

# 2020/2021 ANNUAL REPORT

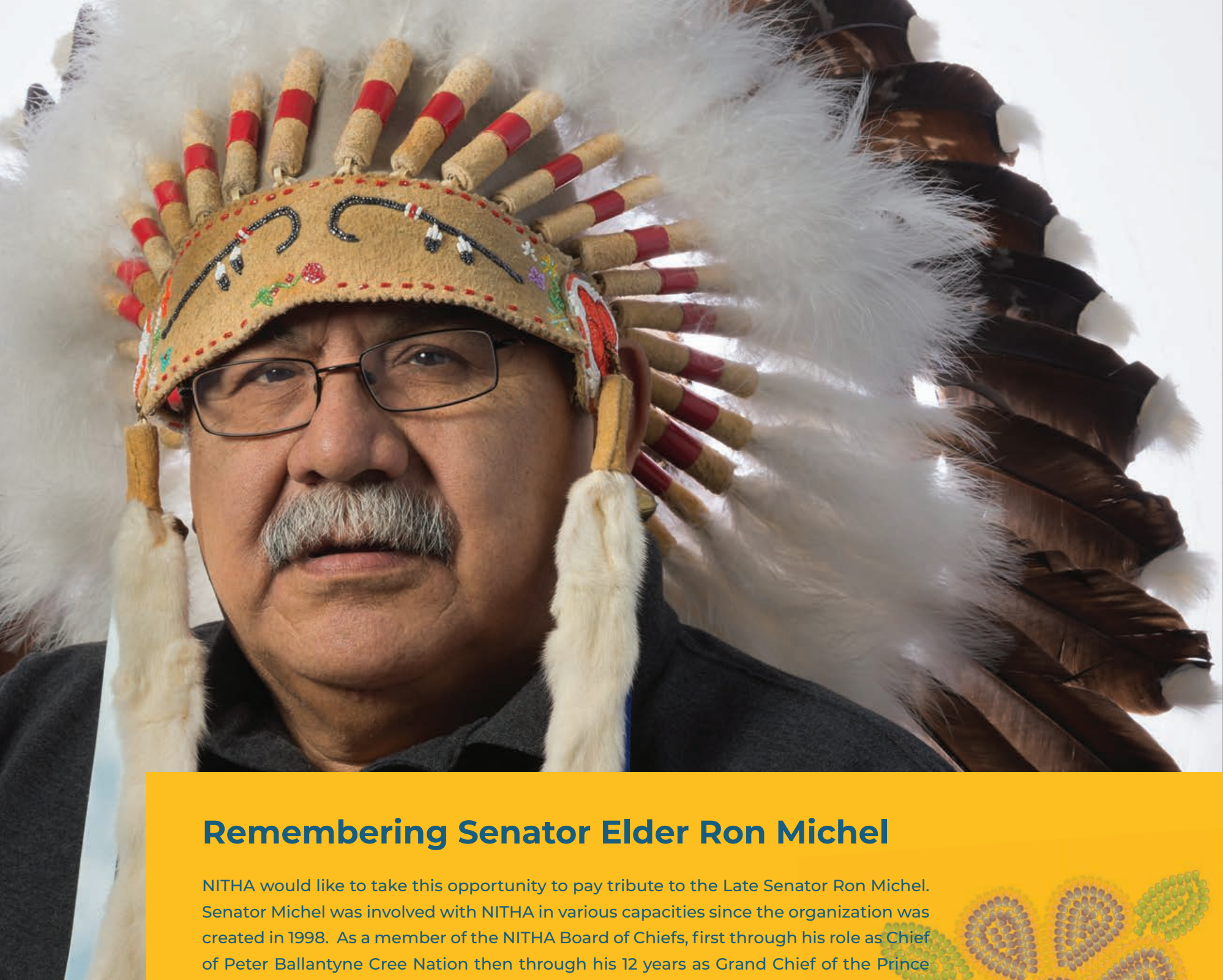
Staying Connected at  
a Distance



Northern Inter-Tribal  
Health Authority

[WWW.NITHA.COM](http://WWW.NITHA.COM)

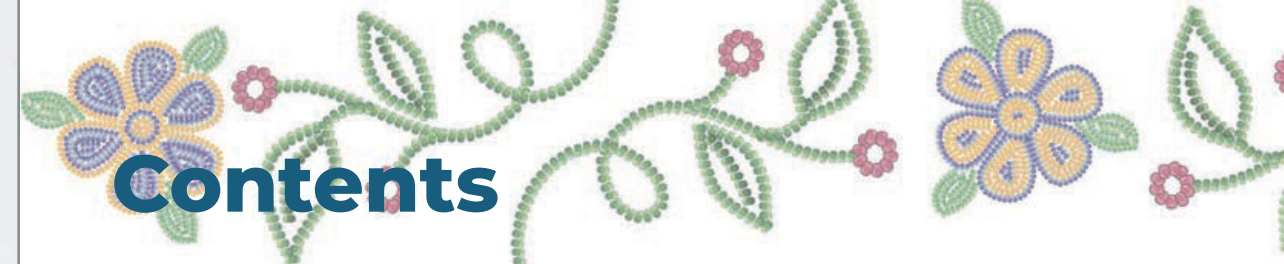
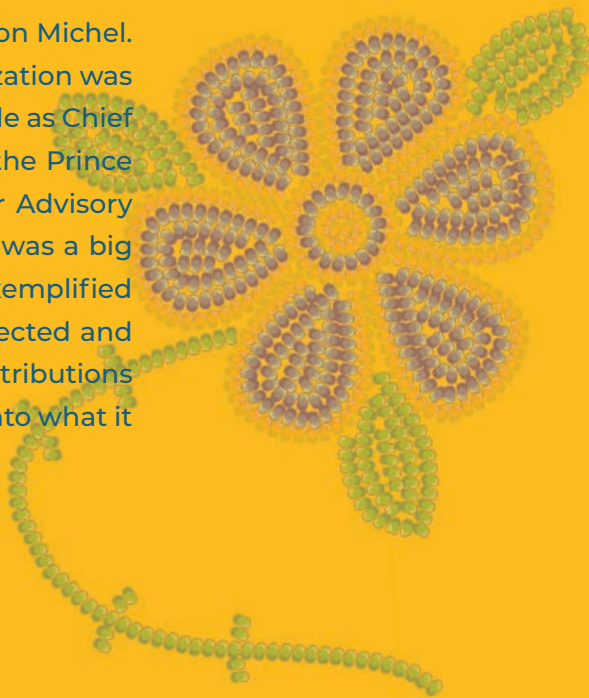




## Remembering Senator Elder Ron Michel

NITHA would like to take this opportunity to pay tribute to the Late Senator Ron Michel. Senator Michel was involved with NITHA in various capacities since the organization was created in 1998. As a member of the NITHA Board of Chiefs, first through his role as Chief of Peter Ballantyne Cree Nation then through his 12 years as Grand Chief of the Prince Albert Grand Council. Most recently, Senator Michel joined the NITHA Elder Advisory Team where he continued to provide guidance to the Leadership. To say he was a big part of our organization would be an understatement. He was a leader who exemplified determination and compassion for his people. Senator Michel was well respected and will always be remembered for the words of wisdom he provided. His many contributions have been instrumental in developing the NITHA Partnership and shaping it into what it is today. He is greatly missed.

Senator Ron Michel – December 6, 1951 – January 25, 2021.



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for more information visit us at [www.nitha.com](http://www.nitha.com)



# Message

from the Chair

*“The vaccine rollout has brought reassurance and a much needed hope that the Partnership is one step closer to the end of the pandemic.”*



**Carolyn Bernard**  
Chief of Waterhen Lake First Nation  
NITHA Chairperson

As Chairperson of the Northern Inter-Tribal Health Authority Board of Chiefs for the period February 2020 to December 2020, I am honoured to present to you this year's Annual Report. Joining me on the board were Chief Peter A. Beatty, Grand Chief Brian Hardlotte and Chief Tammy Cook-Searson. Alternate board members were Chief Jonathan Sylvestre, Vice-Chief Chris Jobb, Vice-Chief Weldon McCallum and Councillor Mike Bird.

With the onset of the global pandemic which was declared on March 11, 2020, this past year has been a challenging one for our Partners and their communities. As I reflect, finding words to describe what it's impact has been is difficult. Early on, the NITHA leadership made some tough, but necessary decisions to keep communities and members safe. Despite our best collective efforts, COVID-19 made its way into our communities. Leading NITHA's COVID-19 Response is NITHA's Medical Health Officer, Dr. Nnamdi Ndubuka who has done an exceptional job and, with the support of the NITHA Pandemic Team, has been able to work with communities to successfully provide support and guidance on following public health measures. NITHA recognizes that the support of the leadership, community workers and members' for what has been key in the efforts to keep our communities safe.

The vaccine rollout has brought reassurance and a much needed hope that the Partnership is one step closer to the end of the pandemic. It's reassuring to see many of our communities continue to be vigilant by implementing and maintaining community lockdown measures and enforcing public health measures. Today, the pandemic continues to be at the forefront of our

work and NITHA remains committed to supporting the Partners in their response.

On behalf of the NITHA Board of Chiefs, I extend our deepest condolences to those families who have lost loved ones to COVID-19. This report is dedicated to you.

Tiniki,

**Chief Carolyn Bernard**

CHIEF OF WATERHEN FIRST NATION  
NITHA BOARD CHAIRPERSON



# Message

from the Executive Director



**Tara Campbell**  
Executive Director

As Executive Director, I am pleased to report on the activities of the Northern Inter-Tribal Health Authority Inc. for the 2020-2021 Fiscal Year. Thank you to both Chief Carolyn Bernard and Chief Jonathan Sylvestre of Meadow Lake Tribal Council, who led our board meetings for this reporting period. The pandemic halted much of our planned activities for the year; therefore, a majority of our work for this reporting period focused heavily on supporting our Partners in their response to COVID-19.

On the 9th of March 2020, NITHA activated its Pandemic Plan, by establishing an internal COVID-19 Planning and Preparedness Committee to work collaboratively in response to this emerging public health threat. When the global pandemic was declared on March 11, 2020 by the World Health Organization, this committee, with the support of NITHA staff, began aligning priority areas in our response. At all stages of this public health emergency, NITHA's Medical Health Officer, Dr. Nnamdi Ndubuka, assumed coordination of activities while the Emergency Response Coordinator (ERC), Patrick Hassler overseen the NITHA Emergency Operations Centre (EOC). The EOC was established for the purpose of serving as the centralized location where all planning and coordination efforts would flow to the Partners.

Throughout the year, weekly Emergency Response Working Group Meetings were hosted by NITHA and included representatives from across the Partnership and those NITHA staff members on the Internal NITHA COVID-19 Planning Committee. These meetings proved to be an effective means for the Partners to receive the most up-to-date information on COVID-19 as well as a forum for networking and sharing successes and challenges as we continued to learn and work together to combat COVID-19. In January 2021, we began co-hosting, with Indigenous Services Canada, weekly MHO calls regarding vaccine roll-out. This was another avenue to share information.

Early on in the pandemic, public health measures were implemented in our office: All non-essential travel was cancelled, we implemented a hybrid workplace model with our staff working a mix between at home and in the office to ensure physical distancing measures were adhered to and we also implemented mandatory indoor masking. Essential services were identified for business continuity purposes as well, training plans were implemented to support internal surge capacity requirements to ensure deployment of additional staff in those key areas when and as needed. NITHA was also successful in securing additional funds that would support our efforts in our COVID-19 response.

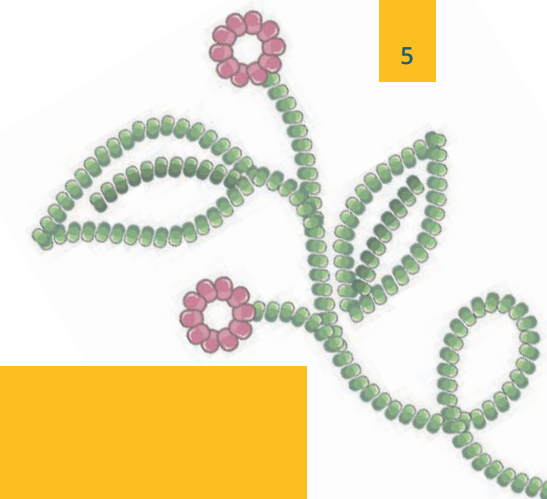
At this time, I would like to commend our Board of Chiefs, Executive Council, Community Health Directors, Nurse Managers, front line Health Care workers and of course our NITHA Staff in all their efforts put forth over the past year in our battle against COVID-19, it will definitely be a year to remember.

Our priorities for the coming year are to continue to support the Partnership and encourage and promote COVID-19 vaccine uptake amongst community members. We will continue to work diligently on the development of a Dental Therapy Training program with our Partners, the University of Saskatchewan and Saskatchewan Polytechnic. NITHA will also continue to work on the Traditional Medicine project and to continue our work in developing a Model of Care in the area of Mental Health.

We look forward to another busy year.

Tiniki,

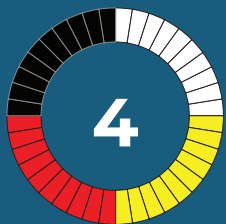
**Tara Campbell**  
EXECUTIVE DIRECTOR



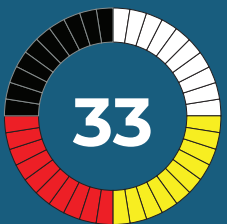
About

# Northern Inter-Tribal Health Authority

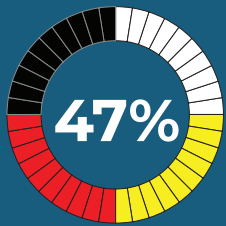
*Northern Inter-Tribal Health Authority (NITHA) is the only First Nation Organization of its' kind in the country. The organization is comprised of Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, and Lac La Ronge Indian Band each having extensive experience in health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



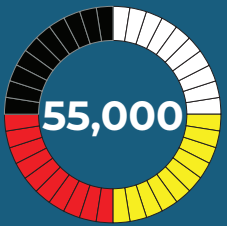
Partner Organizations



First Nation Communities



On Reserve Population



Population Served



### Third Level

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

### Second Level

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

### First Level

services are provided in the community directly to the members. NITHA provides First Level Services in the community in the program area of Tuberculosis Management.

Our

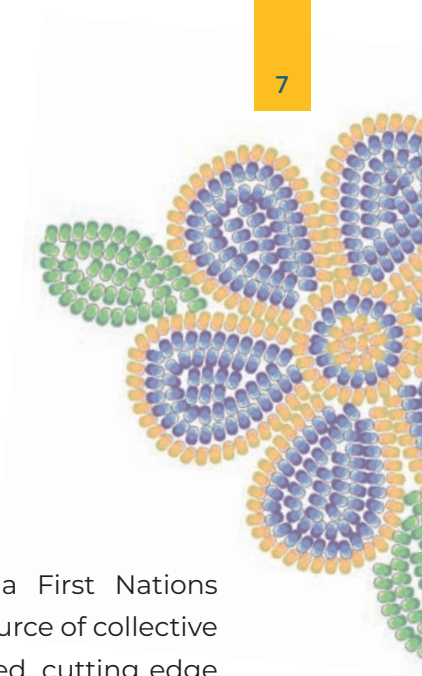
# Vision and Mission Statement

### 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.

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

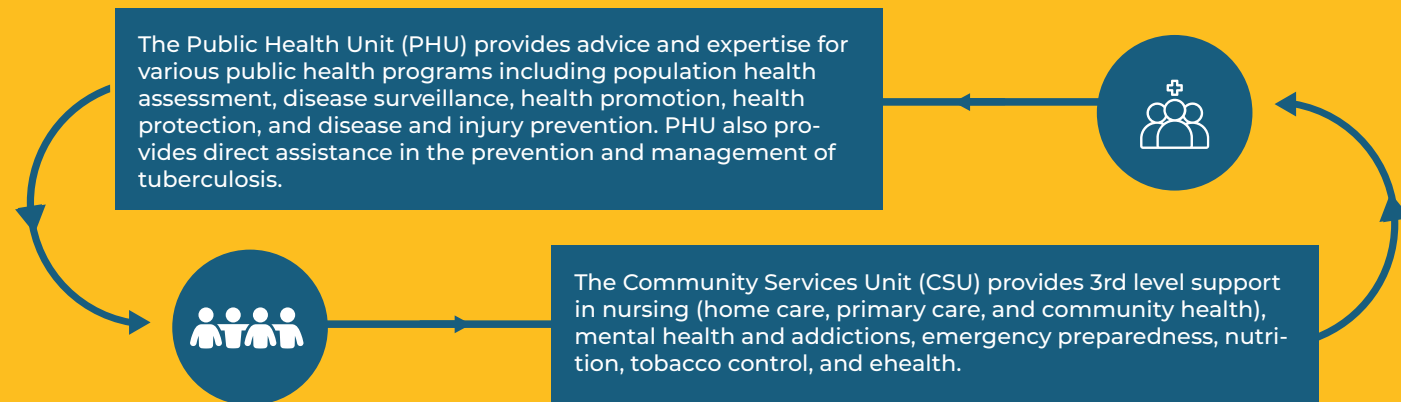
The measure of our success in this endeavour is having our community members' health outcomes be equal to or better than the Canadian Population.



