

NORTHERN INTER-TRIBAL HEALTH AUTHORITY



2017/18 ANNUAL REPORT

"Building Partnerships"

“Coming together is a beginning;
keeping together is progress;
working together is success.”

- Edward Everett Hale.

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As the Board of Chiefs Chairperson representing the Partner, Meadow Lake Tribal Council, I am pleased to introduce to you the Northern Inter-Tribal Health Authority 2017/18 Annual Report. “Building Partnerships” is the title of this year’s report, and how fitting that it is as we approach NITHA’s 20th year in operation.

NITHA was founded on the Unanimous Membership Agreement, which was signed May 8, 1998 by: Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation and Lac La Ronge Indian Band. During the 2017/18 fiscal year, I have had the honor of working alongside the NITHA Board of Chiefs representatives.

Over the course of the year, NITHA Partners attended various forums in which Health Transformation was the topic of discussion. The NITHA Partnership has maintained their position with respect to the proposed devolution of programs and services, is to first focus on addressing longstanding funding inadequacies experienced throughout the Partnership.

In April 2017, NITHA welcomed the opportunity to present and meet directly with the Minister of Health, Honourable Jane Philpott. NITHA hosted the meeting in Prince Albert where she and fellow dignitaries attended. The presentation demonstrated impacts longstanding funding gaps have had on the health outcomes of the community members. Minister Philpott indicated the Prime Minister requested her to personally meet with First Nations. In doing so,

was asked to convey the message that the Government of Canada has a desire to renew their relationship with First Nations Peoples of Canada and are committed to reconciliation; the government recognizes the past ill-informed government policies that has resulted in inequities experienced today. While the Prime Minister’s message is encouraging, it is apparent there is still work to be done in solving this long-standing issue. NITHA will continue to advocate for increased and long term sustainable funding for the Partnership in the coming year.

With NITHA’s 20th year in operations fast approaching, it not only affirms the strength of the Partnership but also the continued belief the partners have in working collaboratively. The coming year will have NITHA working on the plan for the next five years with the consistent mandate of supporting the Partnership in improving health outcomes for their membership.

This year’s annual report is dedicated to the community members. The future of the communities and the membership are the reason we do what we do, for without them we would not exist.

Tiniki,

Eric Sylvestre,
Meadow Lake Tribal Council Tribal Chief
Board Chairperson
Northern Inter-Tribal Health Authority



This annual report represents the Northern Inter-tribal Health Authorities (NITHA) activities and results for the fiscal year ending March 31, 2018. It provides an overview of the accomplishments as well as a summary of the challenges and plans on how to build on past successes for the benefit of the Partnership over the next fiscal year.

This period represents my fifth year as the Executive Director and the fourth year of our existing five-year agreement due to expire on March 31, 2019. I am pleased that we have accomplished many of our objectives over the past four years and we continue to work on implementing the rest of our strategic priorities within our Operational Health Plan.

As you will find in this report, each of our programs aligns with the Seven Pillars that serves as a guide for our strategic priorities. As an organization, we look forward to the implementation of these plans while understanding that as the years move forward they may require adjustment.

As detailed on the following page, a Five Year Evaluation was completed by Williams Consulting, which resulted in 10 recommendations that were reviewed by NITHA's Board of Chiefs and Executive Council who approved its release. As part of the process to revise our strategic priorities, a Five Year Operational Plan is underway and will be completed and submitted to Indigenous Services Canada's First Nations Inuit Health Branch in October 2018.

Into the near future and over the next fiscal year, my top priorities are to continue developing a political advocacy strategy for transfer sustainability, a comprehensive analysis of the shortfalls in NIHB program, a Child and Youth Strategy, a Dental Therapy Training program for Saskatchewan, and a Traditional Medicine Strategy.

Respectfully,

Mary Carlson
Executive Director
Northern Inter-Tribal Health Authority



Mary Carlson, Hon. Jane Philpott and former Vice Chief Dwayne Lasas. Picture taken on April 19, 2017.

Recommendations from NITHA's Five-Year Evaluation

1. That NITHA be provided funding to continue operations at the current level and be supported in further growth and development.
2. That NITHA's vision, mission, principles and the Seven Strategic Pillars be reviewed at the next strategic planning session to develop a clear sense of NITHA's mandate.
3. That NITHA adapt the staff orientation program so that employees experience some first-hand knowledge in at least some Partner's communities to build relationships and improve cultural competency.
4. That a standardized template for the Terms of Reference for Working Groups and a Workplan to be developed to ensure consistent, meaningful and targeted outputs and that staff members who support working groups are trained on how to develop these templates with their working group members. Review the Terms of Reference to ensure there is no duplication.
5. That NITHA hire a Communication Specialist (Officer). This position would then immediately develop and implement a detailed communication plan addressing the numerous communication concerns and pathways highlighted in the report.
6. That NITHA employ a more highly specialized clinician (such as a Nurse Practitioner) that can take on a multi-faceted role including but not limited to advanced authorized practice to the additional enhanced positions recommended in this report.
7. Develop a resource database to provide Partners with a communicate on information available at NITHA and how to access them. In addition, this database can include templates for advertising, common training opportunities, policies such as nursing, mental health and addictions.
8. That NITHA review the suggestions for enhancements #4-8, specifically, a Cultural Awareness Advisor (enhance cultural foundation and cultural competency); advocacy for community level Emergency Coordinators, Dentist, Child and Youth Worker and a Maternal Child Health Worker.
9. That NITHA develop an improved data sharing protocol, with mutually acceptable time frames, and better data output for all NITHA communities.
10. That all health promotion material should be one pagers with pictures and easy for community members to understand. A protocol could be established whereby a Second Level Partner reviews prior to dissemination.

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 Partners formally joined together in 1998 to create NITHA to deliver a service known as “Third Level.”

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

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

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

SERVICES PROVIDED BY NITHA

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
 - Health Informatics
- Privacy Education
- Information Technology Support
- Nutrition
- Tobacco Control



Our Vision

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

Our 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.

Our 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

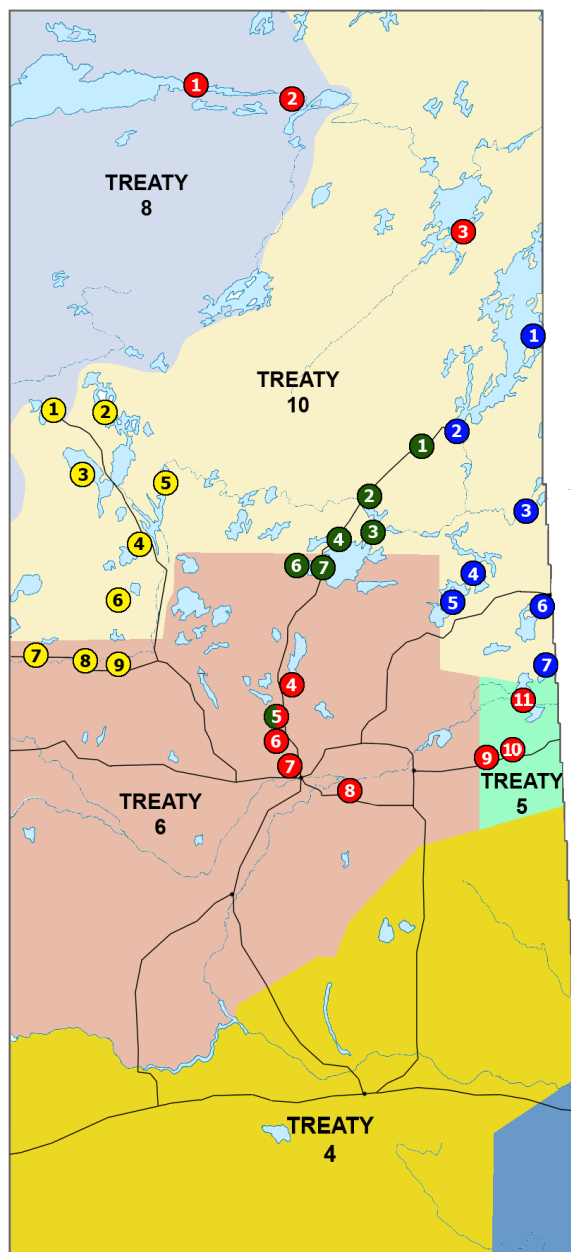


Peter Ballantyne Cree Nation
P.O. Box 339
2300-10th Avenue West
Prince Albert, SK S6V 5R7
Phone: (306) 953-4425



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

Map of 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 Sahgaiehan 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

Governance

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.

This year, our Elder representatives included Mike Daniels (PAGC); Vitaline Read (MLTC); John Cook (LLRIB); Marilyn Morin (PBCN); Gertie Montgrand (PBCN), Albert Fiddler (MLTC).

Board of Chiefs

The Board of Chiefs are responsible for directing and overseeing the affairs and operations of NITHA. In addition, they are involved in both strategic and operational planning for the organization and meet on a quarterly basis.

Executive Council

The Executive Council provides operational and strategic direction through recommendations to the Board of Chiefs on the design, implementation and monitoring of our third level services. They also provide direction to the Executive Director.

- 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.

Management Team

The NITHA management team prepares quarterly reports for the NITHA Executive Council, reporting on the progress of the organization according to the identified Strategic Priorities and based on the Seven Pillars.

Working Groups

NITHA receives information from the Partner communities through established working groups. These working groups provide a forum for a collective approach to discussion, sharing of information, strategizing and action planning. All communities are welcome to send members to each meeting which are hosted quarterly, two times a year face to face and two times via video conference. The requests from these working groups are forwarded to the NITHA Executive Council for consideration.

Elders



Elder Vitaline Read
Meadow Lake Tribal Council



Elder Albert Fiddler
Meadow Lake Tribal Council



Elder John Cook
Lac La Ronge Indian Band



Elder Mike Daniels
Prince Albert Grand Council



Elder Marilyn Morin
Peter Ballantyne Cree Nation



Elder Gertie Montgrand
Peter Ballantyne Cree Nation

Board of Chiefs



Tribal Chief Eric Sylvestre
Chairperson
BOC Member
Meadow Lake Tribal Council



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



Grand Chief Ron Michel (former)
BOC Member
Prince Albert Grand Council
(September 2017)



Grand Chief Brian Hardlotte
BOC Member
Prince Albert Grand Council
(October 2017)



Chief Peter A. Beatty
BOC Member
Peter Ballantyne Cree Nation

Alternates



Vice Chief Dwayne Lasas
BOC Alternate
Meadow Lake Tribal Council



Councillor Mike Bird
BOC Alternate
Lac La Ronge Indian Band

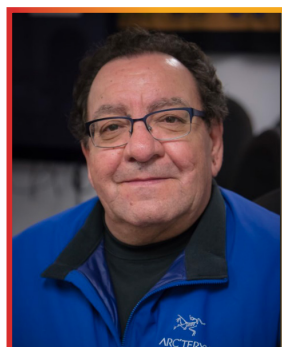


Vice Chief Christopher Jobb
BOC Alternate
Prince Albert Grand Council



Vice Chief Harold Linklater
BOC Alternate
Peter Ballantyne Cree Nation

Executive Council



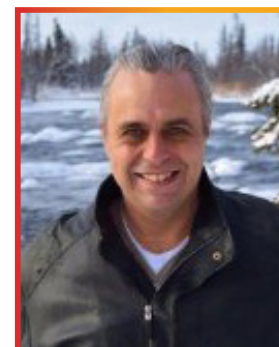
Al Ducharme
Health Director
Prince Albert Grand Council



Flora Fiddler
Health Director
Meadow Lake Tribal Council



Arnette Weber-Beeds
Health Director
Peter Ballantyne Cree Nation



Rick Kuzyk
Health Director (former - Oct 2017)
Lac La Ronge Indian Band



Lisa Mayotte
Lac La Ronge Indian Band
(Oct 2017)

Health Careers Scholarship Fund

The NITHA Health Careers Scholarship is awarded annually to students who are a band member of one of NITHA's Partners: PBCN, LLRIB or a band member of one of the first nations belonging to MLTC or PAGC, and who are pursuing a career in areas related to health.

To be eligible for the scholarship, applicants must be enrolled as a full-time student in a post-secondary health-related program of study such as, but not limited to: Nursing, dentistry, pharmacy, lab technology, physiotherapy, dietetics, nutrition, medicine, and health administration or public health policy. The program they are enrolled in must be a minimum of two (2) academic years in length. The amount of the scholarship awarded is \$3,000.00. The deadline for applications for the NITHA Health Careers Scholarship is September 30 of every calendar year.

In October 2017, 23 applicants were identified as the successful recipients. Congratulations and all the best to each recipient as they continue to move forward in achieving their goals.

Once again, congratulations to the 2017 scholarship recipients.



Amy Ballantyne
PBCN - Deschambault Lake
Program: Massage Therapy



Jesse J Ballantyne PBCN
- Pelican Narrows
Program: BSc Nursing



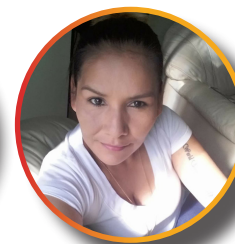
Shannon Bear
PBCN - Deschambault Lake
Program: BSc Nursing



Katherine Burns
PAGC - Sturgeon Lake
Program: BSc Nursing



Harriet Cook
LLRIB - La Ronge
Program: BSc Nursing



Myrna Durocher
MLTC - Canoe Lake
Program: Mental Health
& Wellness Diploma



Mary Gardiner
MLTC - Canoe Lake
Program: BSc Nursing



Laura Hrdlicka
PAGC - Fond du Lac
Program: BSc Nursing



Chantel Keshane
MLTC - English River
Program: Mental Health
& Wellness Diploma



Phillip Thomas McLeod
LLRIB - Stanley Mission
Program: Mental Health
& Wellness Diploma



Rachel Merasty
PBCN - Pelican Narrows
Program: BSc Nursing



Rhianna Mirasty
MLTC - Flying Dust
Program: BISW



Cora Mirasty
LLRIB - Little Red River
Program: Doctor of
Medicine



Susan Moosewaypayo
LLRIB - La Ronge
Program: BSc Nursing



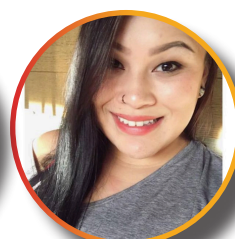
Gaylynn Ray
PBCN - Sandy Bay
Program: BSc Nursing



Britanni - Anne Roberts
PAGC - Sturgeon Lake
Program: BSc Nursing



Brandon Roy
MLTC - English River
Program: Mental
Health & Wellness
Diploma



Mary Roy
MLTC - Clearwater River
Program: BSc Nursing



Christina Sanderson
LLRIB - La Ronge
Program: BSc Nursing



Roseanne Sanderson
LLRIB - La Ronge
Program: LPN



Vanessa Searson
LLRIB - La Ronge
Program: BSc Nursing

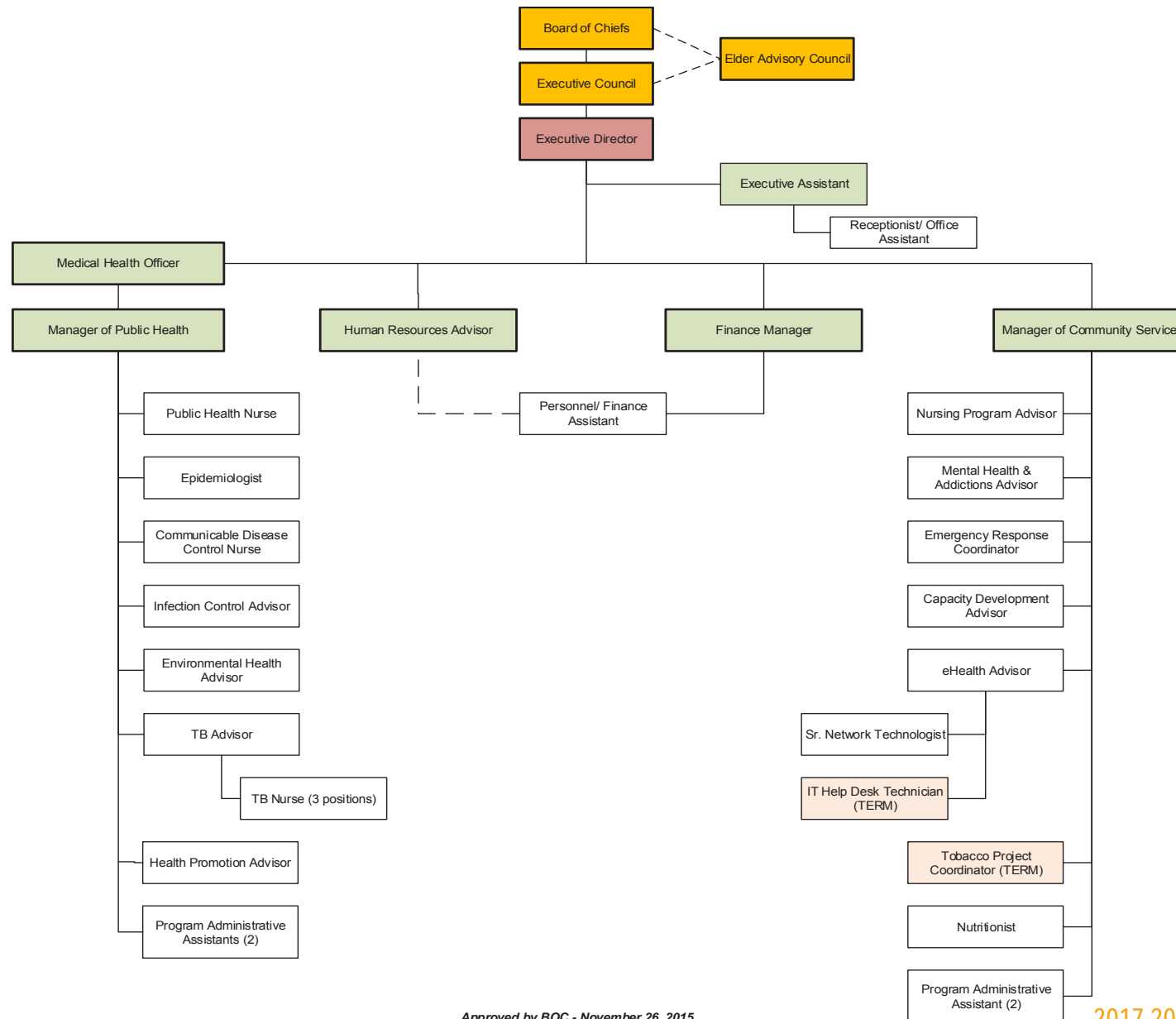


April Sewap
PBCN - Denare Beach
Program: LPN



Samantha Waditika
PAGC - Wahpeton
Program: BAS - Health
Studies

Organizational Chart



Approved by BOC - November 26, 2015

Meet Our Staff

Administrative Unit

The Administration Unit consists of the Executive Director, Executive Assistant, Finance Manager, Human Resource Advisor, Personnel Finance Assistant and Receptionist Office Assistant. The team works closely with the Board of Chiefs, the Executive Council and the Management Team to keep them updated on the progress of programs and services. Meetings are held quarterly to report on NITHA operations and to present quarterly financial statements.



