



**NORTHERN  
INTER-TRIBAL  
HEALTH AUTHORITY**



# **ANNUAL REPORT** **2021/2022**

*Keeping our Focus*

ULTIMATELY, THE  
GREATEST LESSON  
THAT COVID-19 CAN  
TEACH HUMANITY IS  
THAT WE ARE ALL IN  
THIS TOGETHER.

(Kiran Mazumdar-Shaw)

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NORTHERN  
INTER-TRIBAL  
HEALTH AUTHORITY

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# MESSAGE FROM THE CHAIR



As Chair of the Northern Inter-Tribal Health Authority Inc. Board of Chiefs, I am honored to present this year’s Annual Report from April 1, 2021, to March 31, 2022. Joining me for the abovementioned period were the following: Grand Chief Brian Hardlotte, Prince Albert Grand Council (PAGC); Chief Tammy Cook-Searson, Lac La Ronge Indian Band (LLRIB); Chief Karen Bird, Peter Ballantyne Cree Nation PBCN. Alternate members were Vice-Chief Chris Jobb, PAGC and Councillor Mike Bird, LLRIB.

Serving as Chairperson of the Board of Chiefs has allowed me to work even closer with the NITHA management team. In doing so, I’ve gained a deeper understanding of how NITHA supports the Partnership. The theme of this year’s annual report, “Keeping Our focus,” is very relevant to the work accomplished. NITHA continued to support the Partners in their COVID-19 response efforts and, while doing so, also was able to ensure programs, services, and training continued safely and effectively. Delivery of programs and services occurred virtually instead of face-to-face.

Undoubtedly, the pandemic increased workloads and caused us all to modify how we do business and how we go about our daily lives. While supporting the pandemic is an essential part of the support NITHA provides, the organization was also able to maintain focus on driving the vision to help empower community members to be responsible for their health.

I look forward to the coming year as I continue to work closely with the Leadership and the Management of NITHA as I have been nominated Chairperson for the coming year.

Chief Jonathan Sylvestre  
Chief of Meadow Lake Tribal Council  
NITHA Board Chairperson

# MESSAGE FROM THE EXECUTIVE DIRECTOR



As Executive Director for the Northern Inter-Tribal Health Authority Inc., I am pleased to report on the organization’s activities for the 2021-2022 Fiscal Year. I will begin by acknowledging our Board of Chiefs Chairperson, Chief Jonathan Sylvestre from the Meadow Lake Tribal Council community of Birch Narrows Dene Nation, who led our board meetings for this reporting period. The guidance and support through the second year of the pandemic was greatly appreciated. Many thanks to the Board of Chiefs and Executive Council members for their time and dedication to NITHA. Through this commitment, we were able to ensure our business continuity throughout the pandemic. In addition, I commend the Community Health Directors, Nurse Managers, front line Health Care workers and, of course, our NITHA Staff for all their efforts over the past year.

As with the prior year, the pandemic halted our planned activities, which resulted in much of our work focused on supporting our Partners in their response to COVID-19. Operating under the NITHA Pandemic Plan, our Emergency Operations Centre (EOC) remained active, and our internal COVID-19 Planning and Preparedness Committee worked collaboratively in response to this public health threat. Staff across the organization were utilized and trained in different areas to support internal surge capacity requirements. This approach ensured the deployment of staff to key areas when and as needed. In addition, extra staff were employed short-term to support the Public Health team.

Public health measures and COVID-19 safety protocols continued in the NITHA office. Staff travel slowly resumed on a case-by-case basis as it was restricted the year prior due to the pandemic. We continued to implement a hybrid workplace model with our staff working a mix of working at home and in the office to ensure that physical distancing measures were adhered to. We also continued to enforce Mandatory indoor masking within the office. NITHA was once again successful in securing additional funds that would support our efforts in our COVID-19 response.

Throughout the year, NITHA continued to host bi-weekly Emergency Response Working Group Meetings. These meetings included representatives from across the Partnership and those NITHA staff members on the Internal NITHA COVID-19 Planning Committee. These meetings effectively allowed the Partners to receive the most up-to-date information on COVID-19 and a forum for networking and sharing successes and challenges as we continued to learn and work together to combat COVID-19. We also continued co-hosting, with Indigenous Services Canada, bi-weekly Health System Partners Joint MHO vaccine updates. Towards the end of the reporting year, we began the transitioning to “living with COVID-19”.