## Our

# Services

*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.*



## Public Health

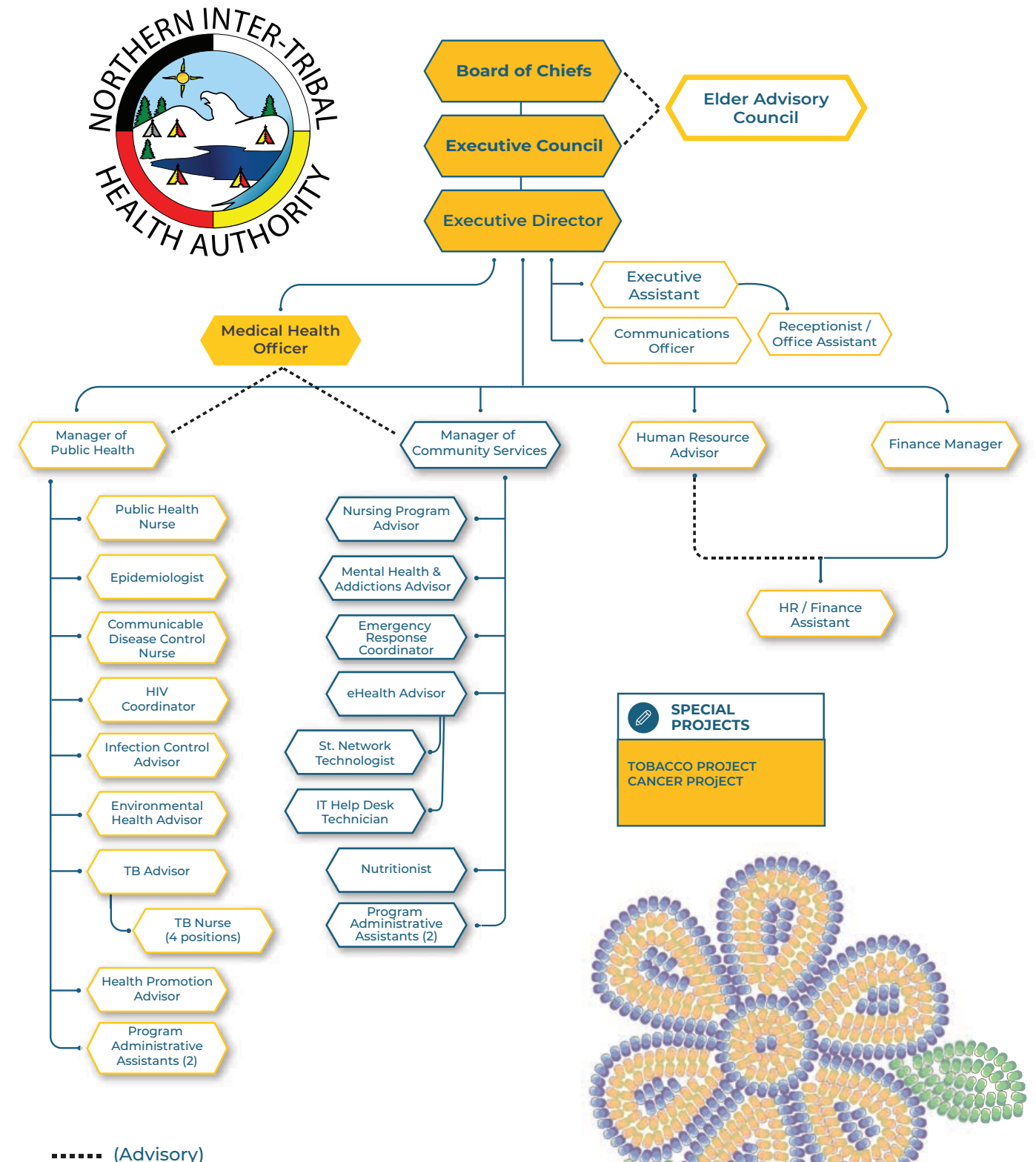
- Medical Health Officer Services
- Communicable Disease Prevention and Management
  - Tuberculosis (TB)
  - Human Immunodeficiency Virus (HIV)
  - Sexually Transmitted Infections (STI)
- Immunization
- Outbreak Management
- Disease Surveillance and Health Status
- Infection Control
- Population Health Promotion & Protection
- 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
  - Cancer Project

## NITHA

# Organizational Chart



NITHA

# Partnership

*Northern Inter-Tribal Health Authority (NITHA) is the only First Nations 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 and each has extensive experience in health service delivery.*



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

## 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.mltpc.net](http://www.mltpc.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)



## 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 health 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



MARCIA MIRASTY  
MEADOW LAKE  
TRIBAL COUNCIL



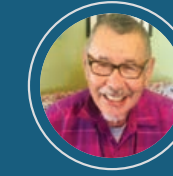
ARNETTE WEBER-WEEBS  
PETER BALLANTYNE  
CREE NATION



MARY CARLSON  
LAC LA RONGE  
INDIAN BAND

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.

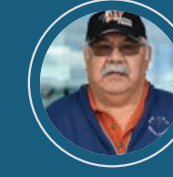
## Guided By Our Elders



ELDER MIKE DANIELS  
PRINCE ALBERT  
GRAND COUNCIL



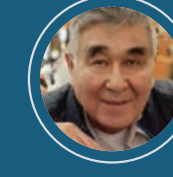
ELDER ROSE DANIELS  
PRINCE ALBERT  
GRAND COUNCIL



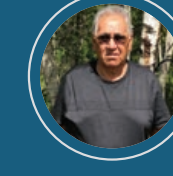
LATE SENATOR ELDER RON MICHEL  
PRINCE ALBERT  
GRAND COUNCIL



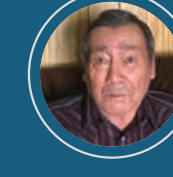
ELDER GERTIE MONTGRAND  
PETER BALLANTYNE  
CREE NATION



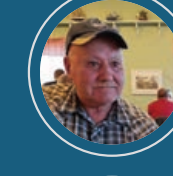
ELDER EMILE HIGHWAY  
PETER BALLANTYNE  
CREE NATION



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

# Health Careers Scholarship Fund



**From left to right:**

- Top row:**  
**Shannon Bear** - BScN Nursing - PBCN, Deschambault Lake  
**Shanel Thiessen** - Mental Health & Wellness - MLTC, English River  
**Ann Dorion** - Masters Public Policy / Health - PBCN, Pelican Narrows  
**Zoey Petit** - Bachelor of Social Work - LLRIB, La Ronge

- Middle row:**  
**Lavonne Linklater** - Mental Health & Wellness - PBCN, Pelican Narrows  
**Alvina Merasty** - Mental Health & Wellness - PBCN, Pelican Narrows  
**Katherine Tremblay** - LPN - LLRIB, La Ronge  
**Roseanne Sanderson** - LPN - LLRIB, La Ronge

- Bottom row:**  
**Amanda Strong** - BScN Nursing - PAGC, Black Lake  
**Aaron McKenzie** - LPN - LLRIB, La Ronge  
**Mary Margaret Durocher-Gardiner** - BScN Nursing - MLTC, Canoe Lake  
**Alexandra Ballantyne** - BScN Nursing - PBCN, Deschambault Lake

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 amounts of the scholarships awarded

are up to \$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 twelve (12) successful applicants. Congratulations and all the best to each recipient as they continue to move forward in achieving their goals.

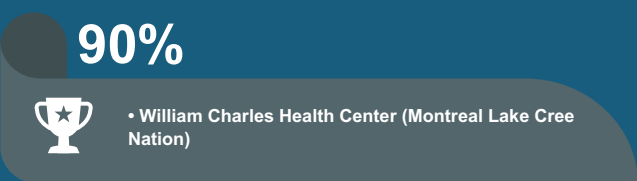
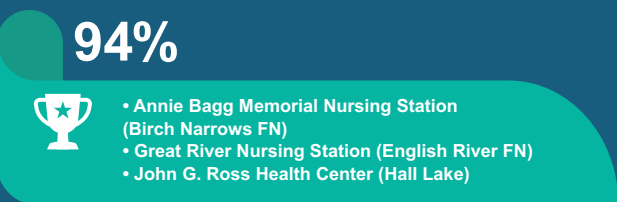
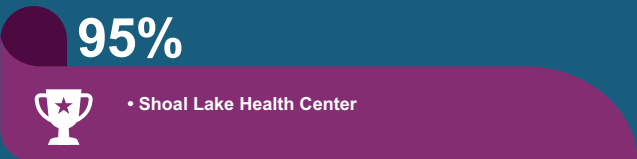
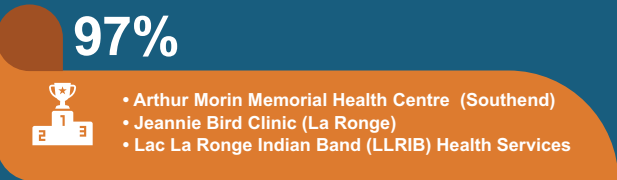
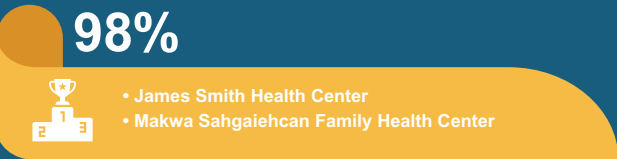
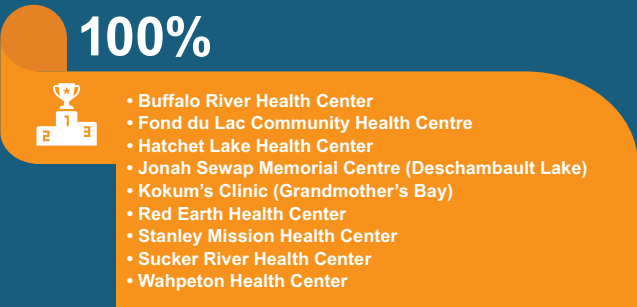
The deadline for applications for the NITHA Health Careers Scholarship is September 30 of every calendar year.

# Childhood Immunization Coverage Awards

Since 2015, the NITHA organization has presented formal recognition to each community that obtains a 90% or higher immunization rate to the identified age group of the 1-Year-old age cohort. Immunization coverage is vital for all ages; however, NITHA focuses on the infant population, as they are most vulnerable to vaccine preventable diseases.

Immunization delivery is a preventative program that continues to protect our populations from many serious diseases. It directly impacts the health of our populations, and it is recognized as the most successful and cost-effective health interventions.

During the pandemic, there were many challenges to maintaining the standards of essential services. We commend each community for their concerted efforts to ensure that childhood immunization programs remained a priority. Congratulations to all on your accomplishments.





NITHA

# Public Health Unit

The Public Health Unit (PHU) provides direction, support and expertise on various public health programs to NITHA's second level Partners. The unit focusses on Public health programs such as community health assessment, disease surveillance, communicable disease control, immunization, environmental health, health promotion, infection prevention and control and community based research. NITHA's tuberculosis (TB) program provides direct support to NITHA's communities on TB prevention and management. As part of capacity building, the unit has a practicum program coordinated for students of Masters in Public Health and Health Information Management. PHU staff are highly motivated and dedicated to their various program areas.

The primary goal of the PHU in 2020 was to improve overall health status of NITHA's community members using a public and population health approach. To achieve this goal, PHU staff collaborated with NITHA Partners through various working groups and relevant stakeholders. We remain grateful to all our Partners for the opportunity to work together.

The year under review has been challenging given the COVID-19 pandemic. Within this context, PHU staff reported several accomplishments in various program areas, as documented in this report. These successes were attained through tremendous commitment and considerable collaboration between the PHU staff, Partners and Stakeholders.



**DR. NNAMDI NDUBUKA**  
MEDICAL HEALTH OFFICER



**ADESHOLA ABATI**  
INFECTION CONTROL ADVISOR



**GRACE AKINJOBI**  
MANAGER OF PUBLIC HEALTH



**SAB GUPTA**  
EPIDEMIOLOGIST

We look forward to building a stronger relationship in the coming year as we continue to address COVID-19 and work with our Partners to coordinate the vaccine roll out.

PHU program's accomplishments and challenges in 2020-21 are summarised in the next section. Priorities for each program are also identified.

*The Public Health Unit consists of highly dedicated staff, who work tirelessly with second level Partners in order to improve the health status of community members.*



**DHARMA TEJA YALAMANCHILI**  
EPIDEMIOLOGIST (TERM)



**JAMES PIAD**  
COMMUNICABLE DISEASE  
CONTROL NURSE



**TREENA COTTINGHAM**  
ENVIRONMENTAL  
HEALTH ADVISOR



**GEORGINA BALLANTYNE**  
COMMUNICABLE DISEASE  
CONTROL NURSE (TERM)



**KEVIN MAGETO**  
HEALTH PROMOTION  
ADVISOR



**TIFFANY ADAM**  
COMMUNICABLE DISEASE  
CONTROL NURSE (TERM)



**TOSIN ADEBAYO**  
HIV COORDINATOR



**CARRIE GARDIPY**  
PUBLIC HEALTH NURSE



**SHREE LAMICHHANE**  
RESEARCH ASSISTANT



**DEANNA BROWN**  
PROGRAM ADMINISTRATIVE  
ASSISTANT



**TINA CAMPBELL**  
TB ADVISOR



**DANA ROSS**  
DATA ENTRY CLERK



**BARB GEORGE**  
TB NURSE



**CINDY SEWAP**  
PROGRAM ADMINISTRATIVE  
ASSISTANT



**SANDY HALLAM**  
TB NURSE



**SHIRLEY NELSON**  
TB NURSE



**LESLIE BROOKS**  
TB NURSE



# Communicable Disease Control

Communicable Disease Control (CDC) program functions in accordance with the Public Health Act of 1994 and the Disease Control Regulations of Saskatchewan. The program supports NITHA's Partners on communicable diseases (CDs) through the timely reporting and provision of related services to the Partnership.

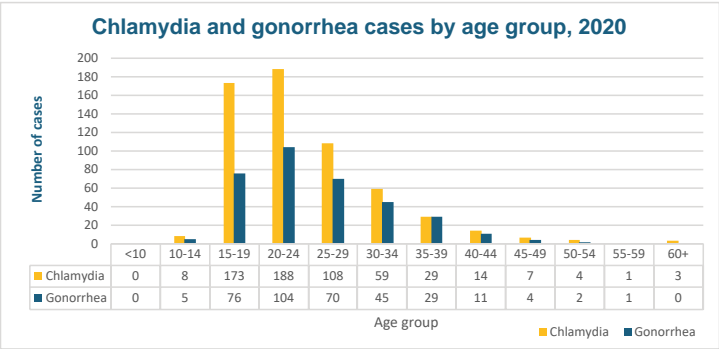
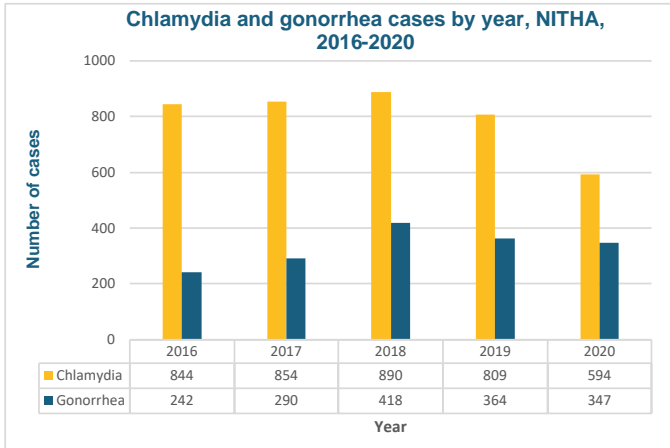
The CDC Program covers sexually transmitted and blood borne infections (STBBI's) such as chlamydia, gonorrhoea and syphilis; the vaccine preventable and direct respiratory infections like pertussis, measles and the emerging infection, COVID-19. Part of the program includes case investigation and contact tracing conducted with the Partners and other jurisdictions as required. Recommendations are provided based on Provincial CD Guidelines and the MHO's directive. In line with provincial reporting, CD cases in NITHA's communities are reported to the Ministry of Health using Panorama. In addition, the CD program provides support to the Partners as they host workshops and awareness campaigns.

### Chlamydia and gonorrhea:

STIs continued to be a concern in the NITHA Partnership. The most commonly reported STIs in NITHA was chlamydia, followed by gonorrhea. Chlamydia and gonorrhea numbers show a gradual increase since 2015; however, in 2020 the numbers decreased by 27% and 5% respectively when compared to 2019 (see Figure below).

### Vaccine-preventable and respiratory route infections:

In 2020, 1389 vaccine-preventable and direct respiratory infections were reported. Of them, 97% (1351 cases) were coronavirus (SARS-CoV-2) (see figure 5). For the year 2020/2021 flu season, 0 influenza cases were reported.



## Program Accomplishments

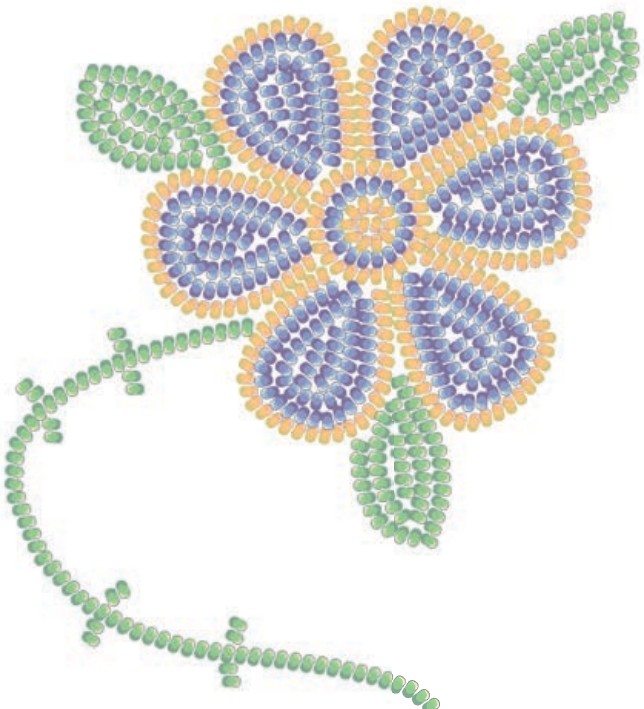
The CD program continues to provide support to Partners to treat or trace CD cases and their contacts. In 2020, a total of 2,836 laboratory reports were entered into Panorama which is an 80% increase compared to last year. COVID-19 labs accounted for 49.5 % of all the labs received by NITHA, due to the number of COVID-19 cases throughout the Partnership communities. In response to the increase of COVID-19 positive cases in the Partnership, a NITHA COVID-19 team was created. The team consist of staff from all 3 units in NITHA. COVID-19 tops the CD list for this year, followed by chlamydia, gonorrhea and syphilis. In the history of NITHA, this is the first time that the number of syphilis cases has exceeded 100. Many planned workshops, conferences and meetings on CD programs were cancelled in 2020 to mitigate COVID-19 transmission.

