

*Looking to  
the Future*



**NORTHERN INTER-TRIBAL  
HEALTH AUTHORITY**

*2019/2020 Annual Report*





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The NITHA Partnership works to promote and protect inherent rights and the Treaty Right to Health in the Treaties of our Partners (Treaties 5, 6, 8 10) including the Medicine Chest Clause of Treaty 6.

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Carolyn Bernard  
Chief of Waterhen Lake First Nation  
NITHA Chairperson

## Message from the Chair



*“So long as we continue to share the common desire, drive and determination to improve the overall well-being and health of our community members, our efforts will be fruitful and evident in future generations of our First Nations people.”*

Tansi, Edlanete, as Chair of the Northern Inter-Tribal Health Authority Inc. Board of Chiefs (BoC), I am honoured to co-present this year’s Annual Report 2019-20 alongside my predecessor former NITHA Chair Vice Chief Weldon McCallum of Peter Ballantyne Cree Nation.

Representing Meadow Lake Tribal Council, I was appointed to the board in June 2019 and then as Chairperson in February 2020, so relatively speaking, I am new to NITHA. I look forward to continuing to collaborate with my fellow leaders whom together represent much of Northern Saskatchewan.

At the end of January, as with the rest of the world, we watched very closely as the COVID-19 outbreak was announced as a Public Health Emergency of international concern. It was at this point that NITHA began the necessary steps to remain on top of the latest developments with this unknown virus. Evidently, on March 11, 2020 the World Health Organization declared the global outbreak of COVID-19 a Pandemic. Collectively, the Partners felt it was important we maintain business as usual at NITHA. Since the beginning of the pandemic, we have been following public health guidelines as a way to help reduce the spread; therefore, our recent meetings have taken place virtually by phone and video. Business continuity ensures NITHA remains strong and able to support the Partnership during critical emergencies related to the health of our membership. Critical health emergencies that pose a threat to the health and safety of our communities, adds an even greater feeling of responsibility to us

as leaders. Having the strong working relationship in place at NITHA has proved to be essential in moving forward as we deal with this pandemic. We must ensure our community healthcare workers are equipped, not only with the necessary PPE, but with all that is required to overcome the worst possible case scenario. Now, more than ever, we must stand together with one voice and support each other and advocate for the safety and protection of the members we serve. As we make critical decisions, it is important to always keep the wellbeing of our communities at the forefront of our minds. Together, we will get through this most trying time.

While I look forward to the coming year and my role at NITHA, I recognize the great deal of work that lies ahead for us as Board of Chiefs and leaders in our respective communities. So long as we continue to share the common desire, drive and determination to improve the overall well-being and health of our community members, our efforts will be fruitful and evident in future generations of our First Nations people.

What we decide today, we will see tomorrow.

Respectfully,

**Chief Carolyn Bernard**

CHIEF OF WATERHEN FIRST NATION  
NITHA BOARD CHAIRPERSON







**Weldon McCallum**  
Vice-Chief Peter Ballantyne Cree Nation  
Former NITHA Chairperson 2018-2020

## Message from the Former Chair



*"It is our collective voice as a Partnership that has potential to impose an even greater impact."*

*As former Chair, I am pleased to take this opportunity to co-present this years' Annual Report with Chief Carolyn Bernard.*

Serving as Board Chair provided me the opportunity to see, first-hand, the strength of the Partnership when tackling tough issues, such as access to health services for our membership. The NITHA Management Team and Executive Council Members worked together to develop the NITHA 5 Year Strategic Plan then presented to the Board of Chiefs for our consideration. We formally approved the plan in November 2019. NITHA's new 5-year Comprehensive Funding Agreement for the 2020-2025 was reviewed and it is anticipated the agreement will be endorsed by the Board in early April and will take NITHA to March 31, 2025.

While it is true that we experience successes as a result of working individually with the Federal Government at our own bands and Tribal Councils, it is our collective voice as a Partnership that has potential to impose an even greater impact. Some of which has resulted in recent improvements to the Non-Insured Health Benefits Program. Such improvements include: increases to meal allowances for Medical Transportation, improvements to and increases to the Vision Care Benefit as well as the welcomed addition of a chaperon to accompany expectant mothers. I recognize we continue to have a long road ahead of us as community leaders. I am honoured to have had this opportunity to Chair the NITHA Board of Chiefs and hope for continued successes in the coming year for our Partnership and our communities.

Tiniki

**Vice Chief Weldon McCallum**

PETER BALLANTYNE CREE NATION  
FORMER NITHA BOARD CHAIRPERSON 2018-2020

## Message from the Executive Director

I am honoured to represent the Northern Inter-Tribal Health Authority as Executive Director for the fiscal year 2019-20. This year's annual report will identify NITHA's accomplishments and challenges that were faced over the course of the year as well as priorities for the year ahead. As you will also find in this report, each of our programs have highlighted the year's accomplishments. All the work is based on the following Seven Pillars:

- 1 Policy Development/Standards/Protocols/Procedures
- 2 Data Statistics Collection & Analysis
- 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

These pillars were developed in 2013 and serve as a guide for the work plans and the annual and quarterly reporting. The pillars ensure the work we do is in-line with our strategic priorities.

This year, our annual report theme is *Looking to the Future*, as the past year was about refocusing our priorities in preparation of the future. In addition, the 2019-20 year was our one-year extension for NITHA's Health Transfer Agreement, which expired on March 31, 2019. This extension year allowed our leadership to finalize the 2020-2025 Strategic Plan, which was adopted in November 2019. The finalization of this plan provided leadership and management the opportunity to envision what the next 5 years could bring. It also provided us with the opportunity



**Tara Campbell**

to develop new ways of reporting which will be seen in the next fiscal year. Together the Management Team and staff have committed themselves to begin work on developing and implementing work standards to ensure the consistency in the services we provide. This work will continue in the year ahead.

The end of the fiscal year was marked with the beginning of the global COVID-19 pandemic on March 11, 2020. Prior to this NITHA began the necessary steps to remain on top of the latest developments with this unknown virus. NITHA has also maintained operations for business continuity purposes ensuring we are able to support the Partnership during this critical health emergency. Having the strong working relationship in place at NITHA with its Partners has proved to be essential in moving forward as we deal with this pandemic.

The coming year will focus on: the implementation of NITHA's 5-year Operational Plan, implementation of a new reporting system for NITHA staff, working on the Traditional Medicine Project, Mental Health and Addictions, and continued work on advocating for increased funding for the Partnership transfer sustainability.

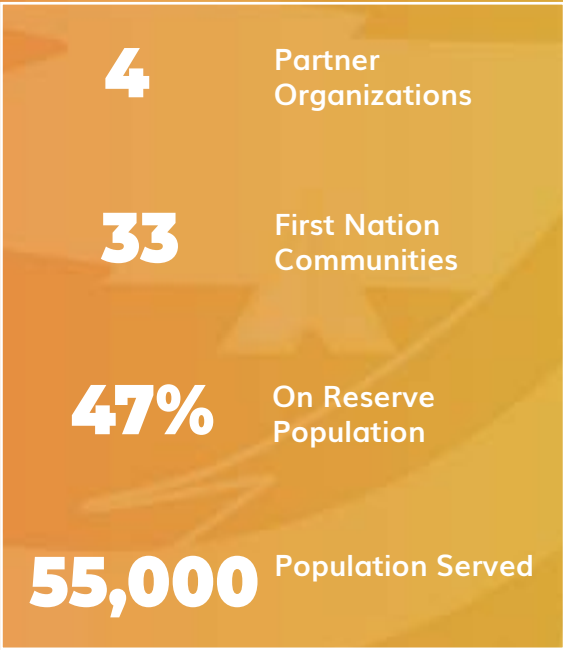
Tiniki

**Tara Campbell**

EXECUTIVE DIRECTOR

# About NITHA

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



In order to be successful we need sustainable infrastructure, capacity and resources to support Partner organizations to move towards First Nations self-government.

The measure of our success in this endeavour is having our community members' health outcomes be equal to or better than the Canadian Population.

## 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. NITHA provides First Level Services in the community in the program area of Tuberculosis Management.

# Our Services



## Public Health

- Medical Health Officer Services
- Communicable Disease Prevention and Management
  - Tuberculosis (TB)
  - Human Immunodeficiency Virus (HIV)
  - Sexually Transmitted Infections (STI)
- Immunization
- Outbreak Management
- Disease Surveillance and Health Status
- Infection Control
- Health Promotion
- Environmental Health
- Current Special Projects: Cancer Control in the NITHA Partner Communities



## Community Services

- Capacity Development
- Mental Health & Addictions
- Emergency Response Planning
- Human Resource
- eHealth Planning and Design
- IT Helpdesk
- Health Informatics
- Privacy Education
- Information Technology Support
- Nutrition
- Nursing Support, Community Health, Homecare, Primary Care
- Current Special Projects:
  - Federal Tobacco Control Strategy: Tobacco Project
  - Development of the Shared EMR to the Northern First Nation Pilot Sites
  - Transition Recovery Program: A Response to the Opioid Crisis
  - CommunityNet (CNet)



# Vision And Mission Statement

## + 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.



# Principles

- + Is guided by the health needs of its Partners.
- + Supports advocacy on social determinants of health.
- + Respects and works to restore First Nations pride, language, culture and traditional ways of knowing.
- + Promotes and protects inherent rights and the Treaty Right to Health in the Treaties of our Partners (Treaties 5, 6, 8 and 10), including the medicine chest clause of Treaty 6.
- + Represents the interests of the First Nations of Northern Saskatchewan in health and health care at the provincial and federal levels.
- + Works collaboratively by engaging and empowering its Partners.



# The Partnership



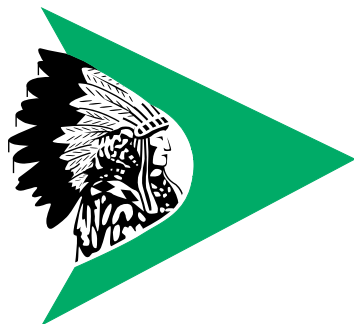
**Prince Albert Grand Council**  
P.O. Box 1775  
851-23rd Street West  
Prince Albert, SK S6V 4Y4  
Phone: (306) 953-7248  
[www.pagc.sk.ca](http://www.pagc.sk.ca)



**Meadow Lake Tribal Council**  
8002 Flying Dust Reserve  
Meadow Lake , SK S9X 1T8  
Phone: (306) 236-5817  
[www.mlhc.net](http://www.mlhc.net)



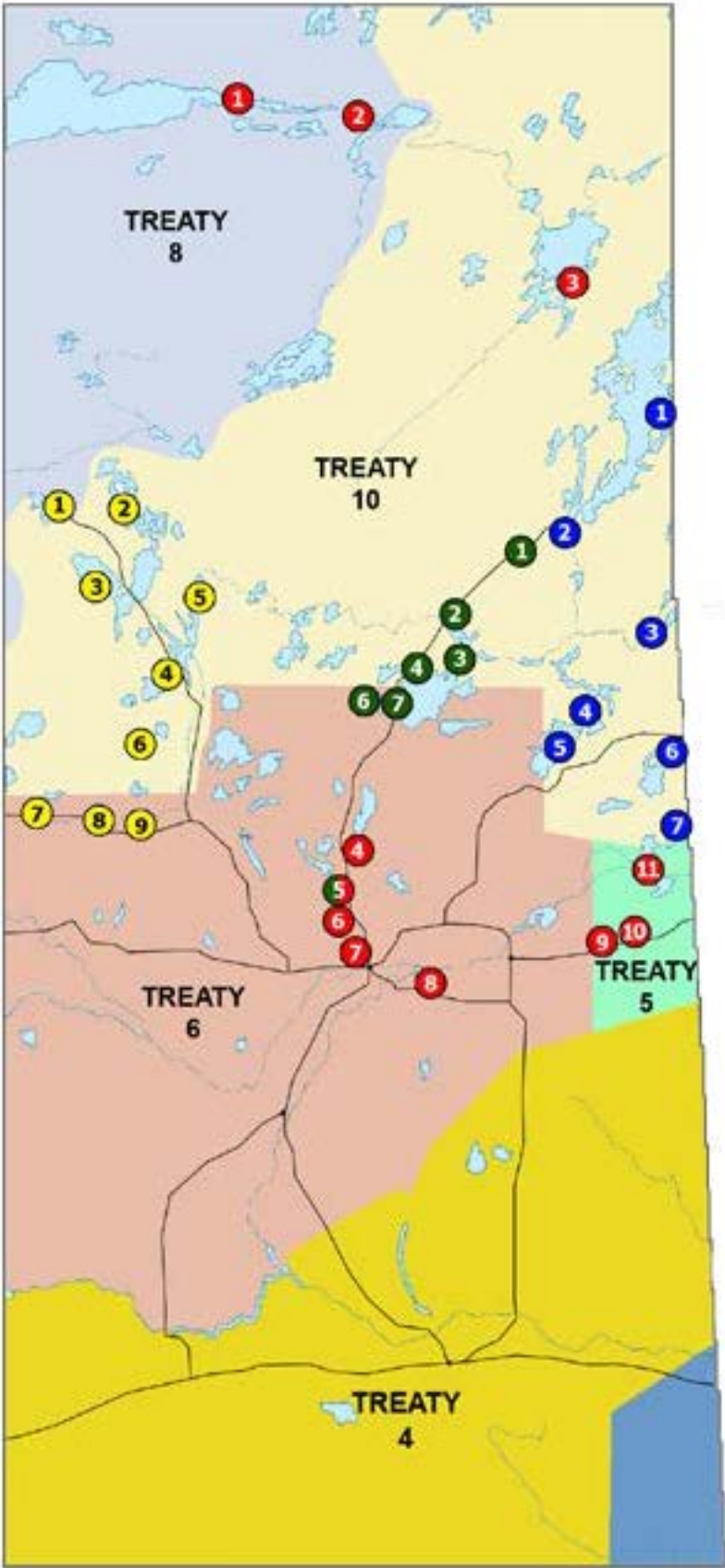
**Peter Ballantyne Cree Nation**  
P.O. Box 339  
2300—10th Avenue West  
Prince Albert, SK S6V 5R7  
Phone: (306) 953-4425  
[www.pbcnhealthservices.org](http://www.pbcnhealthservices.org)



**Lac La Ronge Indian Band**  
Box 1770  
La Ronge, SK S0J 1L0  
Phone: (306) 425-3600  
[www.llrib.ca](http://www.llrib.ca)



# Partnership Communities Map



- Peter Ballantyne Cree Nation**
  - Kinoosao
  - Southend Reindeer Lake
  - Sandy Bay
  - Pelican Narrows
  - Deschambault Lake
  - Denare Beach
  - Sturgeon Landing
- Meadow Lake Tribal Council**
  - Clearwater River Dene Nation
  - Birch Narrows Dene Nation
  - Buffalo River Dene Nation
  - Canoe Lake Cree Nation
  - English River First Nation
  - Waterhen Lake First Nation
  - Ministikwan Lake Cree Nation
  - Makwa Sahgaiehcan First Nation
  - Flying Dust First Nation
- Prince Albert Grand Council**
  - Fond du Lac Denesuline First Nation
  - Black Lake Denesuline First Nation
  - Hatchet Lake Denesuline First Nation
  - Montreal Lake Cree Nation
  - Little Red River - Montreal Lake
  - Sturgeon Lake First Nation
  - Wahpeton Dakota Nation
  - James Smith Cree Nation
  - Red Earth Cree Nation
  - Shoal Lake Cree Nation
  - Cumberland House Cree Nation
- Lac La Ronge Indian Band**
  - Brabant
  - Grandmother's Bay
  - Stanley Mission
  - Sucker River
  - Little Red River - La Ronge
  - Hall Lake
  - Kitsaki

# Board Of Chiefs

The Northern Inter-Tribal Health Authority is governed by the Board of Chiefs who is comprised of the following four representatives: PAGC Grand Chief, MLTC Tribal Chief, PBCN Chief and LLRIB Chief. The Board of Chiefs plays both strategic and operational roles in the governance of NITHA in accordance with the Partnership Agreement and the incorporation bylaws. The NITHA Board of Chiefs also appoints one alternate member per Partner; these members are deemed consistent representatives and attend all NITHA Board of Chiefs Meetings.



**Grand Chief  
Brian Hardlotte**  
Prince Albert  
Grand Council



**Chief  
Carolyn Bernard**  
Meadow Lake  
Tribal Council



**Chief  
Peter A. Beatty**  
Peter Ballantyne  
Cree Nation



**Chief  
Tammy Cook-Searson**  
Lac La Ronge  
Indian Band

# Alternates



**Vice Chief  
Christopher Jobb**  
Prince Albert  
Grand Council



**Chief  
Jonathon Sylvestre**  
Meadow Lake  
Tribal Council



**Vice Chief  
Weldon McCallum**  
Peter Ballantyne  
Cree Nation



**Councillor  
Mike Bird**  
Lac La Ronge  
Indian Band



# Executive Council

The Executive Council (NEC), comprised of the 4 Health Directors, one from each Partner, provides operational and strategic direction through recommendations to the Board of Chiefs on the design and monitoring of third level services provided by NITHA. The NEC also provides direction and guidance to the NITHA Executive Director.