With the ever-growing number of staff, our physical office space undertook some much-needed changes. Cubicle systems were installed ensure more efficient use of the office area while also making certain the element of physical distancing between employees. These changes were made with the health and safety of staff at the forefront.

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 also plan to continue working on the Dental Therapy Training program with the University of Saskatchewan, Saskatchewan Polytechnic and Northlands Colleges towards the September 2023 program start date. NITHA will also work to complete the Traditional Medicine project and continue our work in developing a Model of Care in the area of Mental Health. We also plan to focus on our TB outbreak response and increasing awareness of sexual health. Lastly, we will begin the accreditation process for the organization.

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”.



## Company overview VISION AND MISSION STATEMENT



### OUR VISION

Partner communities will achieve improved quality health and wellbeing, 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.



### 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.



## 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.





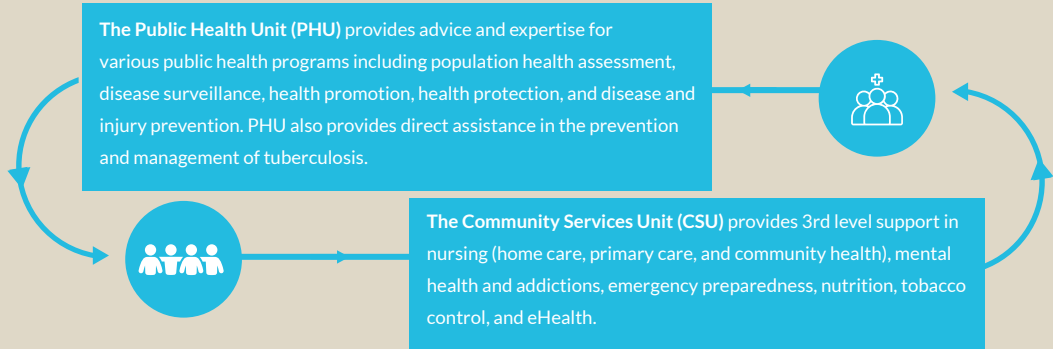
## FOUR ELEMENTS

NITHA supports the Partners collaboratively through the Four Elements with a focus on First Nations culturally appropriate service delivery.

- 1. MODELS OF CARE DEVELOP LEADING PRACTICES**
  - a) Develop, review and maintain Policies, Procedures and Protocols ensuring compliance with current legislation
  - b) Develop partnership proposals for funding as directed
  - c) Provide expertise
  - d) Provide literature reviews of leading practices and models for service delivery
  - e) Develop resources that align with partner needs
- 2. SURVEILLANCE, EVALUATION AND RESEARCH**
  - a) Identify a data collection framework for the Partnership
  - b) Ensure partner health information is protected
  - c) Interpret, analyze and provide reports quarterly, annually and on demand in a timely manner
  - d) Conduct research based on partner requirements
  - e) Interpret, analyze and provide summary of selected research and make recommendations on behalf of the Partnership
- 3. ENGAGING AND INFORMING PARTNERS**
  - a) The partners are engaged in overall strategy direction
  - b) Keep abreast and inform the partners of changing trends, outbreaks and legislation in a timely manner
  - c) Ensure the information is useful, relevant, summarized and communicated
  - d) Ensure communication meets partners' needs
- 4. CAPACITY BUILDING**
  - a) Identify training needs and implement train the trainer initiatives for the partnership including mentoring and preceptoring trainers (Development of Second Level staff)
  - b) Support the partnership on their identified data collection systems
  - c) Support the partners in the development and implementation of programs and strategies
  - d) Collaborate with post-secondary institutions for the development and implementation of training programs
  - e) Develop, implement and evaluate training programs for allied health care paraprofessionals

# 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.*



“Unified Nations for a Healthier Tomorrow.”