## Challenges

- Increase in syphilis cases partly due to the health care workers focussing mainly on COVID-19. For the coming year it would be recommended that Health Promotion for STIs be strengthened and treatment / testing of all cases / contacts be intensified.
- Over the past year we have seen an increase in the number of COVID-19 positive cases. The influence Social media has on people may have affected their decisions to comply with the Public Health Guidelines and follow the preventative public health measures such as consistent masking, avoiding gatherings, physical distancing, isolating after exposure and keeping hands clean. Moving forward, there will need to be a focus on increased education campaigns that can help in mitigating COVID-19 transmission.

## Priorities for the upcoming year

- Maintenance of high quality data through Panorama and support to the Partnership in the area of CD prevention and control.
- Strengthen existing relationships and broaden partnerships with other stakeholders in the field including stakeholders within and outside the province that will benefit the NITHA communities.





# HIV

HIV cases in NITHA's communities continues to increase. Thus, the implementation of the HIV strategy to reduce the rates in the Partnership is of utmost importance. Key areas in the HIV strategy are as follows:

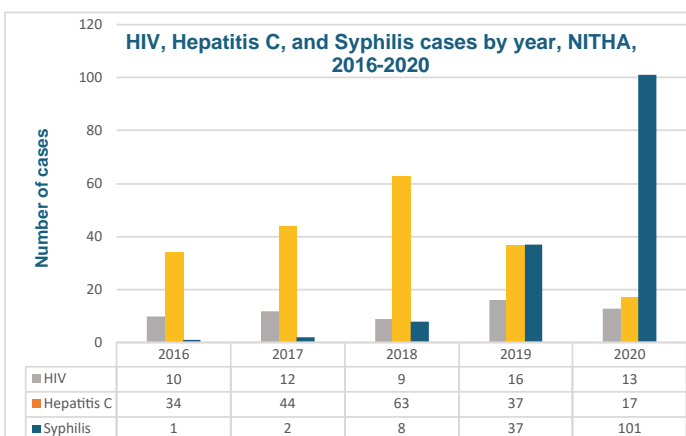
1. The HIV Coordinator is the resource person who supports NITHA communities with building capacity in HIV/AIDS.
  - Promotes and supports case managers in NITHA communities with contact tracing, delivering capacity building workshops and similar activities.
  - Engages with other HIV coordinators in the NITHA Partnership, clinical staff, peers, educators, youths, Elders and First Nations leadership in the implementation of the NITHA HIV Strategy.

## Program Accomplishments

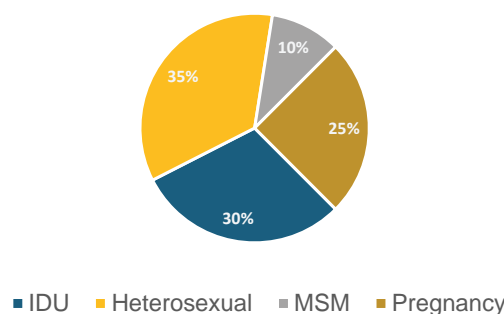
- HIV education and awareness through MBC radio; HIV education was provided for 2 days and questions were asked after each session.
- Conducted a week long annual online quiz on world Hepatitis day and world AIDS day. Prizes were also provided to the winners.
- NITHA continues to support the Partnership with incentives. Over 300 incentives were given out to NITHA communities. Harm reduction supplies such as condoms were also provided.
- Delivered trainings and presentations on Dry Blood Spot (DBS) tests. Pre and post-test counselling were also provided to newly employed staff in NITHA Partnership.

### HIV TESTING AND MANAGEMENT

- Continue to encourage and promote HIV testing.
- There were 13 cases of HIV in 2020 and 1 case of AIDS. 11 out of the 13 cases were linked to care (6 had viral suppression, 3 had no viral suppression, and 2 had just one viral load lab result).
- There were 17 Hepatitis C cases. 8 cases were linked to care with at least one viral load test result, 1 out of the 8 cases is on anti-viral. There was no record of prescribed medication for the other 7. The remaining 9 cases are yet to have viral load tests done.



**Risk factors of newly diagnosed HIV cases, 2016 - 2020**



## Challenges

- Even though there has been an improvement in case notification, follow up of HIV and Hepatitis C clients is still very poor. This continues to have an effect on statistical reporting of cases. This may be due to high staff turnover in NITHA communities. Having a dedicated staff person to be assigned to HIV/Hep C Case management in community may help to improve reporting.
- Due to the COVID-19 public health orders and restrictions in place, we were unable to organise the annual HIV / STI workshop. We will explore the possibility of a virtual workshop in 2021.

### HIV:

In 2020, 13 HIV cases were reported in NITHA, with a 19% decrease from 2019 (see Figure 2). Heterosexual sex with a known HIV case was the most commonly reported risk factor for HIV transmission followed by Injection drug use (see Figure 3). About 54% of the 2020 HIV cases were co-infected with Hepatitis C (see Figure 4).

### Hepatitis C:

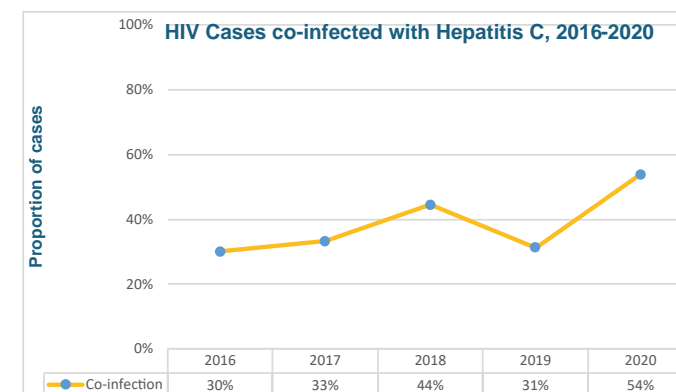
17 Hepatitis C cases were reported in 2020. This was decreased by 54% as compared to the 2019 cases (see Figure 2). Injection drug use was the most commonly reported risk factor for Hepatitis C transmission.

### Syphilis:

In 2020, there was a significant increase in the number of syphilis cases (173%) than in 2019 (see Figure 2). The most commonly reported risk factors for syphilis were unprotected sex with a known case or having more than 2 partners in the last 3 months.

## Priorities for the upcoming year

- Capacity building for the NITHA Partnership through virtual HIV/STI workshops.



# Infection Prevention Control

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, evident-based recommendations, advice, guidance, and support to the Partnership.

## Program Accomplishments

The training of health workers was a priority for 2020/21; therefore, the Infection Control Advisor collaborated with the Environmental Health Advisor to organize two janitorial webcasts for clinic janitors and two additional webcasts for school janitors. A total of 76 employees were trained; 17 clinic janitors and 59 school janitors. The ICA and the Health Promotion Advisor collaborated to develop training resources such as posters and videos on hand hygiene and appropriate use of non-medical face masks in English, Cree, and Dene. These resources were for both healthcare personnel and community members. In collaboration with the Communication Officer, school re-opening posters were developed to educate students on the preventive measures for COVID-19.

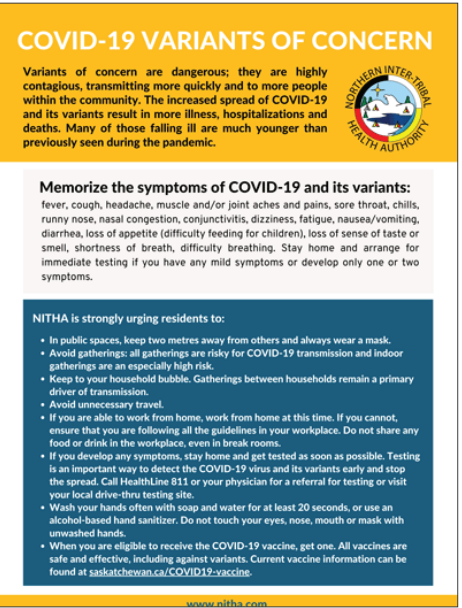
To reduce the spread of COVID-19 in NITHA communities, the ICA provided personal protective equipment and hand sanitizers to the 33 NITHA communities for use in the clinics, health centres, isolation centres, long-term care, and group homes. These PPEs and hand sanitizers were ordered by NITHA through Indigenous Services Canada (ISC) and the provincial government. COVID-19 resources were shared to educate the communities on how to reduce the spread. The “Are you ready for public health emergency booklets and the infection prevention and control guidelines booklets” were reprinted and sent to the Partners for distribution. Throughout the year the ICA collaborated with the Partners and provincial and federal committees on strategies to reduce the spread of COVID-19 in NITHA communities.

The NITHA Facebook page was utilized to engage the community members and bring awareness during National Infection Control Week 2020. 165 community members participated in the event.



# Challenges

- Some of the working group members were unable to attend the quarterly teleconference/ WebEx due to some staff turnover in the Partnership. It would be recommended to identify an alternate to attend the quarterly teleconference / WebEx.



## Priorities for the upcoming year

- Reduction in the incidence of COVID-19 and its variants in NITHA communities
- Education of Healthcare Staff
- Prevention of Healthcare-Associated Infections (HAI)
- Promotion of Environmental Cleaning
- Promotion of Routine Practices and Additional Precaution





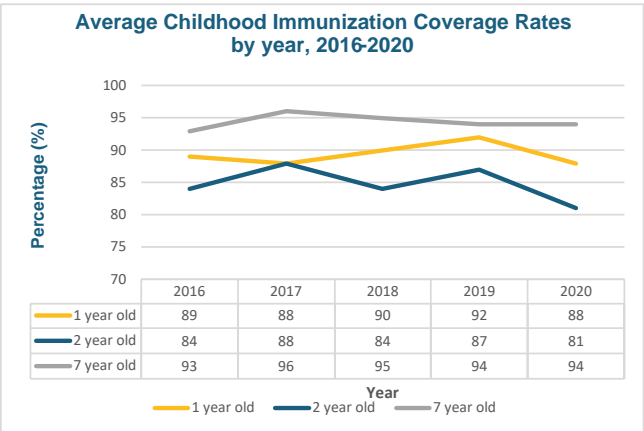
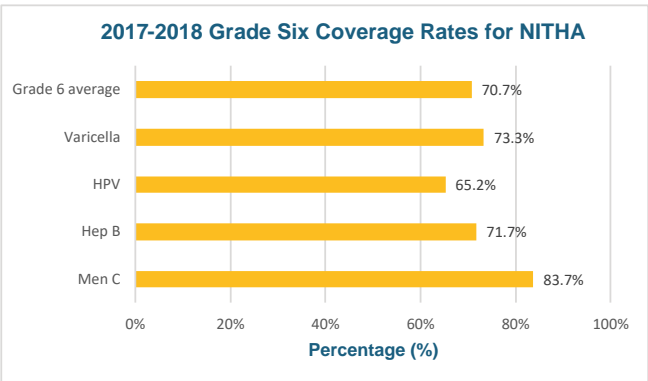
# Public Health Nursing (PHN)

The goal of Public Health Nurse (PHN) is to provide effective, equitable and safe care to improve the health of our populations. The PHN works collaboratively with the Public Health Unit Team to provide assessment, planning, implementation and evaluation of Public Health Programs. Alliance with NITHA Partners, communities, professional bodies, and external organizations is fundamental to the role of the PHN. Public Health Nursing is based on professional standards and competencies to ensure safe and ethical care for the public.

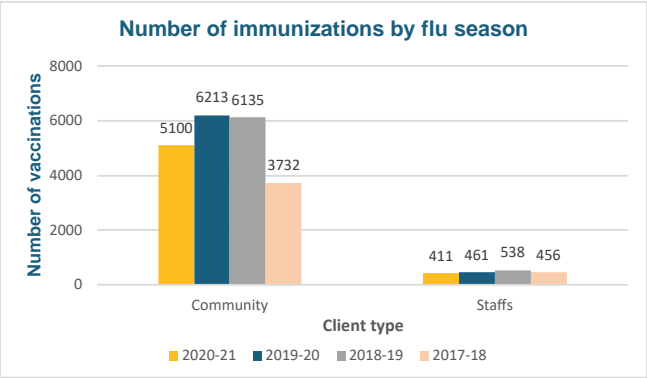
As a main focus, the PHN supports the NITHA Partnership communities with Immunization programming. The goal of the National Immunization Program is to prevent Vaccine Preventable Diseases (VPD's) that could potentially result in severe client complications, outbreaks and mortality. The PHN provides clinical consultations and recommendations daily to health care providers for immunizations for infants and preschoolers, school age, adult and special population groups.

## Program Accomplishments

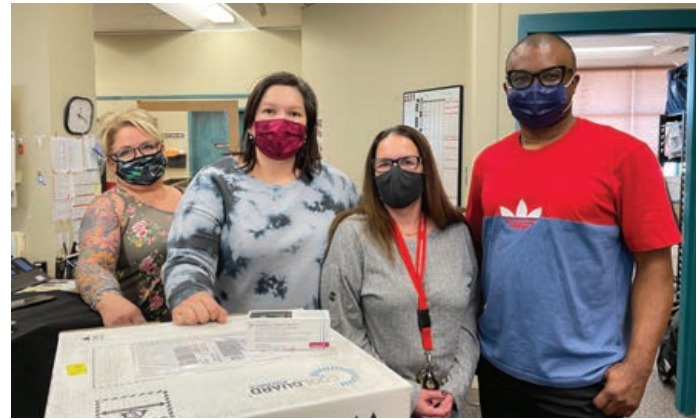
- For public safety, infection control measures to reduce the risk of COVID-19 were implemented in the delivery of immunization clinics. Despite the challenges during the COVID-19 pandemic, the NITHA communities have remained diligent and committed to providing publicly funded immunization programs at the community level.
- As predicted across Canada, there was an overall drop in the immunization coverage rates for the Infant and Childhood age groups in 2020. The Canadian National Immunization goal is to have a 95% or higher coverage for publicly funded vaccines within the Childhood age groups. In 2020, NITHA Childhood Immunization Coverage Rates (CICR's) were as follows;
  - 88% in the 1-Year age cohort, 81% in the 2-Year age cohort, and 94% in the 7-Year age cohort. In addition to the overall coverage rates, immunization target markers for pertussis by 91 days of age was at 79% and 5-Year Old Measles, Mumps and Rubella was at 89%. (See chart below)
- The 2020-21 Influenza Program was launched from October 19, 2020 to April 30, 2021 for all residents in Saskatchewan over the age of 6 months. Due to risk factors of mortality and morbidity, high dose flu vaccine was offered to all residents in the long term care facilities within the NITHA Communities. Overall, a total of 5,511 doses were administered this year's influenza season. In comparison to the 2019-2020 influenza season of 6,726 influenza doses administered, this was an 18% drop in the influenza vaccine uptake for this year.



- Stringent measures are followed for the storage and handling of vaccines in order to ensure safe and effective vaccines to our public. NITHA procured \$750,000+ worth of vaccines this fiscal year to our First Nation Communities. There was minimal vaccine wastage reported in the past year (under 1.0%).
- In the past year, COVID-19 vaccinations have also been rolled out in the Partnership communities following the Ministry of Health Guidelines. The PHN played a role in the COVID-19 Nursing education, certification, vaccine procurement, vaccine supplies and data quality management.



Summary statistics of Lab-confirmed influenza cases, October 1, 2020 to April 30, 2021 (N=0)			
Cumulative			
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 the upcoming year

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, 2021-22 Influenza campaign, and the 2020-2021 School Immunization program. COVID-19 vaccine rollout to Partner communities remains a priority for the next fiscal year.

# Environmental Health

The Environmental Health Advisor (EHA) supports the Environmental Public Health Officers (EPHOs) and Community Health Nurses (CHNs) within the four Partner agencies. Support is provided to the CHN's with animal bites and food borne, while the EPHO receive support with drinking water, food safety, housing, waste water, pest control, solid waste disposal, facility inspections, etc. The EHA provides technical expertise to both Partner EPHO's and the NITHA Medical Health Officer as requested. The EHA assists with the development of promotional and/or educational materials, drafting policies, providing data collection and analysis for reporting trends and to prevent the potential spread of illnesses within communities.

As part of the COVID-19 response, the EHA drafted warning letters for isolation, and detention orders as well as assisted CHN's and RCMP with enforcement of the Public Health Orders in the communities.