**Shirley Woods**  
Prince Albert  
Grand Council



**Flora Fiddler**  
Meadow Lake  
Tribal Council



**Arnette Weber-Beeds**  
Peter Ballantyne  
Cree Nation



**Mary Carlson**  
Lac La Ronge  
Indian Band

# Guided By Our Elders

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



**Elder Mike Daniels**  
Prince Albert  
Grand Council



**Elder Rose Daniels**  
Prince Albert  
Grand Council



**Senator Elder Ron Michel**  
Prince Albert  
Grand Council



**Elder Gertie Montgrand**  
Peter Ballantyne  
Cree Nation



**Elder Emile Highway**  
Peter Ballentyne  
Cree Nation



**Elder William Ratfoot**  
Meadow Lake  
Tribal Council



**Elder Albert Fiddler**  
Meadow Lake  
Tribal Council

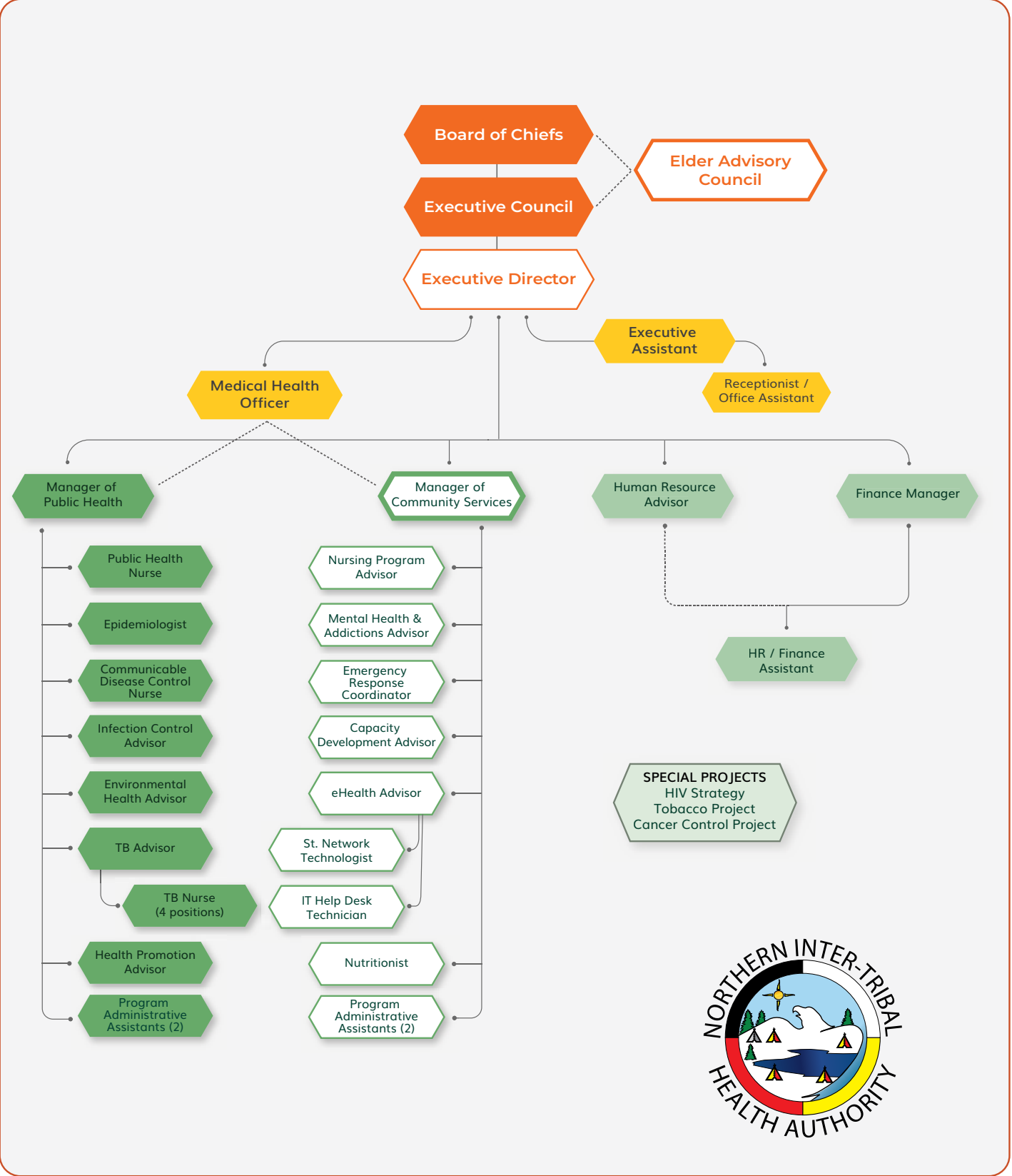


**Elder John Cook**  
Lac La Ronge  
Indian Band



**Elder Miriam Cook**  
Lac La Ronge  
Indian Band

# NITHA Organizational Chart





# Health Careers Scholarship Fund



**CARLENE CUSTER**  
Program: Collaborative Nurse Practitioner  
Community: PBCN - Pelican Narrows



**CHRISTINA ROBERTS**  
Program: Mental Health & Wellness  
Community: LLRIB - Stanley Mission



**GARI-ANN GAUMOND**  
Program: BSc Nursing  
Community: MLTC- English River



**JESSICA SCHULE**  
Program: Masters of Science in Acupuncture  
Community: LLRIB - La Ronge



**TANIS MOBERLY**  
Program: BSc Nursing  
Community: MLTC - Birch Narrows



**TEANNA MARIE THIESSEN**  
Program: BSc Nursing  
Community: MLTC - English River



**FRIEDA OLSON**  
Program: BSc Nursing  
Community: PBCN – Southend



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. Successful 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, mental health, 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. Due to the rise in the number of applications received annually, over the past couple years and its competitiveness, the selection criteria was modified to include a point system. This is in addition to the minimum requirements to be considered for a scholarship. As a result, we had seven (7) successful applicants. Congratulations and all the best to each recipient as they continue to move forward in achieving their goals.

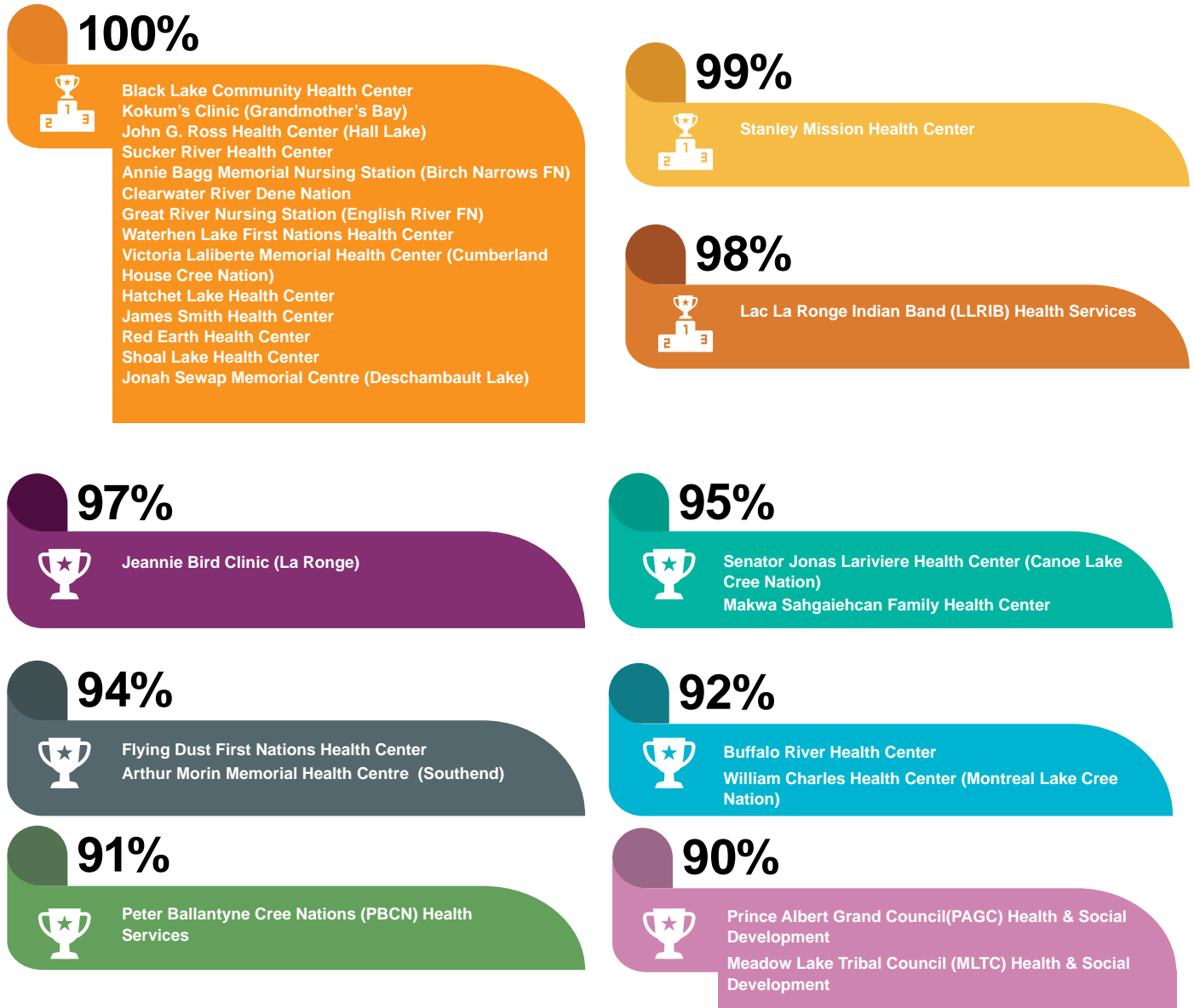
The deadline for applications for the NITHA Health Careers Scholarship is September 30 of every calendar year.

# Childhood Immunization Coverage Awards

The Northern Inter-Tribal Health Authority presents "Awards of Recognition" for Communities that have achieved 90% or above Immunization coverage for the 1-Year old age population. These awards recognize the outstanding work, collaboration and dedication to the immunization programming within the First Nation Communities. Through this initiative, NITHA focuses on vaccine preventable disease to the most vulnerable populations, which are young infants and children. Immunization is the most effective and proven health measure to reduce and eradicate serious and life threatening vaccine preventable diseases.

This initiative began in 2015 to formally recognize all communities reaching the target coverage for the 1-Year old populations.

For 2020, NITHA will be presenting the Awards of Recognition to the following Communities and Partners:





## About the Public Health Unit

The NITHA Public Health Unit (PHU) provides advice, guidance, and expertise on various public health programs including disease surveillance, communicable disease control, community health assessment, immunization, environmental health, health promotion, and infection prevention and control to second level Partners. NITHA's tuberculosis (TB) program provides direct assistance to Partner communities in their TB prevention and control effort. The Unit engages in special projects aimed to target specific areas throughout the Partnership; currently, the special project in the PHU is Cancer Control in NITHA Partner Communities Project.

- + The unit consists of highly dedicated staff, who work tirelessly with second level Partners in order to improve the health status of community members. During the 2019-2020 fiscal year, PHU in collaboration with various working groups, Indigenous Service Canada, Saskatchewan Health Authority, Ministry of Health and other relevant stakeholders were able to achieve successes in various programs as documented in this report. We would like to thank NITHA Partners and all stakeholders for these accomplishments.
- + We are committed to greater success stories this new year while we continue to strengthen existing relationships with our Partners and external stakeholders. Our aim is always geared towards improving the health and wellbeing of community members using a community-led approach.
- + The next sections outlines the PHU program's accomplishments and challenges in 2019-2020, which are summarised under the various program reports. Program priorities for the next year have also been identified.
- + Please visit <http://www.nitha.com/> or our group page on Facebook for more information on the unit and its programs.

The programs within the Public Health Unit are:



### Communicable Disease Control

A communicable disease is a disease caused by a germ which can be passed on to other people by a variety of means. The germ may spread rapidly and can possibly affect many people in the community in a short period of time. A timely response and intervention by public health is needed to control its further spread.



### Infection Prevention and Control

Infection Prevention and Control is an important component of health care that refers to policies, practices, and procedures that help to prevent or minimize the risk of spreading infections in health care settings.



### Environmental Health

Environmental Health Officers are responsible for carrying out inspections and monitoring for the prevention of public health and general safety hazards.



### Tuberculosis

Tuberculosis, commonly known as TB, is a bacterial infection spread through the air from a person who has active tuberculosis to those who are in close contact. It is most often found in the lungs.



### HIV

The NITHA HIV Strategy focuses on promotion of HIV knowledge and awareness, holistic care and support, prevention and harm reduction, surveillance and research.



### Public Health Nursing

Public Health Nursing focuses on the following areas: Immunization (preschool, school and influenza), Maternal and Child Health (MCH), and support in Panorama.



### Health Promotion

Health Promotion not only focuses on strengthening the skills and capabilities of individuals, but also on changing the social, environmental, and economic conditions so as to positively impact public and individual health.




### Epidemiology

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




# Meet the Public Health Team


The PHU consists of the Medical Health Officer (MHO), Manager of Public Health (MPH), Epidemiologist, Public Health Nurse, TB Nurse Advisor, TB Nurses, Communicable Disease Control Nurse, Infection Control Advisor, Environmental Health Advisor, Health Promotion Advisor, HIV Coordinator, as well as support staff.




**Dr. Nnamdi Ndubuka**  
Medical Health Officer




**Grace Akinjobi**  
Manager of Public Health




**James Piad**  
Communicable Disease Control Nurse




**Treena Cottingham**  
Environmental Health Advisor




**Sab Gupta**  
Epidemiologist




**Kevin Mageto**  
Health Promotions Advisor




**Tosin Adebayo**  
HIV Coordinator




**Adeshola Abati**  
Infection Control Advisor




**Cindy Sewap**  
Program Administrative Assistant




**Deanna Brown**  
Program Administrative Assistant




**Carrie Gardipy**  
Public Health Nurse




**Tina Campbell**  
TB Advisor




**Barbara George**  
TB Nurse




**Sandy Hallam**  
TB Nurse




**Shirley Nelson**  
TB Nurse



**Leslie Brooks**  
TB Nurse



**Shree Lamichhane**  
Research Assistant



**Dana Ross**  
Data Entry Clerk

# Communicable Disease Control

## Overview

The Communicable Disease Control (CDC) program supports NITHA Partners with timely reporting of Communicable Disease (CD) and provides direct support to frontline health care workers. Mandated under The Public Health Act of 1994 and The Disease Control Regulations of Saskatchewan, illnesses covered by the CD program include sexually transmitted and blood borne infections (STBBIs), vaccine preventable and direct respiratory infections as well as emerging infections like COVID-19.

## Accomplishments

- Case reporting / follow-up / contact tracing: - a total of 1,575 laboratory reports were addressed and entered into Panorama during the year under review. Chlamydia, gonorrhea and syphilis were the top three on the list.
- Increasing education and awareness: CDC Nurse made presentations to community frontline workers during workshops, conferences and teleconferences on influenza, syphilis and pertussis. The CDC Nurse also manned display booths and distributed pamphlets, posters and some giveaways to attendees during career fairs and community events. In order to increase awareness on syphilis, a quiz on syphilis prevention and transmission was run on Facebook for NITHA Partner communities.
- Epidemiologic investigation: – provided support to the epidemiologists of Public Health Agency of Canada and NITHA, during the investigation of syphilis in two Partner communities.
- Preceptorship: assisted in the supervision of the U of S nursing students in their community field experience and administration of flu vaccine in some NITHA communities.
- The CDC Nurse was also involved in Anti-Microbial Resistant Neisseria Gonorrhea (AMR-GC) research in four NITHA communities.



Syphilis draw was done in the NITHA office for the winners of the quiz posted on Facebook.



Flu shot posters developed by NITHA.