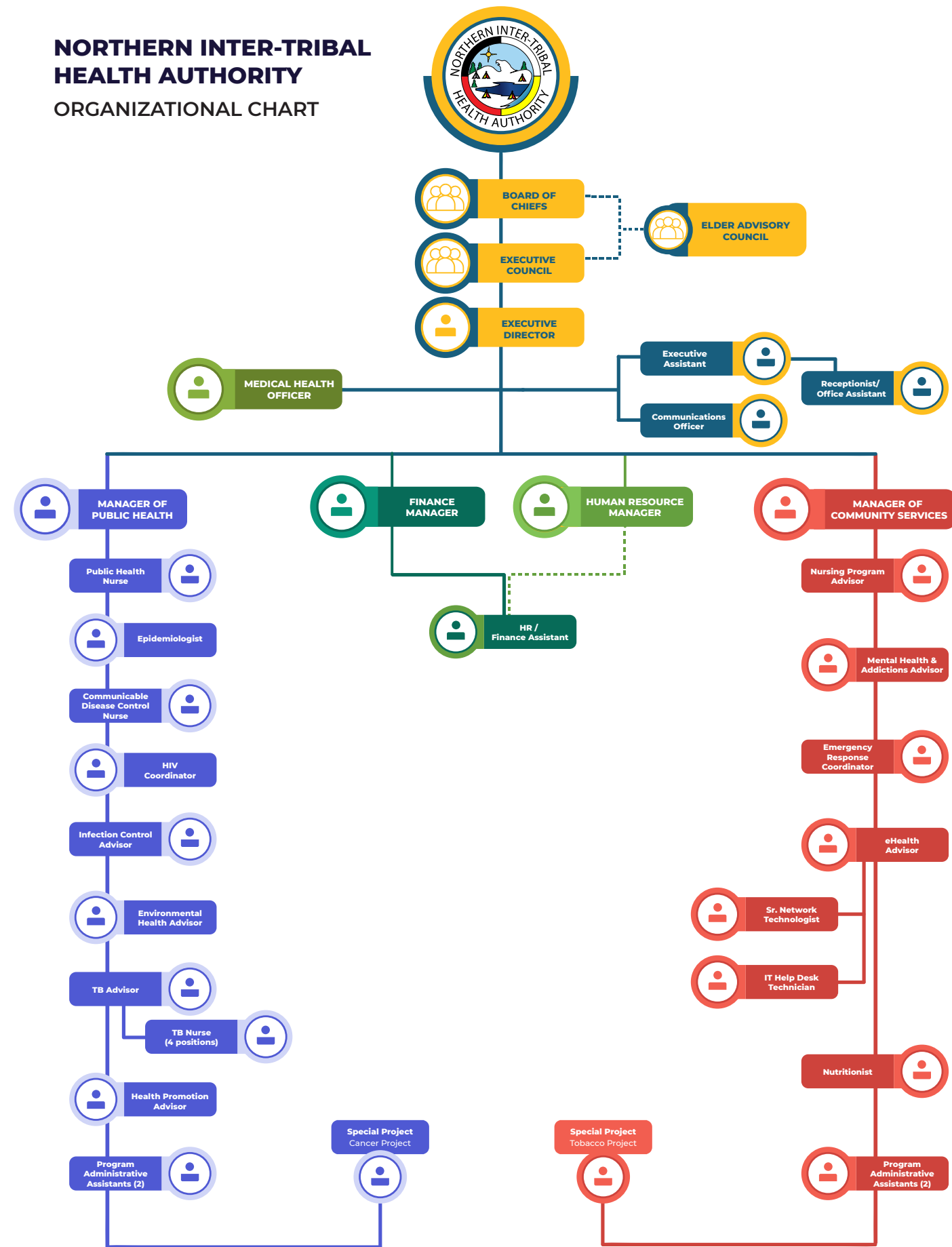
## PUBLIC HEALTH

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

## COMMUNITY SERVICES

- Capacity Development
- Mental Health & Addictions
- Emergency Response Planning
- Human Resource
- eHealth Planning and Design
- IT Helpdesk
- Health Informatics
- Privacy Education
- Information Technology Support
- Nutrition
- Nursing Support, Community Health, Homecare, Primary Care
- Current Special Projects: Federal Tobacco Control Strategy - Tobacco Project