## Program Accomplishments

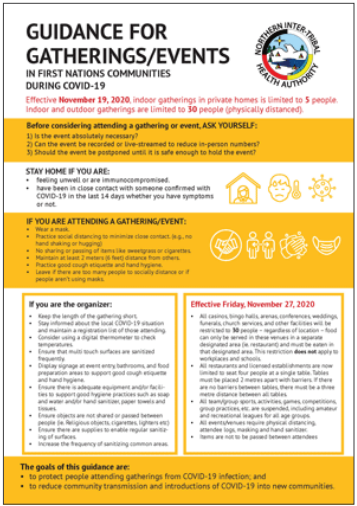
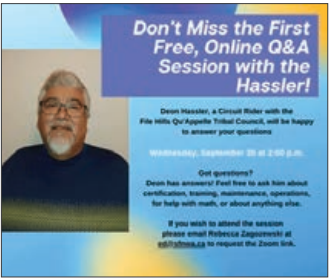
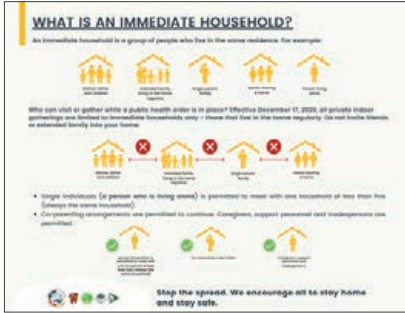
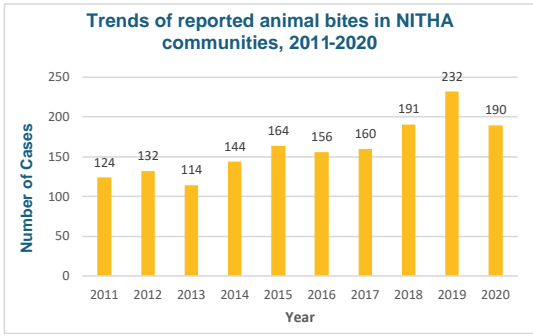
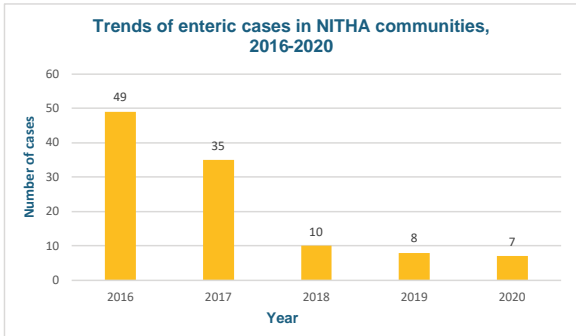
- Attended AFN Water Summit Engagement Session on new water regulations and funding to reduce Boil Water Advisories.
- Chaired 5 Hedgerow Database Admin Meetings to review and discuss changes for optimizing its use with the EPHO Supervisors.
- Completed an interview for ISC on Barriers to Traditional Foods in Facilities.
- Co Hosted two Janitorial Training Sessions specific to COVID-19.
- Hosted an Animal Bite Reporting In-service for CHN's in Community.
- Facilitated multiple Facebook posts on a variety of topics. (Salmonella outbreak, Chronic Wasting Disease, animal bite prevention, providing for dogs in cold weather etc.)

## Challenges

- This past year we seen slow reporting and follow up on animal bite and enteric cases. This can be attributed to CHN workloads or routing of information concerns and outbreaks in some communities. The EHA will continue to send reminders by fax or phone message when follow ups are due.
- There is a need to reduce the number of dog bites in communities; however, it is difficult to plan a “one size fits all solution”. More education on unwanted animals and reasons for dog bites and animal control bylaws or ownership expectations are key in seeing reductions.

### Enteric infections:

In 2020, 7 enteric cases were reported in NITHA, with a 13% reduction in cases when compared to 2019 cases. Most of these cases were Giardiasis, Salmonellosis and Campylobacteriosis.



## Priorities for the upcoming year

- Promote cervid carcass sampling and education on Chronic Wasting Disease to maintain First Nations Food Security and hunting rights. Movement on this was limited in 2020.
- Promoting the new Drinkable Water Regulations for First Nations by advancing the First Nations Water Association including more access to training for operators.
- Transfer Hedgerow Administration to Environmental Public Health Officers using their Tribal Council specific data system one-year extension has been granted.



# Health Promotion

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.

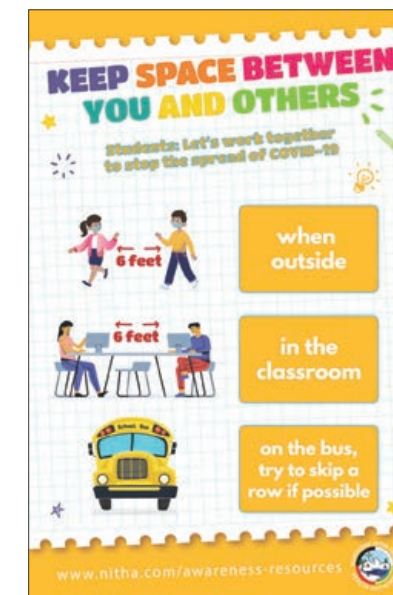
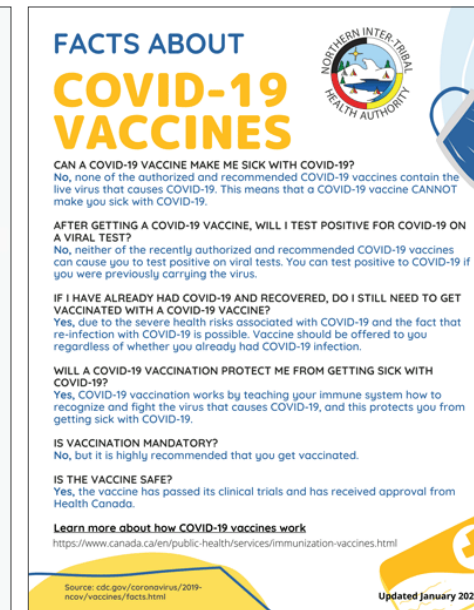
## Program Accomplishments

In 2020, the HPA:

- In collaboration with the Communications Officer, developed various videos, infographics, and posters in the areas of immunization, mental health, physical activity, and COVID-19 awareness.
- Developed a physical activity challenge in conjunction with the Active Communities Team of the NHCP and the Saskatchewan Cancer Agency during COVID-19 pandemic. This provided an avenue to keep youth and community members active during the COVID-19 pandemic.
- Attended more than 30 webinars on injury prevention, COVID-19, physical activity and Indigenous health promotion.
- Represented NITHA in local, provincial and national committees such as, the Population Health Promotion Working Group, the Active Transportation Committee, the Injury Prevention Committee 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 and Bonding Books, Building Vibrant Youth, Healthy Eating Team, and Northern Tobacco Strategy). These teams focus on promoting health in the Partnership through increasing physical activity, healthy eating, youth health, childhood literacy, and commercial tobacco cessation.
- Continued to keep the Partnership informed through the NITHA newsletter, radio ads and social media in the area of COVID-19, physical activity, vaccines and immunizations in conjunction with the NITHA Communications Advisor.
- Assisted the NITHA COVID-19 surveillance team in data entry, daily monitoring and any other COVID-19 related areas as requested.

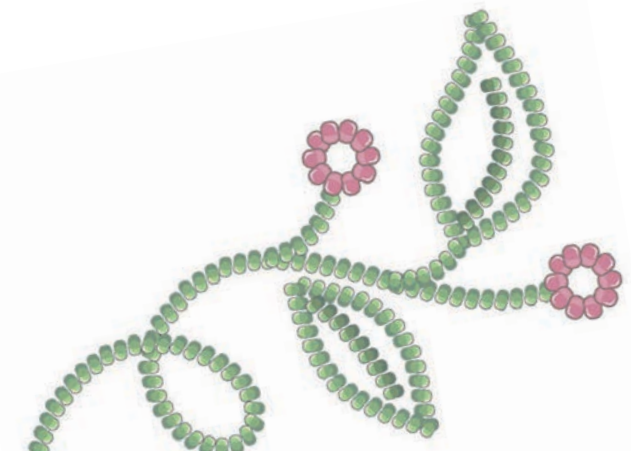
## Challenges

- 2020 saw various challenges brought about by the COVID-19 pandemic. As a result, the HPA was unable to complete the NITHA Injury Prevention Manual. The HPA will adjust the 2021 work plan to be more realistic of the work environment brought about by the COVID-19 pandemic.



## Priorities for the upcoming year

- The HPA focus for 2021 will be to develop health promotion related projects that adapt to the changing health environment brought about by COVID-19.



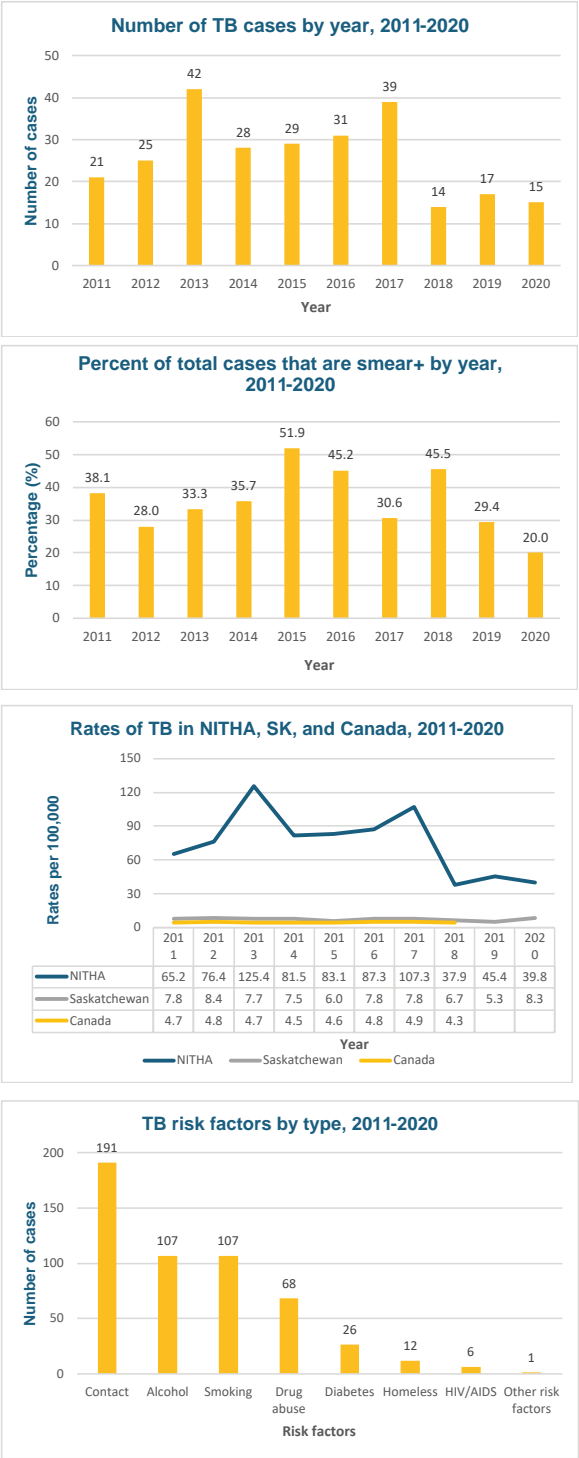


# Tuberculosis (TB)

The TB Program continues to provide guidance, education and front-line support to TB Programs throughout NITHA Partner communities. NITHA TB Nurses have vast experience and expertise working in 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's) to ensure the delivery of safe and competent TB care to our clients.

## Program Accomplishments

- In 2020, 15 cases of suspected or confirmed active TB were reported with majority of the cases found in High Incidence communities. The TB Nurses made 11 visits to communities throughout the Partnership and 127 clients were assessed as a result of contact investigations assistance requests from TB Programs in NITHA Partner communities.
- Despite the ongoing challenges and travel restrictions due to the COVID-19 pandemic, the TB Program continued to complete education and training for our Partnership. The TB Nurses conducted 11 training sessions for TBPW's and 8 CHN's.
- 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. 130 clients were x-rayed in 2020 using the portable x-ray.
- In November of 2020, NITHA's TB Advisor was selected as a steering committee member for Stop TB Canada. Stop TB Canada brings together individuals committed to ending TB at home and abroad.
- The TB Advisor assisted in the planning and coordination of a Virtual CHN TB Conference that was offered to those working on First Nation's communities throughout Saskatchewan. The invite was extended throughout our Partnership. There were 6 sessions in total over a span of 3 weeks. The TB Program was invited to speak at 2 of these sessions.
- One of the TB Nurse's presented at a national level Webinar hosted by ISC on March 23rd, 2020.



The presentation was on “Working in partnership to eliminate TB Stigma”. The presentation was very well received.

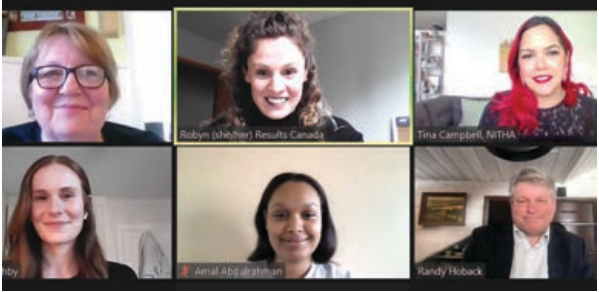
- World TB Day promotional boxes were prepared and sent throughout the Partnership. The boxes included T-Shirts, Mugs, Pens and other various resources.

## Challenges

- There continues to be an inadequate level of TB education amongst Health Care Workers (HCW) in the NITHA Partnership as more attention is frequently dedicated to other program areas in the community. This is often due to lower number of staffing in the communities. We are hoping to increase participation from HCW in NITHA Partner communities in TB education and programming, particularly HCW's from high incidence communities.
- On Friday March 12, 2021: NITHA's TB Advisor Tina and TB Nurse Leslie along with Stop TB Canada Steering committee member Robyn met with Randy Hoback, Member of Parliament for the Prince Albert Area in hopes to raise awareness for TB in anticipation for World TB Day.
- Before the pandemic, TB was the world's leading infectious disease killer. Despite TB being both preventable and curable, in 2019 more than 10 million people fell sick with the disease and an estimated 1.4 million died. The COVID-19 pandemic is proving to be devastating for people affected by TB around the world by disrupting their access to health services, impacting their livelihoods, and diverting limited resources away from TB to respond to the pandemic.

## Priorities for the upcoming year

- The TB program will continue to provide support to the NITHA Partnership in TB programming and services. A focus will be made on updating resources to reflect current practices and to be made available in all our First Nation languages.



Is it TB or is it COVID-19?		
	Tuberculosis	COVID-19
Transmission	<ul style="list-style-type: none"><li>Spread through the air from one person to another by tiny droplets containing TB bacteria.</li><li>These droplets can stay in the air for hours.</li><li>Spread when a person with active TB of the lungs or other organs coughs, sneezes, or sings.</li><li>Droplets are inhaled.</li><li>NOT transmitted by surface contact.</li></ul>	<ul style="list-style-type: none"><li>Spread through respiratory droplets via talking, coughing, or sneezing.</li><li>Close personal contact, within 2 meters.</li><li>Sharing items.</li><li>Touching something with the virus on it, then touching your eyes, nose or mouth with unwashed hands.</li><li>Can be spread before showing symptoms or without developing symptoms.</li></ul>
Incubation Period	<ul style="list-style-type: none"><li>Onset can be anywhere from weeks to years.</li><li>90% of people who inhale the tiny droplet containing TB will become latent (inactive) disease.</li><li>People may have Latent TB infection or LTBI.</li><li>There is always a lifetime chance LTBI may turn into active TB.</li><li>TB can affect any part of your body.</li></ul>	<ul style="list-style-type: none"><li>Onset is typically between 2-14 days.</li><li>Symptoms may take up to 14 days to appear after exposure to COVID-19.</li></ul>
Symptoms	<ul style="list-style-type: none"><li>Prolonged cough (2 weeks or longer)</li><li>Fever</li><li>Night sweats</li><li>Weight loss</li><li>Coughing up blood</li></ul> <p><b>** These symptoms may be mild for many months, thus leading to delays in seeking care and increasing the risk of spreading to others.</b></p>	<ul style="list-style-type: none"><li>New or worsening cough.</li><li>Shortness of breath or difficulty breathing.</li><li>Fatigue, symptoms appear to be over 38°C.</li><li>Chills.</li><li>Headache or muscle aches.</li><li>Muscle or body aches.</li><li>New loss of smell or taste.</li><li>Some people may see some symptoms.</li></ul>
Testing	<ul style="list-style-type: none"><li>Tuberculin Skin Test (TST)</li><li>Chest X-ray</li><li>Sputum collection</li><li>Results vary from 48 hours to a few days or weeks.</li></ul>	<ul style="list-style-type: none"><li>Rapid tests</li><li>Nasopharyngeal swab</li><li>Results available relatively quickly</li></ul>
Treatment	<ul style="list-style-type: none"><li>Active TB is treated with multiple antibiotics for at least 6 months to 9 months.</li><li>Latent TB infection is treated with antibiotics for 6 months to 9 months depending on what course of antibiotics are appropriate.</li></ul>	<ul style="list-style-type: none"><li>Most people with mild COVID-19 will recover on their own with rest, fluid and monitoring symptoms such as fever, loss, loss or muscle aches with over the counter medication (Tylenol).</li><li>Some people with COVID-19 will need to be hospitalized for Oxygen and breathing support.</li><li>People with COVID-19 in close contact with person infected with COVID-19 will need to isolate or quarantine.</li></ul>
Prevention	<ul style="list-style-type: none"><li>Get your local health center if:</li><li>You are experiencing any symptoms of TB.</li><li>You have been around anyone with active TB or suspected active TB.</li><li>You have had TB diagnosis in the past and had incomplete treatment.</li></ul>	<p><b>Public Health recommendations:</b></p> <ul style="list-style-type: none"><li>Wash your hands often with soap and water for at least 20 seconds.</li><li>Avoid touching your eyes, nose or mouth, especially with unwashed hands.</li><li>Avoid close contact with people who are sick.</li><li>Cough and sneeze into your elbow and not your hands.</li><li>Stay home if you are sick to avoid spreading illness to others.</li><li>Wear a mask in public places and always follow Public Health recommendations and guidelines.</li></ul>

If you would like more information, please contact the NITHA TB program at: (306) 953-0000.



