Flexible Funding	$340,000
Set Funding	$1,167,394
Total Transfer Funding	$4,810,012

NITHA operates under a consolidated agreement which contains block, set and flexible funding. This particular agreement is expected to expire March 31, 2019. On a quarterly basis the budgeted vs. actual expenditures by program area are presented to the Board of Chiefs for approval.

David Jorgensen
Finance Manager



2016-2017 Financial Statements

The 2016-2017 Audited Statements unveil the financial portrait of this past fiscal year's programs and services provided to the NITHA Partners and their communities.

Reports contained in the audited financial statements are as follows:

- **The Auditor's opinion on the fairness of the financial statements;**
- **Statement of Revenue, Expenditures and Fund Balances reflecting the combined revenue, expenditures and accumulated surplus;**
- **Statement of Financial Position (Balance Sheet);**
- **Statement of Cash Flows;**
- **Notes to the Financial Statements; and,**
- **A Detailed Schedule of Revenue and Expenditures by program.**

FINANCIAL REPORT

NORTHERN INTER-TRIBAL

HEALTH AUTHORITY INC.

FINANCIAL STATEMENTS

MARCH 31, 2017

Deloitte LLP
767, 801 15th Street East
Prince Albert, SK S6V 0C7
Canada

Tel: (306) 763-7411
Fax: (306) 763-0191
www.deloitte.ca

INDEPENDENT AUDITOR'S REPORT

TO THE BOARD OF DIRECTORS OF
NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.

We have audited the accompanying financial statements of Northern Inter-Tribal Health Authority Inc., which comprise the statement of financial position as at March 31, 2017 and the statements of revenue, expenditures and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Northern Inter-Tribal Health Authority Inc. as at March 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Deloitte LLP

Chartered Professional Accountants
Licensed Professional Accountants

June 22, 2017
Prince Albert, Saskatchewan

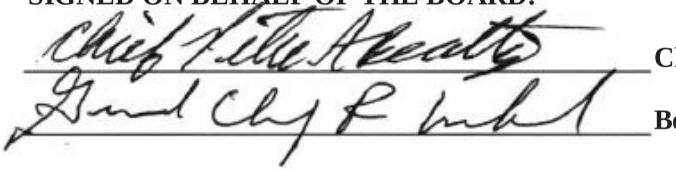
NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
STATEMENT OF REVENUE, EXPENDITURES AND CHANGE IN FUND BALANCES
year ended March 31, 2017

	Budget 2017	Operating Fund (Schedule 1)	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	**Total 2017**	Total 2016
REVENUE							
Health Canada	$ 4,425,623	$ 4,810,012	$ -	$ -	$ -	**$ 4,810,012**	$ 4,778,205
Northern Lights Community Development Corporation	-	33,690	-	-	-	**33,690**	-
Administration fees (Note 8)	135,377	188,251	-	-	-	**188,251**	199,351
Expense recoveries	3,000	240	-	-	-	**240**	-
Gain on sale of capital assets	-	-	-	-	29,500	**29,500**	1,160
Interest	-	-	-	24,544	-	**24,544**	28,766
Transfer from deferred revenue	199,266	227,665	-	-	-	**227,665**	65,737
Other Income	-	40,200	-	-	-	**40,200**	-
	4,763,266	5,300,058	-	24,544	29,500	**5,354,102**	5,073,219
EXPENDITURES							
Transfer programs and target programs	5,093,630	5,122,081	-	-	-	**5,122,081**	4,814,573
Expenses funded by appropriated surplus	-	-	772,437	40,500	-	**812,937**	908,311
Amortization of capital assets	-	-	-	-	146,752	**146,752**	125,785
	5,093,630	5,122,081	772,437	40,500	146,752	**6,081,770**	5,848,669
NET SURPLUS (DEFICIT)	$ (330,364)	$ 177,977	$ (772,437)	$ (15,956)	$ (117,252)	**$ (727,668)**	$ (775,450)
FUND BALANCES, BEGINNING OF YEAR		568,497	2,073,190	483,302	371,605	**3,496,594**	4,272,044
TRANSFER TO CAPITAL FUND		(195,388)	-	-	195,388	-	-
TRANSFER FROM APPROPIATED SURPLUS TO OPERATING FUND		23,554	(23,554)	-	-	-	-
TRANSFER TO APPROPRIATED SURPLUS		(70,095)	70,095	-	-	-	-
TRANSFER FROM SCHOLARSHIP FUND		-	250,000	(250,000)	-	-	-
FUND BALANCES, END OF YEAR		$ 504,545	$ 1,597,294	$ 217,346	$ 449,741	**$ 2,768,926**	$ 3,496,594