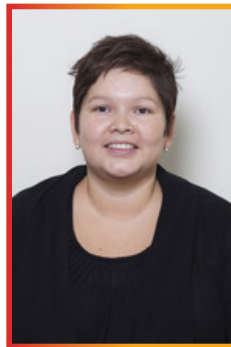
Mary Carlson
Executive Director
Administrative Unit/
Management Team

Mary leads the Management Team and is responsible for the overall implementation of strategic priorities and the operation of the organization. Under the direction of the Board of Chiefs and Executive Council, Mary ensures NITHA staff deliver efficient third level services to the Partnership.



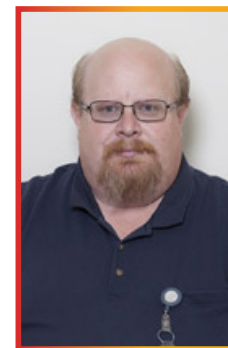
Heather Bighead
Executive Assistant
Administrative Unit/
Management Team

Heather leads the team of Administrative Assistants in the organization as well as coordinates and oversees technical and office management duties to support the Executive Director, Executive Council and members of the Board of Chiefs.



Tara Campbell
Human Resource Advisor
Administrative Unit/
Management Team

Tara works with the partnership Human Resources personnel to establish broad collaborative relationships that identify, plan, implement and operate human resource programs aimed at addressing common HR issues.



David Jorgensen
Finance Manager
Administrative Unit/
Management Team

Dave manages the finance department, following the Financial Management Policy and Procedures set by the Board of Chiefs. He prepares annual budgets, provides financial reports, and ensures the finances are consistent with General Accepted Accounting Principles while ensuring the conditions of the transfer funding agreement are met.



Danielle MacDonald
Personnel Finance
Assistant
Administrative Unit

Danielle provides support to both the Finance Manager and Human Resource Advisor. She also works in collaboration with the Team of Administrative Assistants and provides support to other program areas as required.

Program Administrative Assistants



Jeanette Villeneuve
Program Administrative Assistant



Deanna Brown
Program Administrative Assistant



Cindy Sewap
Program Admin Assistant

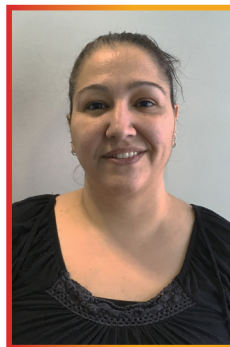


Deanne Janvier
Receptionist Office Assistant

Deanne is the initial contact at NITHA and works in collaboration with the Administrative Team.

This team of Program Administrative Assistants supports the operations and information needs of the various programs within the both the Public Health and Community Service Units.

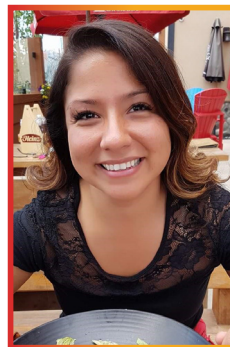
Casual Administrative Staff



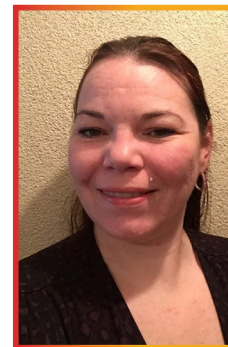
Ramona Caisse
Casual Administrative



Shianne Mercredi
Casual Administrative



Chelsea Gunville
Casual Administrative



Ashta Allard
Casual Administrative

Over the course of the year, NITHA has called upon members of its casual administrative .

Public Health Unit

The Public Health Unit (PHU) provides support, guidance, and expertise on public health programs to our second level partners. The public health programs covered by the unit include disease surveillance, communicable disease control, community health assessment, immunization (Pre-school, school and adult), environmental health, health promotion, infection prevention and control, HIV, and tuberculosis, which is the only program that provides preventive and management services directly in the community.

The goal of the PHU is to improve overall health status of partner community members using a public and population health approach. To accomplish its mandate in 2017, PHU staff worked collaboratively with partners across the north. PHU staff demonstrated creativity, innovation, excellence, dedication and hard work in their various program areas.

During the year under review, PHU staff recorded several accomplishments as reflected in the next section of this report. Our success

stories this year was not without the support and collaboration of our various working groups, partner's communities, FNIH-SK, Saskatchewan Health Authority, Ministry of Health and other relevant stakeholders. We remain grateful for their support.

We are looking forward to a successful, and purposeful new year with the support of all our partners to empower and improve overall health and wellbeing of community members.

PHU priorities for next fiscal year will include enhanced surveillance, building new partnerships, supporting research, generating high quality community-based data that will impact funding and health policies. PHU program's activities, success, challenges, and next year plan are put together in the next few pages.

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



Dr Nnamdi Ndubuka
Medical Health Officer
Public Health Unit /
Management Team

Dr. Ndubuka leads the PHU and provides public health expertise to the NITHA Partnership. He builds networks with the Indigenous Service's First Nations and Inuit Health Branch (formerly under Health Canada), the Saskatchewan Ministry of Health and the Saskatchewan Health Authority to

ensure collaboration in the implementation of Federal/Provincial public health policies within the NITHA Partnership.



Grace Akinjobi
Manager of Public Health
Public Health Unit /
Management Team

Grace is the administrative lead of the PHU. As the unit supervisor, she works closely with PHU staff to ensure that workplan objectives are being met.



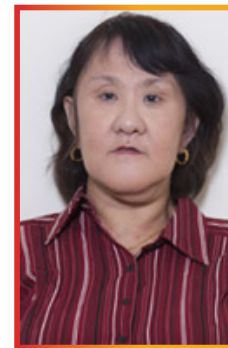
Adeshola Abati
Infection Control Advisor
Public Health Unit

Adeshola leads the Infection Control Working Group and focuses primarily on the provision of comprehensive support in the area of infection control with particular focus on community health programs. He works to support infection control practices in the partnership organizations.



Treena Cottingham
Environmental Health
Advisor
Public Health Unit

Treena works collaboratively with the partner Environmental Health Officers and supports them by acting as a program consultant providing policies, procedures and protocols. She also advocates on those environmental health issues at both the regional and national levels.



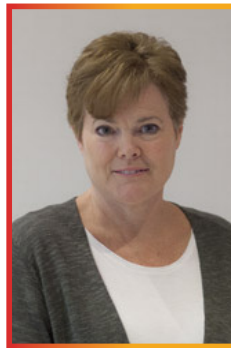
Janet Yang
Epidemiologist
Public Health Unit

Janet is responsible for a broad range of surveillance, health status, and epidemiological research projects within the NITHA Partnership. She focuses on the systematic collection, analysis and interpretation of health data in the process of describing and monitoring a health event.



Carrie Gardipy
Public Health Nurse
Public Health Unit

Carrie is responsible to develop, recommend and provide expert leadership consultation and clinical assistance to the partnership in implementing public health nursing policies and programs in the area of immunization, school health, chronic disease and injury prevention.



Sheila Hourigan
TB Advisor
Public Health Unit

Sheila oversees the planning and implementation of the community based TB Programs within the Partnership. She provides direction and advisory services for education and training that assists in achieving the objectives of the Saskatchewan First Nation TB Program to reduce the incidence of TB and to develop strategies that will contribute to that reduction.



James Piad
Communicable Disease
Control Nurse
Public Health Unit

James provides public health nursing services as it relates to prevention, control and follow up of communicable diseases. James participates in the control of communicable diseases in Northern First Nations by coordinating and ensuring the investigation and the timely report of the diseases of public health importance, including those reportable in Saskatchewan. James works with the community level nurses and serves as a resource person.



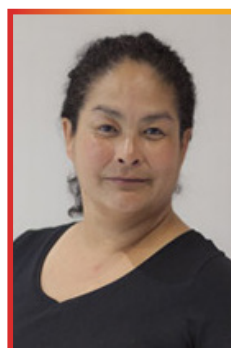
Kevin Mageto
Health Promotion Advisor
Public Health Unit

Kevin leads the Health Promotion Working Group by supporting the development of strategies and training aimed to promote healthy values and behavior throughout the partnership.



Tosin Adebayo
HIV Strategy Coordinator
Public Health Unit

Tosin leads the HIV Working Group in the implementation of the NITHA HIV Strategy as well, she plans and helps to deliver awareness initiatives and coordinates activities throughout the partnership.



Barb George
TB Nurse
Public Health Unit



Shirley Nelson
TB Nurse
Public Health Unit



Leslie Brooks
TB Nurse
Public Health Unit



Eileen Oliveri
TB Nurse
Public Health Unit

The TB Nurse Team provides first level support to the communities, assisting in planning and implementing the community based TB Program and providing education and training. They work to assist the communities in achieving the overall objectives of the Saskatchewan First Nation TB Program.

Community Services Unit

The Community Service Unit (CSU) consists of the Manager of Community Services, Capacity Development Advisor, Nutritionist, Nursing Program Advisor, Tobacco Project Co-ordinator, Mental Health and Addictions Advisor, e-Health Advisor, Senior Network Technologist, Nutritionist, IT Helpdesk Technician, Health Informatics Specialist and Emergency Response Coordinator.

The unit provides technical advice and expertise to the NITHA Partnership in the areas of Homecare, Primary Care and Community Health nursing, as well as, Capacity Development, Mental Health and Addictions, Tobacco Control Strategy, Nutrition, Emergency Response and e-Health.

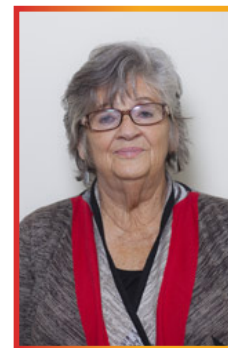
NITHA's seven pillars serve as a guide for the support and services the unit staff provides the NITHA Partnership. In addition, the CSU unit staff engages the Partners through coordinated working group meetings with Partner staff, which are held quarterly. These working group meetings are forums for discussing issues affecting the Partner organizations and serve as direction for NITHA unit staff on how to best support and guide them in moving forward.

The NITHA programs and services work collaboratively with several stakeholders including but not limited to First Nations Inuit Health Branch, Saskatchewan Ministry of Health, Northern Population Health Branch, Saskatchewan Registered Nurse Association, Saskatchewan Educational Institutions, and with NITHA partners.



Val Fosseneuve
Manager of Community
Services
Management Team

Val leads the Community Services Unit by overseeing staff working in the areas of mental health & addiction, capacity development, emergency planning, tobacco control, eHealth, nutrition and nursing ensuring staff meet workplan objectives.



Fay Michayluk
Nurse Program Advisor
Community Services Unit

Fay leads the Home Care Working Group and Nursing Practice Working Group and provides leadership, innovation and vision to support the Partnership nursing programs. She provides clinical, educational and policy support to foster a high standard of nursing care within the partnership.



Charles Bighead
eHealth Advisor
Community Services Unit

Charles leads the eHealth Working Group and engages stakeholders coordinating efforts to develop operations in support of common goals for eHealth initiatives and IT services. Particular emphasis is on integration with the provincial eHealth network. He also oversees all operations in the area of IT.



Eric Xue
Senior Network Technologist
Community Services Unit

Eric supports the local IT needs of NITHA and the Network needs of the Partnership and plays an integral role in the technical development and implementation of eHealth initiatives.



Glenda Watson
Mental Health and Addictions
Advisor
Community Services Unit

Glenda leads the Mental Health & Addiction Working Group and assists the partnership to plan, develop, implement and evaluate Mental Health & Addiction program strategies for the partnership communities.



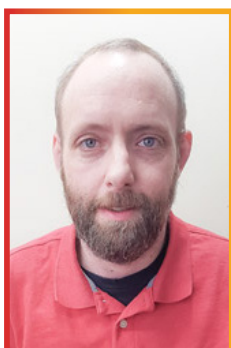
Linda Nosbush
Capacity Development
Advisor
Community Services Unit

Linda supports and provides advice to the Partnership programs with ongoing development of health human resources. She works to establish and maintain collaborative relationships required to achieve desired outcomes.



Carol Udey
Nutritionist
Community Services Unit

Carol leads the Nutrition Working Group and provides support to the Partnership in the area of Nutrition. She works with the partnership to develop common nutrition strategies in priority areas identified by the working group.



Patrick Hassler
Emergency Response
Coordinator
Community Services Unit

Patrick leads the Emergency Response efforts for the partnership by assisting to identify and prioritize areas that require emergency response planning and training. He assists in the development and testing, implementation and ongoing evaluation of emergency response plans.



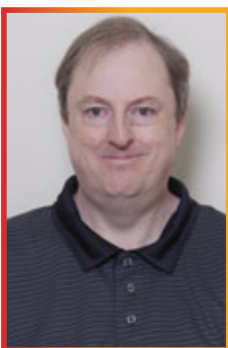
Justina Ndubuka
Tobacco Project Coordinator
Community Services Unit

Justina leads this special project by working with the Tobacco Control Working Group to develop strategies to decrease the use of commercial tobacco use throughout the partnership while respecting and protecting Traditional Uses.



Monica Sunil,
Health Informatics Specialist
Community Services Unit

Monica provides coordination and support to the implementation of the electronic medical record system EMR by engaging with the Partnership and the Saskatchewan Health Authority to plan deployments.



Peter Netterville,
IT Helpdesk Technician
Community Services Unit

Peter provides day-to-day remote IT support services and training for Northern Healthcare workers within the Partnership organizations.



World TB Day, 2017

INTRODUCTION TO THE SEVEN PILLARS

NITHA has chosen to present our achievements to you in this year's annual report based on Seven Pillars that were developed and adopted by our leadership in 2013. Since then, the pillars have been the basis for staff work plans and quarterly reports, and serve as a guide as we work to support the Partnership.

NITHA's 2017/18 Achievements are based on the following Seven Pillars:

- 1. Policy Development/Standards/Protocols/Procedures**
- 2. Data Stat Collection & Analysis (year-end reports in graph formats)**
- 3. Developing Tools and Best Practices**
- 4. Research and Analysis**
- 5. Engaging Partnership**
- 6. Training Second Level / Train the Trainer**
- 7. Informing Partnership on New/Changing Communication and Current Trends**

PILLAR 1:

Policy Development/Standards/Protocols/Procedures

- Nursing successfully completed the Northern Nursing Manual for Specialty Practice RN Clinical Protocols and Procedures with the cooperation and expertise of the NITHA Practice Advisory Working Group, which will provide nurses with the guidance and direction they require delivering care based on current best practices.
- Mental Health and Addictions participated in a strategy by the FSIN Technical Working Group geared towards preventing youth suicide.
- Standard guidelines were developed with clinic sites to be used for reference in the collection of specimens and laboratory information, policy and procedures, and quality assurance for the purposes of laboratory licensing.
- Information is gathered on the needs for Continuum of Care in order to access funding and initiate discussions on establishing facilities.
- Emergency Response continues to maintain a high standard, adhering to Red Cross' national standards in the delivery of its Emergency Health Care programs.
- eHealth finalized the review of the Online Privacy Training Tool that was developed in partnership with St. Elizabeth and is now available to the healthcare workers.
- NITHA partners can now use the Electronic Health Record (eHR) Viewer, which is a powerful tool developed in collaboration with provincial partners to allow licensed practitioners to view a client's medical history.
- A new electronic tool (Hedgerow) is in development to support Environmental Health.
- Registered Nurses continue to maintain competencies to provide standard and safe client care under the Saskatchewan Registered Nurses Act by meeting the annual certification requirements needed to perform immunizations through Registered Nurses Specialty Practice, which involved adequate competency on a written exam and a clinical evaluation of immunization clinic(s).
- Regular exam and communication updates were provided to Community Health Nurses and Nurse Managers through Indigenous Services Canada's First Nations and Inuit Health Branch (FNIHB) Immunization program. In 2017, 124 Registered Nurses, Licensed Practical Nurses and Nursing Students received certification (PBCN-16, LLIBHS-12, PAGC-50, MLTC-22, Stanley Mission-7 and NITHA-7).
- Public Health continues to provide lead support in the management of vaccine procurement, including vaccine inventory, wastage reports, communications, and cold chain maintenance and refrigeration. Minimal vaccine wastage was reported over the past fiscal year.

- Policies in Tuberculosis Prevention and Control have been developed for pediatric screening, treatment, and contact investigation, as well as one for the verification of contact's identity.
- The Integrated Public Health Information System (iPHIS) has been replaced with Panorama. Communicable Disease Control will continue to investigate cases based on the Standard Protocol, Communicable Disease Manual, and the Public Health Act of 1994, as well as the recommendations of the Medical Health Officer as required.
- Infection Prevention and Control has made revisions to its Policies and Procedures Manual, and disseminated to communities.
- The Animal Carcass Sample Collection Procedure was developed and implemented.
- Notices were issued to the communities on animal bites, West Nile Virus, and Hantavirus.
- Capacity Development assisted the Partners to identify 12 students with the opportunity to study a new combined Mental Health and Addictions Program at Northlands College.
- NITHA revised their Finance Policies and Procedures Manual.
- NITHA completed updating the Personnel Policy Manual.
- A NITHA Transportation of Dangerous Goods policy was developed, as well as a video and sampling kit on suspected rabies-infected animals.