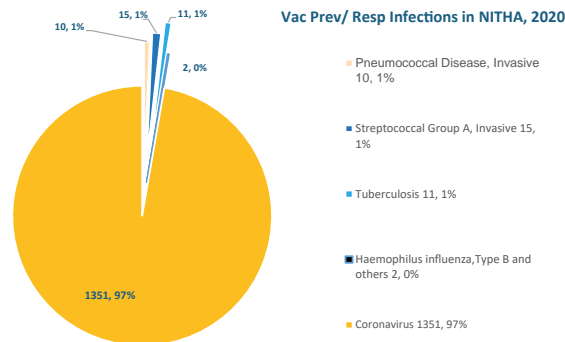
# Epidemiology

Epidemiology is the study of distribution and determinants in specified populations of health-related states and events. It informs policy decisions and evidence-based practices by identifying disease risk factors and prevention targets. The epidemiologist looks into all of the factors that influence the pattern, distribution, and determinants of disease and other health-related states and events (such as injury, addiction, poisoning, etc.). The epidemiologist controls diseases and health-related issues through descriptive and analytical studies. Also, disease surveillance provides guidelines for evidence-based practice to enable public health improvement strategies and policies to be implemented.

Ongoing disease-related surveillance and health-related events eliminate new outbreaks, avoids epidemic start and monitors the progression of an ongoing outbreak in the designated population. The information analyzed by the epidemiologist is used in enhancing and strengthening public health, clinical and health services as well as in promoting evidence-based practices. Overall, an epidemiologist provides monitoring of disease activities, health events and health status indicators for the improvement of the health status of people living in communities.

## Program Accomplishments

- Collaborated with Epidemiologists from Indigenous Service Canada (ISC), Ministry of Health (MoH), and Saskatchewan Health Authority (SHA) on COVID 19 and syphilis monitoring.
- Developed COVID-19 vaccine surveillance plans with ISC, SHA, and MOH epidemiologists.
- Developed a COVID-19 case tracking sheet for regular monitoring of cases.
- Developed and shared ad hoc reports (such as weekly flu reports and syphilis reports) on schedule.
- Developed weekly COVID-19 and outbreak specific reports.
- Developed and shared syphilis reports for NITHA and the Partners as needed.
- Attended meetings and shared insight with the provincial COVID-19 vaccine monitoring and surveillance-related working groups.
- Responded to data requests from communities/Partners.
- Regularly updated and shared COVID-19 reports with specific communities, NITHA, SHA, ISC, and other audiences as identified.
- Performed lead role for data and surveillance in province-wide, north specific and community-specific COVID-19 outbreaks and cluster investigations.
- Performed lead role in data support and surveillance in FN, PAPHR, and PNHR syphilis outbreaks.
- Provided data support for provincial integrated reporting, COVID-19 modelling and presentations.



## Challenges

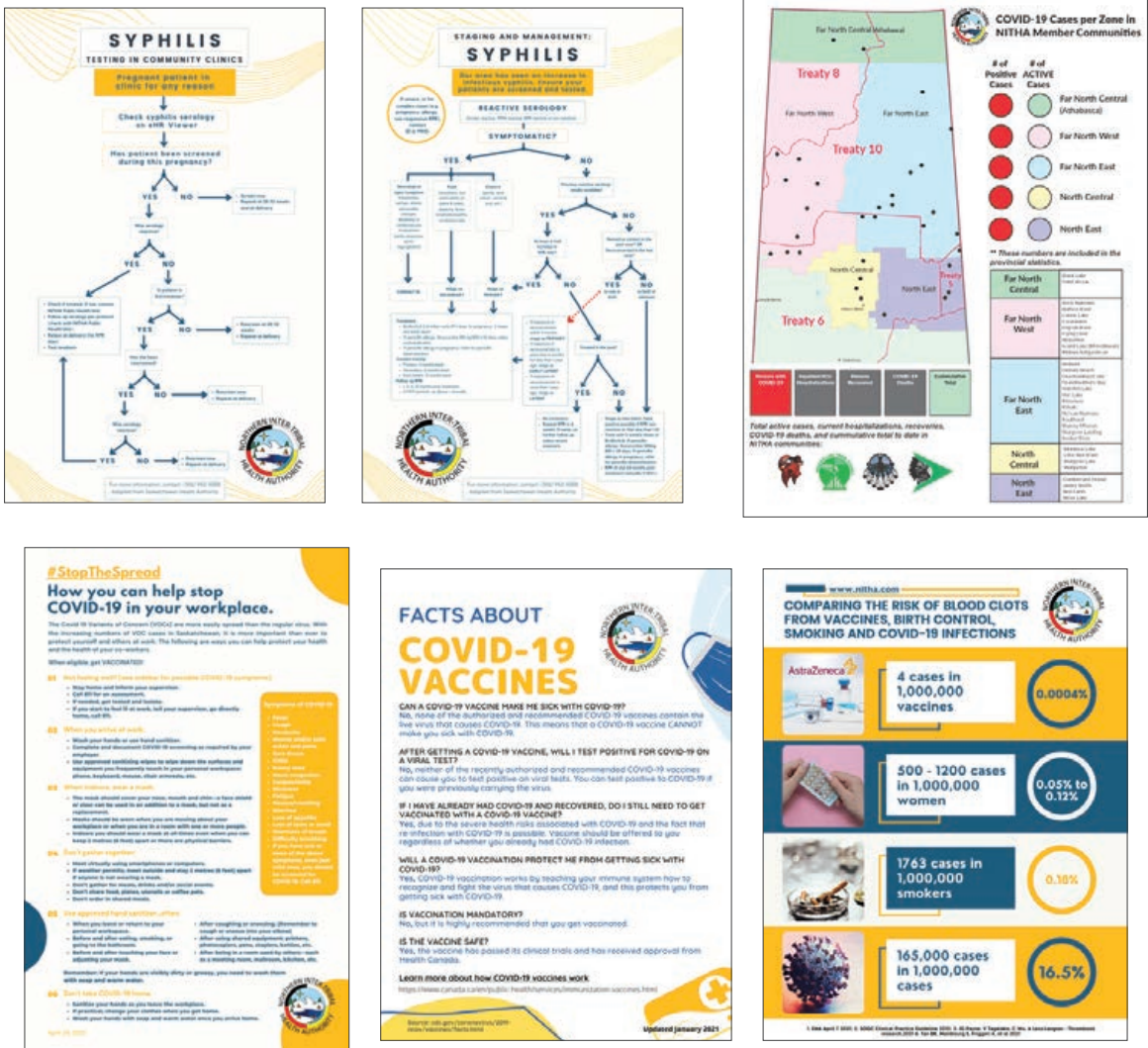
- The program faces challenges in accessing high quality data for reporting. High-quality data reporting relies heavily on correct and complete collection of client and contact-specific data. Failure to provide

sufficient details on health data leads to incomplete characterization of the epidemiology of diseases. Flawed contact tracing and insufficient contact information can extend the management of outbreaks and affect the prevention of an emerging outbreak. Communities have had community and provincial outbreaks which have been resolved by the timely response to outbreaks and on-time data monitoring.

- NITHA communities sometimes are dealing with more than one health issue and in that situation priority is given to more life-threatening problems as compared to preventive programs such as immunization coverage and its reporting. The NITHA Epidemiology & Surveillance Team will continue to provide a timely response, while collaborating with relevant stakeholders. In order to improve the overall community health, the team will offer support to disease prevention and monitoring.

## Priorities for the upcoming year

Over the coming year, the top priorities will be to reduce communicable diseases, enhance vaccine rates and ensuring the timely reporting of high-quality data. High-quality data reporting shall be monitored and updated regularly for all disease-specific surveillance and risk factor datasets. Community support will be provided by programs and initiatives will be aimed at improving the rate of immunization, control of communicable diseases and cancer control. Finally, in the following fiscal year, the epidemiologist will continue to develop and strengthen existing relations with key stakeholders.



# Cancer Project

The goal of the Cancer Project is to understand the burden of cancer by creating change at both the individual and business level through community awareness, desire and knowledge translation. The project has four areas of focus; education and prevention, early detection, improved patient experience and enhanced surveillance in First Nations People. This project aims to increase education and awareness about cancers, promote healthy living and risk reduction. Recognizing that cancers are treatable when detected early, our project will promote culturally appropriate screening among community members. The project will coordinate the provincial cancer service providers and community-based health service providers to understand the service gaps and challenges that exist in regards to providing quality cancer care/support in the communities. This project will also ensure accuracy and completion of data collection by linking registries (Indian registry, Northern Affairs Canada and Saskatchewan Cancer Agency) to understand age-standardized cancer incidence and mortality rates of on-reserve First Nations. Overall, this cancer project aims to reduce cancer incidence significantly over time with the engagement of community champions by creating system-level change through surveillance, public policy and community programs.

## Program Accomplishments

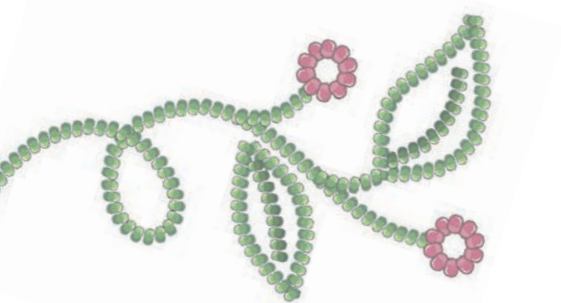
- Cancer Sharing Circles - Completed for all participating communities except one, which was impacted due to COVID-19.
- Sharing circle summary was compiled and summary validation was completed by 2 out of the 5 participating communities.
- Development and distribution of virtual activity list and activity planning template.
- Activity selection and filling out activity plan template was completed by 1 community out of 5.
- Cancer Training Workshop-Information Session was conducted on March 30, 2021.
- Band Council Resolutions (BCR) were obtained from 2 of the participating communities in support of the project.

## Challenges

Due to the COVID-19 pandemic, community Partner's priorities were changed and cancer programs were delayed. As a result, we have moved to the use of virtual meeting platforms as appropriate to increase involvement.

## Priorities for the upcoming year

- Formation of extended working groups in each Partner community, complete Activity Planning Templates and implement virtual activities.
- Obtain BCR documents from remaining 3 participating communities.



NITHA

# Community Services Unit

The Community Service Unit (CSU) consists of the Manager of Community Services, Nursing Program Advisor, Nutritionist, Mental Health and Addictions Advisor, Emergency Response Coordinator, eHealth Advisor and Tobacco Project Coordinator, as well as support staff. The goal of CSU is to provide clinical and technical health program expertise to the Partners; to anticipate and respond to the challenges and resource opportunities and to build on the accomplishments of the Partners and the 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, eHealth/IT. The NITHA organization also engages in special projects aimed to target specific areas throughout the Partnership; currently, those in CSU are tobacco control, EMR and Telehealth which are all funded on a year to year basis.



**COLLEEN DUROCHER**  
MANAGER OF  
COMMUNITY SERVICES



**JUSTINA NDUBUKA**  
TOBACCO PROJECT  
COORDINATOR



**CAROL UDEY**  
NUTRITIONIST



**HEATHER KEITH**  
NURSING PROGRAM  
ADVISOR



**GLENDA WATSON**  
MENTAL HEALTH &  
ADDICTIONS ADVISOR



**RAMONA CAISSE**  
PROGRAM ADMINISTRATIVE  
ASSISTANT



**PATRICK HASSLER**  
EMERGENCY RESPONSE  
COORDINATOR



**CHARLES BIGHEAD**  
eHEALTH ADVISOR



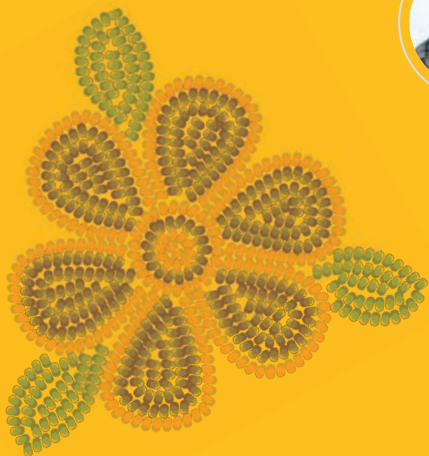
**JEANETTE VILLENEUVE**  
PROGRAM ADMINISTRATIVE  
ASSISTANT



**PETER NETTERVILLE**  
IT HELP DESK  
TECHNICIAN



**ERIC XUE**  
SENIOR NETWORK  
TECHNOLOGIST



The CSU consists of highly dedicated staff, who work tirelessly with second level Partners by providing them with the tools and resources required to improve the health of their communities.



# Mental Health & Addictions

The MHA Program provides third level service to the four Partners. In 2020/2021, the MHA Advisor focused on the Partnership needs as a result of COVID-19. Training and workshops applicable to the pandemic, advisory support, sharing and collaborating with Partner advisors were some of those pandemic focussed activities.

Key areas of third level support for this program are:

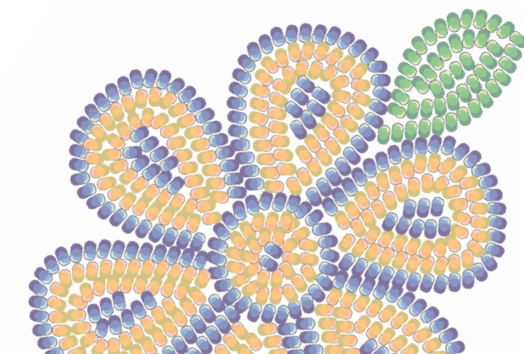
- Strengthen the capacity of First Nations to deliver culturally appropriate and responsive mental health and addiction wellness services.
- Identify best practices that best fit the Partners community needs.
- Offer education/training opportunities that also includes assisting when requiring access to clinical supervision, which are responsive to community needs.
- Work with the Partner MHA leads and designated representatives to prepare plans and assessments that determine priority needs in their communities.

## Program Accomplishments

In the early fall, the MHA completed the Mental Health Therapist Working Guidelines Manual at the request of the Partners. This was approved by the Executive Council. Due to COVID-19, the MHA focused was primarily on needs during the pandemic; as the 2nd wave hit our communities in the fall, service delivery and training were impacted. The MHA coordinated two face-to-face learning opportunities; 3 trainings on Perinatal Mental Health & Living your Potential to address the growing concern with staff burnout amidst the pandemic. The remaining trainings, held virtually, were specific to Borderline Personality Disorder and the impact of COVID-19 on the Nervous System.

## Challenges

- Over the past year we have seen some challenges establishing the SUAP Transition Teams and related activities. Transition Recovery Workers were faced with the inability to provide the majority of the program activities that required face to face support due to COVID-19. Program statistics are low as a result. We only have one Partner that has been able to establish a full transition team. Moving forward, it may be recommended to move programs to two primary sites to allow for proper mitigation of services.
- We have also seen challenges in conducting the Model of Care (MOC) – Virtual Community Engagement Sessions. The MOC sub-committee was unable to meet and plan due to the surge capacity of staff required to assist with contact tracing following the 2nd wave of COVID-19 infections within the NITHA Partnership. The MHA will resume efforts in the fall of 2021 to avoid overloading MHA staff designated to sit on sub-committee to properly plan an effective engagement session for each of the Partners.



### Helpful Resources

- Health Link: 811
- Hope for Wellness (Indigenous): 1-855-243-3310
- Indian Residential Schools Resolution Health Support: 1-866-209-3529
- Kids Help Phone: 1-800-668-6868
- Suicide Help: 1-833-456-4566
- Text: 45645
- Occupational & Critical Incident Stress Management - For Health Care Staff - Phone: 1-800-268-7708 email: hc.ocism@pic.scjcanada.ca



**NORTHERN INTER-TRIBAL HEALTH AUTHORITY**

**CONTACT US**

1 306 953 5000  
1 306 953 5010  
receptionist@nitha.com

**Physical Address**

Chief Joseph Custer I.R. #201  
Peter Ballantyne Cree Nation Office  
Complex  
Main Floor, 2300 10th Avenue West  
Prince Albert, SK, S6V 6Z1



**Northern Inter-Tribal Health Authority**

www.nitha.com

**COVID-19 Mental Health Support**



**Please connect with your local wellness centre (as they apply to your community location):**

**Prince Albert Grand Council**  
Holistic Wellness Office: 306-953-7285

**Meadow Lake Tribal Council**  
Central Main Line: 306-236-5817  
(You will be advised who to contact within the MLTC community)

**Peter Ballantyne Cree Nation**  
(Please ask for Holistic Health, you will be transferred to a Mental Health Therapist)  
Pelican Narrows: 306-632-2046  
Deschambault Lake: 306-632-2106  
Southend: 306-758-2090

**Lac La Ronge Indian Band**  
Phone Interviews (8am-430pm): 306-425-9109  
Evenings/Weekends (calls):  
• 306-425-9518  
• 306-420-5401

### Are you feeling depressed or anxious?

Have you or a family tested positive for the Novel Coronavirus (COVID-19)? Is it causing problematic mental health symptoms that you cannot understand? Are you struggling to cope with the impact on your mind, body, and spirit? Are you worried about a loved one?  
**If you have answered yes to any of these questions, we encourage you to reach out.**

**Depression:**  
Major life changes such as a death of a loved one, diagnosis with a serious illness, and relationship difficulties, can bring even whiffing levels of stress. As a result of the pandemic, you may be experiencing several of these stressors at once, making you more vulnerable to depression. If you have an existing diagnosis with depression you may find that isolation and loneliness fuels depression.