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
STATEMENT OF FINANCIAL POSITION
as at March 31, 2017

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	**Total 2017**	Total 2016
CURRENT ASSETS						
Cash and cash equivalents	$ 1,055,878	$ 1,597,294	$ 217,346	$ -	**$ 2,870,518**	$ 3,969,145
Accounts receivable	16,501	-	-	-	**16,501**	30,926
Prepaid expenses	13,543	-	-	-	**13,543**	12,423
	1,085,922	1,597,294	217,346	-	**2,900,562**	4,012,494
CAPITAL ASSETS (Note 4)	-	-	-	449,741	**449,741**	371,605
	$ 1,085,922	$ 1,597,294	$ 217,346	$ 449,741	**$ 3,350,303**	$ 4,384,099
CURRENT LIABILITIES						
Accounts payable and accrued charges	$ 556,969	$ -	$ -	$ -	**$ 556,969**	$ 635,432
Deferred revenue (Note 5)	24,408	-	-	-	**24,408**	252,073
	581,377	-	-	-	**581,377**	887,505
FUND BALANCES						
Unappropriated surplus	504,545	-	-	-	**504,545**	568,497
Appropriated surplus (Note 6)	-	1,597,294	-	-	**1,597,294**	2,073,190
Surplus appropriated for scholarships (Note 7)	-	-	217,346	-	**217,346**	483,302
Invested in capital assets	-	-	-	449,741	**449,741**	371,605
	504,545	1,597,294	217,346	449,741	**2,768,926**	3,496,594
	$ 1,085,922	$ 1,597,294	$ 217,346	$ 449,741	**$ 3,350,303**	$ 4,384,099

SIGNED ON BEHALF OF THE BOARD:



Chair

Board Member

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
STATEMENT OF CASH FLOWS
year ended March 31, 2017

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	**2017**	2016
CASH FLOWS FROM (USED IN) OPERATING ACTIVITIES						
Net surplus (deficit)	**$** 177,977	$ (772,437)	$ (15,956)	$ (117,252)	**$ (727,668)**	$ (775,450)
Adjust items not affecting cash						
Gain on sale of capital assets	-	-	-	(29,500)	**(29,500)**	(1,160)
Amortization of capital assets	-	-	-	146,752	**146,752**	125,785
	177,977	(772,437)	(15,956)	-	**(610,416)**	(650,825)
Changes in non-cash working capital						
Accounts receivable	14,425	-	-	-	**14,425**	1,441,036
Prepaid expenses	(1,120)	-	-	-	**(1,120)**	(3,832)
Accounts payable and accrued charges	(78,463)	-	-	-	**(78,463)**	15,729
Deferred revenue	(227,665)	-	-	-	**(227,665)**	(65,737)
	(114,846)	(772,437)	(15,956)	-	**(903,239)**	736,371
CASH FLOWS FROM (USED IN) INVESTING ACTIVITIES						
Purchase of capital assets	-	-	-	(224,888)	**(224,888)**	(136,006)
Proceeds from disposal of capital assets	-	-	-	29,500	**29,500**	1,160
	-	-	-	(195,388)	**(195,388)**	(134,846)
NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(114,846)	(772,437)	(15,956)	(195,388)	**(1,098,627)**	601,525
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,412,653	2,073,190	483,302	-	**3,969,145**	3,367,620
TRANSFER FROM OPERATING FUND TO CAPITAL FUND	(195,388)	-	-	195,388	-	-
TRANSFER FROM APPROPRIATED SURPLUS TO OPERATING	23,554	(23,554)	-		-	-
TRANSFER FROM OPERATING FUND TO APPROPRIATED SURPLUS	(70,095)	70,095	-	-	-	-
				-	-	-
TRANSFER FROM SCHOLARSHIP FUND TO APPROPRIATED SURPLUS	-	250,000	(250,000)	-	-	-
CASH AND CASH EQUIVALENTS, END OF YEAR	**$** 1,055,878	$ 1,597,294	$ 217,346	$ -	**$ 2,870,518**	$ 3,969,145
CASH AND CASH EQUIVALENTS CONSISTS OF:						
Cash					$ **1,141,564**	$ 2,250,938
Short-term investments					**1,728,954**	1,718,207
					$ **2,870,518**	$ 3,969,145