Staff Retreat

PILLAR 2: *Data, Statistics & Analysis*

- Nursing continues to work with Information Technology and Home Care Nurse Managers to collect and collate statistical data on Home Care services.
- Mental Health and Addictions developed a Suicide Monitoring Data Tool in collaboration with the Medical Health Officer to collect and monitor statistics on current suicide trends.
- The Nutrition program contributed to the Federation of Sovereign Indigenous Nations (FSIN) Focus Group on Food Security and Sovereignty in the North that focussed on food for people, values of food providers, localized food systems, importance of local decision making, knowledge and skill building, and working with nature.
- Health Promotions developed a Needs Assessment survey for the NITHA Injury Prevention Strategy.
- According to Public Health's Childhood Immunization Coverage Report, there was an increase in the overall coverage rates for the 2-Year and 7-Year-old population cohorts.
- The 1-Year old population cohort had a minimal decrease of 1%, and its coverage rate decreased from 89% in 2016 to 88% in 2017.
- For the 2-Year old population cohort, there was a 5% increase in the coverage rates from 84% in 2016 to 88% in 2017.
- Lastly, the 7-Year old coverage rates increased from 93% in 2016 to 96% in 2017.
- NITHA is pleased to announce that 19 communities and two partners achieved 90% or above in immunization coverage for the 1-Year old populations, achieving the goals of early immunization protection for the infant population.
- In conjunction with the Saskatchewan Ministry of Health, additional data was collected for Pertussis and Measles coverage. This includes a one-time Pertussis immunization (single dose) in 90% of infants by 91 days of age, and up-to-date Measles immunization coverage (2 doses) in 90% of children by their fifth birthday.
- Public Health reported a slight increase in the total number of Influenza vaccines administered to the general population. Community Health Staff within NITHA communities had an increase in the amount of Influenza vaccines administered from 456 to 470. The numbers reported in this report might not be the actual number of individuals that received the vaccine within the Partnership because some individuals had influenza vaccines from the local pharmacies and physician offices.
- The Provincial School Immunization Strategy targeted the school-aged population from Grade 1 to 8 or its equivalent, which are also submitted to NITHA's Public Health.
- The Epidemiology program worked on the Harm Reduction project questionnaires and data from IPHIS which included:
 - Communicable Disease & STD data (quarterly and yearly),
 - HIV and AIDS data from 2007-2017
 - Hepatitis C data from 2007-2017
 - Influenza data from 2017-2018

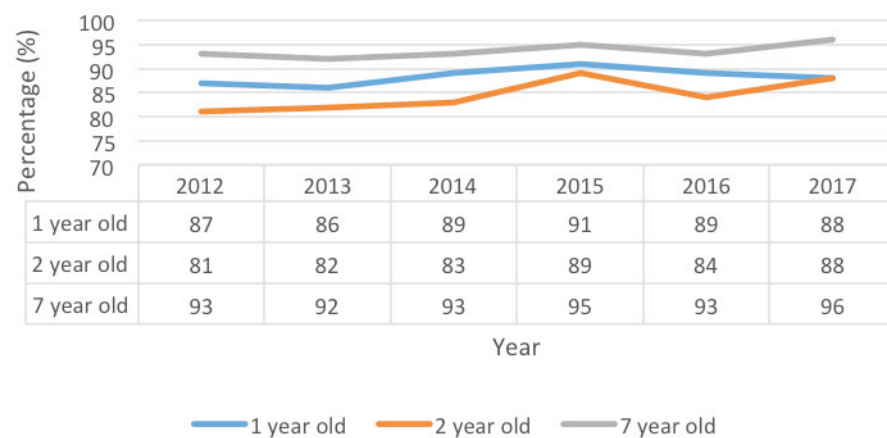


Figure 1: Average childhood immunization coverage rates for 1-year, 2-year, and 7-year old cohort, NITHA, 2012-2017

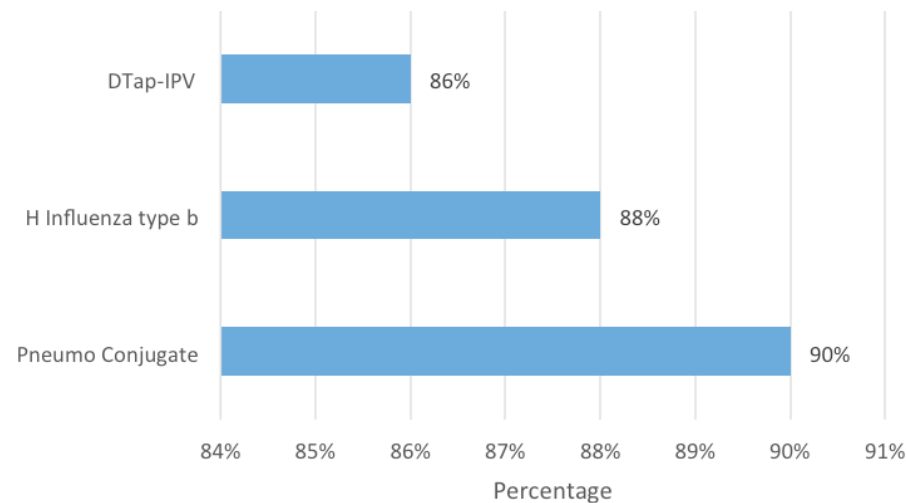


Figure 2: Vaccine-Specific Immunization Coverage Rates for 1-Year Old Cohort, NITHA, 2017

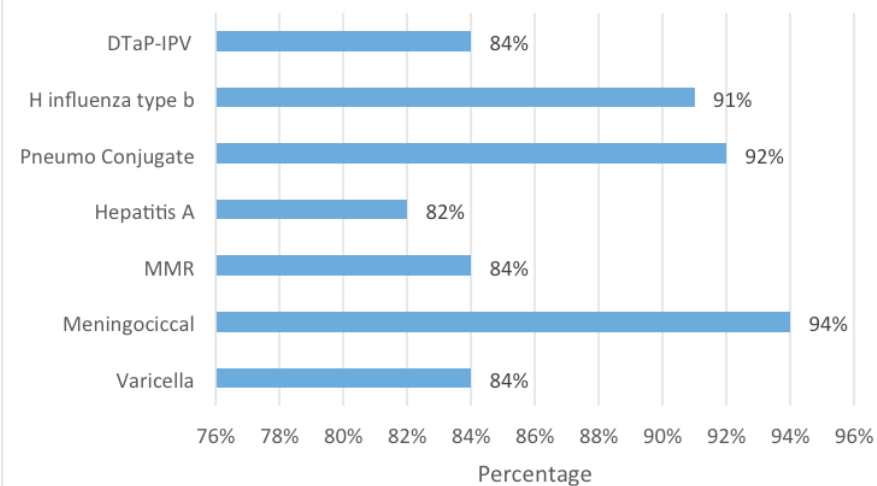


Figure 3: Vaccine-Specific Immunization Coverage Rates for 2-Year Old Cohort, NITHA, 2017

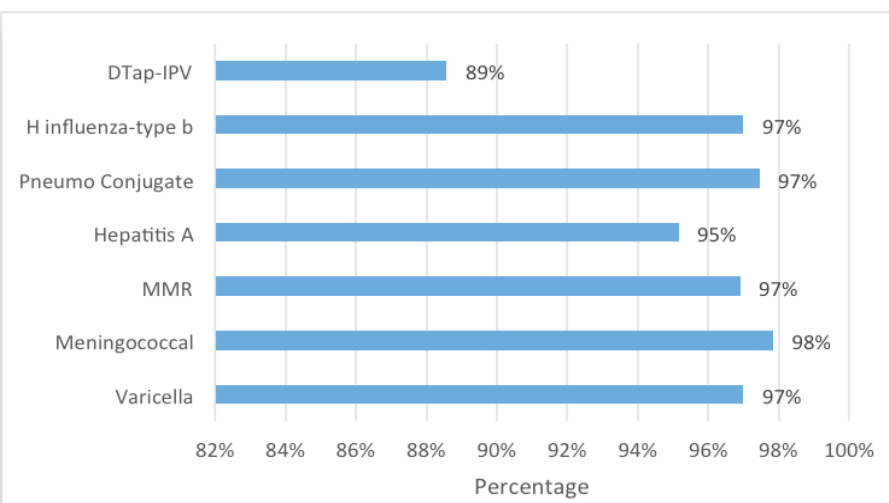


Figure 4: Vaccine-Specific Immunization Coverage Rates for 7-Year Old Cohort, NITHA, 2017

- In 2017, a total of 1,889 positive laboratories were reported to NITHA. These include sexually transmitted infections, blood borne infections, and other communicable diseases.
- In 2017, 1,204 STI positive laboratories were reported. Forty-one of these laboratory reports were transferred to other health regions for follow-up because the individuals had been living there for a period of at least six months and could have acquired the infection from the community.
- NITHA had 1,163 episodes of STI that needed treatment. However, only 72.2% of these were treated - the remaining did not return for treatment or were not located. Stigma and discrimination associated with STIs are the main reasons that many refuse further testing and treatment.
- In November 2017, the Ministry of Health issued a memorandum on Antibiotic Resistant Organisms, such as Methicillin Resistant Staphylococcus Aureus, Vancomycin Resistant Enterococci, and Penicillin Resistant Pneumococci non-reportable infections, even though they are reflected in the graph.
- For medical and nursing interventions required for clients with these infections, community-based health care providers continue to implement them for their respective patients.
- The 2017, the report of the Infection Prevention and Control on-line training course shows that there were 482 clients and 98 organizations completing the course in Saskatchewan.
- The average performance of Infection Control practices includes PAGC (82%), MLTC (82%), PBCN (88%) and LLRIB (90%).
- Environmental Health entered and closed all confirmed laboratory reports of notifiable Enteric diseases in iPHIS). All 35 Enteric diseases were entered and saved onto a separate NITHA database. The decrease in Enteric illnesses in 2017 may be attributed to a substantial Salmonella outbreak in 2016.
- All reported animal bites were entered and saved on the NITHA database. In 2017, 160 animal bites required follow up, of which 96% were dog bites and 27% were bites to children under 10 years of age. One client required Rabies Post Exposure vaccines.
- Environmental Health tracked 45 Drinking Water Advisories in the NITHA database.
- Newly diagnosed cases of HIV and Hepatitis C are validated and entered into iPHIS for data collection and analysis. In 2017, there were 12 new cases of HIV, which is a 25% increase from nine cases in 2016. In addition, two cases of AIDS were reported.
- Forty-five newly diagnosed cases of Hepatitis C were reported in 2017. When these cases are reported to NITHA's Public Health, they are followed up by the nurses in the NITHA communities and subsequently linked to care. These can sometimes be a challenge as there can be transient clients who move in and out of the community.

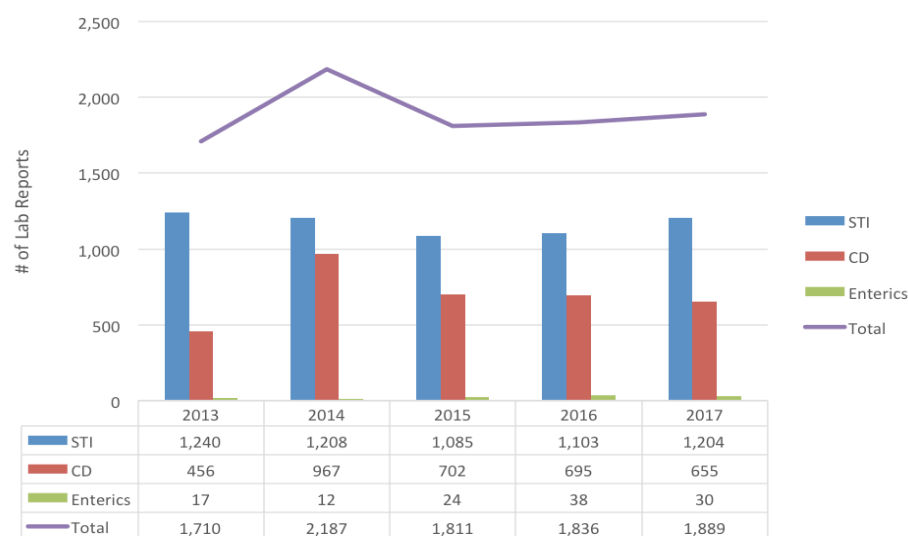


Figure 5: Positive laboratory results reported to NITHA, 2013 – 2017

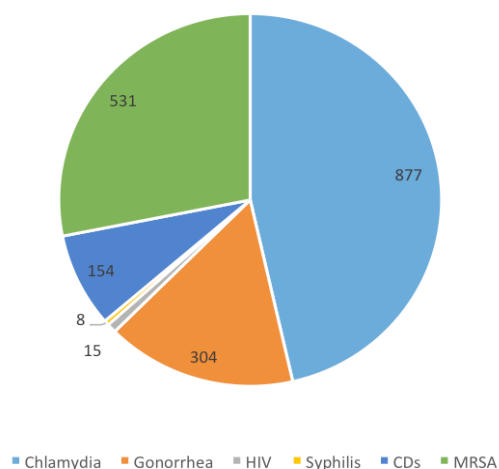


Figure 6: Positive laboratory reports by disease category, NITHA, 2017

- Injection Drug Use continues to be the highest reported risk factor for HIV in Saskatchewan followed by heterosexual contact. It is also the highest reported risk factor for Hepatitis C and contributes to the high rate of HIV and Hepatitis C co-infection.
- 433 Point of Care Tests and 49 Rapid Hepatitis C Tests were performed at a number of community events, such as Treaty Days, health fairs, and outreach events.
- Capacity Development tracked the progress of students who participated in its training, all of whom remain living and working in the North.
- Career Ladders was developed to assist health care workers build their competency throughout their careers, including a graduate of the Health Director Training in 2014 who will complete their Master's Degree in Northern Studies at the University of Saskatchewan, and another graduate who is planning to pursue leadership training at the University of Regina's Kenneth Levene Graduate School of Business.

	October 31, 2016 – March 31, 2017	October 23, 2017 to April 30, 2018
Community	3,732 doses given	3830 doses
Health Staff	456 doses given	470 doses

Figure 7: Influenza Vaccine Administered within NITHA Communities

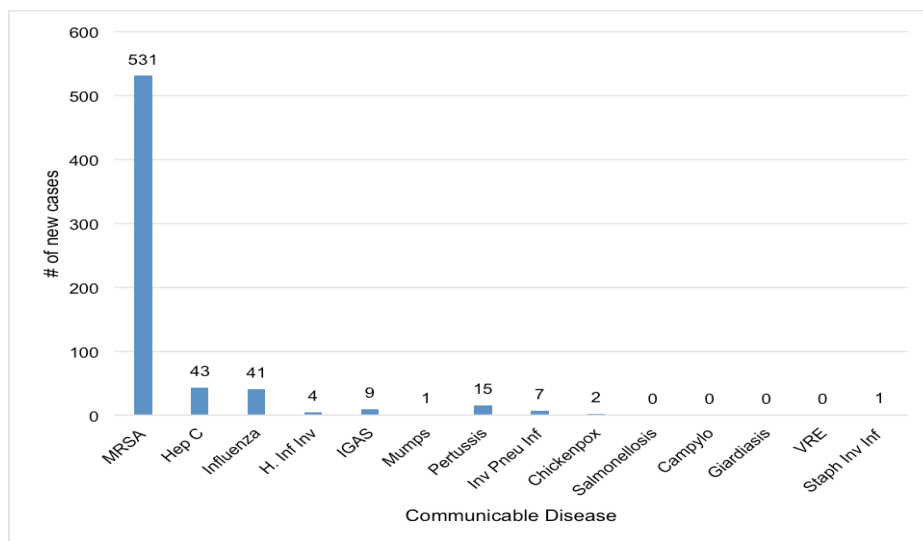


Figure 8: Newly reported communicable diseases, NITHA, 2017

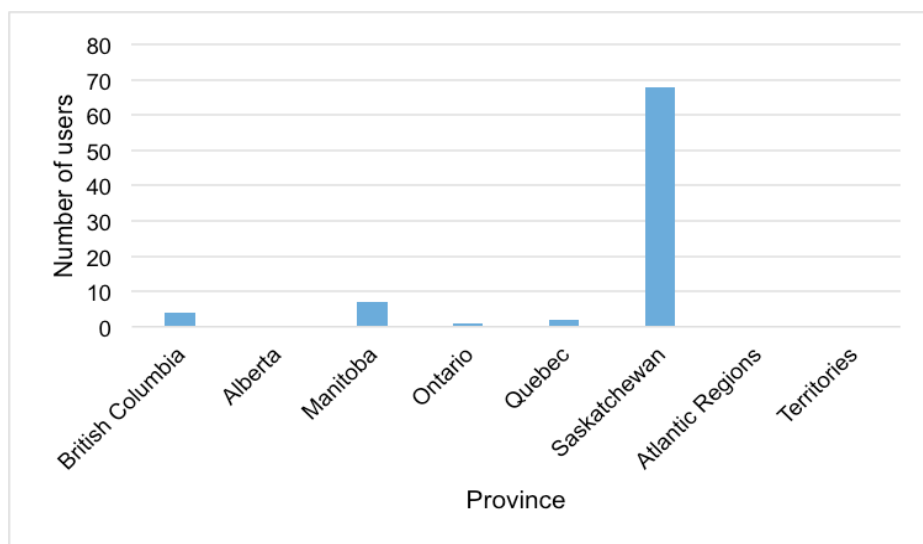


Figure 9: Number of users by provinces of infection control and prevention training.