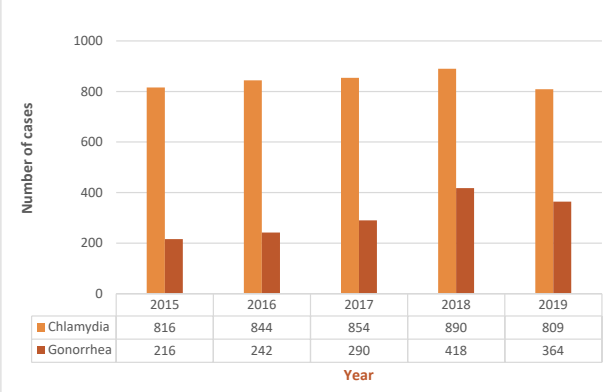


Figure 1: Chlamydia and gonorrhea cases by year, NITHA, 2015-2019

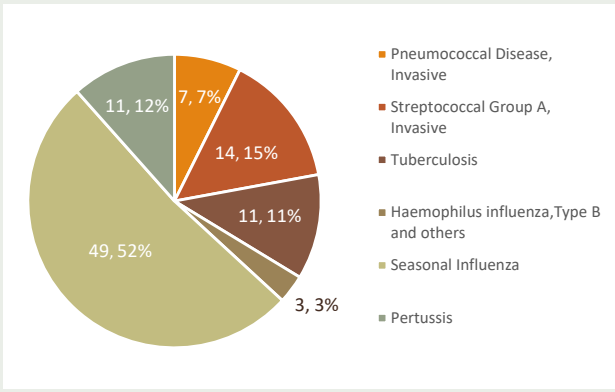


Figure 3: Vaccine preventable/ respiratory Infections in NITHA, 2019

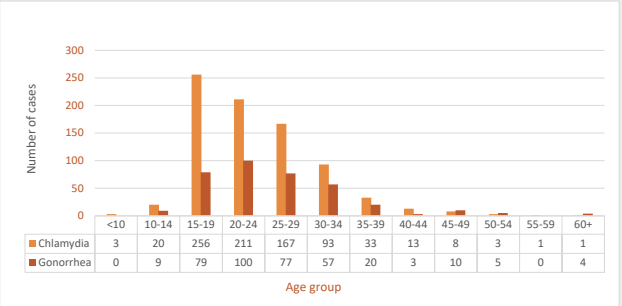


Figure 2: Chlamydia and gonorrhea cases by age group, NITHA, 2019

### Chlamydia and Gonorrhea

The most commonly reported STIs was chlamydia, followed by gonorrhea. Chlamydia and gonorrhea numbers show a gradual increase since 2015; however, in 2019 the numbers decreased by 9% and 13% respectively compared to 2018 (see Figure 1).

### Vaccine-preventable and Respiratory Route Infections

95 vaccine-preventable and direct respiratory infections were reported in 2019. Of them, 52% (49 cases) were seasonal influenza (see Figure 3).

## Challenges

1. The shortage of nurses and other health workers in the community greatly affects the follow-up of cases and contacts for testing and treatment. The hiring of part-time nurses to assist may help in addressing this challenge.
2. Communication challenges occurred during the COVID-19 Pandemic; however, this can be remedied by ensuring community clinic calls are being monitored and forwarded to nurses.
3. The reduction in testing with nurses relying more on treatment by syndromic approach. It is recommended that follow-up be done for patients symptoms that may develop.

## Priorities for 2020-2021

Priorities of the CDC program are mainly focused on the maintenance of high quality data through the provincial Panorama application and providing support to NITHA Partners particularly in the area of CD prevention and control. The CDC program will continue to strengthen existing relationships and will establish new partnerships with other stakeholders in the field. The program will continuously support campaigns to create and sustain CD awareness at the community level.

# HIV

## Overview

The increasing number of newly diagnosed cases of HIV across the communities has led to a need to design and implement a strategy to reduce the rates of HIV.

An overview of the strategic areas are as follows:

- + Supports and applies a strategic approach to capacity building in communities with respect to HIV/AIDS and related conditions. This includes the annual coordination of HIV/STI workshops.
- + Collaborates with other HIV Coordinators in the Partnership, clinical staff, educators, youth, elders and First Nations leadership in the implementation of NITHA's HIV Strategy.
- + Provides HIV contact tracing and case management.

## Accomplishments

- Over 2000 Hepatitis C incentives were distributed to Partner communities.
- An HIV poster contest was organized for students in grades 6 -12 within the NITHA Partnership to engage youth in creating HIV awareness. Three winning posters were picked. (which are proudly displayed in this year's annual report)
- As a way to increase HIV awareness in Partner communities, the HIV Coordinator organized an HIV quiz online via Facebook.
- HIV booths were also set up at community events to provide HIV education; over 1800 community members visited the booths.
- Elders, leaders and role models throughout the Partnership were engaged in an HIV awareness event which encouraged testing, by having them test publicly before the media on the National testing day. This was covered by the local news in Prince Albert (PANOW).
- Presentations and trainings were delivered to the Partners per request.
- The offer of Dried Blood Spot (DBS) testing during community events was supported by NITHA. This increased the testing number by 6% when compared to 2018-2019 numbers.



1st place poster - Ashlyn Durocher, Grade 9 CLMC (MLTC)



2nd place poster - Raedance Halkett, CCHS (LLRIB)



3rd place poster was drawn by Gino Roberts, Grade 10 CCHS (LLRIB)

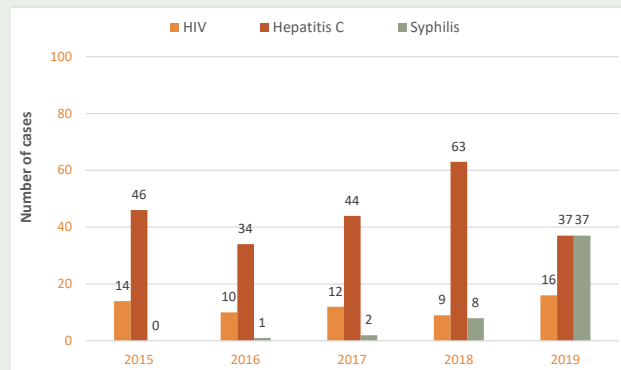


Figure 1: HIV, hepatitis C, and syphilis cases by year, NITHA, 2015-2019

### Hepatitis C

A total of 37 Hepatitis cases were reported in 2019, which was 41% lower than in 2018 (see Figure 1).

### Syphilis

In 2019, there was a significant increase in the number of syphilis cases, a 363% increase compared to cases in 2018 (see Figure 1).

### HIV

There were 16 HIV cases reported in 2019, which was a 78% increase from 2018 (see Figure 1). Injection drug use was the most commonly reported risk factor for HIV transmission followed by heterosexual sex with a known HIV case (see Figure 2). Around 31% of the 2019 HIV cases were co-infected with Hepatitis C (see Figure 3).

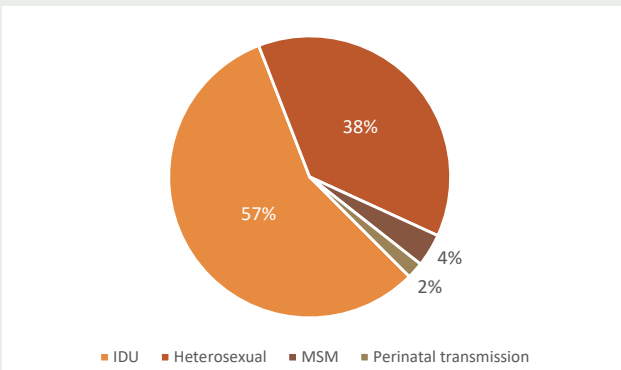


Figure 2: Risk factors of newly diagnosed HIV cases, 2015-2019

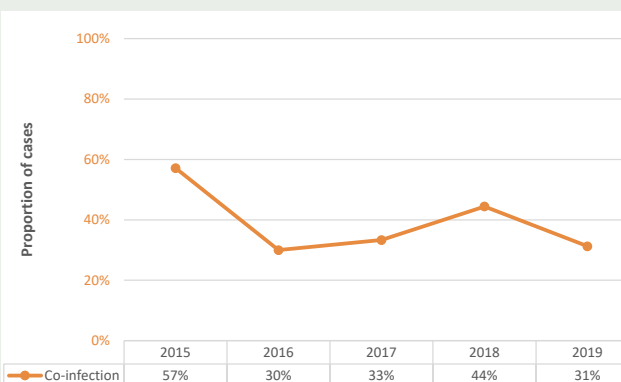


Figure 3: HIV- Hepatitis C co-infections by year, NITHA, 2015-2019

# Infection Prevention Control

## Overview

The Infection Control Program supports infection prevention and control (IPC) activities in the Partnership through the development of policies and procedures, promotion of routine practices, education of healthcare providers, community support visits, and prevention of Healthcare-Associated Infections. The Infection Control Advisor (ICA) provides infection control related training, updates, advice, and support to the Partnership.



Janitorial Workshop



Janitorial Workshop, practical demonstration



Janitorial Workshop, presentation of certificate

## Accomplishments

- In alignment with the priorities of the 2019/2020 work plan, the Infection Control Advisor collaborated with the PAGC Environmental Health Officers to organize the 2019 Janitorial workshop. Similarly, the ICA also collaborated with the Emergency Response Coordinator to organize the Mask Fit Train the Fit-Tester Training for individuals responsible for fit testing in the community.
- The ICA liaised with the Partners to visit 18 communities. Activities included in the community visits were educating staff, reviewing infection control practices, and providing suggestions on how to improve their infection control practices. Over the past year, the Infection Control Advisor collaborated with the Infection Prevention and Control Working Group members to revise the Infection Control Manual. Also, the Infection Control Advisor utilized the NITHA Facebook page to engage the community members during the 2019 Infection Control Week.
- The Infection Control Advisor submitted an abstract titled "Northern Saskatchewan First Nations Health Centres Experience: Impact of site visits on Infection Prevention and Control (IPAC) Practices" to the 2020 Infection Control Conference. The abstract was accepted and will be published in the Infection Prevention and Control Canada (IPAC) Spring 2020 Association News.
- In addition, the Infection Control Advisor developed fact sheets and posters to create awareness on the preventive measures for the spread of COVID-19. The ICA also collaborated with NITHA Partners, provincial and federal committees on strategies to prevent the spread of COVID-19.

## Challenges

Delay in notification and follow-up of HIV and Hepatitis C positive clients has great impact on accurate reporting of cases. This is probably due to staffing shortage and high staff turn over rates in some communities. It would be recommended that more staff, new and current, that are involved in HIV program receive training in client notification and contact tracing.

## Priorities for 2020-2021

HIV education and awareness will remain a top priority for the program. It is an essential strategy in preventing and reducing the rate of HIV throughout the Partnership. Engagement of leaders, peers and elders in HIV education and events is also very important in destigmatizing HIV.



Heather Keith presents prize to 1st place winner, Amelia Young from Shoal Lake for the annual HIV quiz competition.







Challenges

- 1. Some of the working group members were unable to attend the face-face working group meetings. This was due to staff turnover in the Partnership. It is recommended an alternate representative to be identified so there is always participation from each Partner organization in working group meetings.
- 2. Lack of Hand Hygiene Auditors in the communities is due to shortage and high turnover of direct care workers. It would be recommended to nominate other healthcare staff to be trained as Hand Hygiene Auditors.

Priorities for 2020-2021

The goals for the upcoming year is to continue to provide IPC community visits and support.

DIFFERENCES BETWEEN SURGICAL MASKS, PROCEDURAL MASKS AND N95 RESPIRATORS			
	 Surgical Mask	 Procedural Mask	 N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA).	Cleared by the U.S. Food and Drug Administration (FDA).	Evaluated, tested, and approved by the National Institute for Occupational Safety and Health (NIOSH).
Intended Use and Purpose	Fluid resistant and protects the wearer against large droplets, splashes, or sprays of bodily fluids.	Prevent the clinicians, patients and visitors from spreading germs by talking, coughing or sneezing.	Reduces wearer's exposure to particles (small particle aerosols, and large droplets).
Fit (Face Seal)	Loose - Fitting.	Loose- Fitting.	Tight-fitting.
Fit Test Requirement	No.	No.	Yes. Wearers should be fit tested to make sure they are using appropriate model and size of respirator to get the best fit.
User Seal Check Requirement	No.	No.	Yes.
Filtration	Do not effectively filter small particles from the air.	Do not effectively filter small particles from the air.	Effectively filters at least 95% small particles from air.
Identifiable Features	Have ties so that they can be adjusted to fit.	Have two ear loops to secure the mask to the face.	They have NIOSH inscription on them.
Leakage	Leakage occurs around the edge of the mask when user inhales.	Leakage occurs around the edge of the mask when user inhales.	When properly fitted and put on, minimal leakage occurs around edges of the respirator when user inhales.
Use Limitations	Disposable. Follow manufacturer's instructions.	Disposable. Follow manufacturer's instructions.	Should be discarded after each patient encounter and after aerosol generating procedures. Follow manufacturer's instructions.
Available Sizes	Generally only one size.	Generally only one size.	Available in multiple size configurations.





Infection Prevention Control Advisor, Adeshola Abati - Community support visits.

Public Health Nursing

Overview

The Public Health Nursing (PHN) Program provides planning, coordination and evaluation of Public Health Nursing. The PHN promotes practices in Public Health Nursing for the following: maternal, infant, child, youth, adult and elder populations. Collaboration with Partners, Communities, health professionals, and external organizations is a fundamental aspect in the role of the PHN. Public Health Nursing is based on professional standards and competencies to ensure safe and ethical care for the public. The PHN supports the Partnership and communities for immunization programming with strategic planning, quality improvement, education and promotion. The goal of the National Immunization Program is to prevent Vaccine Preventable Diseases (VPD's) that could potentially result in severe client complications, outbreaks and mortality. Clinical consultations are provided daily to nurses and health care workers in the areas of routine scheduled immunizations, adverse events following immunization (AEFI), vaccine incidents/ errors, panorama and immunization of special populations.



Accomplishments

- The 2019 NITHA Childhood Immunization Coverage Rates (CICR's) were as follows; 92% in the 1-Year age cohort, 87% in the 2-Year age cohort, and 94% in the 7-Year age cohort (see Figure 2).
- Influenza campaign was active from October 21, 2019 to March 31, 2020. A total of 6,674 influenza vaccine doses were administered within the communities this year.
- The 2019 NITHA Nursing Conference was held on August 26-28, 2019. There were 60 RN's, LPN's and Nurse Managers in attendance. Nurse Managers from MLTC, LLRIBHS, PAGC and PBCN were active in the planning.
- NITHA procured \$700,000+ worth of vaccines this fiscal year to our Partnership communities. Vaccine supply, demand and shipment were diligently coordinated during the period under review, in order to ensure that our populations receive quality vaccines needed to provide the expected immunity and protection. There was minimal vaccine wastage reported in the past year (under 1.0 %).





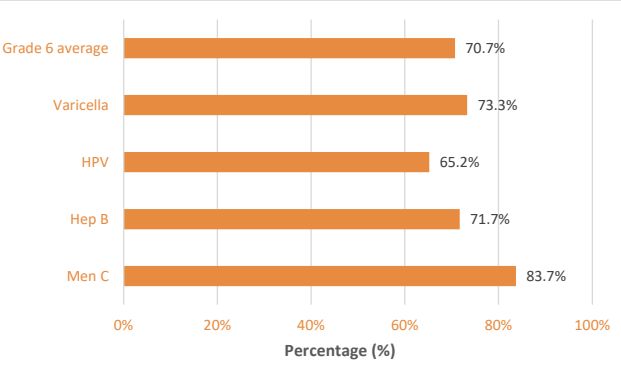


Figure 1: Grade six coverage rates for NITHA, 2017-2018

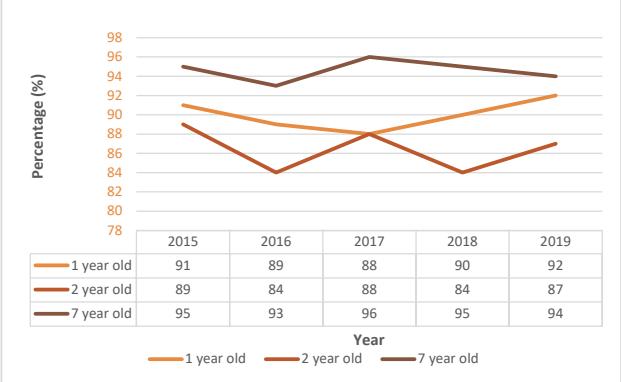


Figure 2: Average childhood immunization coverage rates by year, 2015-2019

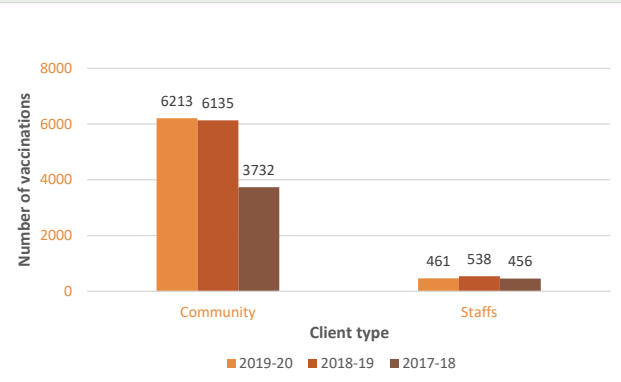


Figure 3: Number of immunization by flu season

### Challenges

Within the NITHA jurisdiction, there are identified communities that have significantly low childhood immunization rates. This is a concerning trend, as it places our most vulnerable populations at high risk of contracting a vaccine preventable disease. The reason could be attributed to staff shortages and high turnover rates within the Partnership. To increase the overall immunization rate it would be recommended to develop strategies with our Partners with sustainable targets.