1. DESCRIPTION OF BUSINESS

Northern Inter-Tribal Health Authority Inc. (the "Authority") was incorporated under the Non-Profit Corporations Act of Saskatchewan on May 8, 1998. The Authority is responsible for administering health services and programs to its members.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations and reflect the following significant accounting policies:

Fund Accounting

The Authority uses fund accounting procedures which result in a self-balancing set of accounts for each fund established by legal, contractual or voluntary actions. The Authority maintains the following funds:

i) The Operating Fund accounts for the Authority's administrative and program delivery activities,

ii) The Appropriated Surplus Fund accounts for funds allocated by the Board of Directors to be used for a specific purpose in the future,

iii) The Surplus Appropriated for Scholarships Fund accounts for funds allocated by the Board of Directors to be used for payment of scholarships in the future, and

iv) The Capital Fund accounts for the capital assets of the Authority, together with related financing and amortization.

Cash and Cash Equivalents

Cash and cash equivalents consist of bank balances held with financial institutions and money market instruments.

Capital Assets

Capital assets purchased are recorded at cost. Amortization is recorded using the straight-line method over the estimated useful lives of the asset as follows:

Computers	3 years
Software	3 years
Equipment and furniture	5 years
Leasehold improvements	5 years
Vehicles	5 years

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Impairment of Capital Assets

When an item in capital assets no longer has any long-term service potential to the Authority, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of revenue, expenses and changes in fund balances. Write-downs are not reversed.

Accumulated Sick Leave Benefit Liability

The Authority provides sick leave benefits for employees that accumulate but do not vest. The Authority recognizes sick leave benefit liability and an expense in the period in which employees render services in return for the benefits. The value of the accumulated sick leave reflects the present value of the liability of future employees' earnings.

Revenue Recognition

The Authority follows the deferral method of accounting for contributions. Restricted grants are recognized as revenue in the year in which the related expenses are incurred. Unrestricted grants are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Financial Instruments

Cash and cash equivalents, accounts receivable and accounts payable and accrued charges are classified as amortized cost. The carrying value of these financial instruments approximates their fair value due to their short term nature.

Use of Estimates

The preparation of the financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations requires management to make estimates and assumptions that affect reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Key components of the financial statements requiring management to make estimates includes allowance for doubtful accounts, the useful lives of capital assets and accrual for accumulated sick leave. Actual results could differ from these estimates.

3. ECONOMIC DEPENDENCE

The Authority receives the major portion of its revenues pursuant to various funding agreements with the First Nations and Inuit Health Branch of Health Canada. The most significant agreement includes a 5-year health transfer agreement, which expires in March 31, 2019.

4. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net Book Value 2017	Net Book Value 2016
Computers	$ 988,214	$ 924,182	**$ 64,032**	$ 51,429
Software	92,999	87,272	**5,727**	14,033
Equipment and furniture	526,875	427,098	**99,777**	122,485
Leasehold improvements	176,812	90,275	**86,537**	107,200
Vehicles	243,835	50,167	**193,668**	76,458
	$ 2,028,735	$ 1,578,994	**$ 449,741**	$ 371,605

5. DEFERRED REVENUE

	2017	2016
Dental Therapy	**$ 3,912**	$ 3,244
Communicable Disease Emergencies	**-**	16,883
CDC - Immunization	**-**	16,010
NAYSPS	**9,653**	33,613
Tobacco Control Strategy	**10,843**	182,323
	$ 24,408	$ 252,073

6. APPROPRIATED SURPLUS

The Authority maintains an Appropriated Surplus Fund to fund program initiatives. Funds have been allocated within the Appropriated Surplus Fund for future expenditures as follows:

	2016 Opening Balance	Transfers	Inter project Transfers	Expenses	2017 Ending Balance
Capacity development iniatives	$ 84,899	$ -	9,771	$ 50,596	**$ 44,074**
Human resources initiatives	33,950	-	-	19,520	**14,430**
Nursing initiatives	46,170	-	-	5,377	**40,793**
Capital projects	407,919	(23,554)	(350,000)	2,394	**31,971**
E-Health solutions	-	62,095	400,000	311,978	**150,117**
Emergency preparedness	-	250,000	50,000	300,000	-
Home care, End of Life, Physical Assessment	29,816	-	(29,816)	-	-
Communicable Disease (including EBOLA & eLearning Module)	3,512	-	-	3,512	-
Strategic planning & long-term planning, and Future Deficits	1,466,924	8,000	(79,955)	79,060	**1,315,909**
	$ 2,073,190	$ 296,541	$ -	$ 772,437	**$ 1,597,294**

7. SURPLUS APPROPRIATED FOR SCHOLARSHIPS

The Board of Chiefs of the Authority established a policy that any interest earned by the Authority be appropriated to fund scholarships for students entering post-secondary education in a medical field.

Beginning Balance	Interest	Expenses	Transfer	**Ending Balance**
$ 483,302	$ 24,544	$ 40,500	$ (250,000)	**$ 217,346**

8. ADMINISTRATION FEES

The Authority charged the following administration fees to program activities based on funding agreements:

	Schedule	**2017**	**2016**
Community Services Unit	4	**$ 2,500**	$ -
Health Planning and Management	5	**-**	28,194
Home Care	6	**7,380**	14,758
Communicable Disease Emergencies	7	**3,290**	2,725
Communicable Disease Control	8	**8,221**	6,000
National Aboriginal Youth Suicide Prevention Strategy	9	**7,042**	3,000
Nursing Education	10	**1,500**	1,015
HIV Strategy	11	**30,283**	-
TB Initiative	12	**67,500**	56,000
Dental Therapy Program	13	**-**	3,814
E-Health Solutions	14	**39,284**	51,267
Panorama	15	**9,000**	21,342
Tobacco Control Strategy	16	**12,251**	11,236
		$ 188,251	$ 199,351

9. COMMITMENTS

The Authority occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with annual commitment of $148,967 which expires March 31, 2020.

10. RELATED PARTY TRANSACTIONS

The Authority works as a Third Level Structure in a partnership arrangement between the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band to support and enhance existing northern health service delivery in First Nations. The Authority made the following payments as it relates to administrative and program expenses:

	2017	2016
Prince Albert Grand Council	**$ 344,746**	$ 357,385
Meadow Lake Tribal Council	**$ 257,540**	$ 283,642
Peter Ballantyne Cree Nation	**$ 416,092**	$ 380,432
Lac La Ronge Indian Band	**$ 274,708**	$ 289,172

At March 31, 2017, there was $10,841 (2016- $19,689) of receivables and $12,717 (2016- $116,104) of payables with the Authority's partners listed above. These transactions were made in the normal course of business and have been recorded at the exchanged amounts.

11. FINANCIAL INSTRUMENTS

Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. 84% of the accounts receivable is due from Health Canada.

The credit risk on cash and cash equivalent is mitigated because the counterparties are chartered banks and other institutions with high-credit-ratings assigned by national credit-rating agencies.

Interest Rate Risk

Investments of excess cash funds are short-term and bear interest at fixed rates; therefore, cash flow exposure is not significant.

Liquidity Risk

Liquidity risk is the risk of being unable to meet cash requirements or fund obligations as they become due. The Authority manages its liquidity risk by constantly monitoring forecasted and actual cash flows and financial liability maturities, and by holding cash and assets that can be readily converted into cash. As at March 31, 2017, the most significant financial liabilities are accounts payable and accrued charges.