NORTHERN INTER-TRIBAL  
HEALTH AUTHORITY  
ORGANIZATIONAL CHART



NITHA  
PARTNERSHIP

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

MEADOW LAKE TRIBAL COUNCIL

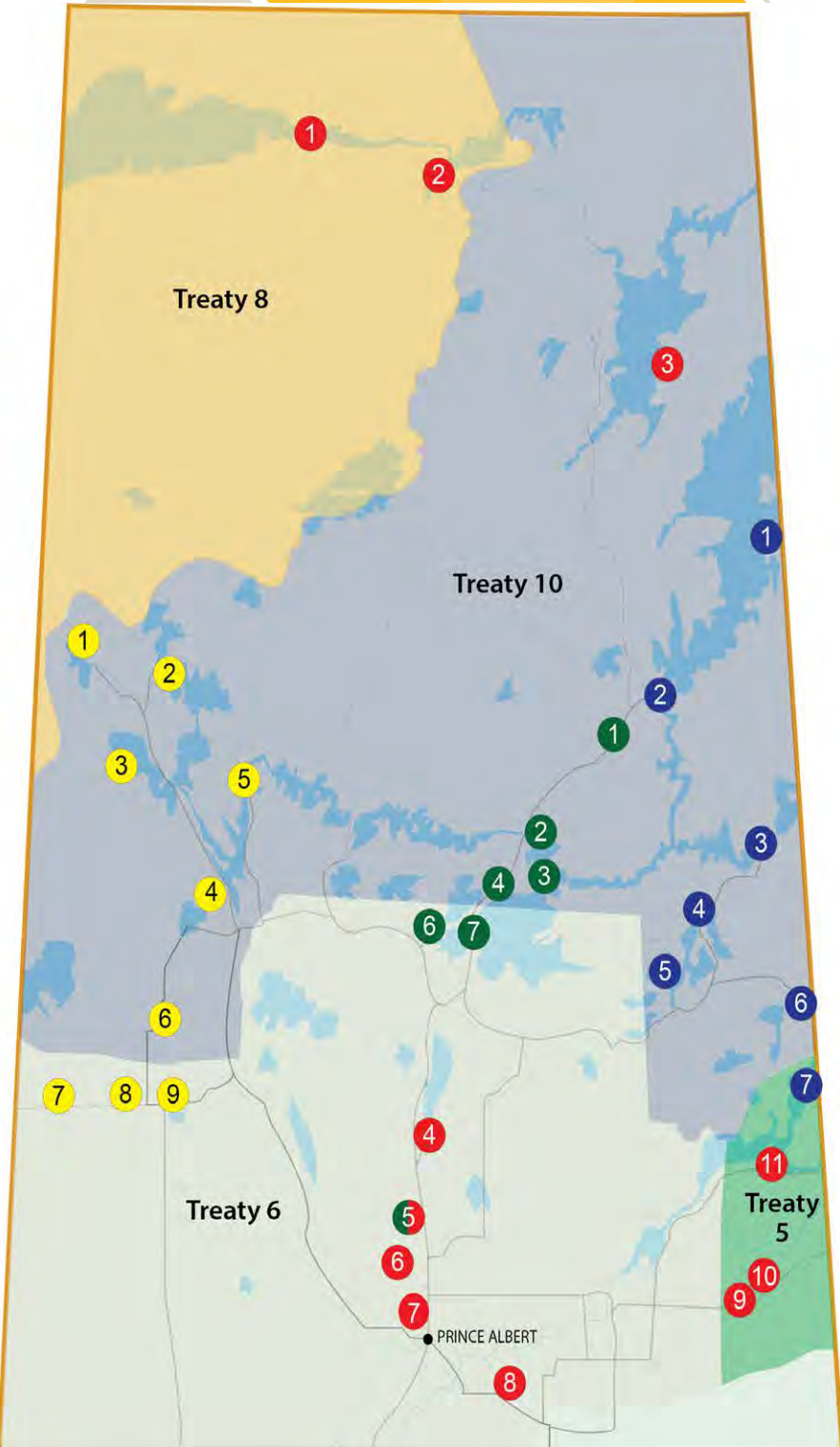
- 1. Clearwater River Dene Nation
- 2. Birch Narrows Dene Nation
- 3. Buffalo River Dene Nation
- 4. Canoe Lake Cree Nation
- 5. English River First Nation
- 6. Waterhen First Nation
- 7. Ministikwan Lake Cree Nation
- 8. Makwa Sahgaiehcan First Nation
- 9. Flying Dust First Nation

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

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





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PRINCE ALBERT GRAND COUNCIL

The Prince Albert Grand Council (PAGC) is a tribal council representing twelve First Nation band governments with a membership of more than 30,000 in central and northern Saskatchewan.