**Compassion For Feelings:**  
Negative emotions are part of being human and can become more powerful in depression or when we are distressed but this does not make you a bad person – just a human being trying to cope with difficult feelings.

**Stress & Anxiety:**  
Stress has been reported as a mean percentage of 51% as the primary concern during COVID-19, although it is natural to worry, it is when worries spiral out of control, and potentially lead to panic and anxiety. Anxiety symptoms can deter one from accessing supports, but it can also be a physical sign for you to access the help you need.


**Grounding Techniques:**

- Run cool water over your hands. Hold ice cubes if intense.
- Place a cool washcloth on your head or face with lavender essential oil on it.
- Place an ice pack over your eyes for 30 seconds.

**Bullying:**  
Bullying is a traumatic experience, which may cause significant psychological distress. It may precipitate various psychiatric conditions including anxiety, depression, and psychotic disorders. There is an association with bullying, self-harmful behaviour, and suicide.

**Distress Tolerance Skills:**

- Temperature: Changing your body temperature can help cool you down both emotionally and physically.
- Intense exercise: Increasing oxygen flow helps decrease stress levels.
- Paced Breathing: Slow, deep breathing soothes the nervous system and increases oxygen flow.



Join the Virtual Online Workshop Event:

## LIVING YOUR POTENTIAL

with Dr. Jane Semington

**March 16-17, 2021 | 9 a.m - 3:30 p.m**  
**Lunch 12 p.m - 1 p.m**

This workshop is for our Mental Health & Addiction staff who are feeling the effects of compassion fatigue, and or burnout. A soul-enriching and consciousness expanding workshop that focuses on the following:

- Increasing self-awareness
- Advancing abilities to support and empower the team

**Peter Ballantyne Cree Nation**  
(Please ask for Holistic Health, you will be transferred to a Mental Health Therapist)  
Pelican Narrows: 306-632-2046  
Deschambault Lake: 306-632-2106  
Southend: 306-758-2090

**Meadow Lake Tribal Council**  
Central Main Line: 306-236-5817  
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**Prince Albert Grand Council**  
Holistic Wellness Office: 306-953-7285


**Lac La Ronge Indian Band**  
Phone Interviews (8am-430pm): 306-425-9109  
Evenings/Weekends (calls):  
• 306-425-9518  
• 306-420-5401

LOCATION: SASKATOON - SASKATOON INN - BALLROOM A & B  
PLEASE COMPLETE REGISTRATION FORM AND FORWARD TO RAMONA CAISSE  
Ph: 306-953-6016 Email: rcaisse@nitha.com

VERSION 2.0  
SEPTEMBER, 2020

## Mental Health Therapist-MLTC

### Working Guidelines Manual



DEVELOPED BY: GLENDA WATSON  
NORTHERN INTER-TRIBAL HEALTH AUTHORITY  
CHIEF JOSEPH CUSTER I.R. #201 PETER BALLANTYNE OFFICE COMPLEX

SUPPORTED BY:  
Tina Alexander  
Darlene Stonestand  
Joette Coulbourne

## Priorities for the upcoming year

- Resume and re-start the first phase of the “Model of Care” for Addiction and Mental Health Document for Partners in Collaboration with Thunderbird Foundation and First Peoples Wellness Circle.
- Collaborate with three Partners to complete adaptations for Dissemination “Mental Health Therapist Working Guidelines Manual” to PAGC, PBCN, LLRIB.
- Research and provide meaningful learning opportunities specific to the pandemic outcomes, and recovery process.

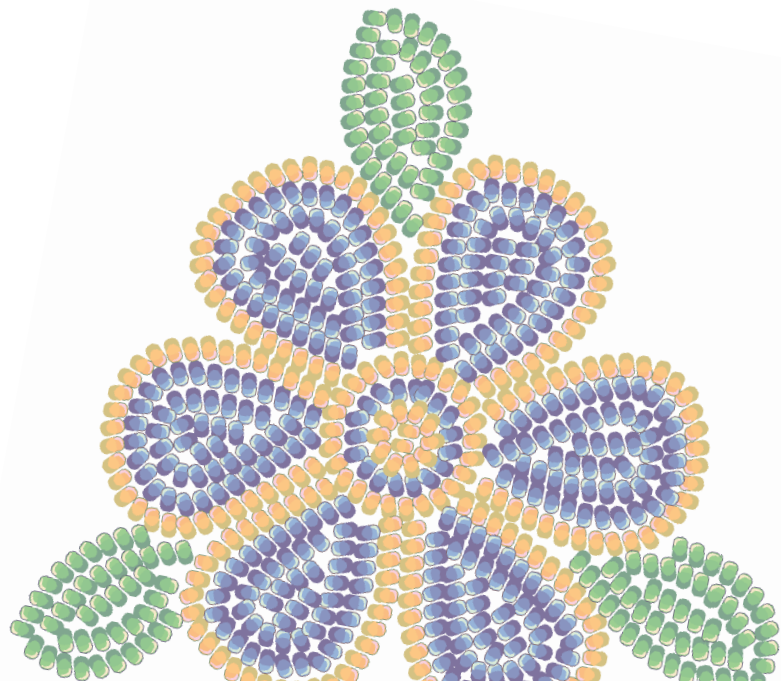
# Emergency Response

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.

## Program Accomplishments

- In collaboration with the Partners, approximately 100 First Aid and CPR/AED providers, 3 First Aid and CPR/AED Instructors, 1 First Responder instructor, and 17 First Responders, were trained in 2020/21 by “in house” 2nd-level instructors. Since 2013, this means we have seen over 1600 persons trained and a 2/3 cost reduction was achieved by the Partners since developing the “in-house” 2nd level training capacity.
- Since the amalgamation of the previous health regions at a provincial level, NITHA has continued to remain engaged in the areas of First Response, Pre-Hospital Care, and the Health Emergency Management Unit (SHA HEMU).
- Restructuring within the Province Of Saskatchewan Government Relations specific to the amalgamation of Wildfire Management and Emergency Management and Fire Safety has created disconnects as positions were eliminated and restructured. NITHA continues to ensure health stakeholders within emergency management are at planning tables and connected to Provincial stakeholders during emergency response.
- Purple Air Real Time Smoke Monitors were trialed in the Partnership and will be expanded to include 15 real time monitors throughout northern Saskatchewan in early 2021.



# Challenges

- An annual review of Emergency Response Plans is an industry standard. Critical to the success and implementation of this process is the dedicated manpower and funding at the first and second levels. We still need improvements in this area. Dedicated full-time positions in the area of Emergency Response and Preparedness remain the most significant challenge. Both first and second-level positions are needed. Short term proposal driven funding negatively impacts the Partner’s (as well as their communities). The Partnership will need to continue to advocate for first level ERC positions and funding.
- Ability to recruit and retain skilled emergency response personnel. In the area of emergency response and coordination, long term funding arrangements (minimum of five years) should be the standard.
- COVID-19 outbreaks, lockdowns and restrictions from certifying bodies have made face to face training very difficult and slow-moving. Virtual training should be supported by licensing and certifying bodies.

## Priorities for the upcoming year

- Continue to support the Partners through their respective ERCs in ensuring community response plans are taking an “All Hazard” approach and will ensure that the document is accessed for all community contingencies.
- Support and assist communities as they build sustainable First Responder initiatives through initiatives that bring the training “in house”.
- Explore and conduct virtual Professional Responder programs in 2021-22 to achieve higher training goals than were realised this fiscal year due to COVID-19 restrictions on face to face training.
- Continue to provide support in Pandemic and Communicable Disease Contingency Planning, providing the *NITHA Communicable Disease Plan* and the *NITHA Communicable Disease Planning Manual*.
- Continue to engage organizations as they are mobilized during large scale emergencies and ensure the Partner community voices concerns and they are heard and addressed. The NITHA ERC will ensure that the “North” is not made to fit in the “Southern” box in regards to emergency response but rather holds a place uniquely of its own.



# Nursing Program

In the Nursing Program, the Nursing Program Advisor (NPA) identifies leading practice trends and supports the Partnership in meeting their nursing needs. An important part of the NPA role is to provide clinical, educational and policy support covering contemporary nursing practices to foster a high standard of nursing across the Partnership.

- Provides advice, coordination, training resources, data support and management, planning and research and policy development in nursing to support the Partners.
- Support second level nursing supervisors in continuing competency for all nursing staff which is critical; this remains a priority.
- Assists in the development of policy, procedures and manuals to reflect established standards of nursing practice, and participates in committees with Provincial, Federal, First Nations and Saskatchewan Registered Nurse’s Association to remain current with new developments in nursing practice and advocating for First Nations.
- Prepares proposals, coordinates or facilitates the delivery of recommended education and training programs.
- Support clinical practice by ongoing reviews of scope of practice and the coordination of nursing orientation.

## Program Accomplishments

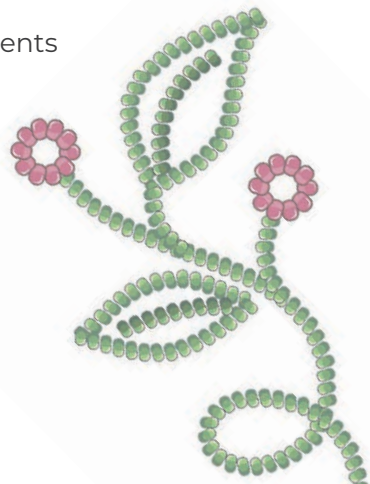
- In the past fiscal year, COVID-19 related activities took precedence over many of the usual activities in this role. The implementation of GeneXperts for Point of Care (POC) testing in 8 communities was made possible through the Partnership of NITHA and National Microbiology Lab, Public Health Agency of Canada and Saskatchewan Health Authority.
- Developed many documents in partnership with the Saskatchewan Health Authority (SHA) and Indigenous Services Canada (ISC) to guide the work related to the COVID-19 pandemic.

## Challenges

- The increased workload associated with COVID-19 has taken away time and focus from other areas, as well as the inability to host/attend meetings, teleconferences and workshops.
- First Responder to Sexual Assault and Abuse workshops remain postponed due to COVID-19.

## Priorities for the upcoming year

- Support Nurse Managers, nurses and communities through COVID-19
- Review and recommend endorsement of the Specialty Practice documents
- Organize quarterly Nurse Manager meetings
- Plan and provide NITHA HHA and CHN conference
- Develop and implement NITHA orientation for new nurses



# Nutrition Program

The Nutrition Program supports the second level dietitians/nutritionists to plan, implement and evaluate nutrition initiatives. The programs Nutritionist also supports the NITHA programs and staff with evidence based nutrition information.

## Program Accomplishments

- Supported the second level dietitians while they pivot during this challenging time of COVID-19 restrictions. For the first time the annual School Nutrition Mentoring Program workshop; an initiative of the Healthy Eating Team was presented virtually over a three-day period. The workshop was well attended and rated a success by many.
- The Nutrition and Active Living Working Group completed the Cooking Circle Manual at an opportune time. It was designed specifically for conducting cooking classes in small groups. They also completed the Dietitian Career brochure which was designed to outline the career path for becoming a dietitian. The brochure is meant to be distributed to high school students and at career fairs to encourage students to embark on this career path.
- Food insecurity has been an ongoing challenge for Partner communities in which the pandemic has amplified. Many people worked together to ensure that no one went hungry during lock downs. The Nutritionist joined the newly established Northern Saskatchewan Food Security Coalition to advocate for food security and food sovereignty for our northern communities. The Healthy Eating Team in which the Nutritionist is a member of, was supportive in the revision and printing of the Northern Saskatchewan Vegetable Gardening Manual.
- The Dietitians Working with First Nations members supported the development and distribution of a cookbook that uses a limited amount of ingredients in a cost-effective way. The cookbook is entitled “25 Ingredients and 50 Recipes” and will be distributed to communities throughout the year.
- The Nutritionist joined the sub-committee from the Northern Healthy Community Partnership- Healthy Eating Team entitled “Sugar Sweetened Beverages” to collaborate on the development of a campaign to promote the importance of reducing sugar sweetened beverages in the diets of preschool.
- The Nutritionist highlighted the importance of nutrition for people with addictions by providing information at the Transition Recovery Program Orientation on the important role of food and nutrition while withdrawing from opioids.

## Challenges

- The main challenge this year was adapting to the restrictions that the pandemic presented. The IT department was instrumental in providing the necessary guidance and equipment to allow for participating in virtual meetings and workshops.

## Priorities for the upcoming year

The priority for the upcoming year is to continue to be an active member of the Northern Saskatchewan Food Security Coalition and Sugar Sweetened Beverages sub-committee to collaborate in the development of initiatives to foster food security and wellness.

# eHealth

eHealth is the use of IT systems to support Healthcare such as the Internet, email, telehealth and electronic medical record systems. NITHA has three personnel who support eHealth systems: eHealth Advisor who performs general business analysis duties; Sr. Network Technologist who provides advanced IT support to the Partners; and the Helpdesk Technician who provides user support and computer training.

## Program Accomplishments

- For the first time, eHealth funding was classified as flexible funding; this will make it much easier to manage ongoing services and larger projects.
- Completed a business case for a National Indigenous IT Alliance Office. NITHA's role was mainly to flow funding and coordinate meetings with a consultant and a national steering committee.
- Significant work went into supporting COVID-19. NITHA facilitated access for community users to the COVID case and contact tracing app called "Go.Data". Later in the year, NITHA facilitated access to the COVID Quick Entry (CQE) system, which is a streamlined PANORAMA data entry form. NITHA procured COVID vaccine storage and shipping equipment for the depots sites at NITHA, MLTC, and LLRIB.



- NITHA developed an online testing tool to quicken the process of getting RNs certified to provide immunizations.
- Increased the CNet bandwidth at many health centers to improve the online experience for frontline workers with email, internet research, EMR, Telehealth and remote collaboration (ex. Zoom). The CNet rates dropped which created surplus that was used to renew the firewall licenses and purchase servers for a centralized high availability/disaster recovery solution for the Partners and communities.
- Received funding to replace all the old network switches throughout the Partnership communities.
- Coordinated Panorama training for many community users and supported MLTC with access to Panorama for the first time.
- Received funding to convert telehealth units from wall mounted stationary configurations to portable telehealth units on carts that would be more appropriate for client consultations.
- NITHA continues to support communities using the "Shared" Med Access EMR and have started an evaluation to determine if that EMR supports client care in a cross jurisdictional environment.
- Programmed 17 Aruba switches for PBCN, LLRIB, Stanley Mission and MLTC.
- Developed Aruba switch configuration template and shared with Partner IT personnel.

Computer Training - Partner Stats		
Community	Registered	Attended
Meadow Lake Tribal Council	48	7
LLRIB/Stanley Mission	51	31
Prince Albert Grand Council	39	10
Peter Ballantyne Cree Nation	0	0
Total - All Communities	138	48



## Challenges

- Deployment of the new IT and Telehealth equipment was halted due to the COVID-19 travel restrictions.
- Access to the highly secured information systems, Go.Data was initially a challenge for staff and required guidance to individuals.
- IT industry and technologies always evolve, which are hard to keep updated; outdated skills can reduce work efficiency and slow Partner IT supports.
- As some Partners are moving to the Microsoft Azure or other cloud technology platforms, training is needed for Partner IT personnel to allow for improved supports as well as solution design.

## Priorities for the upcoming year

- Development of policies regarding the use of social media and responding to requests for client information by external agencies (ex. law enforcement officers).
- Telehealth and IT Network upgrades.
- Perform an evaluation of the online Immunization Exam Tool.
- Implementation of a centralized High Availability/Disaser Recovery Plan (HA/DR) .
- EMR evaluation report.
- Support Partner communities to roll out new Aruba switches and WIFI 6 access points in the New Year.
- NITHA will implement NITHA / Partner data backup/disaster recovery project in the New Year.



# Tobacco Project

The Tobacco Project Coordinator (TPC) supported and worked collaboratively with Community Tobacco Coordinators at the second level in implementing the six essential elements of the Canada Tobacco Control Strategy (CTCS): Protection, Reduced access to tobacco products, Prevention, Education, Cessation, Data Collection and Evaluation. The Northern Saskatchewan Breathe Easy (NSBE) campaign continued with the overall goal of Northern Saskatchewan communities being free of commercial tobacco misuse, while being respectful of the traditional/sacred use of tobacco. The programs primary goal was education with a focus on targeting the younger population.

## Program Accomplishments

- Coordinated the development of K- Grade 3 modules into a series of curriculum-linked and classroom-ready unit and lesson plans about tobacco. Lesson plans, worksheets and other handouts/resources were finalized and are available on the NITHA website. The book “Justin and Sacred Tobacco” was printed and shared with the Partners.
- The NITHA Tobacco Program was chosen from the province to be evaluated by the Healthy Living Program of First Nations and Inuit Health Branch Indigenous Services Canada. The interview was granted by the TPC on behalf of the NSBE Team.
- Talk Tobacco’s Indigenous Quit Smoking and Vaping Support phone line was launched in Saskatchewan. The TPC provided a testimonial/brief quote and this will be posted on the Canada Cancer Society website.
- Used the social media platform to engage NITHA Partnership and share resources. To commemorate World No Tobacco Day, a contest was planned and implemented on NSBE social media pages.