Schedule 1

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
SUMMARY OF OPERATING FUND REVENUE, EXPENDITURES AND SURPLUS FROM PROGRAMS PRIOR TO INTERFUND TRANSFERS
year ended March 31, 2017

	Schedule	Health Canada Funding	Other Revenue	Administration Fees (Note 8)	Transfer (To) From Deferred Revenue	Total Revenue	Expenditures	**Surplus (Deficit) 2017**	Surplus (Deficit) 2016
BLOCK FUNDING									
Public Health Unit	2	$ 949,246	$ -	$ -	$ -	$ 949,246	$ 912,849	**$ 36,397**	$ 62,993
Administration	3	1,079,872	-	188,251	-	1,268,123	1,201,058	**67,066**	246,044
Community Services Unit	4	732,859	40,440	-	-	773,299	785,901	**(12,602)**	199,072
Health Planning & Management	5	-	-	-	-	-	(692)	**692**	(291,237)
Home Care	6	73,809	-	-	-	73,809	73,981	**(172)**	(115)
Communicable Disease Emergencies	7	20,500	-	-	16,883	37,383	37,383	**-**	-
Communicable Disease Control	8	75,000	-	-	16,010	91,010	86,605	**4,405**	-
NAYSPS	9	53,500	-	-	23,960	77,460	77,460	**-**	-
Nursing Education	10	15,000	-	-	-	15,000	15,288	**(288)**	(257)
HIV	11	302,832	-	-	-	302,832	187,348	**115,484**	-
		3,302,618	40,440	188,251	56,853	3,588,162	3,377,180	**210,982**	216,500
SET FUNDING									
TB Initiative	12	675,000	-	-	-	675,000	679,685	**(4,685)**	(7,770)
Dental Therapy Program	13	-	33,690	-	(668)	33,022	33,022	**-**	-
E-Health Solutions	14	402,394	-	-	-	402,394	383,850	**18,544**	19,140
Panorama	15	90,000	-	-	-	90,000	136,863	**(46,863)**	850
		1,167,394	33,690	-	(668)	1,200,416	1,233,420	**(33,005)**	12,220
FLEXIBLE FUNDING									
Tobacco Control Strategy	16	340,000	-	-	171,480	511,480	511,480	**-**	-
TOTAL		$ 4,810,012	$ 74,130	$ 188,251	$ 227,665	$ 5,300,058	$ 5,122,081	**$ 177,977**	$ 228,720

Schedule 2

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
PUBLIC HEALTH UNIT
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 969,086**	**$ 949,246**	$ 871,888
Expense Recoveries	**1,000**	**-**	-
	970,086	**949,246**	871,888
EXPENDITURES			
Meetings and workshops	**7,500**	**3,736**	11,903
Personnel	**994,314**	**868,292**	760,719
Professional fees	**2,000**	**-**	-
Environmental Cleaning Workshop	**2,500**	**2,302**	1,797
Program materials & others	**42,500**	**17,686**	18,117
Travel and vehicle	**26,000**	**20,833**	16,359
	1,074,814	**912,849**	808,895
(DEFICIT) SURPLUS	**$ (104,728)**	**$ 36,397**	$ 62,993

Schedule 3

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
ADMINISTRATION
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 1,098,393**	**$ 1,079,872**	$ 1,139,891
General Project Cost Recoveries (Admin Fees)	**135,377**	**188,251**	199,351
Expense recoveries	**1,000**	**-**	-
	1,234,770	**1,268,123**	1,339,242
EXPENDITURES			
Bank Charges	**2,000**	**3,378**	2,441
Equipment lease and maintenance	**36,000**	**34,072**	33,342
Facility Costs	**219,323**	**202,653**	218,399
Meetings and workshops	**144,042**	**108,164**	88,036
Personnel	**713,693**	**718,039**	594,522
Professional fees	**69,342**	**66,076**	68,575
Telephone and supplies	**77,000**	**43,354**	66,313
Travel and vehicle	**20,000**	**25,321**	21,570
	1,281,400	**1,201,058**	1,093,198
(DEFICIT) SURPLUS	**(46,630)**	**67,066**	246,044
TRANSFER TO CAPITAL FUND	**-**	**(4,941)**	(2,265)
	$ (46,630)	**$ 62,125**	$ 243,779