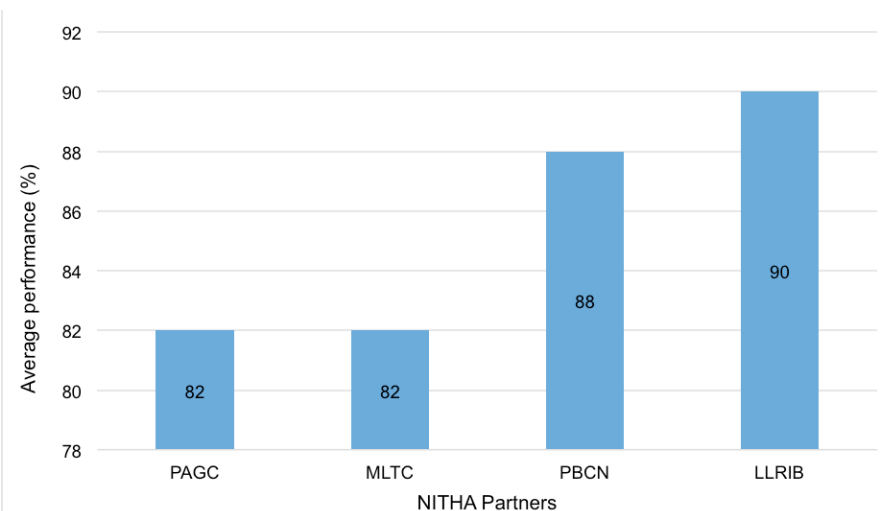


Figure 10: Average performance of Infection Prevention and Control (IPC) practices in the Partnership

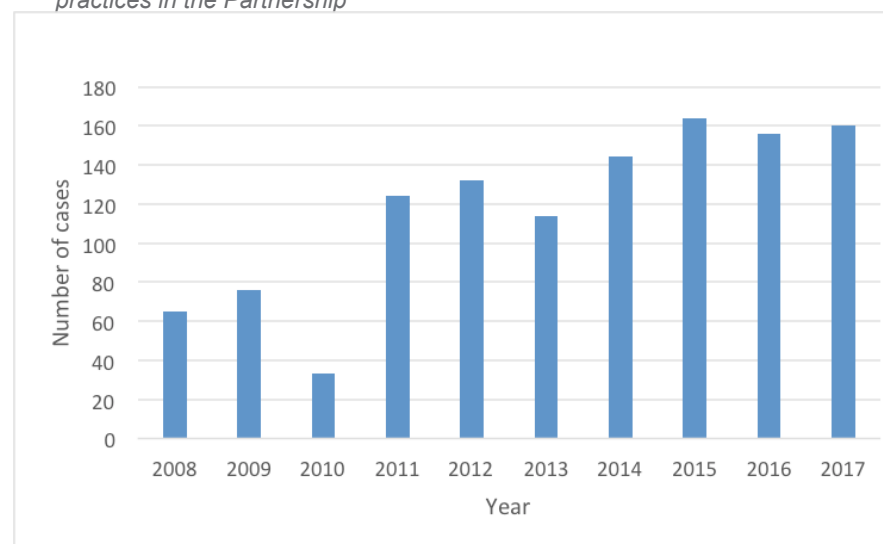


Figure 11: Reported cases of Animal bite by year, NITHA, 2008-2017

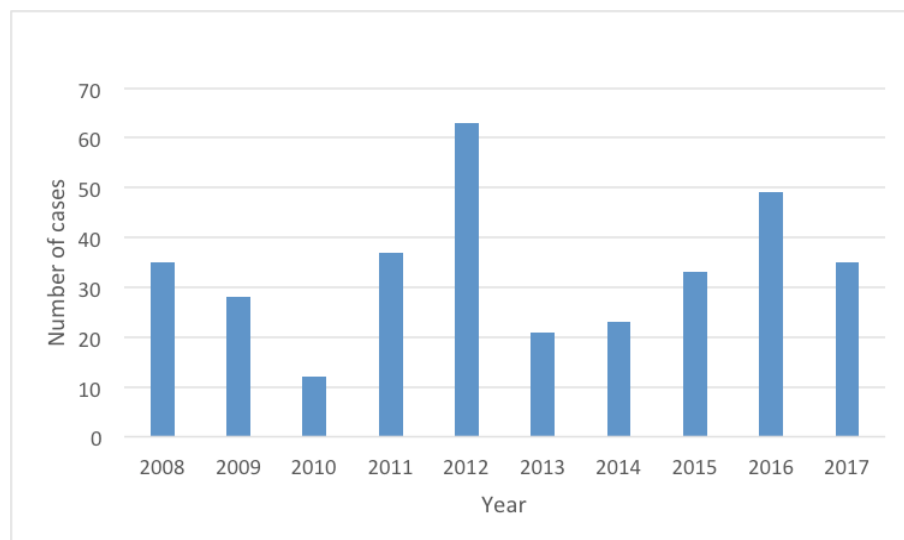


Figure 12: Reported Enteric cases by year, NITHA, 2008-2017

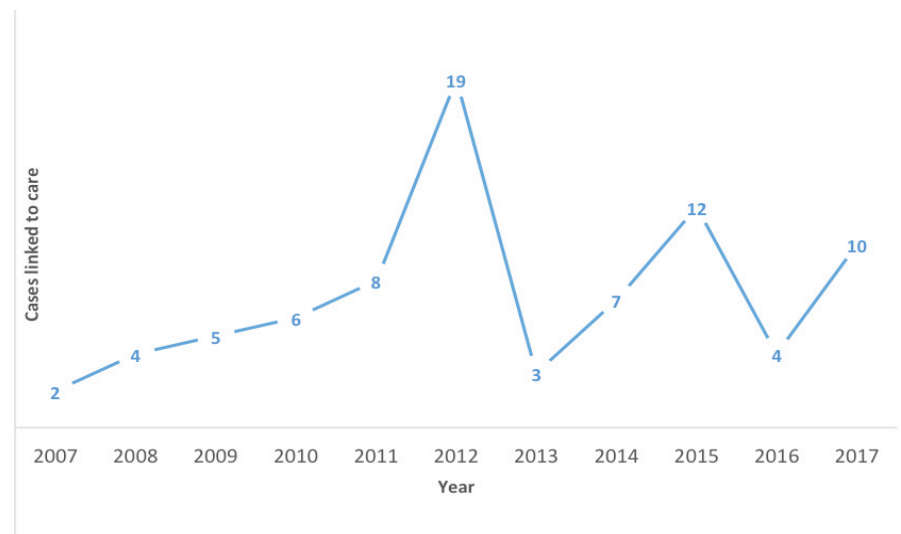


Figure 14: Number of HIV cases linked to care

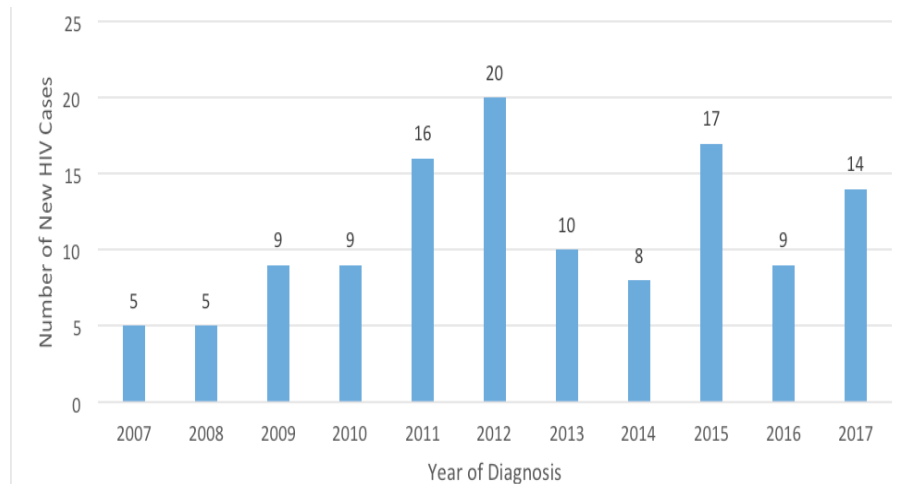


Figure 13: Number of newly diagnosed HIV cases

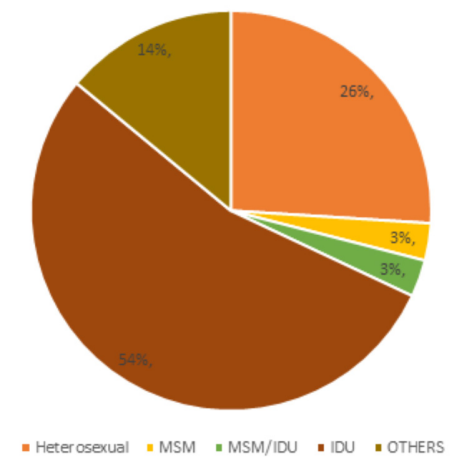


Figure 15: Risk factors for newly diagnosed HIV cases, NITHA, 2007-2017

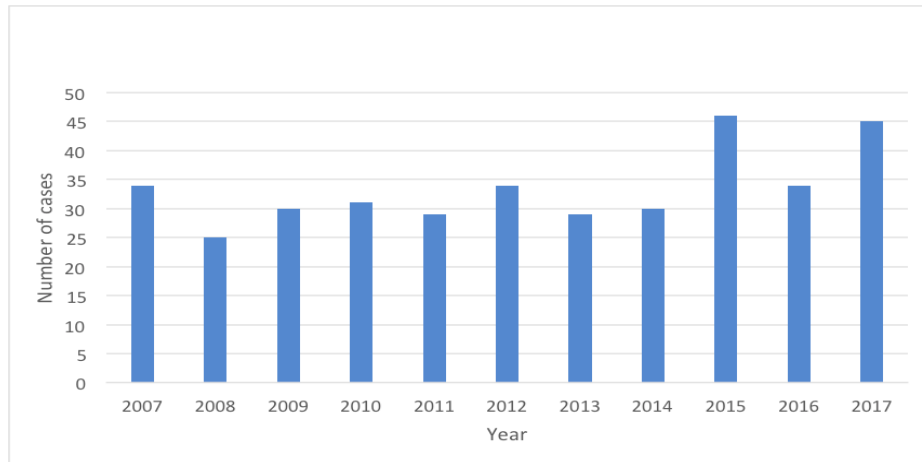


Figure 16: Number of Hepatitis C Cases, NITHA, 2007-2017

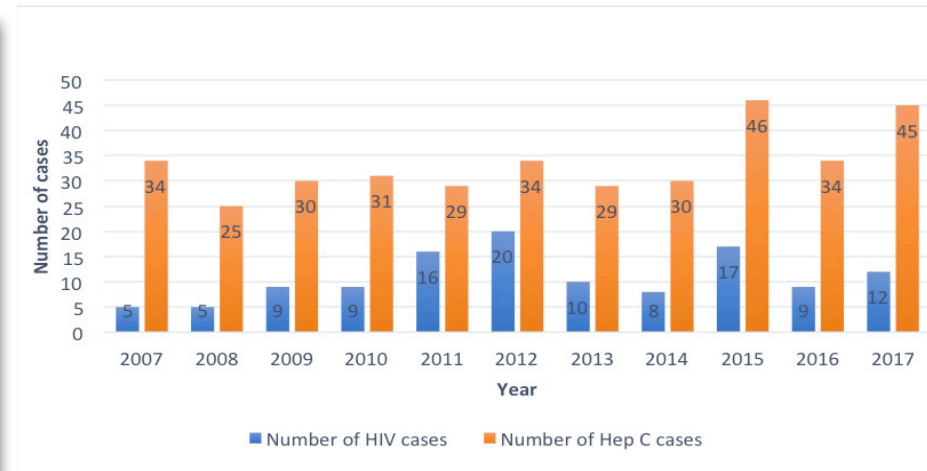


Figure 17: Number of HIV and Hepatitis C Cases, NITHA, 2007-2017

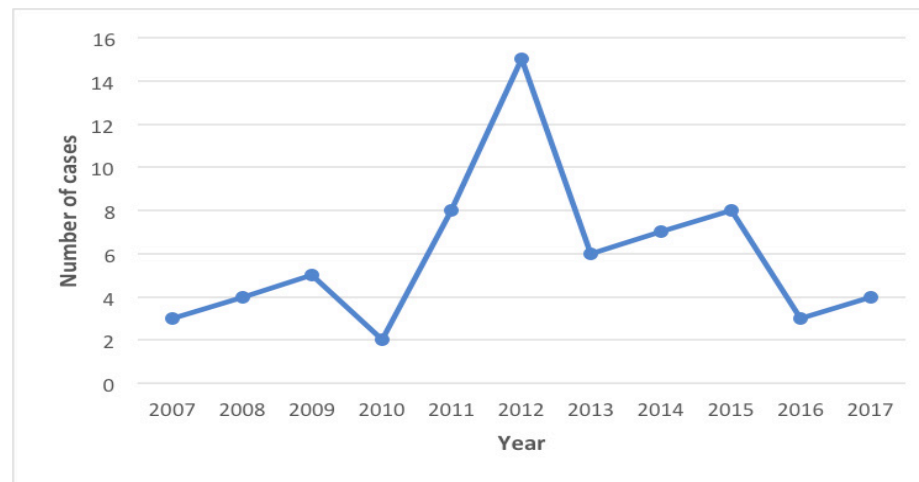


Figure 18: HIV cases co-infected with Hepatitis C, NITHA, 2007-2017

PILLAR 3:

Developing Tools and Best Practices

- NITHA's Northern Nursing Manual is now available.
- Nursing worked with Public Health to provide clinical placement and practicums for five fourth-year nursing students from the University of Saskatchewan.
- Emergency Response uses the Google Earth Pro platform to track impacts on partner communities, conduct fire surveillance, provide advice on air quality and provide a database on past events. In addition, working relationships with the University of British Columbia and the European Union on Disaster Management has provided overlays that help to better predict and depict risks and impacts in the areas of flooding and air quality.
- Emergency Response provided support to the Public Health Unit to access \$8,750 in one-time funding from FNIHB to revise and reprint the "Are You Ready" Brochure, which will be completed in the 2018/19 fiscal year and provide community members with a resource to better understand the basic actions, and roles and responsibilities during a public health emergency in their communities.
- Guidelines were developed for a master menu, recipe book and therapeutic diet for the Elder Catherine Charles Long Term Care Facility and the Wawuhtewkumihk Group Home at Lac La Ronge Indian Band.
- The MLTC Community Nutrition program shared a Breastfeeding poster series with Community Services, featuring women from Flying Dust First Nation, for the use for all partner communities.
- While mentored by the Nutritionist, a Nutrition student designed another poster called "Physical Activity & You."
- A template for a General Voluntary Evaluation Framework was developed for the Aboriginal Diabetes Initiative.
- eHealth finalized the Electronic Medical Record (EMR) project by hiring a Health Informatics Specialist, upgrading IT systems, finalizing the Data Sharing Agreement, and updating privacy policies & procedures. The first deployments will take place in early in 2018-2019 and will begin at Primary Care followed by the Public Health and Home Care programs.
- Funds were secured to replace most of the aging TeleHealth equipment and to renew warranties on existing equipment in order to meet the technical standards of the Saskatchewan TeleHealth Network.
- As part of the Tobacco program, a YouTube video was developed to raise awareness of the harmful effects of tobacco. The messages were tailored to educate youth on the importance of not giving in to peer pressure and the significance of the traditional tobacco use in Indigenous communities.

- The Smoking-Cessation Mobile Apps was also adopted as a best practice tool, recommended by the Federal Tobacco Control Strategy's Community of Practice at its Niagara Falls meeting in Sept. 2017.
- Tobacco awareness campaign resources are being developed in collaboration with the Northern Saskatchewan Breathe Easy Working Group.
- A Workplace Physical Toolkit was developed by the Active Communities Team of the Northern Healthy Communities Partnership.
- Health Promotions worked with other departments to develop the following materials: "Safe Needle Pick Up" poster, "HIV is Different Now" poster, "World No Tobacco Day" poster, "Physical Activity and You" poster, "Initial Management of Anaphylaxis" poster, a Drug Abuse poster and HIV Infographic.
- Public Health provided support to the Community Health Nurses in immunization scheduling, adverse events following immunization, vaccine incidents/ errors, and immunization of special populations
- Public Health continues to work with eHealth in the areas of Panorama training, information sharing with communities, and logistics, including a forum and presentations by the PHN and LLIBHS Nurse Manager.
- Public Health provided regular updates for Routine Immunization Schedules for infants/preschoolers, Routine Immunization Schedules for school age children, and the Anaphylaxis protocols.
- Amendments to the Saskatchewan Immunization Manual were sent out on a monthly basis.
- The Tuberculosis program developed resources, based on input from Nurse Managers and focus groups, for health care providers to use when educating and screening high risk adults, such as Elders, people with diabetes, and people who abuse drugs and/or alcohol.
- A Toolkit for Teachers to educate high school students about Tuberculosis is also in development.
- Communicable Disease Prevention and Control uses the Shared Client Index and Electronic Health Record Viewer to trace clients in order to encourage them to get tested and treated,
- An Infection Prevention and Control (IPC) poster and brochure was developed in partnership with Health Promotions.
- A tool was developed in collaboration with Health Canada to enable Nurse Managers and Health Directors to participate in the project teams for the design, renovation, and construction of a healthcare facility.
- In collaboration with Health Canada, IPC developed Hand Hygiene posters for youth, adults and nurses, as well as a tool to monitor improvement in IPC practices.
- Environmental Health successfully received funding for a new data system. It also implemented new Hedgerow software, worked with IT to bring

new tablets and desktops on-line with Hedgerow, and continued bi-monthly working group meetings to develop a new EHO database.

- Environmental Health provided Animal Rabies Test Kit bins, submitted a proposal for community-based Spay/Neuter/Tattoo clinics, and provided a “10 Day Hold After Dog Bites” poster and YouTube video on how to package an animal for carcass sampling, as well as Dog Bite infographic.
- The HIV program distributed promotional items, including posters, four banners with messages that encourage HIV testing, and customized condoms with the NITHA logo and health-promoting slogans in Dene and Cree as part of Harm Reduction incentives, as well as female condoms and dental dams.
- Health Promotions contributed to various exercise programs, including the development of a Workplace Physical Activity Toolkit to promote physical activity within the workplace.