They include: Wahpeton Dakota Nation, Sturgeon Lake First Nation, James Smith Cree Nation, Montreal Lake Cree Nation, Lac La Ronge Indian Band, Peter Ballantyne Cree Nation, Cumberland House Cree Nation Shoal Lake Cree Nation, Red Earth Cree Nation, Hatchet Lake Dene Nation, Black Lake Denesuline First Nation, and Fond du Lac Dene Nation.

[www.pagc.sk.ca/](http://www.pagc.sk.ca/)



MEADOW LAKE TRIBAL COUNCIL

The Meadow Lake Tribal Council (MLTC) works as an advocate for the nine First Nations to reach their full potential by delivering programs and services.

The nine First Nations that currently form MLTC include: Birch Narrows Dene Nation, Buffalo River Dene Nation, Canoe Lake Cree Nation, Clearwater River Dene Nation, English River First Nation, Flying Dust First Nation, Makwa Sahgaiehcan First Nation, Ministikwan Lake Cree Nation, and Waterhen Lake First Nation. The first languages are Cree and Dene.

[www.mlhc.net/](http://www.mlhc.net/)



PETER BALLANTYNE CREE NATION

Peter Ballantyne Cree Nation (PBCN) has occupied lands in Northeast Saskatchewan since time immemorial. The Peter Ballantyne Cree Nation are called Assin'skowitiniwak which means "people of the rocky area". The Peter Ballantyne Cree Nation consists of 8 communities, including Denare Beach, Deschaumbault Lake, Kinoosao, Pelican Narrows, Prince Albert, Sandy Bay, Southend, and Sturgeon Landing and is spread over 51,000 square kilometers.

[www.pbcnhealthservices.org/](http://www.pbcnhealthservices.org/)



LAC LA RONGE INDIAN BAND

The Lac La Ronge Indian Band (LLRIB) is the largest First Nation in Saskatchewan, and one of the 10 largest in Canada with nearly 12,000 members. LLRIB consists of Reserve lands extend from rich farmlands in central Saskatchewan, all the way north through the boreal forest to the mighty Churchill River and beyond. LLRIB is a multi-reserve band that includes six communities: Little Red River, Morin Lake (Hall Lake), La Ronge, Sucker River, Stanley Mission, and Grandmother's Bay.

[www.llrib.com/](http://www.llrib.com/)