### Summary statistics of Lab-confirmed influenza cases October 1, 2019 to April 30, 2020 (N=184)

Cumulative		Number	Percent
Gender	Male	77	42%
	Female	107	58%
Age	Average	27	
	Median	23	
	Range	0-85	
Underlying Medical Condition	Y	4	2%
	N/U	180	98%
Immunized	Y	31	17%
	N	101	55%
	U	52	28%
Influenza Strain	Type A	93	51%
	Type B	91	49%
Admitted & Discharged	Hospitalization	29	16%
	ICU	4	2%
Partnership	PAGC	73	40%
	MLTC	33	18%
	LLRIB	42	23%
	PBCN	36	20%

### Priorities for 2020-2021

NITHA will offer assistance with quality improvement initiatives for the communities with consistently low infant and childhood immunization rates. Strategic planning for the following programs will remain a priority; Childhood Immunization Programs, 2020-21 Influenza campaign, and the 2020-2021 School Immunization.



# Environmental Health

## Overview

The Environmental Health Advisor (EHA) supports the Environmental Public Health Officers (EPHOs) and Community Health Nurses (CHNs) within the four Partner agencies. CHN's are supported with Zoonotic and Enteric Communicable Disease reporting while EPHO's are supported with drinking water, food safety, solid waste disposal, housing etc. The EHA stays informed about new environmental health trends and training opportunities by attending local, regional and federal meetings and workshops. Information and opportunities from these meetings are communicated to the EPHO's or directly to communities through CHN's. The EHA provides technical expertise to both Partner EPHO's and the NITHA Medical Health Officer as requested.

## Accomplishments

- The EHA attended a water and well-being conference held by the U of S and AFN engagement sessions on new water regulations and funding to reduce Boil Water Advisories. These meetings provided the EHA with up to date information on water, its' regulation and available funds for water sustainability. The EHA also participated in the Federation of Sovereign Indian Nations (FSIN) Healthy Water Working Group to draft water and wastewater regulations.
- In order to increase community members knowledge on certain Environmental Health issues, the EHA:
  - Hosted train the trainer dog bite prevention training sessions.
  - Hosted EPHO training sessions on Onsite Wastewater Disposal based on the changes to the legislation in Saskatchewan.
  - Collaborated with International Fund for Animal Welfare (IFAW) to distribute a Canadian approved teaching curriculum on dog welfare.
  - Collaborated with IFAW to distribute 6425 children's activity booklets and 49 posters on a variety of dog health and safety topics.
  - Completed Facebook posts and alerts on a variety of topics including: Salmonella prevention, Chronic Wasting Disease, Hantavirus, animal bite prevention and providing for dogs in cold weather.



Poster created as a interpretation of speaking/sharing during the Water and Well Being meeting.



## Enteric Infections and Animal Bites

- Eight enteric cases were reported in 2019 (see Figure 1), which was 20% lower than cases reported in 2018.
- The EHA tracked and followed up all cases of animal bites and enteric illnesses reported during the year under review. In 2019, 232 animal bites were reported (see figure 2).

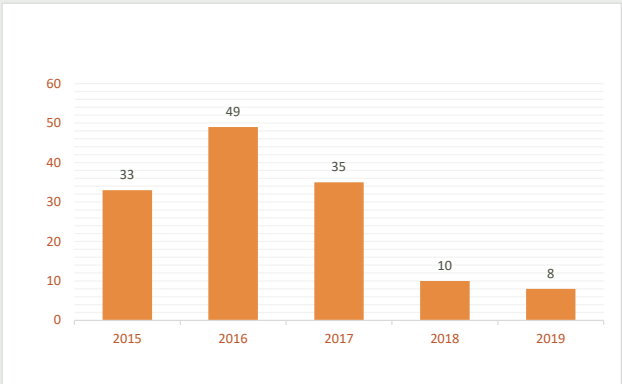


Figure 1: Trends of enteric cases in NITHA communities, 2015-2019

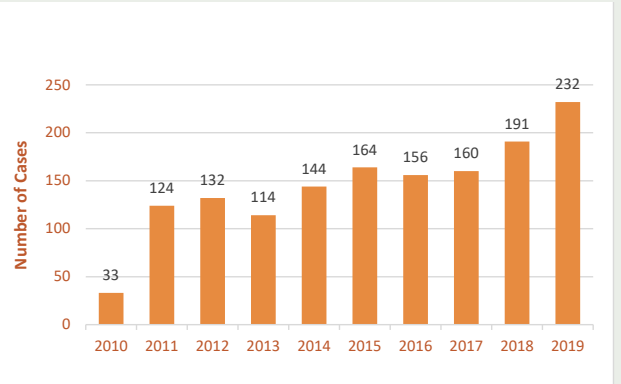


Figure 2: Trends of reported animal bites in NITHA communities, 2010-2019

## Challenges

1. Slow reporting and follow up on animal bite and enteric cases from communities. Possibly due to community staffing/workloads or routing of information. If we continue to send reminders, when follow-ups are due, this may be helpful.
2. There is a need to reduce the number of dog bites in communities and it is difficult to plan a "one size fits all solution". All communities have different needs and resources. So far, 29 community members are now trained to provide education on dog bite prevention. Animal control bylaws or ownership expectations are key.

## Priorities for 2020-2021

The goals for the upcoming year are to:

- Promote Chronic Wasting Disease sampling to maintain First Nations Food Security and hunting rights.
- Promote the new Drinkable Water Regulations for First Nations by advancing the First Nations Water Association including more access to training for operators.
- Maintain the EPHO's (Hedgerow) data collection system. Final year of the pilot.





# Health Promotion

## Overview

The overall goal of the NITHA Health Promotion Program is to provide comprehensive support to the NITHA Partners in the area of health promotion by developing strategies and teaching the Partnership to deliver programs and services at the community level.

## Accomplishments

- Developed various videos, pamphlets, infographics, and posters in the areas of immunization, infectious diseases, nutrition, environmental health, physical activity, substance abuse and cancer among others.
- Organized and took part in cancer engagement meetings for five communities and two Partners as part of the NITHA-Saskatchewan Cancer Agency (SCA) project to address First Nation cancer experiences in the communities.
- Represented NITHA in local, provincial and national committees such as, the NITHA Health Promotion Working Group, Population Health Promotion Working Group of Saskatchewan among others to keep the Partnership informed on new developments or initiatives in health promotion.
- Coordinated the activities of the Northern Healthy Communities Partnership (NHCP) through the five Action Teams (Active Communities Team, Babies, Books, and Bonding, Building Vibrant Youth, Healthy Eating Team, and Northern Tobacco Strategy) that focus on promoting health in the Partnership through increasing physical activity, healthy eating, youth health, child literacy, and commercial tobacco cessation.
- Prepared and presented presentations in various conferences and workshops including: the LLRIB Wellness Carnival and Staff Retreat, NITHA Nursing Conference, MLTC and LLRIB Career Fairs, PBCN and NITHA Youth Conferences, Little Red and Red Earth Prenatal Conferences, Red Earth, Montreal Lake, and Cumberland House Diabetes Workshops, and the Saskatchewan Home Health Aide Conference.
- Continued to keep the Partnership informed through the NITHA newsletter, website, radio and social media by creating and posting various messages related to HIV, immunization, physical activity, nutrition, tobacco use, alcohol use, youth health and COVID-19 among others.



## Challenges

The HPA was unable to produce all four editions of the newsletter 2019-2020, as the year saw a number of outbreaks within the NITHA Partnership and in Canada that forced the educational priorities to slightly change. Moving forward, the HPA could use the newsletter as an education tool for the outbreaks in addition to other educational material.

## Priorities for 2020-2021

The HPA focus for 2020-2021 and the future will be to develop a NITHA specific health promotion manual; develop a Physical Activity Toolkit specific for communities; and continue work on the NITHA Injury Prevention Strategy.



Health Promotion Working Group



ACT (Action Team Committee)



Fond du Lac Cancer Engagement



# Tuberculosis (TB)

## Overview

The TB Program is continuing to provide guidance, education and front line support to TB Programs throughout our Partner communities. NITHA TB Nurses have vast experience and expertise working on TB in Northern Saskatchewan. In addition to NITHA's 3rd level support to our Partnership, the TB Program is unique as our TB Nurses provide front line services when a contact investigation for an active case is required in a community. The nurses also support Community Health Nurses (CHN) and TB Program Workers (TBPW) to ensure the delivery of safe and competent TB care to our clients.

## Accomplishments

- In 2019, 17 cases of suspected or confirmed active TB were reported (see Figure 1). Majority of the cases were in high incidence communities. The TB program made 67 visits to communities throughout the Partnership and 151 clients were assessed as part of contact investigations.
- The NITHA TB Program participated in reviewing and updating the Tuberculosis Program Worker (TBPW) handbook to ensure that information is up to date with current practice guidelines.
- In collaboration with Saskatchewan Health Authority (SHA), the program assisted with the Latent Tuberculosis Infection (LTBI) Mobilization Initiative carried out in La Loche and Clearwater River. This project aimed to identify and offer preventative treatment to adults with LTBI thereby reducing the incidence of TB in the future. NITHA TB Nurses supported the project by interviewing, educating, and providing support to the TBPW while clients were on treatment for LTBI.
- NITHA TB team provided input into the creation of the "Clinical Model" as members of the Clinical Model Project Working Group. In collaboration with the TB specialist team and TB Prevention and Control (TBPC), the team will educate and support local primary health-care providers to provide effective frontline evaluation and management for individuals with TB. The goal is to improve clients and provider's satisfaction, as well as quality of care.
- The portable x-ray continues to be utilized in our communities. The opportunity for community members to have an x-ray in their own home community leads to timely diagnosis, treatment and the prevention of TB. 182 clients were x-rayed in 2019 using the portable x-ray.
- A new form of treatment for LTBI was introduced using a drug called Rifapentine or 3HP. The TB Program provided education to community health care staff involved in the delivery of the new medication per request. Currently we have 7 communities that are using Rifapentine for treatment of LTBI.
- The CHN TB Workshop took place on March 4 and 5 of 2020 in Saskatoon. There were over 50 participants in attendance and 17 guest speakers. NITHA received excellent feedback from attendees of the workshop.



Tina Campbell, TB Advisor and Grace Akinjobi, Manager PHU stand with our Keynote speaker Dr. Richard Long, University of Alberta during NITHA's Community Health Nurses Tuberculosis Workshop.



Karen Campbell, RN and Sherry Clarke, RN participating in the Tuberculin Skin Test Workshop during NITHA's Community Health Nurses Tuberculosis Workshop.

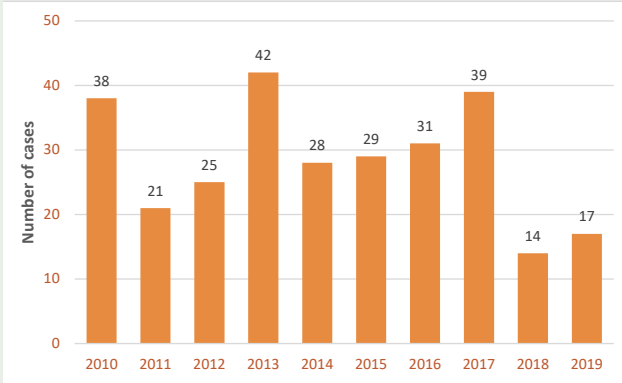


Figure 1: Number of TB cases by year, 2010-2019

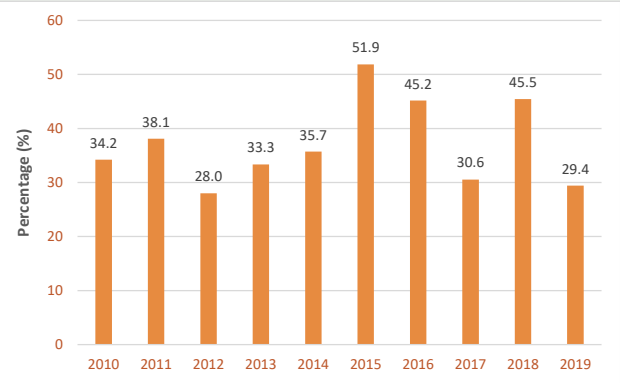


Figure 2: Percentage of TB cases that are smear positive by year, 2010-2019

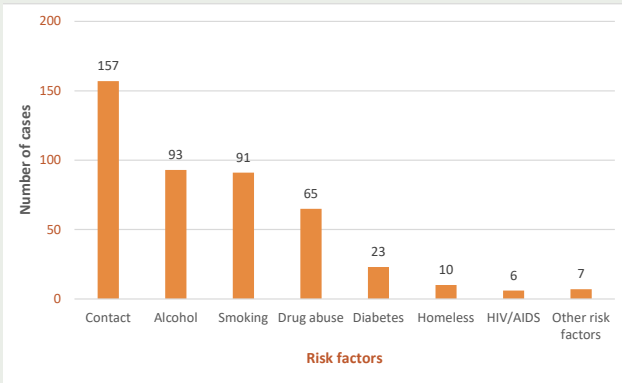


Figure 3: TB risk factors by type, 2010-2019

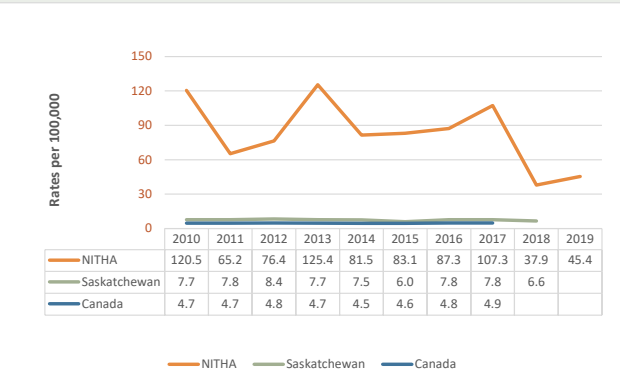
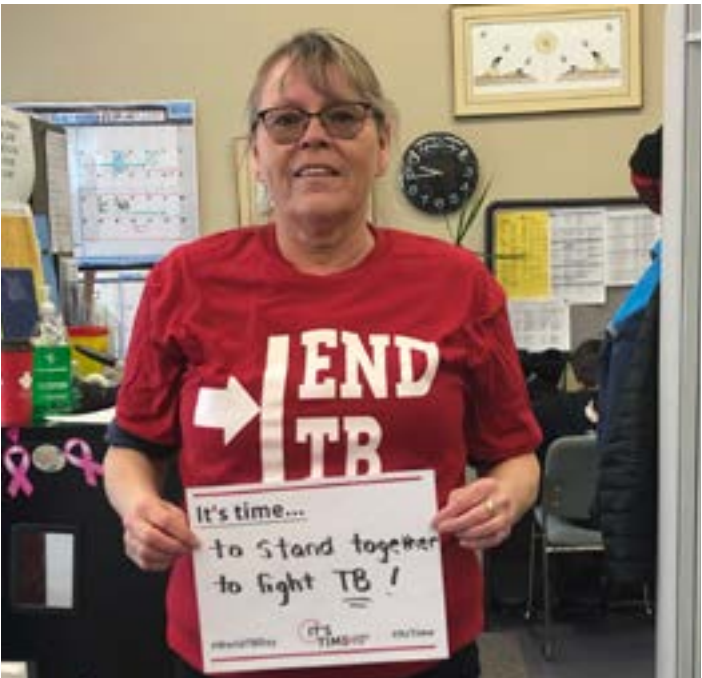


Figure 4: Rates of TB in NITHA, SK, and Canada, 2010-2019



Cindy Sewap; Program Admin Assistant and Dr. Nnamdi Ndubuka, on World TB Day, March 24th, 2019.

Challenges

- 1. TB Nurses may be unable to access up to date health history due to no access to Electronic Health Information systems in some Partnership communities. It is recommended that licence fees be paid for TB Nurses by NITHA for access to information and ability to chart electronically on TB clients.
- 2. During community visit's TB nurses are often questioned regarding other CDC or Public Health programming. TB Nurses will ensure they are up to date on other Public Health programs in order to provide NITHA communities with current relevant information.
- 3. TB education and awareness needs to be a priority when hiring new staff especially in High Incidence communities. It is suggested that information sharing is done periodically to leadership within the Partnership to help keep that relationship with the TB Program open and to set up orientation in a timely manner.

Priorities for 2020-2021

The TB program hopes to continue to support the TB programming throughout the Partnership. The TB Program will continue to provide up to date education and training opportunities to front line staff.