PILLAR 4:

Research and Analysis

- Nursing continues to conduct research on the availability, costs and possible funding sources for Continuum of Care programs, including equipment, such as Special Care beds.
- Mental Health and Addictions is conducting research on suicides through the MHO with the future support of data collection of Addiction and Mental Health trends from the communities.
- In partnership with the Nutrition program, the First Nations University of Canada conducted a study on the “Effect of the Traditional Diet on the Health of Indigenous People Living On & Off Reserve,” based on interviews with Elders.
- Resources are available and accessible to other community agencies who are not part of the CoP as a result of membership on the Federal Tobacco Control Strategy – First Nation Inuit (FTCS-FNI) Repository Subcommittee and it objective to share resources electronically. The group met twice during this quarter.
- Information was collected by Health Promotions on the latest Physical Activity and Mental Health initiatives at the National Aboriginal Physical Activity and Wellness conference. Webinars also provided the latest research on health promotion, health equity and physical activity.
- Public Health submitted Vaccine Error reports that were followed up by the Public Health Nurse and MHO. The unit continues to monitor and report on Adverse Events Following Immunization to the Saskatchewan Ministry of Health to ensure ongoing surveillance of the vaccines.
- Data on communicable diseases were reported to the MHO and Partners on a quarterly and yearly basis. The Epidemiology program provided a demographic analysis using population distribution in NITHA by age group, gender, and partnership, and completed an Influenza report from 2017-2018 and a data analysis based on the Harm Reduction project questionnaires.
- The Tuberculosis program continues to collect and analyze data on all cases of TB, as well as developing targeted education resources for adults at higher risk.
- In partnerships with the Public Health Agency of Canada, an evaluation of the Strategy for the Management of Tuberculosis in High Incidence Communities was conducted June of 2017 to determine whether the TB High Incidence Strategy(HIS) reduces the incidence of TB in high incidence communities and increases community knowledge and engagement. It was based on statistics and qualitative data from interviews of stakeholders and community. The findings revealed that the incidence of TB fell by 42% from three years before the strategy. It also showed that community awareness increased.
- Two other research projects are underway, including a Community Mobilization Initiative to give preventative treatment to adults with latent TB infection, and the Pathways

Project to involve grass roots community engagement and participation.

- Environmental Health provided feedback on amendments to the Provincial Food Safety Regulation.
- Information was gathered from an on-line webinar on potential First Nations Accessibility legislation.
- Emergency Response - NITHA 2015 Wildfire Study completed, based on firsthand accounts and experiences of community members, stakeholders and elected officials and included 27 recommendations on improving emergency management and response.
- NITHA completed research on “Health Transfer Funding Shortfalls” and submitted aggregated data to Ottawa.
- The five-year NITHA Evaluation was completed.



Panorama Forum, May 17, 2017

PILLAR 5: *Engaging Partnership*

- Regular updates were provided at the Regional Nursing Network, Home Care meetings, Regional FNIHB Director of Primary Care, and Office of Nursing Services.
- Mental Health and Addictions (MHA) worked in collaboration with the Embracing Life Committee, FSIN's MHA Technical Working Group, the Building Vibrant Youth Committee, Maternal Mental Health Committee, Saskatchewan Prevention Institute initiatives, the Saskatchewan Centre for Patient Oriented Research, the Indigenous Advisory Circle, and the provincial MHA working group.
- Emergency Response held four working group meetings and participated in multiple stakeholders, community, and various calls to the Emergency Operations Centres (EOCs), providing health response advice.
- Support was provided in the setup and operation of community EOCs during emergencies, as well as daily updates on air quality, wildfire situational context, and flood impacts during surveillance activities with satellite imagery and external resources during the flood and fire season.
- Emergency Response provided assistance with the negotiation of service agreements between PAGC and the Red Cross, which was signed by the Red Cross and PAGC on March 1st, 2018. Work will continue with the other Partners to seek similar agreements.
- The success of the Nutrition program is a result of knowledge sharing from Elders talking about past food traditions to learning about the nutrition successes and challenges from the front-line workers.
- The eHealth program revamped the NITHA website, which went on-line on March 2018.
- Funding proposals were developed by eHealth for Panorama and Information, Communications & Technology equipment
- A smoking cessation class was piloted in James Smith upon community request with the plan to roll out to other NITHA communities. The primary objectives of the community visits were to educate community members on the harmful effects of commercial tobacco while being respectful of the traditional/ ceremonial/ sacred tobacco use; to support smokers who had indicated interest in quitting; and, to create awareness on the importance of smoke free public places. Five cessation classes were set up for grades 6-12 and adults twice a month, including a healing/talking circle and body mapping sections.
- The Tobacco Program collaborated with the Northern Saskatchewan Breathe Easy Working Group and Cancer Agency of Canada to organize the Run/walk To Quit program in NITHA communities. This group meets regularly at face-face quarterly meetings and via

teleconferences (every other month or as the need arises).

- Health Promotions coordinated the work and provided promotional materials for the Northern Health Communities Partnership (NHCP) through its core group and five NHCP Action Teams, including the Active Communities Team, Babies Books and Bonding, Building Vibrant Youth, Healthy Eating Team, and the Northern Tobacco Strategy.
- As part of the TB program, TB Nurses visited partner communities on 63 occasions, including day visits as well as full-week visits.
- Eighteen workers attended the annual Tuberculosis Worker Education Days and 20 nurses were provided orientation on various aspects at the field level.
- The TB program supported a number of community awareness initiatives, including health fairs, school and community presentations, and outreach campaigns.
- The Communicable Disease Nurse continued to work with the CHNs to trace positive STI/CD cases and their contacts for treatment and / or testing and provide orientation when necessary, which is important for preventing the further spread of the infection in the population.
- Infection Prevention and Control provided community support during visits to 23 communities.
- Engagement with the partners led to a 2017 National Infection Control Week, as well as a checklist for environment cleaning for PAGC, support to MLTC for the first phase of the accreditation process, and recommendations to PAGC for the construction of a new health centre at Red Earth Cree Nation.
- The HIV program worked with FNIHB to analyze the data from the second phase of the 90-90-90 research project.
- Meetings and conference calls have taken place involving Public Health Inspector (PHI) Managers on Hedgerow and Provincial Health Region changes, and provincial EHOs on West Nile, Ticks Hantavirus, and policy changes. Meetings also took place with FSIN Environmental Health Working Group on new water regulations and Home Care
- Resources were set up at PBCN's Evacuation Centre.
- Environmental Health worked with the FSIN on a Climate Change workshop, distributing briefing note details to communities and the NEC on potential funding streams for projects.
- Visits to the communities as part of the HIV Working Group were set up to reduce the rate of HIV and Hepatitis C infection by meetings with the frontline workers and following up on requests for support.
- HIV booths were set up in communities during Health Fairs, Treaty Days, youth and wellness conferences, high schools and community events, as well as partnerships with the FNIHB Outreach Nurse help to support testing.

- Capacity Development provided a presentation to 50 nurses at the NITHA Nursing Conference on “Early Stages and Progression of Dementia: A Caregiver’s Perspective.”
- In the area of Infection Control, there are stronger relationships with community health services, and the number of consultations and requests for information or resources has increased. At a national level, the participation in events and meetings hosted by the Infection Prevention and Control Canada has resulted in a higher profile of NITHA’s work in preventing the spread of infection in Saskatchewan’s First Nations communities.
- An HIV Working Group has ensured that there is a constant flow of communication and dialogue that aligns with strategic areas outlined in the HIV work plan.



PILLAR 6

Second Level Training/Train the Trainer

- Held a nursing conference (40), Home Care Nurses workshop (20) and a meeting for Primary Care Nurses on the Essentials of Perinatal Care (11).
- Mental Health and Addictions held a “Warriors against Violence” conference for 20 participants in Nov 2017.
- A five-hour course in Critical Incident Stress Management (CISM) was offered in May 2017 via WebEx, which provided a refresher to six participants.
- Emergency Response provided First Responder Instructor Training to LLRIB and MLTC Emergency Response Coordinators (ERCs). The online component and a mentorship process required for them to teach this level on their own will take place in the 2018/19 fiscal year.
- Emergency Medical Responder (EMR) Training and First Responder training resulted in 10 EMRs and 2 First Responders. The course also gave MLTC
- ERC co-teaching experience at a new level of training.
- Training for Mask Fit Testing was provided to ensure the Partnership has the ability to maintain respiratory protection programs and adhere to occupational health and safety standards in this area.
- The Nutrition program facilitated workshops on teaching the new standardized prenatal education modules. Training held in Pelican Narrows Buffalo Narrows, La Ronge and Meadow Lake.
- The Helpdesk Technician provided basic IT training via TeleHealth. Several training sessions were provided on a range of topics, including a one-week Wi-Fi course, which can be applied in the health centers to improve the performance of wireless networks.
- Training was provided to PAGC and LLRIB Coordinators on “Brief Intervention for Tobacco Cessation: Helping Pregnant and New Mothers” to teach service providers and frontline workers who work with pre-and post-natal mothers on reducing commercial tobacco use among new mothers and second and third-hand smoke exposure among infants and small children.
- Tobacco Coordinators were trained to use the Retailers Toolkits, which is designed to achieve the following:
 - o To reduce youth access to commercial tobacco products;
 - o To ensure that retailers are well equipped with all the information and are aware of the current legislation surrounding tobacco sales to minors;
 - o To help retailers develop policies on the sale of tobacco;
 - o To train all staff members immediately upon hiring them; and,
 - o To ensure staff abide by the law in relation to the sale of tobacco and associated products.

- Heath Promotions held a number of Train-the-Trainer physical activity programs, as well as a Saskatchewan Health Information Resource Program orientation for NITHA staff to assist them in their day-to-day work and also to share the information with their working groups.
- In collaboration with the second-level partners, Northern Population Health Unit, and provincial health authorities, NITHA provided a Standardized Prenatal/Postnatal Education for Northern Saskatchewan, including the following modules: "My Baby Inside Me," "My Pregnant Body," "Who Has My Back? Medical Care and Support," "My Labour and Delivery," and "Life With My Baby."
- Infection Control and Environmental Health trained 36 Janitors at a Janitorial Workshop in 2017.
- Environmental Health developed a new policy on Transportation of Dangerous Goods and provided information on an on-line "Ready to Eat Meats" course by the National Collaboration Center for Environmental Health.
- The HIV program collaborated with FNIHB to offer training on Pre- and Post-Test Counselling, Rapid Kit Test, and Naloxone Kit.
- A three-day workshop was also co-facilitated with the province on Sexual Health Education for HIV frontline workers in Prince Albert.
- As a result of meetings between NITHA and the Dean's Advisory Committee on Addictions, an on-line diploma program offered by Northlands College will be transferable to Saskatchewan Polytechnic's degree program in Mental Health and Addictions.
- Six students will gain professional designation through the First Nations Health Managers Association. Two more will complete in the next fiscal year. A successful proposal enabled training for eight additional Health Managers to take CFNHM 100, 200 and 300 courses with possibilities of funding for the CFNHM 400 and 500 courses, along with the final exam.
- In collaboration with the Partnership, Capacity Development participated with the St. Elizabeth's Community Health Representative Program to enable 12 students to enroll in a one-year program which includes a four-month in-community practicum.
- Together with the Executive Director, Capacity Development supports pursuing funding for a Dental Therapist Program in Saskatchewan, since the workforce is facing a shortage as a result of the closure of the National School of Dental Therapy. In turn, the Alaska Program is helping to broker an agreement for NITHA since it received accreditation in Dec 2017.
- Meetings took place with the National Dental Hygiene Association and the Saskatchewan Dental Therapy Association for their consideration of new training possibilities.
- Health Promotions developed Train the

Trainer programs in Physical Activity based on national and international physical activity programs currently offered.

- Capacity Development provided members with upskilling and reskilling training programs. New technologies were also used for training and delivery of services, which reduce the isolation experienced by northern and remote First Nations communities; Workshops were also offered to meet the demands of more digitalized health services.
- The program is building capacity, encouraging development, and supporting skill and strategy development to enable healthcare workers to meet the increasingly digitalized nature of the workplace. It also deploys staff in ways that encourage staff retention by placing them in positions that suit their skill sets.



Perinatal Care, March 2018



Immunization Community Recognition Awards, AGM 2017

PILLAR 7:

Informing Partnership of New/Changing Communication and Current Trends

- The Nursing program holds working group meetings for Nurse Managers twice a year, as well as teleconferences on an ad hoc basis. Support is also provided via email, teleconferences and in person upon request. Topics include Elder abuse, policy and procedure development, and other areas in nursing service delivery.
- Mental Health and Addictions coordinated a First Nations Mental Health First Aid Training, a “Walk with Me” program, and Phase II of Safe Talk training for the new fiscal year.
- The Emergency Response Working Group continues to meet to enhance community risk assessments and community plans using an All Hazard Approach.
- Information from the Obesity Summit and the Prevention Matters conference was shared with the partners, including information on obesity as a chronic disease and its rise amongst children, how prenatal care starts before conception so nutrition, and how reducing stress is important during this time. Information was also shared about Food Insecurity, which is the lack of access (physically, socially and economically) to sufficient, safe and nutritious food that meets dietary needs and food preferences for an active and healthy life.
- A workshop was held by eHealth to provide information on changes to the provincial Communicable Disease regulations that affect Panorama, which were necessary in order to comply with the Health Information Protection Act. Negotiations on specific First Nations requirements regarding ownership, control and access of community level aggregate data also took place, which were accepted by the province. New communities are now able to access Panorama.
- Social media marketing was used daily during National Non-Smoking Week from Jan. 21-27, to answer questions related to tobacco/use posted by NSBE. NITHA and its partners donated prizes from iPods and tablets to gift cards.
- Anti-Tobacco campaigns focused on the health effects and consequences of tobacco, the tobacco industry’s deceptive practices, and second-hand smoke and its potential harm.
- Information booths were set up at the NITHA nursing conference in Waskesiu on Aug. 30, 2017, and the PAGC/PBCN HIV workshop on Feb. 28 & Mar. 1, 2018, which attracted approx.100 visitors, and the Home Health Aide Workshop that consisted of 69 participants in Saskatoon on Mar. 14 & 15, 2018.
- Health Promotions used social media platforms to post information on health topics, such as HIV, mental health, physical activity, nutrition, tobacco use, alcohol use, and infection control. To date, the NITHA page on Facebook received 494 Likes, 501 Followers and 3,500 Visits that have Reached Over 100,000 and Engaged Over 6,000.
- Health Promotions published two editions of the NITHA Health Express on the

themes of “Preventing Infections and Disease” and “Summer Safety.”

- The Public Health Nurses have met on a regular basis to continually review standards, protocols and nursing procedures. Working groups and committees include FNIHB’s Regional Nursing Advisory Committee, the Saskatchewan Committee on Immunization (SCOI), FNIHB’s Regional Working Group, as well as the Saskatchewan Public Health Nurse Managers Committee.
- Epidemiology provided information on a quarterly and yearly basis to inform the communities or partners of diseases current trends.
- The results and recommendations of the evaluation of the High Incidence Strategy were presented to the communities and respected Health Directors. The evaluation demonstrates that the program is making progress in the most affected communities. New resources are also being developed to assist health care providers to educate their communities

on TB, and thorough and timely contact investigation has had a long-term impact on reducing the incidence of TB.

- In the Fall of 2018, a new database system for reporting STI/CD cases called Panorama will replace the Integrated Public Health Information System (iPHIS). Through this new platform, all health-related information will be centralized and it will no longer be necessary to contact the health centers for clients’ data, such as immunization records. This system will also reduce breaches of confidentiality and the privacy of clients. The Data Collection Worksheet, which is used to investigate cases, is currently under review.
- IPC provided community support visits as well as regular updates and information on current trends through weekly Infection Control news streams.
- Environmental Health responded to inquiries on Environmental Health issues within the partnership. Information was also sent to Nurse Managers and EHOs on the funding available for Climate Change

projects. Staff also served as the provincial liaison for the Canadian Network Public Health Intelligence and Indigenous Environmental Public Health Services’ collaboration center.

- In the area of HIV programs, partners continue to provide information on current trends, training programs, and opportunities for continuing education through emails and working groups.
- A day and half HIV/STI workshop for front line workers was organized and 46 people were in attendance. All the partners were well represented. There were nine presentations and seven facilitators and ended with discussions on future action plans.
- The HIV program designed a poster that encourages testing.