## Challenges

- Due to COVID, the NSBE youth and maternal smoking rate surveillance was put on hold.
- There was a lack of funding needed to implement community-based activities.
- Difficult to get Community Health Directors and Prenatal Nurses on board with regards to Brief Intervention for Tobacco Cessation (BITC) training, especially if they are smokers.
- Implementing retailers training with managers of band owned stores have been challenging.
- Lack of capacity to expand smoking cessation training for frontline health staff.

### Recommendations:

- Exploring other means of collecting data during this pandemic era, and possibility of offering the BITC/ Retailers training online.
- Make training of retailers/staff and managers of band owned stores mandatory.



## Priorities for the upcoming year

- Recruit local youth ambassadors to revitalize and expand the audience of its social marketing campaign to increase traffic to our NSBE page.
- Create digital signage for each of the 33 communities displaying anti-tobacco messages.
- Plan a community workshop targeting the general community members.
- Train youth workers/ambassador that can support community members who want to quit; plan and implement North-wide youth workshop virtually.

# 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:

The Administration Unit consists of the Executive Director, Executive Assistant, Finance Manager, Human Resource Advisor, HR/ Finance Assistant, Communications Officer, 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



**NATASHA GILLERT**  
COMMUNICATIONS OFFICER



**FLORA ROSS**  
RECEPTIONIST/OFFICE ASSISTANT

The Administrative Unit:

- 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.

# Human Resources

The HR Advisor supports the NITHA Staff and 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; compensation/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, enhancing and retaining the best human capital is essential to business success.

## Program Accomplishments

During 2020-2021 fiscal year, HR concentrated on the following: recruitment of vacant positions, orientations of new employees, job description updates, researching health careers salaries and assisting NITHA Partners with their HR needs. Some highlights for the year include:

- HR conducted research on the COVID-19 implications to the workplace, to maintain the safety and the well-being of NITHA staff, which included staggered work schedules and implementation of safety protocols.
- Update the NITHA Personnel Management Regulations and Occupational Health and Safety policies to reflect the Mandatory amendments to the Canada Labour Code came into effect on January 01, 2021, affecting Workplace Harassment and Violence Prevention. The amendments were reviewed with the HR Working Group via Zoom and recommended for approval by the NITHA Executive Council.
- Continued supporting staff due to COVID-19 related stress. A self-care session was offered to the staff and more like sessions were recommended.
- Assisted in the completion of the NITHA compensation review and process.

### Staff Vacancies

- Over the past year, we seen some new additions to the NITHA Team. NITHA recruited a Communications Officer, added additional Epidemiologist Support, 2 term CD Nurses to support the CD Program in our COVID-19 Response as well as expanded our Administrative Support Team to ensure business continuity and provide additional relief.
- A total of 54 applicants applied for theses positions, which were filled during the 2020-2021 fiscal year:

Position Title	Date Filled
Communications Officer	June 2020
CDC Nurse - Term	October 2020
CDC Nurse - Term	January 2021
Epidemiologist - Term	February 2021
Program Admin. Assistant	March 2021

New additions  
to NITHA team







Position Title	Visitors	Applicants	Hires
Bamboohr	38	0	0
Facebook	101	0	0
Glass Door	1	2	0
Google	2	0	0
Indeed	26	18	0
Other	119	36	5
SaskJobs/ networking/ nointalk.ca	Unknown	36	5

Challenges

- HR Working Group was unable to meet 4 times due to COVID-19 with some Partners' staff working from home and conflicting schedules in the Partnership. For the coming year we hope to increase the utilization of doodle poll and video conferencing.
- Last year we seen a decline in the number of Career Fairs and Networking events as a majority of career fairs have been postponed or cancelled due to the pandemic and public health restrictions. Some career fair organizers are now meeting virtually commencing May 2021 so we will see a shift in how these events are being planned.

Priorities for the upcoming year

- To achieve and retain a full complement of staff to maintain business continuity.
- Presenting and suggesting changes recommended by the NITHA compensation review and beginning the Partnership compensation review.
- 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.
- Ensure mandatory staff training occurs as a result of the new Workplace Violence and Harassment Prevention changes to the Canada Labour Code.
- Promote awareness of NITHA and its Partnership services and employment opportunities.
- Participate in virtual career fairs as warranted.

Finance

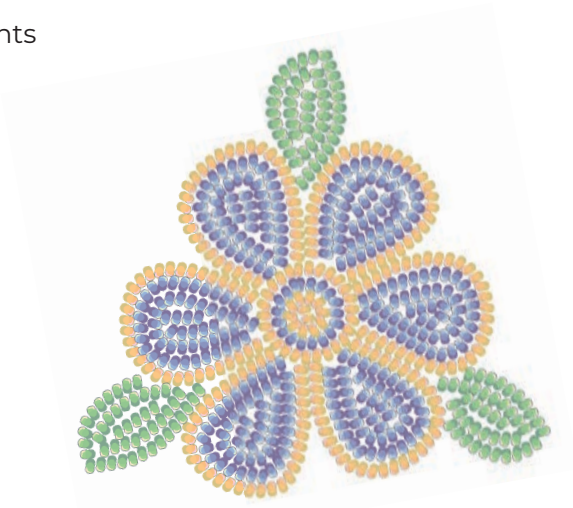
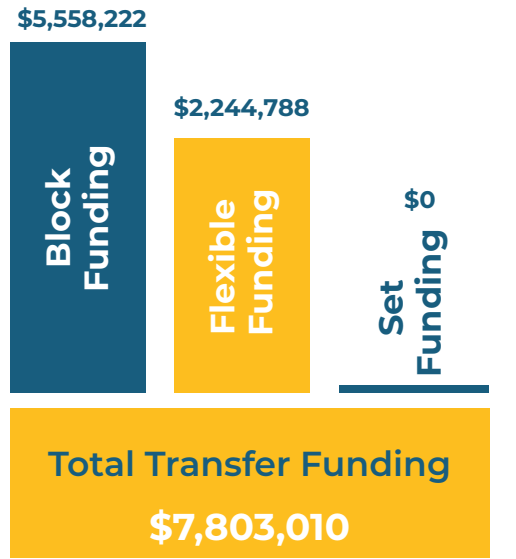
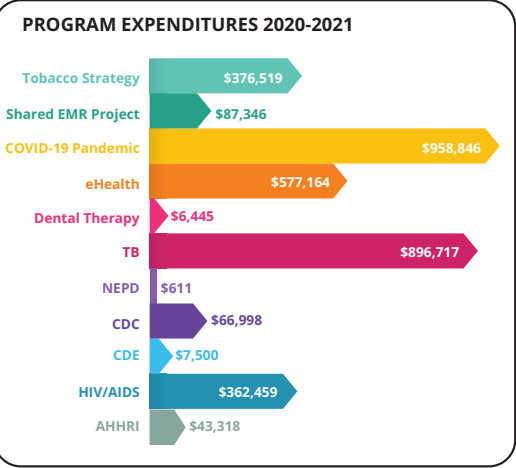
The Finance Manager preforms professional, advisory and confidential financial duties abiding by the Financial Management Policy and Procedures Manual. The Finance Manager prepares the annual program budgets, provides monthly and annual financial reports, and ensures financial management is consistent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

The Northern Inter-Tribal Health Authority operates under a consolidated agreement which contains block, set, and flexible funding. This particular agreement is to expire March 31, 2025. On a quarterly basis the budgeted vs. actual expenditures by program area are presented to the Board of Chiefs for approval.

NITHA Audited  
2020-2021 Financial Statements  
March 31, 2021

The 2020-2021 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



# Management's Responsibility

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 of Chiefs 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 23, 2021

  
Executive Director

  
Finance Manager

# Independent Auditor's Report



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, 2021, 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, 2021, 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.

ACCOUNTING > CONSULTING > TAX



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# Independent Auditor's Report

continued

## 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 23, 2021


*MNP LLP*  
Chartered Professional Accountants  
**MNP** LLP


## Northern Inter-Tribal Health Authority Inc.

### Statement of Financial Position As at March 31, 2021

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2021	2020
<b>Assets</b>						
<b>Current</b>						
Cash	1,004,076	4,340,497	173,406	-	5,517,979	4,202,928
Accounts receivable (Note 3)	46,154	-	-	-	46,154	53,062
Prepaid expenses	6,522	-	-	-	6,522	15,581
	1,056,752	4,340,497	173,406	-	5,570,655	4,271,571
<b>Capital assets (Note 4)</b>	-	-	-	351,861	351,861	366,274
	1,056,752	4,340,497	173,406	351,861	5,922,516	4,637,845
<b>Liabilities</b>						
<b>Current</b>						
Accounts payable (Note 5)	733,223	-	-	-	733,223	529,522
Deferred revenue (Note 7)	323,529	-	-	-	323,529	307,961
	1,056,752	-	-	-	1,056,752	837,483
<b>Contingencies (Note 16)</b>						
<b>Net Assets</b>						
Appropriated surplus (Note 8)	-	4,340,497	-	-	4,340,497	3,246,566
Surplus appropriated for scholarships (Note 9)	-	-	173,406	-	173,406	187,522
Invested in capital assets	-	-	-	351,861	351,861	366,274
	-	4,340,497	173,406	351,861	4,865,764	3,800,362
	1,056,752	4,340,497	173,406	351,861	5,922,516	4,637,845

Approved on behalf of the Board of Chiefs

 Board Member

 Board Member

Statement of Operations  
For the year ended March 31, 2021

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2021	2021	2020
<b>Revenue</b>						<i>Budget (Note 13)</i>	
First Nations and Inuit Health							
Grant revenue	7,803,010	-	-	-	7,803,010	6,897,262	6,898,416
Transfer (to) from deferred revenue	(78,335)	-	-	-	(78,335)	35,658	(172,264)
Canadian Partnership Against Cancer							
Grant revenue	148,345	-	-	-	148,345	231,000	226,000
Transfer (to) from deferred revenue	32,976	-	-	-	32,976	-	(101,906)
Funding recovered	-	-	-	-	-	92,082	-
Health Canada							
Set revenue	304,631	-	-	-	304,631	322,305	170,253
Transfer (to) from deferred revenue	29,791	-	-	-	29,791	-	(29,791)
Other revenue	-	-	-	-	-	1,000	-
Administration fees (Note 10)	163,072	-	-	-	163,072	-	191,165
Interest revenue	-	8,009	8,009	-	16,018	-	70,089
<b>Total revenue</b>	<b>8,403,490</b>	<b>8,009</b>	<b>8,009</b>	<b>-</b>	<b>8,419,508</b>	<b>7,579,307</b>	<b>7,251,962</b>
<b>Expenses</b>							
Salaries and benefits	4,426,174	-	-	-	4,426,174	4,496,179	3,234,602
Program expenses	1,722,143	-	-	-	1,722,143	2,140,734	2,374,181
Professional fees	241,808	-	-	-	241,808	259,189	121,140
Facility costs	232,830	-	-	-	232,830	244,947	230,290
Amortization	-	-	-	223,629	223,629	-	246,968
Administration fees (Note 10)	163,072	-	-	-	163,072	218,118	191,165
Appropriated surplus projects	-	97,262	22,125	-	119,387	-	92,816
Travel and vehicle	80,788	-	-	-	80,788	157,600	124,544
Telephone and supplies	61,596	-	-	-	61,596	71,565	68,453
Computer and equipment maintenance	46,715	-	-	-	46,715	50,200	43,938
Meetings and workshops	33,874	-	-	-	33,874	235,250	148,183
Bank charges and interest	2,090	-	-	-	2,090	2,000	2,048
<b>Total expenses</b>	<b>7,011,090</b>	<b>97,262</b>	<b>22,125</b>	<b>223,629</b>	<b>7,354,106</b>	<b>7,875,782</b>	<b>6,878,328</b>
<b>Excess (deficiency) of revenue over expenses before other items</b>	<b>1,392,400</b>	<b>(89,253)</b>	<b>(14,116)</b>	<b>(223,629)</b>	<b>1,065,402</b>	<b>(296,475)</b>	<b>373,634</b>

Continued on next page

Statement of Operations  
For the year ended March 31, 2021

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2021	2021	2020
<b>efficiency) of revenue over expenses er items (Continued from previous page)</b>	<b>1,392,400</b>	<b>(89,253)</b>	<b>(14,116)</b>	<b>(223,629)</b>	<b>1,065,402</b>	<b>(296,475)</b>	<b>373,634</b>
<b>IS</b>						<i>Budget</i>	
disposal of capital assets	-	-	-	-	-	-	995
from appropriated surplus	-	-	-	-	-	37,386	-
(to) from appropriated surplus	(163,072)	163,072	-	-	-	-	-
<b>efficiency) of revenue over expenses</b>	<b>1,229,328</b>	<b>73,819</b>	<b>(14,116)</b>	<b>(223,629)</b>	<b>1,065,402</b>	<b>(259,089)</b>	<b>374,629</b>



Northern Inter-Tribal Health Authority Inc.

Statement of Changes in Net Assets  
For the year ended March 31, 2021

	<i>Operating Fund</i>	<i>Appropriated Surplus</i>	<i>Surplus Appropriated for Scholarships</i>	<i>Capital Fund</i>	<b>2021</b>	<b>2020</b>
Net assets, beginning of year	-	3,246,566	187,522	366,274	3,800,362	3,425,733
Excess (deficiency) of revenue over expenses	1,229,328	73,819	(14,116)	(223,629)	1,065,402	374,629
Transfer to capital fund	(202,216)	(7,000)	-	209,216	-	-
Transfer to appropriated surplus	(1,027,112)	1,027,112	-	-	-	-
Net assets, end of year	-	4,340,497	173,406	351,861	4,865,764	3,800,362

Northern Inter-Tribal Health Authority Inc.

Statement of Cash Flows  
For the year ended March 31, 2021

	<i>Operating Fund</i>	<i>Appropriated Surplus</i>	<i>Surplus Appropriated for Scholarships</i>	<i>Capital Fund</i>	<b>2021</b>	<b>2020</b>
<b>Cash provided by (used for) the following activities</b>						
<b>Operating</b>						
Excess (deficiency) of revenue over expenses	1,229,328	73,819	(14,116)	(223,629)	1,065,402	374,629
Amortization	-	-	-	223,629	223,629	246,968
Gain on disposal of capital assets	-	-	-	-	-	(995)
	1,229,328	73,819	(14,116)	-	1,289,031	620,602
Changes in working capital accounts						
Accounts receivable	6,908	-	-	-	6,908	(30,077)
Prepaid expenses	9,061	-	-	-	9,061	28,485
Accounts payable and accruals	203,699	-	-	-	203,699	(19,612)
Deferred contributions	15,568	-	-	-	15,568	303,961
	1,464,564	73,819	(14,116)	-	1,524,267	903,359
<b>Capital activities</b>						
Purchases of capital assets	-	-	-	(209,216)	(209,216)	(73,565)
Proceeds from disposal of capital assets	-	-	-	-	-	995
	-	-	-	(209,216)	(209,216)	(72,570)
Increase (decrease) in cash resources	1,464,564	73,819	(14,116)	(209,216)	1,315,051	830,789
Cash resources, beginning of year	768,840	3,246,566	187,522	-	4,202,928	3,372,139
Interfund adjustments	(1,229,328)	1,020,112	-	209,216	-	-
Cash resources, end of year	1,004,076	4,340,497	173,406	-	5,517,979	4,202,928

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2021

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.

Impact on operations of COVID-19 (coronavirus)

In early March 2020 the impact of the global outbreak of COVID-19 (coronavirus) began to have 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.

NITHA's operations were impacted by COVID-19 due to the support of direct services to its member communities for incident response and contact tracing, supply purchases and distribution, training, etc. as well as operational impacts related to reduced travel, office closures, cancelled events, increased equipment and support costs for remote delivery, and increased staff costs for overtime and additional programming. The impact of COVID-19 has been offset by additional grant revenues from Indigenous Services Canada - First Nations and Inuit Health.

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, closures or disruptions, and quarantine/isolation measures that are currently, or may be put, in place to fight the virus. While the extent of the impact is unknown, we anticipate the outbreak may cause further disruptions in operations while providing opportunities for additional program funding and support to member communities.

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 2 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.

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2021

2. Significant accounting policies (Continued from previous page)

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

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.