Tara Campbell, Executive Director gives closing remarks at NITHA's Community Health Nurses Tuberculosis Workshop.



TB Team: Sandy Hallam; TB Nurse; Leslie Brooks; TB Nurse; Shirley Nelson; TB Nurse; Tina Campbell; TB Advisor; and Barb George; TB Nurse during one of NITHA's staff meetings.

Epidemiology

Overview

Epidemiology is the study of patterns, causes, and disease conditions in a defined population. The program uses epidemiological methods for disease surveillance, outbreak investigation, and observational studies to identify risk factors of communicable and non-communicable diseases in population. The information provided by the epidemiologist assists communities to plan programs in the areas needed most and to develop strong public health programs. The reports created by epidemiologist are distributed on a quarterly and annual basis to the Partnership to coordinate the planning and evaluation of public health programs within the NITHA Partnership.

Accomplishments

- The epidemiologist continued to provide high-quality data and reports to the Partners. Capacity for data collection, cleaning, and analysis was improved by creating, reviewing, and updating new and existing disease-specific surveillance systems. Besides these, quarterly reports, year-end reports, immunization coverage reports, and special reports (such as flu, syphilis, HIV etc.) were shared with Partners within the scheduled period. The epidemiologist also led disease surveillance during community and province wide outbreaks and pandemic.
- During the last fiscal year, the Epidemiologist performed visits to six communities, internal and external Partners for orientation and public health programs/projects. The Epidemiologist participated in working groups related to NITHA and Northern SK First Nations and coordinated related activities. Ongoing support was also ensured through needs assessments and addressing questions/concerns.

Challenges

The epidemiology and surveillance program face several issues with data quality, collaboration, and reporting. Reporting of high-quality data also depends highly on the proper and complete collection of client and contact specific data. Insufficient details often lead to an incomplete representation of the epidemiology of the diseases. Sometimes, communities deal with several issues at the same time. In those situations, issues that are more life-threatening become the priorities (such as preventing an STI outbreak vs improving immunization coverage). The NITHA Epidemiologist will continue to provide support on disease prevention and control by providing high quality data.

Priorities for 2020-2021

Over the next year, reducing communicable disease outbreaks, improving immunization rates, and ensuring timely reporting of high-quality data will be top priorities for the epidemiologist. In addition, all disease-specific surveillance and risk factor datasets will be monitored and updated on a regular basis. Collaboration with Partners will be improved by regular follow-up and needs assessment.







## About the Community Services Unit

The Community Services Unit provides clinical and technical health program expertise to the Partners by anticipating and responding to challenges and resource opportunities, building on the accomplishments of the Partners and the NITHA organization as a whole. CSU provides support and current knowledge of leading practices in the areas of nursing education/training, capacity development, mental health and addictions, emergency preparedness, nutrition and eHealth/IT.

- + The Unit engages in special projects aimed to target specific areas throughout the Partnership; currently, those special projects in CSU are:
  - Federal Tobacco Control Strategy: Tobacco Project
  - Development of the Shared EMR to the Northern First Nation Pilot Sites
  - Transition Recovery Program: A Response to the Opioid Crisis
  - CommunityNet (CNet)
- + NITHA functions in a multi-jurisdictional environment that makes communication and coordination with different stakeholders an extremely important part of our activities.
- + The direction for planning within the unit is set by the NITHA Executive Council (NEC) and reflects the priorities established through the NITHA Board of Chiefs. NITHA works with the Partners to build linkages with government and various organizations using a community development approach, based on a set of principles that help to connect the Partners and their First Nations community's health staff to national and regional opportunities to build and increase capacity.

The programs within the Community Services Unit are:



### Mental Health & Addictions

Plans, develops and assists the Partners to implement and evaluate Mental Health & Addictions Program Strategies for their communities.



### Emergency Response

Partner communities have unique risks that need to be supported appropriately to minimize harm to communities.



### Nursing Program

Maintains a high standard of nursing within the Partnership by providing clinical, educational and policy support covering nursing practices.



### Nutrition

Providing nutritional programming and initiatives that are evidence-based and culturally appropriate for the Partnership.



### eHealth

eHealth supports the Partnership to develop IT Operations in support of common goals for eHealth initiatives and IT services to support the business of health care.



### Tobacco Control Project

Focused on the Educating of Traditional Tobacco use and addressing the misuse of Commercial Tobacco so as to reduce the public health issues it causes.

# Meet the Community Services Team

The Community Service Unit (CSU) consists of a Community Services Manager, Nursing Program Advisor, Nutritionist, Mental Health and Addictions Advisor, Emergency Response Coordinator, eHealth Advisor and Tobacco Project Coordinator, as well as support staff.

The Manager of Community Services position stood vacant for the first 7 months of 2019-2020 as the former Manager moved on to pursue other opportunities. In December, our recruitment efforts were successful and we welcomed Colleen Durocher, to the role of unit manager. Colleen brings a vast knowledge of Northern Saskatchewan into the role, she is a member of the Lac La Ronge Indian Band and previously held managerial positions with MLTC, Cameco and Northlands College. In addition to managing staff and programs, she was very much involved with stakeholder relations and community engagement activities with community members and leaders throughout Saskatchewan's North.



**Colleen Durocher**  
Manager of  
Community Services



**Glenda Watson**  
Mental Health &  
Addictions Advisor



**Patrick Hassler**  
Emergency Response  
Coordinator



**Heather Keith**  
Nursing Program Advisor



**Carol Udey**  
Nutritionist



**Charles Bighead**  
eHealth



**Eric Xue**  
Senior Network Technologist



**Peter Netteville**  
IT Help Desk Technician



**Justina Ndubuka**  
Tobacco Project Coordinator



**Ramona Caisse**  
Program Administrative  
Assistant



**Jeanette Villeneuve**  
Program Administrative  
Assistant

# Mental Health & Addictions

## Overview

The MHA Program focuses on building relationships with/ between the Partners by engaging with the Mental Health & Addictions Working Group (MH&AWG), hosting training and workshops, providing advisory support and by sharing and collaborating with fellow NITHA office staff and Partner Advisors; this included advising at both Provincial and Federal Committees.

Key areas of third level support in MH&A/Wellness are:

- + Strengthening the capacity of First Nations to deliver culturally appropriate and responsive mental health and addiction wellness services.
- + Identifying leading practices that best fit the Partner community needs.
- + Offering training opportunities that also include assisting as required in providing access to clinical supervision responsive to community needs.
- + Working with the Partners MHA program leads at the 2nd level as well as designated representatives when preparing plans and assessments that determine priority needs in their respective communities.



## Accomplishments

The MHA Advisor co-presented alongside the Emergency Response Coordinator for the Prairies Regional Adaptation Collaborative (PRAC) in Winnipeg Manitoba on the "Mental Health Impacts of Community Evacuation – La Ronge Wildfire Case Study" that spoke to the unique differences of Northern First Nation communities.

The MHA also completed elements of a Mental Health Therapist Working Guidelines Manual at the request of the Partners, which included the following clinical directives and procedures:

- Clinical Documentation Process – Directive,
- Care of Suicidal and/or Acutely Mentally Unstable Patients/Clients – Policy,
- Care of Patients/Clients Following Attempted Suicide – Procedure.

The MHA Program was successful in the submission of a proposal for a two-year pilot project with Indigenous Services Canada (ISC) to address the Opioid Crisis in Northern First Nation Communities as part of the Substance Use and Abuse Program (SUAP).



## Accomplishments (continued)

In response to COVID-19, the MHA developed guiding standards, recommendations, and leading practices for Mental Health & Addiction staff in response to the Partner's request. These included the following:

- Mental Health Guidelines,
- Emergent Mental Health Care – Minors Under 16/Adults,
- Holistic Health - Mental Health Tips, and Recommendations,
- Liquor Store Closures & Community Lockdowns and their Impact.

The MHA researched various mental health and addiction issues that were specific to Methamphetamines and Opiate use as well as Post-Traumatic Stress Disorder amongst First Responders and Front Line staff working in First Nation Communities. This concluded with supporting advocacy efforts for a "Crystal Meth and Opioid Forum", and the completion of the "Federal Framework on Post-traumatic Stress Disorder – Recognition, Collaboration and Support" in collaboration with several stakeholders. The MHA assisted in the planning of the Crystal Meth and Opioid Forum held on December 11-12th in Prince Albert, Saskatchewan where Partner communities were actively involved.

The MHA Program coordinated 3 training opportunities planned to occur in the Winter of 2020 and all associated costs were provided for the Partners to attend. The following training sessions occurred;

1. Attachment and Trauma Treatment Centre for Healing (ATTCH) was held January 28-30th in Saskatoon and a total of 14 participants completed the training; PBCN (4), PAGC (2), LLRIB (4), MLTC (4);
2. Essential Counselling Skills was held February 11-12th in Prince Albert which seen 13 participants completing; PBCN (3), PAGC (3), LLRIB (4), MLTC (3);
3. Motivating Change Training Session was held February 13-14th in Prince Albert and we had 12 participants completing; PBCN (3), PAGC (2), LLRIB (4), MLTC (3).

## Challenges

Coordinating and establishing Transition Recovery Teams within the four Partners has been challenging. It is recognized that Partners faced recruitment issues for the eight positions in the first 5-6 months of the programs initial start date; with two Partners experiencing staff turnover that further created communication issues. The MHA will communicate directly with Partner Health Directors and /or supervisors in the four sites as a way to improve communication efforts.

## Priorities for 2020-2021

- Complete and Disseminate "Mental Health Therapist Working Guidelines Manual" to all Partners.
- Establish and coordinate with NIHB regarding "First Nation Mental Health Therapists for Northern Saskatchewan" – mental health providers approved.
- Establish a "Model of Care" Addiction and Mental Health Document for Partners in Collaboration with Thunderbird Foundation and First Peoples Wellness Circle.
  - Include Indigenous Healing models for inpatient treatment centres; that includes standards of care (SOC) to be implemented within residential centres.
- Disseminate evidence-based clinical supervision models and training to 2nd level supervisors.

# Emergency Response

## Overview

The Emergency Response Program (ERC) works with the Partnership to provide support and advice on emergency preparedness, response, recovery, mitigation and surveillance. The ERC also compiles historical response data and networks with Provincial, Federal and other Non-Government organizations to strengthen emergency response throughout the Partnership. In addition, the ERC provides expertise and quality assurance to second-level ERC's in the areas of, but not limited to: Pre-hospital care standards and best practice, Pandemic planning, Fire surveillance, Strategic response to health emergencies and community and situational risk assessments.

The ERC program provides training and mentorship to second-level Program (or designates) in the areas of: All Hazard Planning, Hazard and Risk Assessments, Public Access to Defibrillation, First Aid and CPR Instructor Trainer, First Responder Instructor Trainer, Emergency Medical Responder training and Mask Fit Test training.



## Accomplishments

- NITHA was successful with a proposal submitted on behalf of the Partnership; funding approved includes: the four 2nd level Emergency Response Coordinator positions as well as the NITHA position. The funding has been approved for five (5) years ensuring the work this network has achieved continues.
- Over the course of the year under review, approximately 300 First Aid and CPR/AED Providers, 5 First Aid and CPR/AED Instructors, 1 First Responder Instructor, and 45 First Responders were trained in 2019/20 by "in house" 2nd-level instructors. Since developing the "in house" training capacity in May 2013, over 1400 persons have been trained throughout the Partnership resulting in a cost reduction by 2/3. It is expected these numbers will dramatically increase over the next term due to staffing and regulation changes within the National Training Regulations.
- Since the amalgamation of the previous health regions, some changes and processes at the Provincial level have been effected such as relationships, contacts and new processes required re-tooling. Despite this, NITHA has continued to remain engaged in the areas of First Response, Pre-Hospital Care, and the Health Emergency Management Unit (SHA HEMU).
- Smoke and forest fire activity monitoring was enhanced this past year by the trial implementation of real time smoke monitors. Four sensors were deployed throughout the Partnership to enhance the existing smoke models and fire surveillance equipment. The additional equipment will increase information gathering enabling us to advise our elected officials as they make critical emergency response decisions.

## Challenges

1. The annual review of Emergency Response Plans is an industry standard; however, this process remains slow and requires cooperation and dedicated staff at the first and seconds levels to implement and to be successful in this process.
2. Dedicated full-time positions in Emergency Response and Preparedness remain the most significant challenge. Both first and second-level positions are needed to conduct Risk Assessments, update emergency response and communicable disease plans, build contingency plans, deliver pre-hospital emergency training, and maintain public access to defibrillation sites, as well as to prepare communities for unique contingencies, such as evacuations. Without these positions, progress will be hampered resulting in increased risk to community members. Short-term proposal driven funding negatively affects the Partners and their communities; for example, it hinders their ability to recruit and retain skilled emergency response personnel. It also greatly risks any progress in this area when funding is not secured for the full duration of projected activities.

It is recommended that stakeholders continue to advocate for first level ERC positions and funding. Doing so, would help to maintain up to date community all hazard and communicable disease plans, as well as staff for risk surveillance and emergency coordination at the first level. Long-term funding arrangements, with a minimum of five years, should be standard.

## Priorities for 2020-2021

The ERC Program will continue to provide support to the Partner ERCs in the following areas:

- Ensuring community response plans are taking an a sound, evidence-based approach to emergency planning, also referred to as an "All Hazard" approach,. Adopting this approach will ensure that the document is accessed for all community contingencies resulting in the emergency response plan to not only become more familiar, but also to be followed with greater ease by community members.
- Supporting communities as they build sustainable "in house" First Responder initiatives. NITHA will continue to remain active within the registration and licencing body activities and requirements and continue to provide mentorship and train-the-trainer capacity.
- Contributing to the development of Pandemic and Communicable Disease Contingency Planning by providing access to the *NITHA Communicable Disease Plan* and the *NITHA Communicable Disease Planning Manual*.
- Engaging stakeholder organizations to ensure that the Partner community voices and concerns are heard and addressed. Northern communities are very unique and require a tailored approach during emergency events that differs in many ways from the First Nations communities in the southern region for various reasons relating to remoteness and limited access to services. NITHA will ensure the "North" is not made to fit in the "Southern" box concerning emergency response but rather hold a place uniquely of its' own.



COVID-19 Community Situational Report Board

# Nursing Program

## Overview

The Nursing Program identifies leading practices and trends as well as supports the Partnership in meeting their nursing needs. An important part of the Nursing Program Advisor (NPA) role is to provide clinical, educational and policy support covering contemporary nursing practices fostering a high standard of nursing within the Partnership. In the year under review, the following supports to the Partners were provided by:

- Offering advice, coordination, training resources, data support and management, planning and research and policy development in nursing.
- Recommending continuing competencies for all nursing staff as it is critical to second level nursing supervisors, doing so remains a priority.
- Assisting in the development of policy, procedures and manuals to reflect established standards of nursing practice, and actively participating in committees at the Provincial, Federal, First Nations levels as well as with the Saskatchewan Registered Nurse's Association to remain current with new developments in nursing practice and advocating for First Nations.
- Preparing proposals, coordinating or facilitating the delivery of recommended education and training programs.
- Reviewing of scope of practice and the coordination of nursing orientation on an ongoing basis.



This Nurse Program Advisor (NPA) position was vacant for 10 months in 2019. Our recruitment efforts were successful welcoming Heather Keith, Nursing Program Advisor in January 2020. Heather has worked in Northern Saskatchewan for 23 years and has been fortunate to work in and visit the majority of the NITHA Partner communities.

## Accomplishments

- All Specialty Practice Documents were reviewed, edited and updated; these documents will be reviewed by the Specialty Practice Document Committee, and then presented to Dr. L. Lanoie for his endorsement of the emergency protocols and Dr. N. Ndubuka for the public health protocols.
- Briefing notes were developed for Management with respect to the annual NITHA Community Health Nursing Conference, the Home Health Aid Workshop and the orientation for new nursing staff within the Partnership.
- Funding from Indigenous Services Canada (ISC) had been secured earlier in the year to host five training opportunities for nursing staff: First Responder to Sexual Assault and Abuse Training Workshops; 2 have been scheduled to date.
- Connections with Nurse Managers from the Partnership agencies and various areas of practice were made with one teleconference with Primary Care Nurse Managers held. Home Care Nurse Managers continue to participate in the FSIN Home Care Working Group Meetings and have several sub groups for policy and procedure development.

## Challenges

1. Organizing teleconferences with Nurse Manager groups and the planning committee for the NITHA conference has been challenging due to scheduling conflicts of managers making it difficult to find dates and times that work for a majority. This results in the inability to move forward on items without having those proper consultations. In an effort to resolve this, it was agreed to schedule meetings on a quarterly basis.
2. Due to the Global Pandemic, First Responder to Sexual Assault and Abuse training workshops were postponed.