Additional Statistics

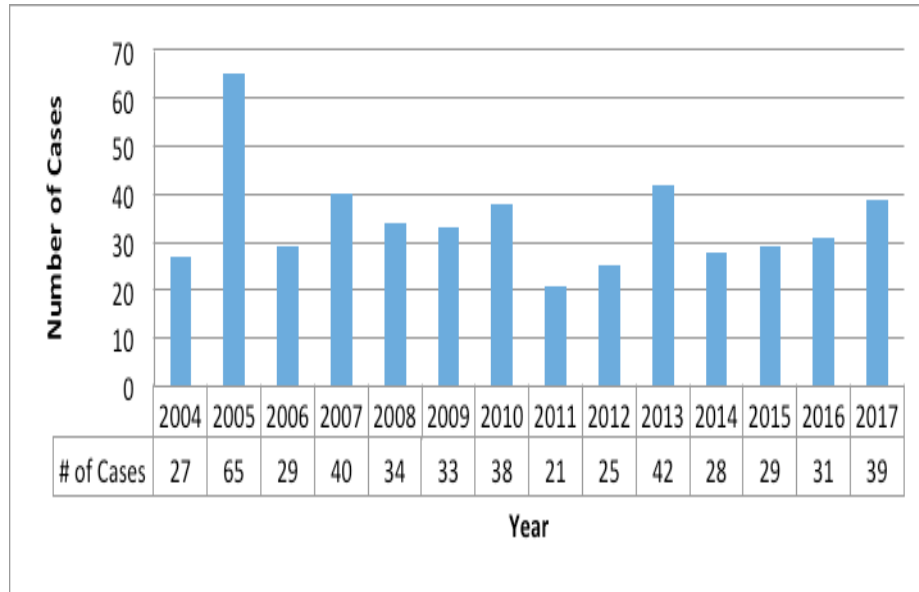


Figure 19: Number of Active TB Cases by years, NITHA, 2004-2017

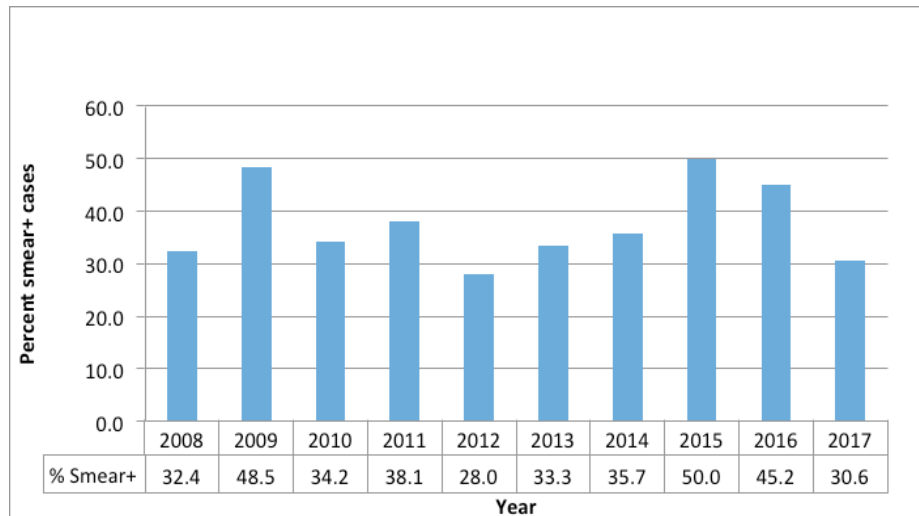


Figure 20: Number of TB cases by age group and gender, NITHA, 2017

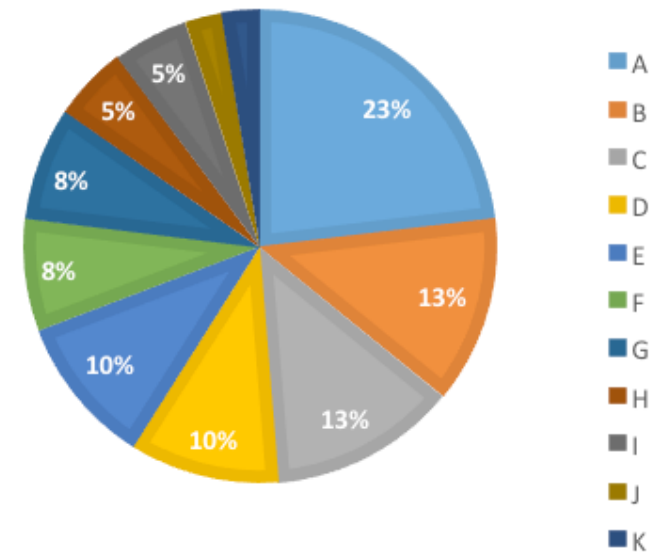


Figure 21: Distribution of TB Cases by community, NITHA, 2017

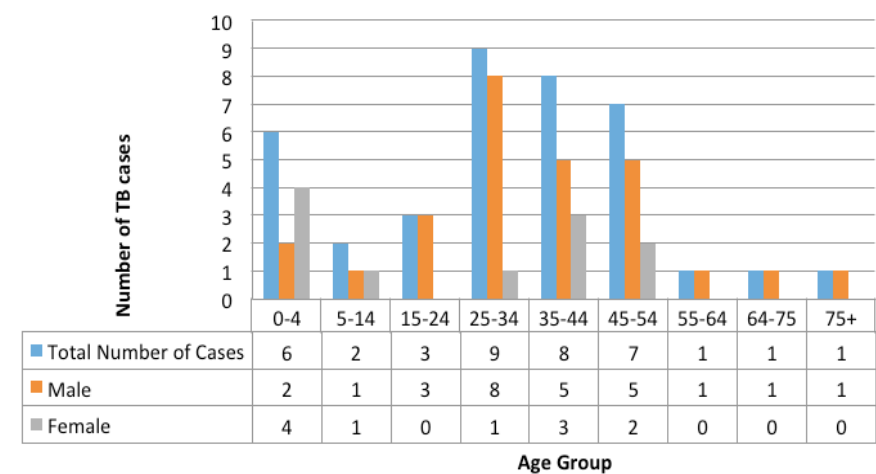


Figure 22: Percentage of smear positive TB cases by year, NITHA, 2008-2017

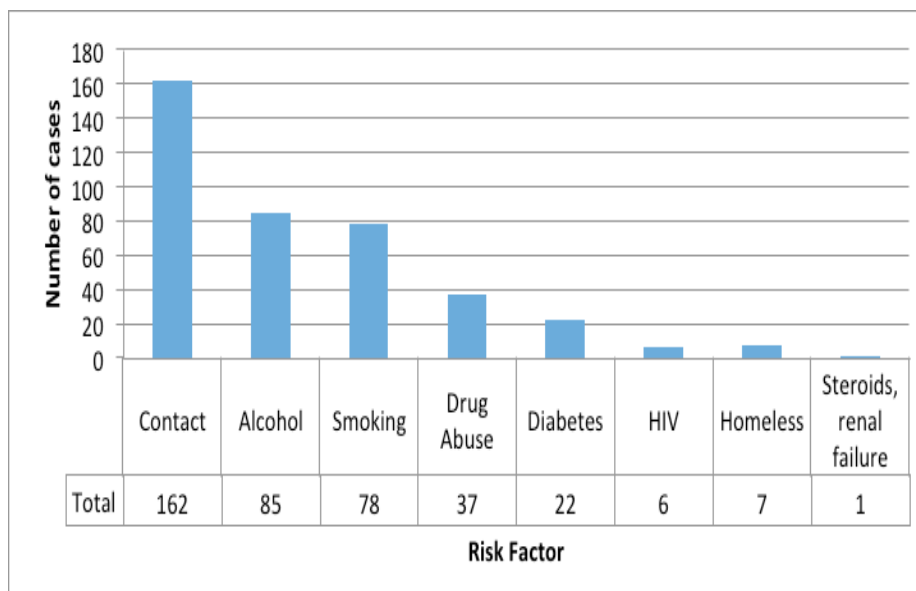


Figure 23: Number of TB cases by risk factors, NITHA, 2008-2017

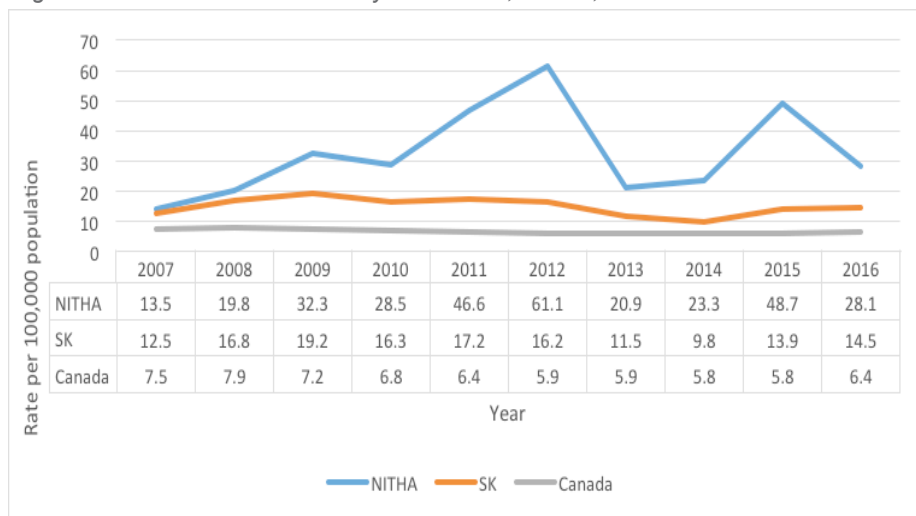


Figure 24: Number of TB cases by risk factors, NITHA, 2008-2017

2017-2018 ANNUAL REPORT

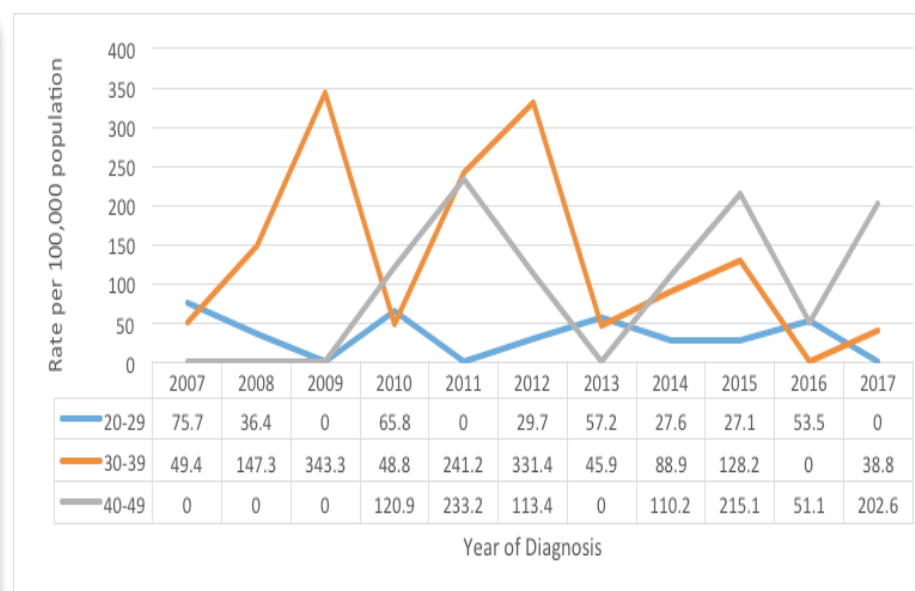


Figure 25: HIV cases by selected age group, NITHA, 2007-2017



Figure 26: Sexual transmitted diseases by year, NITHA, 2010-2017.

Cumulative		215	
		Number	Percent (%)
Gender	M	95	44.19
	F	120	55.81
			100
Age	Average	26.02	years
	Median	14.7	years
	Range	0.29-87.16	years
Underlying Medical Condition	Y	52	24.19
	N	87	40.47
	U	76	35.35
		215	100
Immunization	Y	27	12.56
	N	127	57.21
	U	61	30.23
			100
Influenza strain	Type A (H3N2)	79	36.74
	Type A (H1N1)	3	1.4
	Type A (unspecified)	7	3.26
	Type B	126	58.6
			100.01
Admitted & Discharged	Out-patient	143	66.51
	Hospitalization	15	7
	ICU	4	1.86
	Unknown	57	26.51
			100
Partnership	PAGC	51	23.72
	MLTC	25	11.63
	PBCN	5	2.33
	LLRIB	134	62.33

Figure 27: Summary of laboratory confirmed Influenza cases between Oct. 1, 2017-April 30, 2018

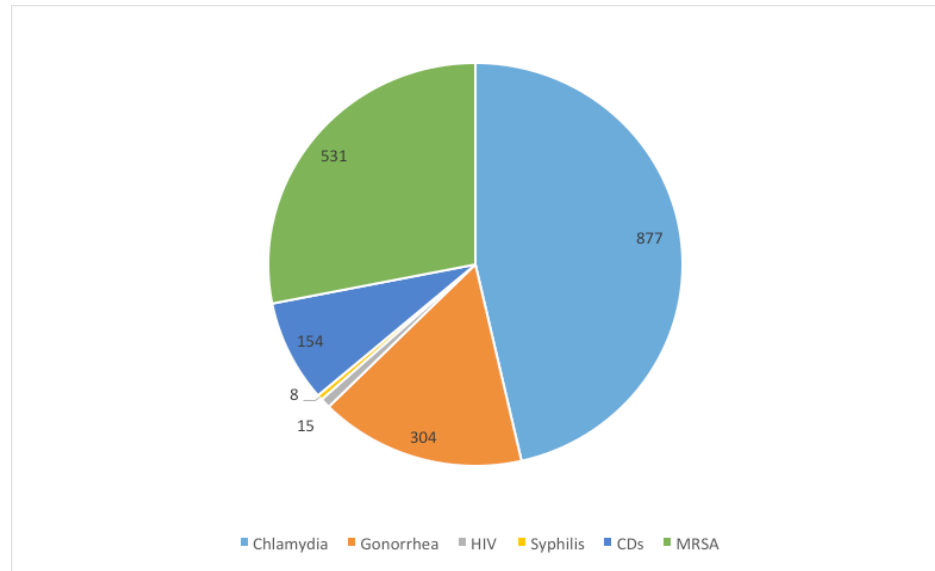


Figure 28: Positive laboratory reports by disease category, NITHA, 2017

A Year in Pictures



Hon. Jane Philpott's visit with NITHA at PBCN.



Signing of EMR Data Sharing Agreement



HIV Workshop



"Sacred Tobacco" Video on YouTube



Panorama Forum



Janitorial Training, Oct. 2017



Braline, 2017



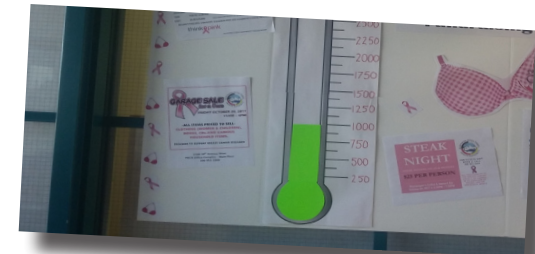
Wi-Fi Training, 2017



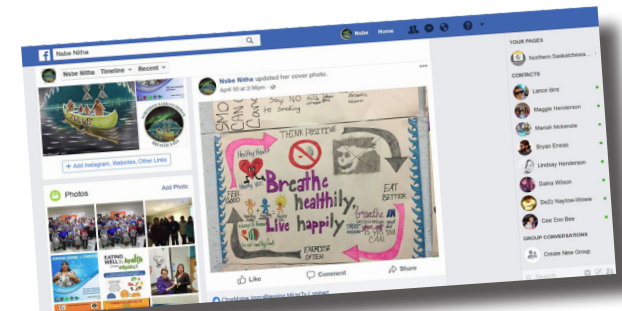
NITHA AGM 2017



First Responder and Emergency Medical Responder Training, March 2017



Breast Buddies Fundraiser, Oct. 2017



Facebook campaign

Challenges in 2017-18

- Nursing will complete the final report for the Continuum of Care project regarding the need for Special Care beds. A Lab Survey, Standard Policy and Procedures, and Orientation and Competency Profile Reference Guide will also be completed for Nurse Managers in Primary Care and Home Care.
- Mental Health and Addictions will modify the Statistical Data Monitoring Tool so data collection on suicides can continue.
- Emergency Response continues to address lack of direct funding for Emergency Response positions within Health, as well as high staff turnover, maintenance of the position, and increased costs of travel.
- Due to legal consultations at a provincial level, the launching of Panorama was delayed for several communities; however, it became available to the First Nation communities in early 2018.
- Discussions with the MHO, Manager of Public Health PHN, and respective partners are underway to discuss strategic planning for the communities with low immunization rates.
- Obtaining current accurate data, not including communicable diseases and immunization, is the most significant challenge for the Epidemiologist as there is presently a lack of standardized electronic data available for program evaluation, analysis, recommendations, and meaningful health status reports.
- Challenges to controlling Tuberculosis continue because not all those exposed to TB are being assessed by the TB physician in order to initiate preventative treatment, which results in some individuals eventually developing active TB and transmitting it to others. A new portable digital x-ray machine can now be taken directly into the communities; however, social determinants, such as overcrowding and poverty, will continue to hamper efforts to completely eliminate TB.
- Identification of training needs for Infection Control continues to be a challenge as there are no personnel directly responsible in the partnership.
- Prompt reporting on Animal Bite and Enteric cases continues to be a challenge for Environmental Health possibly due to staffing or routing of information concerns. The team was also not able to attend or maintain partnerships due to travel budget restraints.
- In spite of the HIV testing, the first group of the 90-90-90, which is 90% of those living with HIV diagnosed, is still low, especially in remote communities where access to health care is not readily available. In order to increase the rate of HIV testing, there is a need for more awareness and promotion of the importance of HIV testing. The rates of newly-diagnosed clients receiving care within three months of their diagnosis is also lagging as a result of transiency and the movement of clients from on and off reserve. To address these challenges, HIV clients are in need of a good support system made up of peers and people with lived experiences.

Priorities for 2018-2019

- Emergency Response will continue to build the capacity of in-house First Aid/ CPR, AED, and First Responder trainers. It will also continue to populate the Google Earth Pro database with Partner impacts, make progress in All Hazard community planning and risk assessments, and procure service agreements with the Red Cross and the rest of the NITHA Partners. It will also remain responsive to the individual needs of the partners within all aspects of emergency management, and advocate for the appropriate funding to sustain emergency management.
- Focussing on Mental Health and Addictions, the MHA plans on developing a Suicide Screening Tool for Nurses.
- Epidemiology plans to continue exploring options on how to get more data to assist in program planning and evaluation, and working with communities to increase immunization rates, including increasing rates of immunization for Influenza and children. There are also plans to work with FNIHB and Ministry of Health to reduce the rates of sexual transmitted diseases, such as Chlamydia, Gonorrhea and HIV/AIDS. There will also be updates every quarter to plot the maps of population distribution, STD distribution, animal bites using ArcGIS.
- The Tuberculosis program will focus on working with stakeholders and communities to implement the significant changes recommended by the HIS evaluation, and use a new clinical model that brings care closer to the clients in a more timely way, which will have a huge impact on the number of clients who we are able to treat for latent TB infection. The program will also continue to expand its community awareness and education efforts with the goal of detecting TB cases earlier and achieving more acceptance of preventative treatment.
- Infection Prevention and Control will focus on developing more IPC resources with Indigenous content, and continue to improve infection control practices in the community through community support visits as well as more active participation at national and international conferences.
- Environmental Health will continue to meet provincial reporting requirements for Enteric illnesses and implement the new Hedgerow data collection system.
- The HIV program will continue to engage and support the partners in its goals to reduce and prevent the spread of HIV by developing culturally appropriate materials, offering training on best practices, and working to involve peers as part of the support system in the management of newly-diagnosed HIV clients.
- Strategic planning with the Leadership
- The Operational Health Plan Application for funding for the next five years
- Capacity Development is developing an on-line orientation on Cultural Competency.

- A comprehensive review of parenting programs will be presented in 2018. It includes reviews of a new First Nations in British Columbia, “Bringing Tradition Home,” a “Leader in Me” anti-violence program and PA’s KidsFirst program.