Schedule 4

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
COMMUNITY SERVICES UNIT
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 719,998**	**$ 732,859**	$ 699,027
Other revenue	**-**	**40,200**	-
Expense Recoveries	**1,000**	**240**	-
	720,998	**773,299**	699,027
EXPENDITURES			
Administration fee	**-**	**2,500**	-
Meetings and workshops	**7,500**	**3,996**	4,097
Personnel	**638,873**	**584,425**	409,332
Professional fees	**12,000**	**13,000**	11,000
Program Costs	**135,000**	**171,166**	67,993
Program materials	**2,500**	**2,680**	1,487
Travel and vehicle	**11,500**	**8,134**	6,046
	807,373	**785,901**	499,955
(DEFICIT) SURPLUS	**$ (86,376)**	**$ (12,602)**	$ 199,072

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
HEALTH PLANNING AND MANAGEMENT
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	$ -	$ -	$ 17,183
	-	-	17,183
EXPENDITURES			
Administration fee	-	-	28,194
Meetings and workshops	-	-	266,076
Professional fees	-	-	14,150
Program costs	-	**(692)**	-
	-	**(692)**	308,420
SURPLUS (DEFICIT)	-	**692**	(291,237)
TRANSFER TO CAPITAL FUND	-	-	(17,183)
TRANSFER FROM APPROPRIATED SURPLUS	-	-	308,420
	$ -	$ **692**	$ -

Schedule 6

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
HOME CARE
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 73,809**	**$ 73,809**	$ 147,581
	73,809	**73,809**	147,581
EXPENDITURES			
Administration fee	**7,381**	**7,380**	14,758
Meetings and workshops	**1,500**	**1,010**	2,224
Personnel	**31,500**	**34,310**	31,500
Professional fees	**-**	**-**	20,000
Program costs	**30,428**	**28,210**	75,165
Travel and vehicle	**3,000**	**3,071**	4,049
	73,809	**73,981**	147,696
(DEFICIT)	**$ -**	**$ (172)**	$ (115)

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
COMMUNICABLE DISEASE EMERGENCIES
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 7,000**	**$ 20,500**	$ 27,250
Transfer from deferred revenue	**-**	**16,883**	-
Transfer to deferred revenue	**-**	**-**	(16,883)
	7,000	**37,383**	10,367
EXPENDITURES			
Administration fee	**700**	**3,290**	2,725
Personnel	**-**	**868**	-
Program costs	**-**	**27,225**	3,736
Mask Fit Testing	**6,300**	**6,000**	3,906
	7,000	**37,383**	10,367
SURPLUS	**$ -**	**$ -**	$ -

Schedule 8

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
CDC - IMMUNIZATION
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 60,000**	**$ 75,000**	$ 84,010
Transfer from deferred revenue	**-**	**16,010**	**-**
Transfer to deferred revenue	**-**	**-**	(16,010)
	60,000	**91,010**	68,000
EXPENDITURES			
Administration fee	**6,000**	**8,221**	6,000
Equipment lease and maintenance	**26,500**	**31,370**	15,107
Personnel	**15,000**	**25,659**	34,883
Program costs	**1,500**	**19,268**	8,000
Programs materials	**3,000**	**2,087**	4,010
	52,000	**86,605**	68,000
SURPLUS	**8,000**	**4,405**	**-**
TRANSFER TO CAPITAL FUND	**(8,000)**	**(4,405)**	**-**
	$ -	**$ -**	$ -

Schedule 9

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
NAYSPS
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 53,500**	**$ 53,500**	$ 53,500
Transfer from deferred revenue	**-**	**23,960**	-
Transfer to deferred revenue	**-**	**-**	(33,613)
	53,500	**77,460**	19,887
EXPENDITURES			
Administration fee	**5,350**	**7,042**	3,000
Program costs	**48,150**	**70,418**	16,887
	53,500	**77,460**	19,887
SURPLUS	**$ -**	**$ -**	$ -

Schedule 10

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
NURSING EDUCATION
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 15,000**	**$ 15,000**	$ 15,000
	15,000	**15,000**	15,000
EXPENDITURES			
Administration fee	**1,500**	**1,500**	1,015
Personnel	**12,600**	**13,788**	14,242
Program materials and supplies	**900**	**-**	-
	15,000	**15,288**	15,257
(DEFICIT)	**$ -**	**$ (288)**	$ (257)

Schedule 11

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
HIV STRATEGY
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	$ -	$ 302,832	$ -
	-	302,832	-
EXPENDITURES			
Administration fee	-	30,283	-
Personnel	-	7,040	-
Program costs		150,000	-
Travel and vehicle	-	25	-
	-	187,348	-
SURPLUS	$ -	$ 115,484	$ -