## Priorities for 2020-2021

- Assist Nurse Managers, Nurses, RNs and community health staff in the communities during the COVID-19 Pandemic.
- Ensure Specialty Practice documents are reviewed and signed on an annual basis.
- Organize quarterly Nurse Manager Meetings.
- Research, plan and apply for funding for leadership education for Nurse Managers.
- Plan and host the NITHA Home Health Aid and Community Health Nursing Conference.
- Develop and implement NITHA orientation for new nurses in the Partnership.





# Nutrition Program

## Overview

The Nutrition Program supports NITHA and the Partners registered dietitians and other second level staff to plan, implement and evaluate nutrition initiatives. This program also supports the Partners by keeping them abreast of the latest research, skills and techniques, and translating the research into leading practices for the second level staff. The Nutrition Program also assists other second and third-level programs within the organization in the interpretation and integration of nutrition principles. The program works with second level dietitians to provide consistent messaging as it relates to nutrition.

## Accomplishments

- This year's Nutrition Month theme was "Healthy eating is about so much more than food". The Dietitians Working with First Nations Team (DWFN) collaborates each year to tailor the theme to be relevant to our Partner First Nation communities.
- The Student Nutrition Mentoring Program (SNMP) workshop was hosted in Prince Albert with over 30 community health workers participating. There, they learned how to prepare and serve nutritious meals economically and safely to the children in our community schools.
- The Nutritionist was involved with the facilitation of the Standardized Prenatal Education Workshops. Over 40 people participated prior to the postponement of workshops due to COVID-19. Dietitians, along with their colleagues, collaborate to provide breastfeeding peer support workshops to their respective communities. The workshop hosted by PBCN successfully graduated 10 Breastfeeding Peer Support Volunteers to assist in their communities.
- Dietitians collaborate to advance nutrition outcomes by communicating the importance of consuming nutritious food. The dietitians amongst the Partners were featured in the NITHA Health Express Newsletter. Throughout the COVID-19 pandemic, nutrition related information was posted on the NITHA Facebook Page to keep communities informed on relevant nutrition information and to debunk myths. For clinical practice, the dietitians have determined that the most efficient resource to use when searching for evidence-based information on food and drug interactions was the Drugs.com app.
- The Nutritionist provided nutrition information and resources on diabetes to a large group of attendees at the annual Diabetes Gathering held in Prince Albert. The Nutritionist presented nutrition information and provided an interactive nutrition display to over 100 youth in attendance at the Breathe Easy Youth Conference.
- The Nutritionist supports future dietitians by participating in the preceptor program for the education of nutrition students from the U of S College of Pharmacy and Nutrition.
- The Nutritionist also provided nutrition education to community health workers, public health students, nurses and nursing students as well as our own NITHA staff throughout the year. Dietitians work to increase the availability and affordability of safe and nutritious foods.
- During the COVID-19 pandemic dietitians were instrumental in assisting the communities in applying for COVID-19 food grants and for assisting in the procurement and dissemination of food hampers.



Student Nutrition Mentoring Program



Waskesiu Nurses Conference



Annual Diabetes Gathering "Eat Good and Feel Well"

## Challenges

COVID-19 disrupted scheduled events and programs that took months to plan. Funding sources may not be available to complete these projects as previously designed; however, with perseverance and flexibility we hope this challenge will be overcome.

## Priorities for 2020-2021

The goals for the upcoming year are to:

- Complete and distribute the *Cooking Circle Manual* and *Dietitian Career Brochure*.
- The lessons learned from the COVID-19 pandemic will also be documented and shared amongst the Partner Dietitians.



PBCN Breastfeeding Peer Support Workshop



Intern Nutritionist mentoring



Overview

eHealth is the application of IT to support Healthcare. NITHA has three positions that support eHealth systems:

+ eHealth Advisor:

Coordinates eHealth activities, addresses governance issues and performs general business analysis duties.

+ Sr. Network Technologist:

Provides advanced IT supports to the Partners and manages the local network at the NITHA office.

+ Helpdesk Technician:

Provides remote desktop support and provides computer training for frontline workers.

Accomplishments

- A proposal was submitted to upgrade all end-of-life telehealth units: however, we received only partial funding approval. The sites that received upgrades were Sakwatamo Lodge, Red Earth, Jeannie Bird and Wahpeton. Later in the year, another proposal was submitted to upgrade telehealth units and convert some to portable units so that they may be used for clinical purposes. FNIH approved that funding request in full.
- The network configurations at many health centers were reviewed and optimized to ensure Telehealth and EMR systems worked reliably. NITHA assisted with server upgrades at LLRIB and Stanley Mission as well, assisted LLRIB with email migration to Microsoft Exchange 365. MS Exchange is a very practical email service with 230 healthcare workers using it within the NITHA Partnership.
- NITHA evaluated various network switch models to find a suitable replacement for the current switches that are over ten years old. The eHealth Working Group chose a model and a funding proposal was submitted to replace all switches. FNIH deferred the request to the new year, however, NITHA was able to purchase some this year.
- NITHA contracted the La Ronge Medical Clinic to provide ongoing training and support for the Med Access EMR at Hatchet Lake and Stanley Mission while the SHA, former Kelsey Trail Health Region, provides support in-kind to PAGC communities on the east side.
- Both PBCN and LLRIB have implemented the Mustimuhw EMR, NITHA provided some technical advice and support (e.g. increasing bandwidth at Deschambault Lake) to ensure their centralized database model works with their outlying health centers.
- The final draft of the NITHA <> Partner Data Sharing Agreement (DSA) was presented to PAGC and LLRIB. The agreement is intended to formalize the way NITHA handles First Nations data to ensure it is protected while enabling health status and surveillance. We will continue this work into next year with finalizing agreements with each Partner.
- Funding was received to sustain CommunityNet for another year. NITHA coordinated the move of the CommunityNet circuit and the Telehealth equipment to the new Red Earth health center. The firewall configurations for MLTC communities were also reviewed to ensure their EMR performed better with the increased bandwidth.
- NITHA has communicated the availability of the MySaskHealthRecord (MSHR). The MSHR is a self-care tool for Saskatchewan residents to view their health information online (ex. Prescriptions, lab result, clinical visits, etc.)
- Supported the NITHA Panorama training session for new users and later in the year assisted PAGC with Sturgeon Lake's access to Panorama and procurement of new computers.

Accomplishments (continued)

- A National Indigenous IT Alliance (NIITA) symposium was held in Winnipeg on Nov 5-7. Several Partner IT personnel attended and found the event interesting and beneficial. A report about the symposium and the workshop outputs is available by request.
- Towards the end of the year, IT assisted with the setup of an Emergency Operations Center (EOC) in response to the COVID-19 Pandemic. IT also assisted the Partners with WebEx and VPN setup to facilitate online collaboration and remote access to employees working from home.
- NITHA continues to provide computer training to healthcare workers on a variety of topics such as Excel for Managers and Introduction to PowerPoint and Outlook. In addition, there was some onsite training at the Health Centers; however, training is usually provided remotely via Telehealth. Below is a summary:

181 Scheduled Sessions	Registration vs. Attendance (Stats broken down by Partner)		
	Partner	Registered	Attended
27 various courses offered	LLRIB	25	15
115 registrations	MLTC	66	57
83 people in attendance	PAGC	19	10
	PBCN	5	1

Challenges

1. It is an ongoing challenge for the IT personnel to keep up with the ever-evolving Information on Technology. Courses are very expensive and IT personnel daily duties inhibit IT personnel from formal training. NITHA will seek direction from the IT personnel on professional development needs and seek approval for formal training.
2. It continues to be a challenge to increase participation of healthcare workers in the free computer training offered by NITHA through our HelpDesk Technician. This is likely due to the demands of frontline workers and the effectiveness of remote computer training. IT is currently exploring options of providing on-site computer training possibly through a mobile training lab to address this challenge.
3. Set funding and partial funding for eHealth projects continues to be a challenge and has a compounding effect of increasing unit costs and complicating efforts to maintain a standard for hardware. Fortunately, over the past year, FNIH has moved eHealth funding from set to flexible, which we hope, will make eHealth initiatives easier to manage.

Priorities for 2020-2021

- Discussions to implement a Shared Med Access EMR among Montreal Lake, James Smith and SHA (former PAPRHA) have occurred due to the common client base. In the new year, NITHA will continue to facilitate discussions and support the implementation of that Shared EMR.
- NITHA will develop new configuration templates and support the deployment of the new switches that were purchased with surplus EMR funding. NITHA will also pursue funding for any remaining switches that need upgrading.
- NITHA will continue to work with the Partners' designated Privacy Officers to develop privacy-training materials as an alternative for those unable to take the St. Elizabeth's online training tool due to connectivity issues.
- All telehealth units will be upgraded in the new year. Most of the stationary (wall mounted) Telehealth units will be converted to portable units making them more applicable for clinical consults in examination rooms.



# Tobacco Project

## Overview

The Tobacco Project supported and worked collaboratively with the Partners Community Tobacco Coordinators at the second level to implement the six essential elements of the Canada Tobacco Control Strategy, as well as to implement the Northern Saskatchewan Breathe Easy (NSBE) initiative specific to NITHA communities to reduce commercial tobacco use. This initiative falls in-line with the First Nations and Inuit Component of the Federal Tobacco Control Strategy. One of the main goals of the Tobacco Project is to focus on youth tobacco cessation.

## Accomplishments

- Northern Saskatchewan Breathe Easy Partnership (NSBE) made great strides toward their goal, which focussed on smoking cessation, education, prevention and protection.
- The NITHA Tobacco Project planned and implemented a 2-day North-wide Youth Workshop in which 180 youth attended from our Partner communities.
- NITHA collaborated with the Northern Tobacco Strategy to redevelop a series of curriculum-linked and classroom-ready lesson plans for grades 4-9.
- The baseline-data collection tools were updated; data collation and entry is currently ongoing. In addition, NITHA collaborated with the Canadian Cancer Society (CCS), to collect and analyze data on vaping; 68 youth participated in the survey.
- Engagement sessions with community healthcare leaders, staff and members was organized and conducted with more than 50 people participating. Significant milestones were reached in the area of engaging the Partnership: 10 booth presentations with more than 1000 community members visiting the booths.
- Social media marketing on World No-Tobacco Day and National Non-Smoking Week Implemented a workplace challenge tagged “walk/exercise to quit”; 25 messages were posted in the 2019/2020 fiscal year and the number of likes was 5560 with 300 shares and 40,000 people reached.



Northern Saskatchewan Breathe Easy Partnership Workshop

## Challenges

1. Funding continues to be a challenge and is needed to implement community-based activities. It is hoped that we will see an increase in this critical health area, which will enable the project to coordinate increased activities targeting cessation in the communities.
2. It has been difficult to get Community Health Directors and Prenatal Nurses on board with the Brief Intervention for Tobacco Cessation Training (BITC). This is especially the case if they are smokers. As well, implementing retailer training with managers of band owned stores has also been challenging due to the lack of capacity to expand smoking cessation training for frontline health staff. Perhaps, offering the BITC/Retailers toolkit online will make training of retailer/staff and managers of band owned stores more likely to take the training. Mandatory training may be another option.



Tobacco Youth Conference “Give Yourself a Break!”, Interactive Nutrition and Activity display at the Tobacco and Youth Conference

JR LaRose Alozie is a 9 year veteran of the CFL and a 2011 Grey Cup champion. He is a proud member of the One Arrow First Nation and an accomplished speaker who has been recognised and awarded for contributions to his community.



## Priorities for 2020-2021

The priorities for the coming year is to:

- Create digital signage for each of the 33 communities displaying anti-tobacco messaging.
- Obtain funding to plan community workshops targeting general community members. To support those community members who want to quit, it is thought the training of youth workers/ambassadors would be a beneficial approach to take.
- Implementation a YouTube video contest open to all Partner communities as a way to promote smoking cessation while protecting traditional tobacco use.



Many smokers want to quit and require support to get through the first week of their journey, which is very crucial to success. Evidence shows that ‘if a smoker is successful in the first week, he or she is 9x more likely to quit for good’.

Quit for good.





# About the Administrative Unit

The Administration Unit, comprised largely of members of the management team, works closely in collaboration with Unit Managers in keeping the Executive Council and Board of Chiefs apprised of NITHA’s programs, services and financial position on a quarterly basis. Overall the team provides the following:

- + Keeps and maintains accurate financial record management.
- + Implements financial decisions of the leadership and ensures policy compliance.
- + Develops and maintains financial and HR policies following leading practices.
- + Meets with unit managers and the MHO to ensure programs and services being delivered are in-line with the NITHA Strategic Plan.

The programs within the Administrative Unit are:



## Human Resource

The goals and objectives of HR is the overall management of human capital in the most effective and efficient manner to ensure NITHA’s strategic goals are achieved.



## Finance

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

# Meet the Administration Team

The Administration Unit consists of the Executive Director, Executive Assistant, Finance Manager, Human Resource Advisor, HR/ Finance Assistant and the Receptionist Office Assistant.



**Tara Campbell**  
Executive Director



**Heather Bighead**  
Executive Assistant  
to the Executive Director



**David Jorgensen**  
Finance Manager



**Melvina Aubichon**  
Human Resources Advisor



**Danielle MacDonald**  
HR/Finance Assistant



**Flora Ross**  
Receptionist/Office Assistant





# Human Resources

## Overview

The HR Advisor supports the NITHA Partnership to plan, implement and operate human resource programs aimed at addressing HR issues. The goals and objectives of HR is the overall management of human capital in the most effective and efficient manner to ensure NITHA's strategic goals are achieved. Activities include: employment legislation compliance; benefit plan review; recruitment and retention strategies; policy and procedures alignment; employee orientation; employee relations issues; employee training and development activities; organizational development; job design and evaluation; performance management; maintenance of HR data and record keeping. Recruiting, developing and retaining the best human capital is essential to business success.



## Accomplishments

During the 2019-2020 fiscal year, HR concentrated on recruitment of vacant positions, orientations of new employees, job description updates, researching health careers salaries, assisting NITHA partners with their HR needs, updating the NITHA Personnel Management Regulations in conformity to mandatory Canada Labour Code changes, and attending recruitment and networking events.

- Mandatory changes to the Canada Labour Code came into effect on September 01, 2019 affecting general holidays and protected leaves by removing the length of service eligibility requirements. Changes include: Sick Leave, (now Medical Leave); Personal Leave (now Family Related Leave); Maternity Leave; Parental Leave; Compassionate Care Leave; Bereavement Leave; Leave for Victims of Family Violence (new); and Leave for Traditional Indigenous Practices (new).
- Human Resources participated in career fairs, conferences and seminars promoting NITHA health careers and nursing in the North at the following events with approximate number of participants: SRNA Annual Conference, Saskatoon, SK, April 29 – May 02, 2019 (275 participants); La Ronge & Area Career Fair and Hands on Career Day with PHN & CDC Nurse and Health Promotion, La Ronge, May 7, 2019, NITHA had a suturing station (575 participants); National Community Health Nursing Conference, St. John, NB, May 27 – 29, 2019 (350 participants); MLTC Career Fair, Meadow Lake, SK, September 25, 2019 (375 participants); Prevention Matters Conference, Saskatoon, SK, October 02 – 04, 2019 (250 participants); and Regional Nursing Workshop, Saskatoon, SK, November 29 – 31, 2019 (275 participants). Participants showed great interest in NITHA careers, programs and services, scholarship and would recommend continued participation at these events.
- The HR Advisor continues to support Partner HR members on an on-going basis.

## Staff Vacancies

There was a total of 7 vacancies in 2019-2020 fiscal year. By year-end, NITHA recruited the following positions: Program Administrative Assistant (CSU); Receptionist/Office Assistant; TB Advisor; Research Assistant; Community Services Manager; Nursing Program Advisor; and Data Entry Clerk.

A total of 127 applicants applied for the following positions, which were filled during the 2019-2020 fiscal year:

Position Title	Date Filled
Program Administrative Assistant	May 27, 2019
Receptionist/Office Assistant	July 10, 2019
TB Advisor	September 30, 2019
Research Assistant	November 18, 2019
Community Services Manager	December 09, 2019
Nursing Program Advisor	January 13, 2020
Data Entry Clerk	March 30, 2020

The Capacity Development Advisor was abolished in November 2019 due to strategic restructuring.

Source	Visitors	Applicants	Hires
Facebook	40	0	0
Glass Door	4	2	0
Google	1	0	0
Indeed	117	56	0
Website	221	0	0
Other: SaskJobs/networking/nationtalk.ca	Unknown	69	7

## Challenges

1. The HR Working Group was unable to meet 4 times throughout the year due to conflicting schedules in the Partnership. We will utilize doodle poll more to determine participant availability.
2. It was difficult to acquire market value salary rates throughout the year due to a number of the Collective Agreements in the health field still under negotiation. Once these Collective Agreements are finalized we will be able to provide an analysis of the market to assist with recruitment and retention.