Standardized Prenatal Postnatal Education Training, Nov. 2017

Human Resources

Human Resources works to support the NITHA Partnership to plan, implement, and operate human resource programs aimed at addressing Human Resource (HR) issues as a collaborative approach. This includes but is not limited to consultation, advice and the implementation of HR initiatives throughout the Partnership. Effective Human Resource Management (HRM) enables employees to contribute effectively and productively to the overall company direction and the accomplishment of the organization's goals and objectives.

The HR Advisor deals with issues related to people such as recruitment and retention, compensation, performance management, organizational development, occupational health and safety, employee wellness, employee benefits, employee relations, communications, HR administration, and employee training and development. The HRM process at NITHA is the responsibility of the HR Advisor who is supported by the Personnel Finance Assistant.

Policy Development/Standards/Protocols/Procedures

- Human Resources completed and implemented a Human Resources Information System (HRIS), which tracks employee information and keeps track of leaves used throughout the year.
- Policies for Protected Leaves, Conflict of Interest and Attendance Policy was updated, as well as General Procedures that cover policies on Social Media, Scent Free Workplace, promotions, branding, retention, and destruction of personal health information.

Data Stat Collection & Analysis

- Human Resources contributed to the First Nations Labour and Employment Development's Saskatchewan Regional Questionnaire Development.

Research and Analysis

- Human Resources began preliminary work on NITHA Benefits Review and research into electronic timesheets that will be compatible with the current HRIS.

Engaging Partnership

- 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 as needed.
- NITHA continues to reach targeted applicants by placing job advertisements of vacant positions on our website and various other methods including posting on nationtalk.ca.
- Partners continue to actively participate in NITHA's resume screening activities and interviews.

- The HR Advisor helped to prepare screening sessions, develop interview guides and conducted interviews for the positions of IT Help Desk Technician, Health Informatics Specialist, TB Nurse, and Mental Health & Addictions Advisor.
- Human Resources also set up a NITHA booth promoting the organization, health careers and nursing in the north at the following events:
 - Nurse Practitioners Education Conference, April 28, 2017, Saskatoon (80);
 - SRNA Annual Conference, May 3 & 4, 2017, Saskatoon (250);
 - La Ronge & Area Career Fair and Hands on Career Day with PHN & CDC Nurses- NITHA had a suturing station, May 2, 2017, La Ronge, (600);
 - SK Polytechnic Community Health & Fitness Fair, September 27, 2017, Prince Albert (80);
 - FNIH SK Regional Nursing Workshop, Nov 21 - 23, 2017, Saskatoon (150); and,
 - Northern Lights Youth Symposium (U of S), March 13, 2017, Prince Albert (50).

Informing Partnership on New/Changing Communication and Current Trends

- Human Resources negotiated a package price for the use of HR Insider for their HR needs to assist in the areas of research, policy development and best practice.
- HR Working group met face-to-face in October 2017 to provide support to one another and discuss successes and challenges with HR needs within their organizations.

Staff Vacancies

NITHA began its year with one vacancy for the position of IT Help Desk Technician. The position of Health Informatics Specialist was a new position that was added to our ever-growing NITHA team. By March 31, 2018 NITHA had no vacant positions.

Four positions were filled in the 2017-2018 fiscal year: IT Help Desk Technician (Jun. 2017), Health Informatics Specialist (Sept. 2017), TB Nurse (Jan. 2018), and Mental Health & Addictions Advisor (Jan. 2018).

The jobs were posted on various social media outlets, such as Facebook, Indeed.ca and the website. There were 1,401 visitors.

Employee Relations - Human Resources is responsible for ensuring that there is adequate flow of information between employees and management to promote a better understanding of management's goals and policies.

Employment Legislation Compliance - At NITHA, we have continued to ensure compliance to employment legislation. Broadly, NITHA is governed by the employment legislation as stipulated under the Canada Labour Code, Human Rights Legislation and the Common Law.

Performance Management - Performance management is a continuous process of setting objectives, assessing progress and providing on-going coaching and feedback to ensure that employees are meeting their objectives and career goals. The HR Advisor continues to support both the NITHA managers and employees in this area.

HR Policies and Procedures - The HR Advisor makes it an on-going activity to review, recommend, update and interpret HR policies and procedures.

Employee Wellness - The HR Advisor continues to advocate that all staff maintain a healthy work-life balance.

Social Committee - the HR Advisor actively participates in the coordination of social activities for staff including Christmas parties, staff appreciation activities, staff retreat and other special events.

Promotion and Awareness of NITHA - Over the past year the HR Advisor has set up the NITHA information booth five times at various Nursing Conferences and Careers Fairs around the province. The main goal was to promote NITHA and the Partnership, as well as, pursuing health careers, the NITHA Scholarship and nursing in the north. These activities reached approximately 1,210 visitors.

POSITION TITLE	DATE FILLED
1. IT Help Desk Technician	June 2017
2. Health Informatics Specialist	September 2017
3. TB Nurse	January 2018
4. Mental Health & Addictions Advisor	January 2018

CHALLENGES

As in past years, the health industry continues to be plagued with the shortages in skill set; NITHA and the Partnership

Organizations are no exception to this. The demand for skills needed in the health industry is yet to be met by supply creating a competition between provinces, as well as, within provincial regional health authorities for these professionals. Our biggest recruitment challenges are in the area of nursing with the changes to the SRNA bylaws in December 2017, where we have experienced an increase in the demand for Registered Nurses with Advanced Authorized Practice.

The capacity development strategies of NITHA in building skills required for various health professions in Northern Saskatchewan continues to be a “long-term goal” that facilitates First Nation people to be hired at NITHA and within the Partnership Organizations.

NITHA will continue its work with the HR Working Group to engage them in identifying the major issues within their organizations as a way to begin the process of address those outstanding issues.

PRIORITIES

- To achieve and maintain a full complement of staff for continuity of business operations at NITHA;
- To provide an ongoing review the NITHA benefit plan structure for all benefits available to staff to ensure that they are current and competitive;
- To continue engaging the HR working group with Partnership members to identify shared strategic HR goals and objectives and outstanding major HR issues;
- To continue to research, document, and implement successful recruitment and retention strategies;

Source	Visitors	Applicants	Hires
Facebook	1252	1	0
Indeed	102	8	2
Website	47	0	0
Other: Saskjobs/networking/ nationtalk.ca	unknown	27	2

- To maintain HR Policies and Procedures that are in compliance with legislation;
- To continue revisions to the General Procedures Manual; and,
- To promote awareness of NITHA and its Partnerships services and job opportunities.

The NITHA Leadership, Management and staff wish to thank the following former employee of the organization for her contributions to the success of NITHA and we wish her the best in her future endeavours:

- Joanna McKay, Mental Health & Addictions Advisor, September 2018



Staff Retreat, 2017

Finance

The Finance Manager performs professional, advisory and confidential financial duties abiding by the Financial Management Policy and Procedures Manual. The Finance Manager prepares the annual program budgets, provides monthly and annual financial reports, and ensures financial management is consistent with generally accepted accounting principles (GAAP) that meet audit standards. He/she is responsible for the development and maintenance of the financial management policy and procedures manual, developing the appropriate administrative forms and approvals processes on all finance procedures.

Block Funding \$4,538,759

Flexible Funding \$340,000

Set Funding \$756,644

TOTAL TRANSFER FUNDING
\$5,635,403

NITHA operates under a consolidated agreement which contains block, set, and flexible funding. This particular agreement

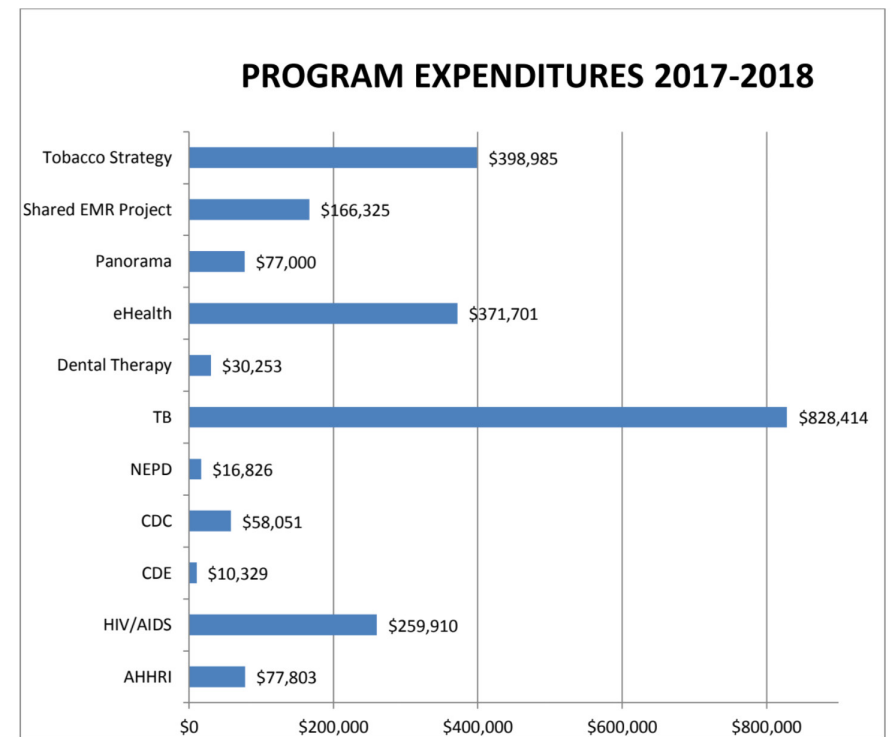
is expected to expire March 31, 2019. On a quarterly basis the budgeted vs. actual expenditures by program area are presented to the Board of Chiefs for approval.

2017/18 Financial Statements

The 2017-2018 Audited Statements unveil the financial portrait of this past year's programs and services provided to the NITHA Partners and their communities. Included in the audited financial statements are:

- The auditor's opinion on the fairness of the financial statements
- Statement of Financial Position (Balance Sheet)
- Statement of Operations (Income Statement)

- Statement of Changes in Net Assets (Fund Balances)
- Statement of Cash Flows
- Notes to the Financial Statements
- Detailed Schedule of Revenue and Expenditures by program



Northern Inter-Tribal Health Authority Inc.
Financial Statements
March 31, 2018

Management's Responsibility

To the Board of Directors of Northern Inter-Tribal Health Authority Inc.:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards for government not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.


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

The Board of Chiefs is composed entirely of Directors who are neither management nor employees of the Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Authority's external auditors.

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

June 11, 2018


Acting Executive Director


Finance Manager

Independent Auditors' Report

To the Partners 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, 2018, and the statements of operations, changes in fund balances, cash flows and the related schedules 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.

Auditors' 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 auditors' 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, 2018 and the results of its operations, changes in fund balances and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Other Matter

The financial statements of Northern Inter-Tribal Health Authority for the year ended March 31, 2017 were reported on by another auditor who expressed an unqualified opinion on those financial statements on June 22, 2017.

Prince Albert, Saskatchewan

June 11, 2018

MNP LLP

Chartered Professional Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873, (855) 667-3310

MNP

Northern Inter-Tribal Health Authority Inc.
Statement of Financial Position
As at March 31, 2018

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2018	2017
Assets						
Current						
Cash	1,642,367	1,227,828	181,584	-	3,051,779	2,870,518
Accounts receivable (Note 3)	10,621	-	-	-	10,621	16,502
Prepaid expenses	15,325	-	-	-	15,325	13,543
	1,668,313	1,227,828	181,584	-	3,077,725	2,900,563
Capital assets (Note 4)	-	-	-	594,004	594,004	449,741
	1,668,313	1,227,828	181,584	594,004	3,671,729	3,350,304
Liabilities						
Current						
Accounts payable and accruals (Note 5)	745,924	-	-	-	745,924	556,970
Deferred revenue (Note 7)	-	-	-	-	-	24,408
	745,924	-	-	-	745,924	581,378
Net Assets						
Unappropriated surplus	922,389	-	-	-	922,389	504,545
Appropriated surplus (Note 8)	-	1,227,828	-	-	1,227,828	1,597,294
Surplus appropriated for scholarships (Note 9)	-	-	181,584	-	181,584	217,346
Invested in capital assets	-	-	-	594,004	594,004	449,741
	922,389	1,227,828	181,584	594,004	2,925,805	2,768,926
	1,668,313	1,227,828	181,584	594,004	3,671,729	3,350,304

Approved on behalf of the Board


 Board Member

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.
Statement of Operations

For the year ended March 31, 2018

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2018	2018 <i>Budget</i>	2017
Revenue							
Health Canada							
Health Canada	5,635,403	-	-	-	5,635,403	4,688,876	4,810,012
Transfer from deferred revenue - Other revenue	24,408	-	-	-	24,408	126,423	227,665
Transfer from deferred revenue - NLCDC	-	-	-	-	-	-	33,689
Interest revenue	-	-	33,238	-	33,238	-	24,544
Administration fees (Note 10)	177,152	-	-	-	177,152	125,083	188,251
Other revenue	25,000	-	-	-	25,000	3,000	40,440
Total revenue	5,861,963	-	33,238	-	5,895,201	4,943,382	5,324,601
Expenses							
Salaries and benefits	3,135,283	-	-	-	3,135,283	3,263,501	2,819,257
Program expenses	1,331,396	-	-	-	1,331,396	1,179,156	1,428,436
Appropriated surplus projects	-	211,268	69,000	-	280,268	1,458,030	812,937
Facility costs	242,518	-	-	-	242,518	259,057	248,126
Amortization	-	-	-	218,446	218,446	-	146,752
Administration fees (Note 10)	177,152	-	-	-	177,152	137,999	188,251
Travel and vehicle	112,613	-	-	-	112,613	140,333	105,184
Meetings and workshops	92,908	-	-	-	92,908	172,243	130,762
Professional fees	57,204	-	-	-	57,204	78,000	80,787
Telephone and supplies	56,307	-	-	-	56,307	77,340	47,516
Computer and equipment maintenance	45,950	-	-	-	45,950	69,000	70,383
Bank charges and interest	3,352	-	-	-	3,352	2,000	3,379
Total expenses	5,254,683	211,268	69,000	218,446	5,753,397	6,836,659	6,081,770
Excess (deficiency) of revenue over expenses before other items	607,280	(211,268)	(35,762)	(218,446)	141,804	(1,893,277)	(757,169)
Other items							
Gain on disposal of capital assets	-	-	-	15,075	15,075	20,000	29,501
Excess (deficiency) of revenue over expenses	607,280	(211,268)	(35,762)	(203,371)	156,879	(1,873,277)	(727,668)

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.
Statement of Changes in Net Assets

For the year ended March 31, 2018

	<i>Operating Fund</i>	<i>Appropriated Surplus</i>	<i>Surplus Appropriated for Scholarships</i>	<i>Capital Fund</i>	<i>2018</i>	<i>2017</i>
Net assets, beginning of year	504,545	1,597,294	217,346	449,741	2,768,926	3,496,594
Excess (deficiency) of revenue over expenses	607,280	(211,268)	(35,762)	(203,371)	156,879	(727,668)
Transfer to capital fund	(247,486)	(100,148)	-	347,634	-	-
Transfer from appropriated surplus	58,050	(58,050)	-	-	-	-
Net assets, end of year	922,389	1,227,828	181,584	594,004	2,925,805	2,768,926

Northern Inter-Tribal Health Authority Inc.
Statement of Cash Flows
For the year ended March 31, 2018

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2018	2017
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	607,280	(211,268)	(35,762)	(203,371)	156,879	(727,668)
Amortization	-	-	-	218,446	218,446	146,752
Gain on disposal of capital assets	-	-	-	(15,075)	(15,075)	(29,500)
Changes in working capital accounts	607,280	(211,268)	(35,762)	-	360,250	(610,416)
Accounts receivable	5,881	-	-	-	5,881	14,424
Prepaid expenses	(1,782)	-	-	-	(1,782)	(1,120)
Accounts payable and accruals	188,954	-	-	-	188,954	(78,462)
Deferred contributions	(24,408)	-	-	-	(24,408)	(227,665)
	775,925	(211,268)	(35,762)	-	528,895	(903,239)
Capital activities						
Purchase of capital assets	-	-	-	(362,709)	(362,709)	(224,888)
Proceeds from disposal of capital assets	-	-	-	15,075	15,075	29,500
	-	-	-	(347,634)	(347,634)	(195,388)
Increase (decrease) in cash resources	775,925	(211,268)	(35,762)	(347,634)	181,261	(1,098,627)
Cash resources, beginning of year	1,055,878	1,597,294	217,346	-	2,870,518	3,969,145
Interfund adjustments	(189,436)	(158,198)	-	347,634	-	-
Cash resources, end of year	1,642,367	1,227,828	181,584	-	3,051,779	2,870,518

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc. Notes to the Financial Statements

For the year ended March 31, 2018

1. Incorporation and nature of the organization

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 third-level health services and programs to the members of its partner organizations. Under present legislation, no income taxes are payable on the reported income of such operations.

2. Significant accounting policies

The Authority has adopted the financial reporting framework recommended by the Chartered Professional Accountants of Canada ("CPA") for government not-for-profit organizations. The relevant accounting standards from the CPA's Public Sector Accounting ("PSA") Handbook are:

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 Chiefs to be used for a specific purpose in the future;
- iii) The Surplus Appropriated for Scholarships Fund accounts for investment funds allocated by the Board of Chiefs 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.

Allocation of expenses

The administration office provides services to other program areas reported in the Operating Fund. To recognize the cost of these services, revenue is reported on Schedule 3 and offsetting expenses are reported on other schedules as set out in note 10. Allocations of administrative fees are completed based on eligible rates per funding agreements and based on approved budgets.

Cash and cash equivalents

Cash and cash equivalents include balances with banks and short-term investments with maturities of three months or less. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the declining balance method at rates intended to amortize the cost of assets over their estimated useful lives.

	Method	Rate
Equipment	straight-line	5 years
Computers	straight-line	3 years
Automotive	straight-line	5 years
Leasehold improvements	straight-line	5 years
Software	straight-line	3 years

Northern Inter-Tribal Health Authority Inc. Notes to the Financial Statements

For the year ended March 31, 2018

2. Significant accounting policies (Continued from previous page)

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.

Employee future benefits

The Authority's employee future benefit program consists of a defined contribution pension plan.