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 HARDLLOTTE

Prince Albert Grand Council



CHIEF  
JONATHON SYLVESTRE

Meadow Lake Tribal Council



CHIEF  
KAREN BIRD

Peter Ballantyne Cree Nation



CHIEF  
TAMMY COOK-SEARSON

Lac La Ronge Indian Band

ALTERNATES



VICE CHIEF  
CHRISTOPHER JOBB

Prince Albert Grand Council



COUNCILLOR  
MIKE BIRD

Lac La Ronge Indian Band

VACANT - Meadow Lake Tribal Council  
VACANT - Peter Ballantyne Cree Nation

# 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



**MARCIA MIRASTY**  
Meadow Lake Tribal Council



**ARNETTE WEBER-BEEDS**  
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.*



**ELDER MIKE DANIELS**  
Prince Albert Grand Council



**ELDER ROSE DANIELS**  
Prince Albert Grand Council

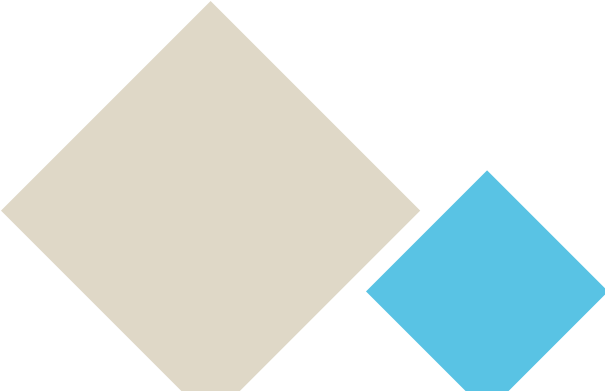


**ELDER EMILE HIGHWAY**  
Peter Ballantyne Cree Nation

Due to the COVID-19 Pandemic, the protection of our Elder's health and safety is of utmost importance, NITHA limited engagement to the above Elders to provide support during the 2021/2022 year.

## REMEMBERING ELDER GERTRUDE "GERTIE" MONTGRAND JUNE 25, 1935 - APRIL 13, 2022

NITHA would like to take this opportunity to pay tribute to the Late Gertie Montgrand. Elder Gertie has been an Elder with NITHA since 2007 and was involved in providing guidance to our various working groups with the organization. Her kindness, friendship and the many stories she shared with staff, including her skydiving adventure, will fondly be remembered. Elder Gertie's presence at NITHA will truly be missed.





# Health Careers SCHOLARSHIP FUND



*“It is well to be up before daybreak, for such habits contribute to health, wealth, and wisdom.”*

---Aristotle

## 2021/2022 SCHOLARSHIP RECIPIENTS

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.

We had three (3) 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.



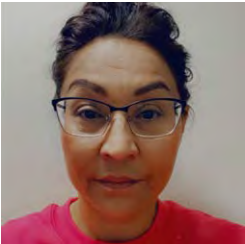
MELISSA IRON

MLTC; Canoe Lake  
Program: Licensed  
Practical Nurse



JULES CARRIERE

PBCN; Cumberland  
House  
Program: BSc Bio-  
medical Sciences



AILEEN THOMAS

PAGC; Cumberland House  
Cree Nation  
Program: Counselling

# 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.





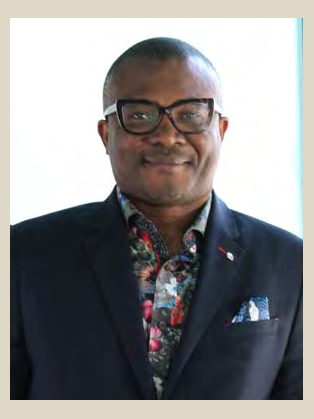
# PUBLIC HEALTH UNIT

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 participatory research. NITHA's tuberculosis (TB) program provides direct support to the Partner communities in TB prevention and management. As part of capacity building, the unit has a practicum program coordinated for students of Masters in Public Health (MPH) and Health Information Management (HIM). PHU staff continue to be highly motivated, and dedicated to their various program areas.

The primary goal of the PHU in 2021-22 was to continue to improve the 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 appreciate our Partners for the opportunity to work together.

The year under review was challenging given the COVID-19 pandemic. NITHA's COVID-19 response was anchored by the PHU with the support of staff from the Community Services Unit (CSU) and Administrative Unit. NITHA PHU also collaborated with Partner communities and other stakeholders to successfully roll out the COVID-19 vaccine in 2021.

We look forward to continuing to build stronger collaborations with all relevant stakeholders in the coming year as we continue to adapt to the new public health landscape.