Priorities for 2020-2021

To accomplish business success, the Human Resources priorities will be:

- To achieve and retain a full balance of human capital to maintain business continuity.
- On-going review of compensation structure and plan.
- Strengthen Partnership relationship by engaging the HR Working Group.
- Continue to research, document, and implement successful recruitment and retention strategies.
- Maintain HR policies and procedures to ensure compliance with employment legislations.
- Promote awareness of NITHA and its Partnership services and employment opportunities.

**Northern Inter- Tribal Health Authority**


**COVID-19 Pandemic**

**Emergency Operations Centre (EOC)**

**Hours of Operation: 8:30 am to 4:00 pm**

Email: [nithaeoc@nitha.com](mailto:nithaeoc@nitha.com)

Toll Free: 1-855-559-5510



NITHA 2020

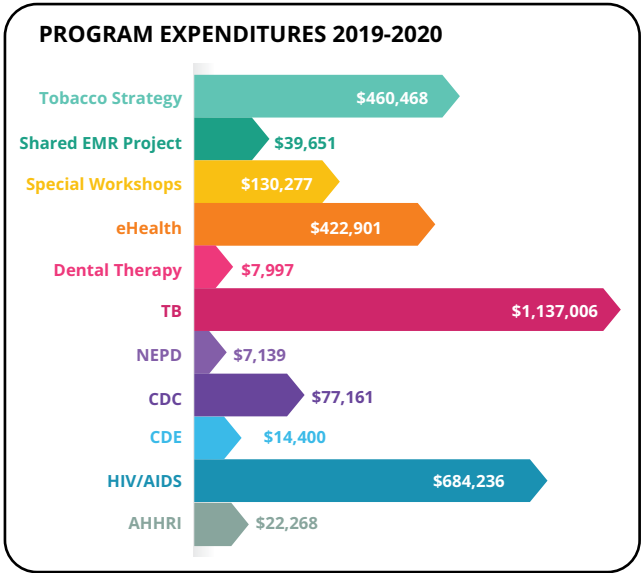


Finance

Overview

The goal of Finance is to efficiently and effectively reflect the financial portrait of the NITHA’s strategic plans for health services to its Partners’ and NITHA as an organization. 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. The Manager is also 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.

The Northern Inter-Tribal Health Authority operates under a consolidated agreement that contains block, set, and flexible funding. This particular agreement is to expire March 31, 2020. On a quarterly basis the budgeted vs. actual expenditures by program area are presented to the Board of Chiefs for approval.



Funding	
Block Funding	\$5,785,778
Flexible Funding	\$1,112,638
Set Funding	\$0
TOTAL TRANSFER FUNDING	\$6,898,416

2019-2020 Financial Statements

The 2019-2020 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





# Audited Financial Statements

NORTHERN INTER-TRIBAL  
HEALTH AUTHORITY

FINANCIAL STATEMENTS  
March 31, 2020

## Northern Inter-Tribal Health Authority Inc.

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For the year ended March 31, 2020

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To the Partners 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. 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 Partners who are neither management nor employees of NITHA. 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 NITHA's external auditors.

MNP LLP is appointed by the Board to audit the financial statements and report directly to the Partners; 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 10, 2020

  
Executive Director

  
Finance Manager



To the Partners of Northern Inter-tribal Health Authority Inc.:

Opinion

We have audited the financial statements of Northern Inter-tribal Health Authority Inc. ("NITHA"), which comprise the statement of financial position as at March 31, 2020, and the statements of operations, changes in net assets, cash flows and the related schedules for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of NITHA as at March 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of NITHA in accordance with the ethical requirements that are relevant to our audit of the financial statements, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises Management's Discussion and Analysis included in the Annual Report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. We obtained Management's Discussion and Analysis prior to the date of this auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and the Board of Chiefs for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing NITHA's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate NITHA or to cease operations, or has no realistic alternative but to do so.

The Board of Chiefs is responsible for overseeing the NITHA's financial reporting process.





Auditor’s Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NITHA’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management’s use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on NITHA’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause NITHA to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board of Chiefs regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Prince Albert, Saskatchewan

June 10, 2020

MNP LLP

Chartered Professional Accountants

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2020	2019
<b>Assets</b>						
<b>Current</b>						
Cash	768,840	3,246,566	187,522	-	4,202,928	3,372,139
Accounts receivable (Note 3)	53,062	-	-	-	53,063	22,984
Prepaid expenses	15,580	-	-	-	15,580	44,068
	837,482	3,246,566	187,522	-	4,271,571	3,439,191
Capital assets (Note 4)	-	-	-	366,274	366,274	539,677
	837,482	3,246,566	187,522	366,274	4,637,845	3,978,868
<b>Liabilities</b>						
<b>Current</b>						
Accounts payable and accruals (Note 5)	529,521	-	-	-	529,522	549,135
Deferred revenue (Note 7)	307,961	-	-	-	307,961	4,000
	837,482	-	-	-	837,483	553,135
<b>Contingencies (Note 16)</b>						
<b>Subsequent events (Note 11), (Note 15), (Note 17)</b>						
<b>Net Assets</b>						
Appropriated surplus (Note 8)	-	3,246,566	-	-	3,246,566	2,709,578
Surplus appropriated for scholarships (Note 9)	-	-	187,522	-	187,522	176,478
Invested in capital assets	-	-	-	366,274	366,274	539,677
	-	3,246,566	187,522	366,274	3,800,362	3,425,733
	837,482	3,246,566	187,522	366,274	4,637,845	3,978,868

Approved on behalf of the Board of Chiefs

Board Member 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, 2020

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2020	2020	2019
						Budget	
<b>Revenue</b>							
First Nations and Inuit Health Branch							
Grant revenue	6,898,416	-	-	-	6,898,416	5,548,768	6,278,424
Transfer to deferred revenue	(172,264)	-	-	-	(172,264)	-	-
Canadian Partnership Against Cancer							
Grant revenue	226,000	-	-	-	226,000	226,000	66,000
Transfer to deferred revenue	(101,906)	-	-	-	(101,906)	-	(4,000)
Funding recovered	-	-	-	-	-	-	(9,576)
Health Canada							
Set revenue	170,253	-	-	-	170,253	-	-
Transfer (to) from deferred revenue	(29,791)	-	-	-	(29,791)	-	-
Other revenue	-	-	-	-	-	3,000	-
Administration fees (Note 10)	191,165	-	-	-	191,165	202,422	164,254
Interest revenue	-	35,045	35,044	-	70,089	-	57,894
<b>Total revenue</b>	<b>7,181,873</b>	<b>35,045</b>	<b>35,044</b>	<b>-</b>	<b>7,251,962</b>	<b>5,980,190</b>	<b>6,552,996</b>
<b>Expenses</b>							
Salaries and benefits	3,234,602	-	-	-	3,234,602	3,520,992	3,210,362
Program expenses	2,374,181	-	-	-	2,374,181	1,706,424	1,586,309
Amortization	-	-	-	246,968	246,968	-	272,346
Facility costs	230,290	-	-	-	230,290	232,005	233,704
Administration fees (Note 10)	191,165	-	-	-	191,165	202,422	164,254
Meetings and workshops	148,183	-	-	-	148,183	210,700	112,898
Travel and vehicle	124,544	-	-	-	124,544	132,250	109,424
Professional fees	121,140	-	-	-	121,140	157,000	88,216
Appropriated surplus projects	-	68,816	24,000	-	92,816	-	159,400
Telephone and supplies	68,453	-	-	-	68,453	70,065	60,123
Computer and equipment maintenance	43,938	-	-	-	43,938	50,200	62,637
Bank charges and interest	2,048	-	-	-	2,048	2,000	2,255
<b>Total expenses</b>	<b>6,538,544</b>	<b>68,816</b>	<b>24,000</b>	<b>246,968</b>	<b>6,878,328</b>	<b>6,284,058</b>	<b>6,061,928</b>
<b>Excess (deficiency) of revenue over expenses before other items</b>	<b>643,329</b>	<b>(33,771)</b>	<b>11,044</b>	<b>(246,968)</b>	<b>373,634</b>	<b>(303,868)</b>	<b>491,068</b>

The accompanying notes are an integral part of these financial statements

Continued on next page

## Northern Inter-Tribal Health Authority Inc.

### Statement of Operations

For the year ended March 31, 2020

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2020	2020	2019
						Budget	
<b>Excess (deficiency) of revenue over expenses before other items (Continued from previous page)</b>	<b>643,329</b>	<b>(33,771)</b>	<b>11,044</b>	<b>(246,968)</b>	<b>373,634</b>	<b>(303,868)</b>	<b>491,068</b>
<b>Other items</b>							
Gain on disposal of capital assets	-	-	-	995	-	-	8,860
Transfer (to) from appropriated surplus	(191,165)	191,165	-	-	995	-	-
<b>Excess (deficiency) of revenue over expenses</b>	<b>452,164</b>	<b>157,394</b>	<b>11,044</b>	<b>(245,973)</b>	<b>374,629</b>	<b>(303,868)</b>	<b>499,928</b>

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, 2020

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2020	2019
Net assets, beginning of year	-	2,709,578	176,478	539,677	3,425,733	2,925,805
Excess (deficiency) of revenue over expenses	452,164	157,394	11,044	(245,973)	374,629	499,928
Transfer to capital fund	(65,304)	(8,261)	-	73,565	-	-
Transfer from capital fund	995	-	-	(995)	-	-
Transfer to appropriated surplus	(387,855)	387,855	-	-	-	-
Net assets, end of year	-	3,246,566	187,522	366,274	3,800,362	3,425,733

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Cash Flows

For the year ended March 31, 2020

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2020	2019
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	452,164	157,394	11,044	(245,973)	374,629	499,928
Amortization	-	-	-	246,968	246,968	272,346
Gain on disposal of capital assets	-	-	-	(995)	(995)	(8,860)
	452,164	157,394	11,044	-	620,602	763,414
Changes in working capital accounts						
Accounts receivable	(30,080)	-	-	-	(30,079)	(12,362)
Prepaid expenses	28,489	-	-	-	28,488	(28,744)
Accounts payable and accruals	(19,613)	-	-	-	(19,613)	(196,789)
Deferred contributions	303,961	-	-	-	303,961	4,000
	734,921	157,394	11,044	-	903,359	529,519
Capital activities						
Purchases of capital assets	-	-	-	(73,565)	(73,565)	(218,019)
Proceeds from disposal of capital assets	-	-	-	995	995	8,860
	-	-	-	(72,570)	(72,570)	(209,159)
Increase (decrease) in cash resources	734,921	157,394	11,044	(72,570)	830,789	320,360
Cash resources, beginning of year	486,083	2,709,578	176,478	-	3,372,139	3,051,779
Interfund adjustments	(452,164)	379,594	-	72,570	-	-
Cash resources, end of year	768,840	3,246,566	187,522	-	4,202,928	3,372,139

The accompanying notes are an integral part of these financial statements



1. Incorporation and nature of the organization

Northern Inter-Tribal Health Authority Inc. ("NITHA") was incorporated under the Non-Profit Corporations Act of Saskatchewan on May 8, 1998. NITHA 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

NITHA 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

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

- i) The Operating Fund accounts for NITHA'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 interest revenues 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 NITHA, 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 uses 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

2. Significant accounting policies (Continued from previous page)

Accumulated Sick Leave Benefit Liability

NITHA 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

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

Defined contribution plan

NITHA contributes to the defined contribution plan with costs equally shared by NITHA 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

NITHA 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

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

At initial recognition, NITHA may irrevocably elect to subsequently measure any financial instrument at fair value. NITHA 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, 2020

#### 3. Accounts receivable

	2020	2019
Other receivables	36,407	16,394
Goods and Services Tax receivable	16,655	6,590
	<b>53,062</b>	<b>22,984</b>

#### 4. Capital assets

	Cost	Accumulated amortization	2020 Net book value	2019 Net book value
Automotive	284,112	124,946	159,166	215,988
Computers	1,257,447	1,125,339	132,108	196,533
Equipment	635,246	575,186	60,060	87,344
Leasehold improvements	176,812	173,872	2,940	15,812
Software	128,999	116,999	12,000	24,000
	<b>2,482,616</b>	<b>2,116,342</b>	<b>366,274</b>	<b>539,677</b>

#### 5. Accounts payable and accruals

	2020	2019
Payroll accruals	374,597	354,329
Trade payables and accruals	154,925	194,806
	<b>529,522</b>	<b>549,135</b>

#### 6. Related party transactions

NITHA 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. NITHA made the following payments as it relates to administrative and program expenses directly to its Partners:

	2020	2019
Prince Albert Grand Council	225,025	170,218
Meadow Lake Tribal Council	272,756	145,616
Peter Ballantyne Cree Nation	470,152	279,470
Lac La Ronge Indian Band	326,394	158,427

At March 31, 2020, accounts receivable amounting to \$nil (2019 - \$12,414) and accounts payable and accruals of \$7,505 (2019 - \$47,461) were due from/to NITHA'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, 2020

#### 7. Deferred revenue

	2020	2019
<b>Canadian Partnership Against Cancer</b>		
Balance, beginning of year	4,000	-
Funding received	226,000	66,000
Funding recognized	(124,094)	(52,424)
Funding returned	-	(9,576)
Balance, end of year	<b>105,906</b>	<b>4,000</b>
<b>FNIHB - Sexual Abuse Training</b>		
Balance, beginning of year	-	-
Funding received	117,700	-
Funding recognized	-	-
Balance, end of year	<b>117,700</b>	<b>-</b>
<b>FNIHB - EMR Shared Project</b>		
Balance, beginning of year	-	-
Funding received	98,000	107,917
Funding recognized	(64,863)	(107,917)
Balance, end of year	<b>33,137</b>	<b>-</b>
<b>FNIHB - Tobacco Control Strategy</b>		
Balance, beginning of year	-	-
Funding received	490,644	411,288
Funding recognized	(469,217)	(411,288)
Balance, end of year	<b>21,427</b>	<b>-</b>
<b>Health Canada - Substance Abuse Program</b>		
Balance, beginning of year	-	-
Funding received	170,253	-
Funding recognized	(140,462)	-
Balance, end of year	<b>29,791</b>	<b>-</b>
	<b>307,961</b>	<b>4,000</b>

## Northern Inter-Tribal Health Authority Inc.

### Notes to the Financial Statements

For the year ended March 31, 2020

#### 8. Appropriated surplus

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

	2020	2019
<b>Capacity development initiatives</b>		
Opening balance	489,142	109,142
Transfers from surplus	20,000	400,000
Inter project transfers	14,852	-
Expenses	(33,937)	(20,000)
Ending balance	490,057	489,142
<b>Human resources initiative</b>		
Opening balance	-	-
Transfers from surplus	50,000	-
Ending balance	50,000	-
<b>Nursing initiative</b>		
Opening balance	19,982	38,247
Expenses	(750)	(18,265)
Ending balance	19,232	19,982
<b>Capital projects</b>		
Opening balance	183,760	61,953
Transfers to capital	(8,261)	(61,135)
Transfers from surplus	35,000	187,000
Expenses	(3,104)	(4,058)
Ending balance	207,395	183,760
<b>E-Health solutions</b>		
Opening balance	79,440	79,904
Inter project transfers	(14,852)	-
Expenses	(1,646)	(464)
Ending balance	62,942	79,440
<b>Special projects</b>		
Opening balance	331,236	246,748
Transfers to operations	-	(68,558)
Transfers from surplus	-	153,046
Expenses	(20,379)	-
Ending balance	310,857	331,236
<b>Strategic planning, long term planning and future deficits</b>		
Opening balance	1,606,018	691,834
Interest revenue	35,045	-
Transfers from operations	191,165	-
Expenses	(9,000)	(24,103)
Transfers from surplus	282,855	938,287
Ending balance	2,106,083	1,606,018
	3,246,566	2,709,578

## Northern Inter-Tribal Health Authority Inc.

### Notes to the Financial Statements

For the year ended March 31, 2020

#### 9. Surplus appropriated for scholarships

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

	Beginning Balance	Interest	Expenses	Transfers	Ending Balance
	176,478	35,044	24,000	-	187,522
<b>10. Administration fees</b>					
NITHA charged the following administration fees to program activities based on funding agreements:					
				2020	2019
Communicable Disease Emergencies - Schedule 5				1,228	1,230
Communicable Disease Control - Schedule 6				7,404	7,151
Nursing Education - Schedule 7				649	1,108
HIV Strategy - Schedule 8				-	13,002
TB Initiative - Schedule 9				65,283	64,533
TB Worker Program - Schedule 9				38,223	30,975
Aboriginal Human Resources - Schedule 10				2,115	5,942
Chronic Disease Workshop - Schedule 11				11,843	4,520
Canadian Partnership Against Cancer - Schedule 15				11,281	3,935
Shared EMR Project - Schedule 16				5,897	5,201
E-Health Solutions - Schedule 17				38,522	23,633
Tobacco Control Strategy - Schedule 18				8,720	3,024
				191,165	164,254

#### 11. Commitments

i) NITHA occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with an annual commitment of \$148,967; However, the Health Authority is in the process of negotiating a lease agreement after the original agreement expired on March 31, 2020 but continues to pay the previous rental amount on a month-to-month basis until a new lease is signed.

ii) In 2018, NITHA entered into a multi-year agreement for the implementation of a Environmental Health Organization Data System, of which all \$239,269 was incurred as of March 31, 2020. Subsequent to the completion of the implementation agreement, NITHA has committed to pay an annual \$27,000 fee for this system.