Defined contribution plan

The Authority contributes to the defined contribution plan with costs equally shared by the Authority and its employees, accordingly, no amounts are recorded except for any outstanding amounts payable at year-end. Employer contribution rates for the defined contribution plan are equal to 7.5% based upon gross earnings per employee.

Revenue recognition

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

Investment income is recognized in the Surplus Appropriated for Scholarships funds net assets when earned.

Measurement uncertainty (use of estimates)

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

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

Financial instruments

The Authority recognizes its financial instruments when the Authority becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, the Authority may irrevocably elect to subsequently measure any financial instrument at fair value. The Authority has not made such an election during the year.

Transaction costs directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in excess of revenue over expenses. Conversely, transaction costs are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

All financial assets except derivatives are tested annually for impairment. Management considers recent collection experience for the grants, in determining whether objective evidence of impairment exists. Any impairment, which is not considered temporary, is recorded in the statement of operations. Write-downs of financial assets measured at cost and/or amortized cost to reflect losses in value are not reversed for subsequent increases in value. Reversals of any net remeasurements of financial assets measured at fair value are reported in the statement of remeasurement gains and losses.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2018

3. Accounts receivable	2018	2017
GST receivable	6,362	12,883
Other receivables	4,259	3,619
	10,621	16,502

4. Capital assets	2018	2017
	Net book value	Net book value
	Accumulated Cost amortization	
Automotive	269,030	42,320
Computers	1,153,931	992,937
Equipment	622,119	484,994
Leasehold improvements	176,812	125,637
Software	110,999	92,999
	2,332,891	1,738,887
	594,004	449,741

5. Accounts payable and accruals	2018	2017
Payroll accruals	375,256	340,913
Trade payable and accruals	370,668	216,057
	745,924	556,970

6. 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:

	2018	2017
Prince Albert Grand Council	157,522	344,746
Meadow Lake Tribal Council	130,720	257,540
Peter Ballantyne Cree Nation	124,762	416,092
Lac La Ronge Indian Band	122,962	274,708

At March 31, 2018, accounts receivable amounting to \$nil (2017- \$10,841) and accounts payable of \$8,483 (2017- \$12,717) were due from/to the Authority's partners listed above. These transactions were made in the normal course of business and have been recorded at the exchange amounts.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements

For the year ended March 31, 2018

7. Deferred revenue	2018	2017
Health Canada - Dental Therapy	-	3,912
Health Canada - NAYSPS	-	9,653
Health Canada - Tobacco Control Strategy	-	10,843
	-	24,408

8. Appropriated surplus	2018	2017
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:		
Capacity development initiatives		
Opening balance	44,074	84,899
Inter project transfers	79,920	9,771
Expenses	(14,852)	(50,596)
Ending balance	109,142	44,074
Human resources initiative		
Opening balance	14,430	33,950
Expenses	(14,430)	(19,520)
Ending balance	-	14,430

Nursing initiative		
Opening balance	40,793	46,170
Expenses	(2,546)	(5,377)
Ending balance	38,247	40,793
Capital projects		
Opening balance	31,971	407,919
Transfers	-	(23,554)
Transfers to capital	(100,148)	-
Inter project transfers	135,000	(350,000)
Expenses	(4,870)	(2,394)
Ending balance	61,953	31,971
E-Health solutions		
Opening balance	150,117	-
Transfers	-	62,095
Inter project transfers	-	400,000
Expenses	(70,213)	(311,978)
Ending balance	79,904	150,117

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2018

8. Appropriated surplus (Continued from previous page)

Emergency preparedness		
Transfers	-	250,000
Inter project transfers	-	50,000
Expenses	-	(300,000)
Ending balance	-	-
Home care, end of life, physical assessment		
Opening balance	-	29,816
Inter project transfers	-	(29,816)
Ending balance	-	-
Communicable Disease (including EBOLA & eLearning Module)		
Opening balance	-	3,512
Expenses	-	(3,512)
Ending balance	-	-
Special projects		
Transfers	(58,050)	-
Inter project transfers	304,798	-
Ending balance	246,748	-
Strategic planning, long term planning and future deficits		
Opening balance	1,315,909	1,466,924
Transfers	-	8,000
Inter project transfers	(519,718)	(79,955)
Expenses	(104,357)	(79,060)
Ending balance	691,834	1,315,909
	1,227,828	1,597,294

9. 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.

<u>Beginning Balance</u>	<u>Interest</u>	<u>Expenses</u>	<u>Transfers</u>	<u>Ending Balance</u>
217,346	33,238	69,000	-	181,584

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2018

10. Administration fees

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

	2018	2017
Community Service Units - Schedule 5	-	16,922
Shared EMR Project - Schedule 14	20,516	-
Communicable Disease Emergencies - Schedule 7	939	3,290
Communicable Disease Control - Schedule 8	5,455	8,221
Nursing Education - Schedule 9	-	1,500
HIV Strategy - Schedule 10	6,434	30,283
Aboriginal Human Resources - Schedule 12	7,174	-
TB Initiative - Schedule 11	70,509	67,500
TB Worker Program - Schedule 11	12,310	-
E-Health Solutions - Schedule 15	41,242	39,284
Panorama - Schedule 16	7,000	9,000
Tobacco Control Strategy - Schedule 17	5,573	12,251
	177,152	188,251

11. Commitments

i) The Authority occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with annual commitment of \$109,885 expiring June 30, 2019.

ii) During the year, the Authority entered into a three year agreement for the implementation of a Environmental Health Organization Data System. The total cost is \$239,269, of which \$100,174 was incurred in the 2018 fiscal year. It is anticipated that the implementation will be completed in 2020.

12. Defined contribution pension plan

The Authority has a defined contribution pension plan covering substantially all full time employees. Contributions to the plan are based on 7.5% participants' contributions. The Authority's contributions and corresponding expense totaled \$313,021 in 2018 (2017 \$306,076).

13. Budget information

On May 4, 2017 the Board approved its operating budget based on planned expenses relating to the current year funding.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2018

14. Financial instruments

The Authority, as part of its operations, carries a number of financial instruments. It is management's opinion that the Authority is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Credit Risk

Credit risk is the risk of financial loss because a counter party to a financial instrument fails to discharge its contractual obligations.

A credit concentration exists relating to total accounts receivable. As at March 31, 2018, two customers accounted for 64% (March 30, 2017 – one customer for 84%) of the accounts receivable balance at year-end.

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 that the Authority will not be able to meet its financial obligations as they become due.

The Authority manages liquidity risk by constantly monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2018, the most significant financial liabilities are accounts payable and accrued charges.

15. 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.

16. Comparative figures

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

Northern Inter-Tribal Health Authority
Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers
For the year ended March 31, 2018

Programs	Schedule #	Health Canada Funding	Other Revenue	Administration Fees (Note 10)	Transfer (To) From Deferred Revenue	Total Revenue	Expenses	Surplus (Deficit) 2018	Surplus (Deficit) 2017
Block Funding									
Public Health Unit	2	1,068,689	25,000	-	-	1,093,689	1,042,864	50,825	36,397
Administration	3	1,093,389	-	177,152	-	1,270,541	1,201,067	69,474	67,066
Community Services Unit	4	843,658	-	-	9,653	853,311	714,982	138,329	(12,775)
Health Planning & Management	5	-	-	-	-	-	175	(175)	692
Communicable Disease Emergencies	6	22,955	-	-	-	22,955	10,329	12,626	-
CDC - Immunization	7	60,000	-	-	-	60,000	58,051	1,949	4,405
Nursing Education	8	15,000	-	-	-	15,000	16,826	(1,826)	(288)
HIV/AIDS	9	250,000	-	-	-	250,000	259,910	(9,910)	115,483
TB Initiative and Worker Program	10	1,107,265	-	-	-	1,107,265	828,414	278,851	(4,685)
Aboriginal Human Resources	11	77,803	-	-	-	77,803	77,803	-	-
		4,538,759	25,000	177,152	9,653	4,750,564	4,210,421	540,143	206,295
Set Funding									
Dental Therapy Program	12	-	-	-	3,912	3,912	30,253	(26,341)	-
Shared EMR Project	13	225,685	-	-	-	225,685	166,325	59,360	-
E-Health Solutions	14	453,959	-	-	-	453,959	371,701	82,258	18,544
Panorama	15	77,000	-	-	-	77,000	77,000	-	(46,863)
		756,644	-	-	3,912	760,556	645,279	115,277	(28,319)
Flexible Funding									
Tobacco Control Strategy	16	340,000	-	-	10,844	350,844	398,985	(48,141)	-
		340,000	-	-	10,844	350,844	398,985	(48,141)	-
		5,635,403	25,000	177,152	24,409	5,861,964	5,254,685	607,279	177,976

Northern Inter-Tribal Health Authority Inc.
Schedule 2 - Schedule of Public Health Unit Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	1,068,689	981,718	949,246
Other revenue	25,000	1,000	-
	1,093,689	982,718	949,246
Expenses			
Salaries and benefits	945,615	1,071,815	868,292
Program expenses			
Special projects	54,697	-	(3,512)
Program delivery	13,941	16,500	16,405
Supplies	4,786	7,500	4,793
Enviromental cleaning workshop	2,526	2,500	2,302
Travel and vehicle	17,901	28,000	20,833
Meetings and workshops	3,398	6,000	3,736
Professional fees	-	1,000	-
	1,042,864	1,133,315	912,849
Excess (deficiency) of revenue over expenses before capital transfers	50,825	(150,597)	36,397
Other items affecting program funds			
Investment in capital asset	(36,292)	-	-
Excess (deficiency) of revenue over expenses after capital transfers	14,533	(150,597)	36,397

Northern Inter-Tribal Health Authority Inc.
Schedule 3 - Schedule of Administration Revenue and Expenses
For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	1,093,389	1,112,453	1,079,872
Administration fees (Note 10)	177,152	125,083	188,251
Other revenue	-	1,000	-
	1,270,541	1,238,536	1,268,123
Expenses			
Salaries and benefits	758,517	834,482	718,039
Facility costs	213,267	222,090	202,653
Meetings and workshops	69,152	145,065	108,164
Telephone and supplies	49,718	69,340	38,412
Professional fees	43,027	65,000	66,076
Computer and equipment maintenance	33,869	36,000	39,013
Travel and vehicle	30,037	26,500	25,321
Bank charges and interest	3,352	2,000	3,379
Program expenses			
Supplies	128	500	-
	1,201,067	1,400,977	1,201,057
Excess (deficiency) of revenue over expenses before capital transfers	69,474	(162,441)	67,066
Other items affecting program funds			
Investment in capital asset	-	-	(4,941)
Excess (deficiency) of revenue over expenses after capital transfers	69,474	(162,441)	62,125

Northern Inter-Tribal Health Authority Inc.
Schedule 4 - Schedule of Community Services Unit Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	843,658	858,368	860,168
Transfer from deferred revenue	9,653	-	23,960
Other revenue	-	1,000	40,440
	853,311	859,368	924,568
Expenses			
Salaries and benefits	629,704	698,950	618,735
Program expenses			
Training	48,710	171,239	201,106
Program materials	2,870	2,350	2,680
Special projects	52	2,500	68,688
Professional fees	12,000	12,000	13,000
Travel and vehicle	11,564	14,500	11,206
Meetings and workshops	10,082	10,600	5,006
Administration fees (Note 10)	-	12,915	16,922
	714,982	925,054	937,343
Excess (deficiency) of revenue over expenses	138,329	(65,686)	(12,775)

Northern Inter-Tribal Health Authority Inc.
Schedule 5 - Schedule of Health Planning and Management Revenue and Expenses
For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue	-	-	-
Expenses			
Program expenses			
Training	175	-	(692)
Excess of revenue over expenses	(175)	-	692

Northern Inter-Tribal Health Authority Inc.
Schedule 6 - Schedule of Communicable Disease Emergencies Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	22,955	10,500	20,500
Transfer from deferred revenue	-	-	16,883
	22,955	10,500	37,383
Expenses			
Program expenses			
Mask fit testing	6,000	6,300	6,000
Training	3,390	3,150	27,225
Administration fees (Note 10)	939	1,050	3,290
Salaries and benefits	-	-	868
	10,329	10,500	37,383
Excess of revenue over expenses	12,626	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 7 - Schedule of CDC - Immunization Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	60,000	60,000	75,000
Transfer from deferred revenue	-	-	16,010
	60,000	60,000	91,010
Expenses			
Salaries and benefits	26,801	2,000	25,659
Computer and equipment maintenance	12,081	33,000	31,370
Program expenses			
Program delivery	11,004	8,000	6,866
Program materials	2,710	3,000	2,087
Training	-	-	12,402
Administration fees (Note 10)	5,455	6,000	8,221
	58,051	52,000	86,605
Excess (deficiency) of revenue over expenses before capital transfers	1,949	8,000	4,405
Other items affecting program funds			
Investment in capital asset	(1,949)	(8,000)	(4,405)
Excess of revenue over expenses after capital transfers	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 8 - Schedule of Nursing Education Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 <i>Budget</i>	2017
Revenue			
Health Canada	15,000	15,000	15,000
Expenses			
Salaries and benefits	16,556	12,600	13,788
Program expenses			
Supplies	270	900	-
Administration fees <i>(Note 10)</i>	-	1,500	1,500
	16,826	15,000	15,288
Deficiency of revenue over expenses	(1,826)	-	(288)

Northern Inter-Tribal Health Authority Inc.
Schedule 9 - Schedule of HIV Strategy Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	250,000	250,000	302,832
Transfer from deferred revenue	-	120,575	-
Expenses			
Program expenses			
Program contributions	122,000	150,000	150,000
Program delivery	16,953	20,000	-
Training	8,721	17,000	-
Program materials	6,983	-	-
Salaries and benefits	96,698	94,677	7,040
Administration fees (Note 10)	6,434	14,409	30,283
Travel and vehicle	1,463	2,583	26
Meetings and workshops	658	9,828	-
	259,910	308,497	187,349
Excess (deficiency) of revenue over expenses	(9,910)	62,078	115,483

Northern Inter-Tribal Health Authority Inc.
Schedule 10 - Schedule of TB Initiative and Worker Program Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	1,107,265	602,000	675,000
Expenses			
Salaries and benefits	511,801	507,009	433,821
Program expenses			
Other program services	122,993	-	-
Special projects	47,250	47,900	105,864
Incentives	8,637	6,000	5,245
Training	5,066	-	-
Program delivery	317	372	-
Administration fees (Note 10)	82,819	60,200	67,500
Travel and vehicle	41,420	68,000	45,735
Telephone and supplies	6,589	8,000	9,068
Facility costs	1,522	2,000	12,452
	828,414	699,481	679,685
Excess (deficiency) of revenue over expenses before capital transfers	278,851	(97,481)	(4,685)
Other items affecting program funds			
Investment in capital asset	(82,700)	-	-
Excess (deficiency) of revenue over expenses after capital transfers	196,151	(97,481)	(4,685)

Northern Inter-Tribal Health Authority Inc.
Schedule 11 - Schedule of Aboriginal Human Resource Revenue and Expenses
For the year ended March 31, 2018

	2018	2018 <i>Budget</i>	2017
Revenue			
Health Canada	77,803	-	-
Expenses			
Program expenses			
Training	70,629	-	-
Administration fees (Note 10)	7,174	-	-
	77,803	-	-
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 12 - Schedule of Dental Therapy Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Transfer from deferred revenue	3,912	5,849	(668)
Northern Lights Community Development Corporation	-	-	33,689
	3,912	5,849	33,021
Expenses			
Facility costs	27,729	34,967	33,021
Travel and vehicle	2,524	-	-
	30,253	34,967	33,021
Deficiency of revenue over expenses	(26,341)	(29,118)	-

Northern Inter-Tribal Health Authority Inc.
Schedule 13 - Schedule of Shared EMR Project Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	225,685	-	-
Expenses			
Salaries and benefits	38,578	-	-
Program expenses			
Supplies	91,839	-	-
Administration fees (Note 10)	20,516	-	-
Meetings and workshops	8,741	-	-
Travel and vehicle	4,474	-	-
Professional fees	2,177	-	-
	166,325	-	-
Excess (deficiency) of revenue over expenses before capital transfers	59,360	-	-
Other items affecting program funds			
Investment in capital asset	(59,360)	-	-
Excess of revenue over expenses after capital transfers	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 14 - Schedule of E-Health Solutions Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	453,959	398,837	402,394
Expenses			
Program expenses			
Telecommunications	326,675	362,579	335,426
Special projects	-	-	8,578
Program delivery	-	-	563
Administration fees (Note 10)	41,242	36,258	39,284
Salaries and benefits	3,784	-	-
	371,701	398,837	383,851
Excess (deficiency) of revenue over expenses before capital transfers	82,258	-	18,543
Other items affecting program funds			
Investment in capital asset	(82,258)	-	(18,543)
Excess of revenue over expenses after capital transfers	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 15 - Schedule of Panorama Revenue and Expenses

For the year ended March 31, 2018

	2018	2018 Budget	2017
Revenue			
Health Canada	77,000	-	90,000
Expenses			
Salaries and benefits	66,908	-	53,950
Administration fees (Note 10)	7,000	-	9,000
Program expenses			
Special projects	-	-	70,750
Travel and vehicle	2,882	-	2,783
Meetings and workshops	210	-	344
Telephone and supplies	-	-	36
	77,000	-	136,863
Deficiency of revenue over expenses	-	-	(46,863)

Northern Inter-Tribal Health Authority Inc.
Schedule 16 - Schedule of Tobacco Control Strategy Revenue and Expenses

For the year ended March 31, 2018

	2018	2018	2017
Revenue			
Health Canada	340,000	400,000	340,000
Transfer from deferred revenue	10,844	-	171,480
	350,844	400,000	511,480
Expenses			
Program expenses			
Program contributions	337,666	337,666	376,831
Program materials	14,409	13,200	28,830
Salaries and benefits	40,320	41,967	79,065
Administration fees (Note 10)	5,574	5,667	12,252
Meetings and workshops	668	750	13,512
Travel and vehicle expense (recovery)	348	750	(721)
Professional fees	-	-	1,711
	398,985	400,000	511,480
Deficiency of revenue over expenses	(48,141)	-	-

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