**DR. NNAMDI NDUBUKA**  
*Medical Health Officer*



**GRACE AKINJOBI**  
*Manager of Public Health*



**EMMANUEL DANKWAH**  
*Epidemiologist*



**DHARMA TEJA YALAMANCHILI**  
*Epidemiologist (Term)*



**JAMES PIAD**  
*Communicable Disease Control Nurse*



**GEORGINA BALLANTYNE**  
*Communicable Disease Control Nurse*



**CARRIE MCKENZIE**  
*Public Health Nurse*



**TINA CAMPBELL**  
*TB Advisor*



**SANDY HALLAM**  
*TB Nurse*



**LESLIE BROOKS**  
*TB Nurse*



**TIFFANY ADAM**  
*TB Nurse*



**BARBARA GEORGE**  
*TB Nurse*



**MARY GARDINER**  
*TB Nurse*



**TOSIN ADEBAYO**  
*HIV Coordinator*



**TREENA COTTINGHAM**  
*Environmental Health Advisor*



**KEVIN MAGETO**  
*Health Promotions Advisor*



**SHREE LAMICHHANE**  
*Research Assistant*



**DEANNA BROWN**  
*Program Administrative Assistant*



**CINDY SEWAP**  
*Program Administrative Assistant*



**DANA ROSS**  
*Data Entry Clerk*



**DEBBY HUTCHISON**  
*Data Entry COVID-19 Support*



**DELORES TEMPLETON**  
*Data Entry COVID-19 Support*



# Communicable Disease Control

The Communicable Disease Control (CDC) Program supports NITHA Partners with timely reporting of Communicable Disease (CD) and provision of support to frontline health care workers on CD control. Mandated under The Public Health Act of 1994 and The Disease Control Regulations of Saskatchewan, illnesses covered by the CD Program include Sexually Transmitted and Blood borne Infections (STBBIs), vaccine preventable and direct respiratory infections and emerging infections like COVID-19.

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.

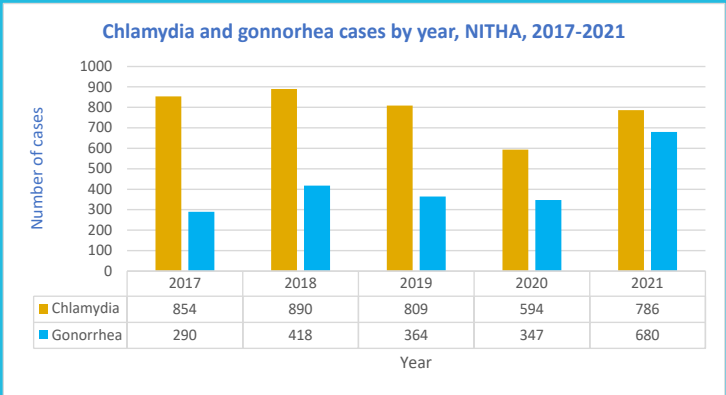


Figure 1: Chlamydia and gonorrhea cases by year, NITHA, 2017-2021

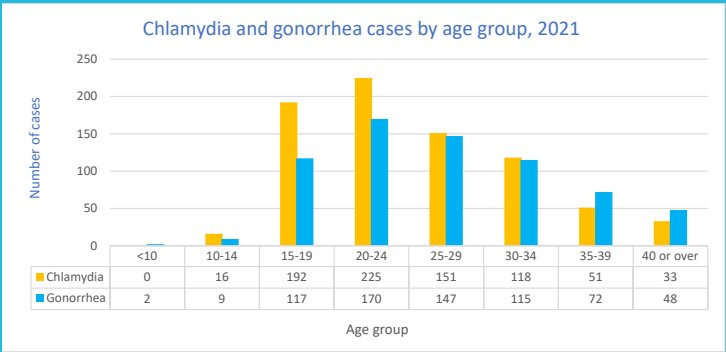


Figure 2: Chlamydia and gonorrhea cases by age group, 2021

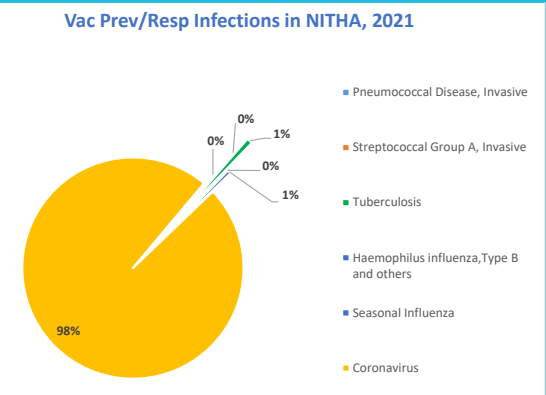


Figure 3: Vaccine preventable/respiratory Infections in NITHA, 2021

## CHLAMYDIA AND GONORRHEA:

STIs (sexually transmitted infections) continued to be a concern in NITHA communities. Chlamydia is the most commonly reported STIs in NITHA, followed by Gonorrhea. Chlamydia and gonorrhea numbers show a decrease since 2018, however, in 2021 there was a surge compared to 2020 (Figure 1). Most of the chlamydia and gonorrhea cases are between the ages of 15 and 39 years (Figure 2).