Schedule 12

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
TB INITIATIVE
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 560,000**	**$ 675,000**	$ 560,000
	560,000	**675,000**	560,000
EXPENDITURES			
Administration fee	**56,000**	**67,500**	56,000
Equipment lease and maintenance	**367**	**-**	454
Facility Costs	**11,616**	**12,452**	11,260
Personnel	**489,835**	**433,821**	395,103
Program costs	**14,500**	**105,864**	59,259
Incentives	**6,000**	**5,245**	5,569
Telephone and supplies	**5,500**	**9,068**	10,851
Travel and vehicle	**43,000**	**45,735**	29,274
	626,818	**679,685**	567,770
(DEFICIT)	**$ (66,818)**	**$ (4,685)**	$ (7,770)

Schedule 13

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
DENTAL THERAPY
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Northern Lights Community Development Corporation	**$ -**	**$ 33,690**	$ -
Transfer from deferred revenue - NLCDC	**6,724**	**-**	38,138
Transfer to deferred revenue - NLCDC	**-**	**(668)**	(3,244)
	6,724	**33,022**	34,894
EXPENDITURES			
Administration fee	**-**	**-**	3,814
Facility Costs	**32,537**	**33,022**	31,028
Meetings and workshops	**-**	**-**	52
	32,537	**33,022**	34,894
(DEFICIT)	**$ (25,813)**	**$ -**	$ -

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
E-HEALTH SOLUTIONS
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 398,837**	**$ 402,394**	$ 545,962
	398,837	**402,394**	545,962
EXPENDITURES			
Administration fee	**36,258**	**39,284**	51,267
Personnel	**-**	**-**	65,765
Program costs	**362,579**	**344,566**	409,790
	398,837	**383,850**	526,822
SURPLUS	**-**	**18,544**	19,140
TRANSFER TO CAPITAL FUND	**-**	**(18,544)**	(19,140)
SURPLUS (DEFICIT)	**$ -**	**$ -**	$ -

Schedule 15

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
PANORAMA
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 130,000**	**$ 90,000**	$ 210,982
	130,000	**90,000**	210,982
EXPENDITURES			
Administration fee	**13,000**	**9,000**	21,342
Meetings and workshops	**1,500**	**344**	570
Professional fees	-	-	6,786
Personnel	**110,980**	**53,950**	177,363
Program costs	-	**70,750**	1,641
Telephone and supplies	**1,020**	**36**	786
Travel and vehicle	**3,500**	**2,783**	1,644
	130,000	**136,863**	210,132
(DEFICIT) SURPLUS	**-**	**(46,863)**	850
TRANSFER TO CAPITAL FUND	**-**	**-**	(850)
SURPLUS (DEFICIT)	**$ -**	**$ (46,863)**	$ -

NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
TOBACCO CONTROL STRATEGY
SCHEDULE OF REVENUE AND EXPENDITIURES
year ended March 31, 2017

	Budget 2017	2017	2016
REVENUE			
Health Canada	**$ 340,000**	**$ 340,000**	$ 405,931
Transfer from deferred revenue	**192,541**	**171,480**	97,349
	532,541	**511,480**	503,280
EXPENDITURES			
Administration fee	**9,188**	**12,251**	11,236
Meetings and workshops	**1,500**	**13,511**	1,149
Personnel	**99,877**	**79,065**	78,484
Program costs	**391,477**	**376,831**	388,565
Materials and supplies	**20,000**	**28,832**	21,582
Proffesional fees	**9,000**	**1,711**	-
Travel and vehicle	**1,500**	**(721)**	2,264
	532,541	**511,480**	503,280
SURPLUS	**$ -**	**$ -**	$ -

NOTES

Mailing Address:

P.O. Box 787

Prince Albert, SK S6V 5S4

Physical Address:

Chief Joseph Custer I. R. #201

Peter Ballantyne Cree Nation Office Complex

Main Floor, 2300 10th Avenue West

Prince Albert, SK S6V 6Z1

Phone: (306) 953-5000

Fax: (306) 953-5010

www.nitha.com