# Northern Inter-Tribal Health Authority Inc.

## Notes to the Financial Statements For the year ended March 31, 2021

### 2. Significant accounting policies (Continued from previous page)

#### 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.

### 3. Accounts receivable

	2021	2020
Other receivables	34,313	36,407
Goods and Services Tax receivable	11,841	16,655
	<b>46,154</b>	53,062

### 4. Capital assets

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Automotive	284,112	181,769	102,343	159,166
Computers	1,348,063	1,226,997	121,066	132,108
Equipment	750,073	624,640	125,433	60,060
Leasehold improvements	180,586	177,567	3,019	2,940
Software	128,999	128,999	-	12,000
	<b>2,691,833</b>	<b>2,339,972</b>	<b>351,861</b>	366,274

# Northern Inter-Tribal Health Authority Inc.

## Notes to the Financial Statements For the year ended March 31, 2021

### 5. Accounts payable and accruals

	2021	2020
Payroll accruals	560,684	374,597
Trade payables and accruals	172,539	154,925
	<b>733,223</b>	529,522

### 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:

	2021	2020
Prince Albert Grand Council	127,416	225,025
Meadow Lake Tribal Council	192,103	272,756
Peter Ballantyne Cree Nation	281,080	470,152
Lac La Ronge Indian Band	191,010	326,394

At March 31, 2021, accounts receivable amounting to \$nil (2020 - \$nil) and accounts payable and accruals of \$400 (2020 - \$7,505) 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, 2021

#### 7. Deferred revenue

	2021	2020
<b>Canadian Partnership Against Cancer</b>		
Balance, beginning of year	105,906	4,000
Funding received	148,345	226,000
Funding recognized	(181,321)	(124,094)
Balance, end of year	72,930	105,906
<b>FNIH - Sexual Abuse Training</b>		
Balance, beginning of year	117,700	-
Funding received	-	117,700
Funding recognized	(117,700)	-
Balance, end of year	-	117,700
<b>FNIH - EMR Shared Project</b>		
Balance, beginning of year	33,137	-
Funding received	70,950	98,000
Funding recognized	(87,345)	(64,863)
Balance, end of year	16,742	33,137
<b>FNIH - Tobacco Control Strategy</b>		
Balance, beginning of year	21,427	-
Funding received	375,644	490,644
Funding recognized	(376,520)	(469,217)
Balance, end of year	20,551	21,427
<b>Health Canada - Substance Abuse Program</b>		
Balance, beginning of year	29,791	-
Funding received	304,631	170,253
Funding recognized	(334,422)	(140,462)
Balance, end of year	-	29,791
<b>National Indigenous IT Alliance</b>		
Funding received	85,000	-
Funding recognized	(55,000)	-
Balance, end of year	30,000	-
<b>FNIH - e-Health Infrastructure Solutions</b>		
Funding received	760,470	-
Funding recognized	(577,164)	-
Balance, end of year	183,306	-
	323,529	307,961

## Northern Inter-Tribal Health Authority Inc.

### Notes to the Financial Statements For the year ended March 31, 2021

#### 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:

	2021	2020
<b>Capacity development initiatives</b>		
Opening balance	490,057	489,142
Transfers from surplus	-	20,000
Inter project transfers	-	14,852
Expenses	-	(33,937)
Ending balance	490,057	490,057
<b>Human resources initiative</b>		
Opening balance	50,000	-
Transfers from surplus	150,000	50,000
Expenses	(4,200)	-
Ending balance	195,800	50,000
<b>Nursing initiative</b>		
Opening balance	19,232	19,982
Expenses	-	(750)
Ending balance	19,232	19,232
<b>Capital projects</b>		
Opening balance	207,395	183,760
Transfers to capital	(7,000)	(8,261)
Transfers from surplus	135,000	35,000
Expenses	(7,609)	(3,104)
Ending balance	327,786	207,395
<b>E-Health solutions</b>		
Opening balance	62,942	79,440
Inter project transfers	-	(14,852)
Expenses	(379)	(1,646)
Ending balance	62,563	62,942
<b>Special projects</b>		
Opening balance	310,857	331,236
Transfers from surplus	283,818	-
Expenses	-	(20,379)
Ending balance	594,675	310,857
<b>Strategic planning, long term planning and future deficits</b>		
Opening balance	2,106,083	1,606,018
Interest revenue	8,009	35,045
Transfers from operations	163,072	191,165
Expenses	(85,074)	(9,000)
Transfers from surplus	458,294	282,855
Ending balance	2,650,384	2,106,083
	4,340,497	3,246,566



Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2021

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.

<u>Beginning Balance</u>	<u>Interest</u>	<u>Expenses</u>	<u>Transfers</u>	<u>Ending Balance</u>
187,522	8,009	22,125	-	173,406

10. Administration fees

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

	2021	2020
Communicable Disease Emergencies - Schedule 5	680	1,228
Communicable Disease Control - Schedule 6	-	7,404
Nursing Education - Schedule 7	-	649
TB Initiative - Schedule 9	62,886	65,283
TB Worker Program - Schedule 9	18,598	38,223
Aboriginal Human Resources - Schedule 10	3,938	2,115
Special Workshop and Conferences - Schedule 11	-	11,843
Canadian Partnership Against Cancer - Schedule 14	11,803	11,281
Shared EMR Project - Schedule 15	7,941	5,897
E-Health Solutions - Schedule 16	52,226	38,522
Tobacco Control Strategy - Schedule 17	-	8,720
National Indigenous IT Alliance - Schedule 18	5,000	-
	163,072	191,165

11. Commitments

i) NITHA occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with an annual commitment of \$147,870 expiring March 31, 2025.

ii) In 2021, NITHA has committed to pay an annual fee of \$18,000 for an Environmental Health Organization Data 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 \$243,765 in 2021 (2020 - \$189,070).

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2021

13. Budget information

On April 6, 2020 the Board approved its operating budget based on planned expenses relating to the current year funding. Included in the operating budget was \$28,900 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, 2021, two accounts accounted for 87% (March 31, 2020 – two accounts for 82%) 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, 2021, 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 during the year 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.

Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers For the year ended March 31, 2021

Programs	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)	2021	2020
Funding	2	1,344,352	-	163,072	-	1,507,424	1,215,404	-	(163,072)	128,948	(66,522)	(54,695)
	3	1,230,922	-	-	-	1,230,922	1,297,444	-	-	54,993	54,993	54,993
	4	827,255	-	-	117,700	944,955	745,387	-	-	199,568	199,568	41,395
	5	7,500	-	-	-	7,500	7,500	-	-	-	-	-
	6	78,000	-	-	-	78,000	31,889	(35,109)	-	11,002	11,002	-
	7	15,000	-	-	-	15,000	611	-	-	14,389	14,389	7,861
	8	404,000	-	-	-	404,000	362,459	-	-	41,541	41,541	26,164
	9	1,470,178	-	-	-	1,470,178	896,717	-	-	573,461	573,461	262,684
	10	209,436	-	-	-	209,436	43,318	-	-	166,118	166,118	16,734
	11	-	-	-	-	-	407	-	-	(407)	(407)	39,723
		5,586,643	-	163,072	117,700	5,867,415	4,601,136	(35,109)	(163,072)	1,068,098	1,068,098	394,859
Funding	12	-	304,631	-	-	304,631	319,702	(14,720)	-	-	-	-
	13	-	-	-	-	-	6,445	-	-	(6,445)	(6,445)	(7,997)
	14	-	148,345	-	32,976	181,321	181,321	-	-	-	-	-
		-	452,976	-	62,767	515,743	507,468	(14,720)	-	(6,445)	(6,445)	(7,997)
Funding	15	70,950	-	-	16,396	87,346	87,346	-	-	-	-	-
	16	760,470	-	-	(183,306)	577,164	424,777	(152,387)	-	-	-	-
	17	375,644	-	-	875	376,519	376,519	-	-	-	-	-
	18	85,000	-	-	(30,000)	55,000	55,000	-	-	-	-	-
	19	924,303	-	-	-	924,303	958,846	-	-	(34,543)	(34,543)	-
		2,216,367	-	-	(196,035)	2,020,332	1,902,488	(152,387)	-	(34,543)	(34,543)	-
		7,803,010	452,976	163,072	(15,568)	8,403,490	7,011,090	(202,216)	(163,072)	1,027,112	1,027,112	386,862

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Administration Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
Revenue			
First Nations and Inuit Health Administration fees (Note 10)	1,344,352	1,305,196	1,305,196
	163,072	-	191,165
	1,507,424	1,305,196	1,496,361
Expenses			
Salaries and benefits	816,769	946,320	826,435
Facility costs	224,793	234,847	220,734
Telephone and supplies	56,830	65,840	62,002
Professional fees	41,740	65,000	71,384
Computer and equipment maintenance	33,105	37,700	33,353
Meetings and workshops	28,679	126,900	108,703
Travel and vehicle	11,398	34,000	35,232
Bank charges and interest	2,090	2,000	2,048
	1,215,404	1,512,607	1,359,891
Excess (deficiency) of revenue over expenses before other items affecting funds	292,020	(207,411)	136,470
Other items affecting program funds			
Transfer to appropriated surplus	(163,072)	-	(191,165)

Schedule 3 - Schedule of Public Health Unit Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
Revenue			
First Nations and Inuit Health	1,230,922	1,114,765	1,258,211
Other revenue	-	1,000	-
	1,230,922	1,115,765	1,258,211
Expenses			
Salaries and benefits	1,203,315	1,141,287	1,032,458
Program expenses			
Special projects	57,097	55,000	64,533
Program delivery	13,825	16,500	11,868
Environmental cleaning workshop	10,000	10,000	3,172
Supplies	2,402	6,700	2,198
Training	-	-	58,295
Travel and vehicle	6,433	35,250	28,078
Meetings and workshops	4,372	4,500	2,616
	1,297,444	1,269,237	1,203,218
Excess (deficiency) of revenue over expenses	(66,522)	(153,472)	54,993



Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses  
For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	827,255	744,530	856,722
Transfer (to) from deferred revenue	117,700	-	(117,700)
	944,955	744,530	739,022
<b>Expenses</b>			
Salaries and benefits	626,044	646,966	580,906
Program expenses			
Training	71,754	75,150	77,250
Special projects	25,603	-	15,999
Program materials	2,528	2,800	2,124
Supplies	2,096	2,500	916
Professional fees	12,000	12,000	12,000
Travel and vehicle	5,162	14,000	6,456
Meetings and workshops	200	14,000	1,976
	745,387	767,416	697,627
<b>Excess (deficiency) of revenue over expenses</b>	199,568	(22,886)	41,395

Schedule 5 - Schedule of Communicable Disease Emergencies  
Revenue and Expenses  
For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	7,500	7,500	14,400
<b>Expenses</b>			
Program expenses			
Training	6,820	6,750	6,512
Mask fit testing	-	-	5,211
Administration fees (Note 10)	680	750	1,227
Salaries and benefits	-	-	1,450
	7,500	7,500	14,400
<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, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	78,000	60,000	86,159
<b>Expenses</b>			
Computer and equipment maintenance	13,611	12,500	10,584
Program expenses			
Program delivery	13,160	11,600	12,291
Program materials	5,118	7,000	11,382
Administration fees (Note 10)	-	-	7,404
Salaries and benefits	-	-	35,500
	31,889	31,100	77,161
<b>Excess of revenue over expenses before capital transfers</b>	46,111	28,900	8,998
<b>Other items affecting program funds</b>			
Investment in capital asset	(35,109)	(28,900)	(8,998)
<b>Excess of revenue over expenses after capital transfers</b>	11,002	-	-

Schedule 7 - Schedule of Nursing Education Revenue and Expenses  
For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	15,000	15,000	15,000
<b>Expenses</b>			
Salaries and benefits	611	12,600	6,490
Administration fees (Note 10)	-	1,500	649
Program expenses			
Supplies	-	900	-
	611	15,000	7,139
<b>Excess of revenue over expenses</b>	14,389	-	7,861

## Northern Inter-Tribal Health Authority Inc.

### Schedule 8 - Schedule of HIV Strategy Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	404,000	400,000	710,400
<b>Expenses</b>			
Salaries and benefits	223,996	214,180	87,425
Program expenses			
Program contributions	134,000	134,000	495,985
Program delivery	2,007	10,000	8,469
Incentives	1,250	12,500	8,388
Program materials	1,106	22,500	10,342
Other program services	-	7,500	732
Supplies	-	-	69,993
Training	-	30,706	827
Meetings and workshops	100	1,500	988
Travel and vehicle	-	4,500	1,087
	362,459	437,386	684,236
<b>Excess (deficiency) of revenue over expenses before transfers</b>	41,541	(37,386)	26,164
<b>Other items affecting program funds</b>			
Transfer from appropriated surplus	-	37,386	-
<b>Excess of revenue over expenses after transfers</b>	41,541	-	26,164

### Schedule 9 - Schedule of TB Initiative and Worker Program Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	1,470,178	1,455,178	1,399,690
<b>Expenses</b>			
Salaries and benefits	532,323	580,548	558,454
Program expenses			
Other program services	179,969	441,604	372,785
Special projects	40,631	157,500	21,178
Incentives	5,128	9,000	8,378
Program delivery	887	3,000	1,069
Supplies	-	2,000	-
Training	-	-	14,487
Administration fees (Note 10)	81,484	145,514	103,506
Travel and vehicle	49,535	48,000	47,821
Telephone and supplies	4,766	5,725	6,451
Facility costs	1,592	2,000	1,559
Meetings and workshops	402	5,000	1,318
	896,717	1,399,891	1,137,006
<b>Excess of revenue over expenses</b>	573,461	55,287	262,684

## Northern Inter-Tribal Health Authority Inc.

### Schedule 10 - Schedule of Aboriginal Human Resource Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	209,436	-	40,000
<b>Expenses</b>			
Program expenses			
Training	39,380	-	21,151
Administration fees (Note 10)	3,938	-	2,115
	43,318	-	23,266
<b>Excess of revenue over expenses</b>	166,118	-	16,734

### Schedule 11 - Schedule of Special Workshop and Conferences Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	-	-	170,000
<b>Expenses</b>			
Administration fees (Note 10)	-	-	11,843
Program expenses			
Training	407	-	118,434
	407	-	130,277
<b>Excess (deficiency) of revenue over expenses</b>	(407)	-	39,723



## Northern Inter-Tribal Health Authority Inc.

### Schedule 12 - Schedule of Substance Use & Addictions Program Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
Health Canada			
Set revenue	304,631	322,305	170,253
Transfer (to) from deferred revenue	29,791	-	(29,791)
	334,422	322,305	140,462
<b>Expenses</b>			
Program expenses			
Program contributions	302,505	302,505	138,649
Supplies	8,955	1,500	1,263
Travel and vehicle	8,222	15,350	550
Meetings and workshops	20	450	-
Professional fees	-	2,500	-
	319,702	322,305	140,462
<b>Excess of revenue over expenses before capital transfers</b>	14,720	-	-
<b>Other items affecting program funds</b>			
Investment in capital asset	(14,720)	-	-
<b>Excess of revenue over expenses after capital transfers</b>	-	-	-

### Schedule 13 - Schedule of Dental Therapy Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>	-	-	-
<b>Expenses</b>			
Facility costs	6,445	8,100	7,997
<b>Deficiency of revenue over expenses</b>	(6,445)	(8,100)	(7,997)

## Northern Inter-Tribal Health Authority Inc.

### Schedule 14 - Schedule of Canadian Partnership Against Cancer Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
Canadian Partnership Against Cancer			
Grant revenue	148,345	231,000	226,000
Transfer (to) from deferred revenue	32,976	92,082	(101,906)
	181,321	323,082	124,094
<b>Expenses</b>			
Professional fees	94,380	80,000	15,340
Salaries and benefits	70,898	70,005	61,718
Administration fees (Note 10)	11,803	23,100	11,281
Program expenses			
Program materials	3,775	15,000	1,383
Training	365	1,484	-
Meetings and workshops	100	53,000	32,127
Travel and vehicle	-	3,000	2,245
	181,321	245,589	124,094
<b>Excess of revenue over expenses</b>	-	77,493	-

### Schedule 15 - Schedule of Shared EMR Project Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	70,950	-	98,000
Transfer (to) from deferred revenue	16,396	35,658	(33,138)
	87,346	35,658	64,862
<b>Expenses</b>			
Professional fees	43,688	22,416	22,416
Program expenses			
Supplies	35,717	11,000	7,953
Administration fees (Note 10)	7,941	2,242	5,897
Travel and vehicle	-	-	2,965
Meetings and workshops	-	-	420
	87,346	35,658	39,651
<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 16 - Schedule of E-Health Solutions Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health Grant revenue	760,470	410,146	453,994
Transfer (to) from deferred revenue	(183,306)	-	-
	577,164	410,146	453,994
<b>Expenses</b>			
Program expenses			
Telecommunications	267,704	372,860	380,503
Program delivery	104,847	-	3,876
Administration fees (Note 10)	52,226	37,286	38,522
	424,777	410,146	422,901
<b>Excess of revenue over expenses before capital transfers</b>	152,387	-	31,093
<b>Other items affecting program funds</b>			
Investment in capital asset	(152,387)	-	(31,093)
<b>Excess of revenue over expenses after capital transfers</b>	-	-	-

### Schedule 17 - Schedule of Tobacco Control Strategy Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health Grant revenue	375,644	375,644	490,644
Transfer (to) from deferred revenue	875	-	(21,427)
	376,519	375,644	469,217
<b>Expenses</b>			
Program expenses			
Program contributions	322,226	322,226	322,226
Training	-	-	87,196
Program materials	6,736	6,958	7,163
Salaries and benefits	47,557	43,960	43,767
Administration fees (Note 10)	-	-	8,720
Travel and vehicle	-	1,500	110
Meetings and workshops	-	1,000	35
	376,519	375,644	469,217
<b>Excess of revenue over expenses</b>	-	-	-

## Northern Inter-Tribal Health Authority Inc.

### Schedule 18 - Schedule of National Indigenous IT Alliance Revenue and Expenses For the year ended March 31, 2021

	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health Grant revenue	85,000	85,000	-
Transfer (to) from deferred revenue	(30,000)	-	-
	55,000	85,000	-
<b>Expenses</b>			
Professional fees	50,000	77,273	-
Administration fees (Note 10)	5,000	7,727	-
	55,000	85,000	-
<b>Excess of revenue over expenses</b>	-	-	-

### Schedule 19 - Schedule of COVID Pandemic Funding Revenue and Expenses For the year ended March 31, 2021


	2021	2021 Budget (Note 13)	2020
<b>Revenue</b>			
First Nations and Inuit Health	924,303	924,303	-
<b>Expenses</b>			
Salaries and benefits	904,662	840,313	-
Program expenses			
Program materials	20,221	10,000	-
Program delivery	19,848	34,990	-
Supplies	11,001	32,000	-
Training	3,075	5,000	-
Travel and vehicle	39	2,000	-
	958,846	924,303	-
<b>Deficiency of revenue over expenses</b>	(34,543)	-	-





## Northern Inter-Tribal Health Authority

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