#### 12. Defined contribution pension plan

NITHA has a defined contribution pension plan covering substantially all full time employees. Contributions to the plan are based on 7.5% participants' contributions. NITHA's contributions and corresponding expense totaled \$380,302 in 2020 (2019 - \$309,193).



13. Budget information

On April 2, 2019 the Board approved its operating budget based on planned expenses relating to the current year funding. Included in the operating budget was \$8,000 of planned capital purchases which are not included in the reported expenses.

14. Financial instruments

NITHA, as part of its operations, carries a number of financial instruments. It is management's opinion that NITHA 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, 2020, two accounts accounted for 82% (March 31, 2019 – two accounts for 73%) 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 Health Authority will not be able to meet its financial obligations as they become due.

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

At March 31, 2020, the most significant financial liabilities are accounts payable and accrued charges.

15. Economic dependence

NITHA receives the major portion of its revenues pursuant to various funding agreements with the First Nations and Inuit Health Branch of Indigenous Services Canada. The most significant agreement, signed subsequent to year-end and effective April 1, 2020, includes a 5-year health transfer agreement, which expires in March 31, 2025.

16. Contingent Liabilities

Various lawsuits and claims are pending against NITHA, however no provision has been recorded in the financial statements as the outcome of these claims are not determinable as of the date of these financial statements. Commitments for the settlement of claims, if any, will be recorded in the period when the amount has been determined to be payable and the amount can be estimated.

17. Significant event

During the year, there was a global outbreak of COVID-19 (coronavirus), which has had a significant impact on businesses through the restrictions put in place by the Canadian, provincial and municipal governments regarding travel, business operations and isolation/quarantine orders.

At this time, it is unknown the extent of the impact the COVID-19 outbreak may have on NITHA as this will depend on future developments that are highly uncertain and that cannot be predicted with confidence. These uncertainties arise from the inability to predict the ultimate geographic spread of the disease, and the duration of the outbreak, including the duration of travel restrictions, business closures or disruptions, and quarantine/isolation measures that are currently, or may be put, in place by Canada and other countries to fight the virus.

Subsequent to year-end, NITHA is providing significant support of COVID-19 activities in the affected Partner communities. Effective May 27, 2020, the Federal government has committed \$438,000 to support these activities as the outbreak continues. As of March 31, 2020, \$15,999 has been incurred for expenses related to COVID-19.

Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers  
For the year ended March 31, 2020

Schedule #		Indigenous Services Canada Funding	Other Revenue	Administration Fees (Note 10)	Transfer (To) From Deferred Revenue	Total Revenue	Expenses	Investment in capital assets	Transfer (To) From Appropriated Surplus	Surplus (Deficit)	2020	2019
Programs												
<b>Block Funding</b>												
2	Public Health Unit	1,258,211	-	-	-	1,258,211	1,203,218	-	-	54,993	54,993	(41,641)
3	Administration	1,305,196	-	191,165	-	1,496,361	1,359,891	-	(191,165)	(54,695)	(54,695)	60,821
4	Community Services Unit	856,722	-	-	(117,700)	739,022	697,027	-	-	41,395	41,395	168,240
5	Communicable Disease Emergencies	14,400	-	-	-	14,400	14,400	(8,998)	-	-	-	-
6	CDC - Immunization	86,159	-	-	-	86,159	77,161	-	-	7,861	7,861	-
7	Nursing Education	15,000	-	-	-	15,000	7,139	-	-	26,164	26,164	(27,186)
8	HIV/AIDS	710,400	-	-	-	710,400	684,236	-	-	262,684	262,684	505,137
9	TB Initiative and Worker Program	1,399,090	-	-	-	1,399,090	1,137,006	-	-	16,734	16,734	14,374
10	Aboriginal Human Resources	40,000	-	-	-	40,000	23,266	-	-	39,723	39,723	-
11	Special Workshop and Conferences	170,000	-	-	-	170,000	130,277	-	-	-	-	-
<b>Total</b>												
		5,855,778	-	191,165	(117,700)	5,929,243	5,334,221	(8,998)	(191,165)	394,859	394,859	739,745
<b>Set Funding</b>												
12	Substance Use & Addictions Program	170,253	-	-	(29,791)	140,462	140,462	-	-	-	-	-
13	Dental Therapy Program	-	-	-	-	-	7,987	-	-	(7,987)	(7,987)	(19,684)
14	Panorama	-	-	-	-	-	-	-	-	-	-	(167)
15	Canadian Partnership Against Cancer	-	226,000	-	(101,906)	124,094	124,094	-	-	-	-	-
<b>Total</b>												
		170,253	226,000	-	(131,697)	264,556	272,553	-	-	(7,987)	(7,987)	(19,851)
<b>Flexible Funding</b>												
16	Shared EMR Project	98,000	-	-	(33,138)	64,862	39,651	(25,211)	-	-	-	-
17	E-Health Solutions	453,994	-	-	-	453,994	422,901	(31,093)	-	-	-	-
18	Tobacco Control Strategy	490,644	-	-	(21,427)	469,217	469,217	-	-	-	-	(11,858)
<b>Total</b>												
		490,644	-	-	(21,427)	988,073	931,769	(56,304)	-	-	-	(11,858)
<b>Total</b>												
		6,516,675	226,000	191,165	(270,824)	7,181,872	6,538,543	(65,302)	(191,165)	386,862	386,862	708,036

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Public Health Unit Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	1,258,211	1,179,098	1,041,036
Other revenue	-	1,000	-
	1,258,211	1,180,098	1,041,036
<b>Expenses</b>			
Salaries and benefits	1,032,458	1,092,349	997,540
Program expenses			
Special projects	64,533	73,000	12,224
Training	58,295	-	-
Program delivery	11,868	16,500	13,660
Environmental cleaning workshop	3,172	2,500	3,637
Supplies	2,198	5,700	9,194
Travel and vehicle	28,078	30,250	23,730
Meetings and workshops	2,616	5,500	4,690
	1,203,218	1,225,799	1,064,675
<b>Excess (deficiency) of revenue over expenses before capital transfers</b>	54,993	(45,701)	(23,639)
<b>Other items affecting program funds</b>			
Investment in capital asset	-	-	(18,000)
<b>Excess (deficiency) of revenue over expenses after capital transfers</b>	54,993	(45,701)	(41,639)





Northern Inter-Tribal Health Authority Inc.

Schedule 3 - Schedule of Administration Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	1,305,196	1,304,910	1,112,814
Administration fees (Note 10)	191,165	202,422	164,254
Other revenue	-	1,000	-
	1,496,361	1,508,332	1,277,068
<b>Expenses</b>			
Salaries and benefits	826,435	836,044	722,493
Facility costs	220,734	221,905	212,498
Meetings and workshops	108,703	127,200	96,351
Professional fees	71,384	65,000	68,086
Telephone and supplies	62,002	64,340	55,375
Travel and vehicle	35,232	26,000	19,992
Computer and equipment maintenance	33,353	37,700	39,197
Bank charges and interest	2,048	2,000	2,255
	1,359,891	1,380,189	1,216,247
<b>Other items affecting program funds</b>			
Transfer to appropriated surplus	(191,165)	-	-
<b>Excess of revenue over expenses</b>	<b>(54,695)</b>	<b>128,143</b>	<b>60,821</b>

Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch			
Grant revenue	856,722	593,570	935,513
Transfer to deferred revenue	(117,700)	-	-
Other revenue	-	1,000	-
	739,022	594,570	935,513
<b>Expenses</b>			
Salaries and benefits	580,906	732,467	674,519
Program expenses			
Training	77,250	74,650	60,291
Special projects	15,999	-	-
Program materials	2,124	2,650	2,843
Supplies	916	1,000	-
Professional fees	12,000	12,000	12,000
Travel and vehicle	6,456	14,500	7,697
Meetings and workshops	1,976	16,000	9,923
	697,627	853,267	767,273
<b>Excess (deficiency) of revenue over expenses</b>	<b>41,395</b>	<b>(258,697)</b>	<b>168,240</b>



Northern Inter-Tribal Health Authority Inc.

Schedule 5 - Schedule of Communicable Disease Emergencies Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	14,400	7,400	13,600
<b>Expenses</b>			
Program expenses			
Training	6,512	6,660	3,420
Mask fit testing	5,211	-	6,000
Salaries and benefits	1,450	-	2,950
Administration fees (Note 10)	1,227	740	1,230
	14,400	7,400	13,600
<b>Excess of revenue over expenses</b>	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 6 - Schedule of CDC - Immunization Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	86,159	60,000	80,000
<b>Expenses</b>			
Salaries and benefits	35,500	14,900	20,500
Program expenses			
Training	-	-	18,827
Program delivery	12,291	11,600	11,666
Program materials	11,382	7,000	3,671
Computer and equipment maintenance	10,584	12,500	18,185
Administration fees (Note 10)	7,404	6,000	7,151
Meetings and workshops	-	8,000	-
	77,161	60,000	80,000
<b>Other items affecting program funds</b>			
Investment in capital asset	(8,998)	-	-
<b>Excess of revenue over expenses after capital transfers</b>	-	-	-





Northern Inter-Tribal Health Authority Inc.

Schedule 7 - Schedule of Nursing Education Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	15,000	15,000	15,000
<b>Expenses</b>			
Salaries and benefits	6,490	12,600	13,892
Administration fees (Note 10)	649	1,500	1,108
Program expenses			
Supplies	-	900	-
	7,139	15,000	15,000
<b>Excess of revenue over expenses</b>	7,861	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 8 - Schedule of HIV Strategy Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	710,400	250,000	305,200
<b>Expenses</b>			
Program expenses			
Program contributions	495,985	134,000	134,000
Supplies	69,993	-	55,200
Other program services	732	7,500	-
Incentives	8,388	7,500	-
Program materials	10,342	20,000	20,848
Training	827	12,174	10,718
Program delivery	8,469	10,000	875
Salaries and benefits	87,425	100,460	95,367
Travel and vehicle	1,087	1,500	1,503
Meetings and workshops	988	1,500	873
Administration fees (Note 10)	-	-	13,002
	684,236	294,634	332,386
<b>Excess (deficiency) of revenue over expenses before transfers</b>	26,164	(44,634)	(27,186)
<b>Other items affecting program funds</b>			
Transfer from appropriated surplus	-	44,634	27,186
<b>Excess of revenue over expenses</b>	26,164	-	-



Northern Inter-Tribal Health Authority Inc.

Schedule 9 - Schedule of TB Initiative and Worker Program Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	1,399,690	1,353,000	1,586,901
<b>Expenses</b>			
Salaries and benefits	558,454	630,355	536,148
Program expenses			
Other program services	372,785	443,604	299,928
Special projects	21,178	127,900	28,331
Training	14,487	10,000	-
Incentives	8,378	7,000	8,198
Program delivery	1,069	3,000	1,624
Supplies	-	2,000	-
Administration fees (Note 10)	103,506	134,296	95,507
Travel and vehicle	47,821	57,000	45,758
Telephone and supplies	6,451	5,725	4,748
Facility costs	1,559	2,000	1,522
Meetings and workshops	1,318	5,000	-
	1,137,006	1,427,880	1,021,764
<b>Excess (deficiency) of revenue over expenses</b>	262,684	(74,880)	565,137

Northern Inter-Tribal Health Authority Inc.

Schedule 10 - Schedule of Aboriginal Human Resources Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	40,000	-	79,741
<b>Expenses</b>			
Program expenses			
Training	21,151	-	59,425
Administration fees (Note 10)	2,115	-	5,942
	23,266	-	65,367
<b>Excess of revenue over expenses</b>	16,734	-	14,374





Northern Inter-Tribal Health Authority Inc.

Schedule 11 - Schedule of Special Workshop and Conferences Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	170,000	-	50,000
<b>Expenses</b>			
Administration fees (Note 10)	11,843	-	4,520
Salaries and benefits	-	-	7,379
Program expenses			
Training	118,434	-	38,101
	130,277	-	50,000
<b>Excess of revenue over expenses</b>	39,723	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 12 - Schedule of Substance Abuse & Addictions Program Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
Health Canada			
Set revenue	170,253	-	-
Transfer to deferred revenue	(29,791)	-	-
	140,462	-	-
<b>Expenses</b>			
Program expenses			
Program contributions	138,649	-	-
Supplies	1,263	-	-
Travel and vehicle	550	-	-
	140,462	-	-
<b>Excess of revenue over expenses</b>	-	-	-



Northern Inter-Tribal Health Authority Inc.

Schedule 13 - Schedule of Dental Therapy Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
Revenue	-	-	-
Expenses			
Facility costs	7,997	8,100	19,684
Deficiency of revenue over expenses	(7,997)	(8,100)	(19,684)

Northern Inter-Tribal Health Authority Inc.

Schedule 14 - Schedule of Panorama Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
Revenue			
First Nations and Inuit Health Branch	-	-	77,000
Expenses			
Program expenses			
Program contributions	-	-	41,415
Training	-	-	4,337
Computer and equipment maintenance	-	-	5,255
	-	-	51,007
Excess of revenue over expenses before capital transfers	-	-	25,993
Other items affecting program funds			
Investment in capital asset	-	-	(26,160)
Excess (deficiency) of revenue over expenses after capital transfers	-	-	(167)





Northern Inter-Tribal Health Authority Inc.

Schedule 15 - Schedule of Canadian Partnership Against Cancer Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
Canadian Partnership Against Cancer			
Grant revenue	226,000	226,000	66,000
Transfer to deferred revenue	(101,906)	-	(4,000)
Clawback of funding	-	-	(9,576)
	124,094	226,000	52,424
<b>Expenses</b>			
Salaries and benefits	61,718	58,400	29,500
Meetings and workshops	32,127	46,500	121
Professional fees	15,340	80,000	8,130
Administration fees (Note 10)	11,281	22,600	3,935
Travel and vehicle	2,245	1,500	314
Program expenses			
Program materials	1,383	17,000	-
Special projects	-	-	10,424
	124,094	226,000	52,424
<b>Excess of revenue over expenses</b>	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 16 - Schedule of Shared EMR Project Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch			
Grant revenue	98,000	-	107,917
Transfer to deferred revenue	(33,138)	-	-
	64,862	-	107,917
<b>Expenses</b>			
Professional fees	22,416	-	-
Program expenses			
Supplies	7,953	-	31,162
Administration fees (Note 10)	5,897	-	5,201
Travel and vehicle	2,965	-	8,909
Meetings and workshops	420	-	-
Salaries and benefits	-	-	62,645
	39,651	-	107,917
<b>Excess of revenue over expenses before capital transfers</b>	25,211	-	-
<b>Other items affecting program funds</b>			
Investment in capital asset	(25,211)	-	-
<b>Excess of revenue over expenses after capital transfers</b>	-	-	-



Northern Inter-Tribal Health Authority Inc.

Schedule 17 - Schedule of E-Health Solutions Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch	453,994	410,146	462,414
<b>Expenses</b>			
Program expenses			
Telecommunications	380,503	372,860	326,057
Program delivery	3,876	-	-
Administration fees (Note 10)	38,522	37,286	23,633
	422,901	410,146	349,690
<b>Excess of revenue over expenses before capital transfers</b>	31,093	-	112,724
<b>Other items affecting program funds</b>			
Investment in capital asset	(31,093)	-	(112,724)
<b>Excess of revenue over expenses after capital transfers</b>	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 18 - Schedule of Tobacco Control Strategy Revenue and Expenses

For the year ended March 31, 2020

	2020	2020 Budget	2019
<b>Revenue</b>			
First Nations and Inuit Health Branch			
Grant revenue	490,644	375,644	411,288
Transfer to deferred revenue	(21,427)	-	-
	469,217	375,644	411,288
<b>Expenses</b>			
Program expenses			
Program contributions	322,226	322,226	363,596
Training	87,196	-	-
Program materials	7,163	7,500	6,639
Salaries and benefits	43,767	43,418	47,428
Administration fees	8,720	-	3,024
Travel and vehicle	110	1,500	1,519
Meetings and workshops	35	1,000	940
	469,217	375,644	423,146
<b>Excess of revenue over expenses before transfer</b>	-	-	(11,858)
<b>Other items affecting program funds</b>			
Transfer from appropriated surplus	-	-	11,858
<b>Excess of revenue over expenses</b>	-	-	-







## NORTHERN INTER-TRIBAL HEALTH AUTHORITY

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