## VACCINE-PREVENTABLE AND RESPIRATORY ROUTE INFECTIONS:

Of the 5,729 vaccine-preventable and direct respiratory infections reported in 2021, coronavirus (SARS-CoV-2) constitute 98% (5,630) followed TB (50, 1%) and seasonal influenza (31, 1%) (Figure 3).

## Program Accomplishments

Case reporting: During the year under review, 8,004 laboratory reports were received and addressed by NITHA. COVID-19 constituted 71% (5,703) followed by chlamydia, gonorrhea and syphilis. The number of new syphilis cases increased by more than three-fold compared to the previous year. An increase was noted among mothers who had no pre-natal care.

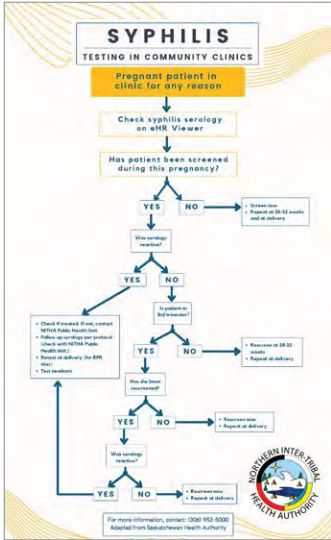
CD follow-up / contact tracing: The majority of CD work in 2021 was focussed on COVID-19. The highly infectious nature and the overwhelming number of COVID-19 cases caused NITHA and Partner communities an increased workload to address COVID-19. In one way or another, all NITHA staff provided support in addressing the increased COVID-19 workload.

## Challenges

- Due to COVID-19, longer than expected follow-up of COVID-19 cases and contacts was experienced at the community level. This was largely due to the shortage of nurses and increase in COVID-19 cases. To address this, it may be beneficial to train non-nursing staff to provide support in the follow-up of COVID-19 cases as well as hire casual staff to assist in the increased workload.
- The low COVID-19 vaccine coverage was a result of negative promotion and misinformation shared on social media platforms. Health Care Workers should continue the important work to increase awareness on the importance of COVID 19 vaccine in reducing transmission and severity of the outcome.
- Another challenging area over the course of the year was the surge in infectious syphilis cases in adults and congenital syphilis in newborn babies. In part, this was a result of Health care providers' focus being on COVID-19. To continue to combat Syphilis, client with an STI symptom should be tested for other STBBI as well as regular follow up for pregnant women should occur as to avoid overlooking a case.

## Priorities For The Upcoming Year

Priorities for the coming year include maintaining high-quality data through the provincial Panorama application and providing support to our Partners in CD prevention and control. The CDC Program will continue to strengthen existing relationships and will establish new partnerships with other stakeholders in CD prevention and control. The CDC Program will also be training Partners and communities on the use of Panorama IOM to support the Communicable Disease Management Program.



# HIV

HIV cases in the Partner communities continues to increase. Thus, the implementation of the HIV strategy to reduce the rates throughout the Partnership is of utmost importance. The HIV Coordinator is the resource person who supports Partner communities with building capacity in HIV/AIDS.

- Promotes and supports case managers in Partner 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

- Promoted HIV education and awareness through the MBC radio and PANOW.
- Conducted online quiz on NITHA Facebook for the HIV National Testing Day Prizes were also provided to the winners.
- Shared HIV education resources with partners using the NITHA website and NITHA Facebook page.
- Supported the Partnerships with incentives. The number of incentives distributed this year was low because Partners and communities could not organize events due to COVID 19 pandemic.

## HIV TESTING AND MANAGEMENT

- The program continues to encourage and promote HIV testing.
- There were 18 cases of HIV in 2021 and 0 case of AIDS. 17 out of the 18 cases were linked to care (6 had viral suppression).
- There were 37 Hepatitis C cases, 20 cases were linked to care with at least one viral load test result. Four cases are on anti-viral.

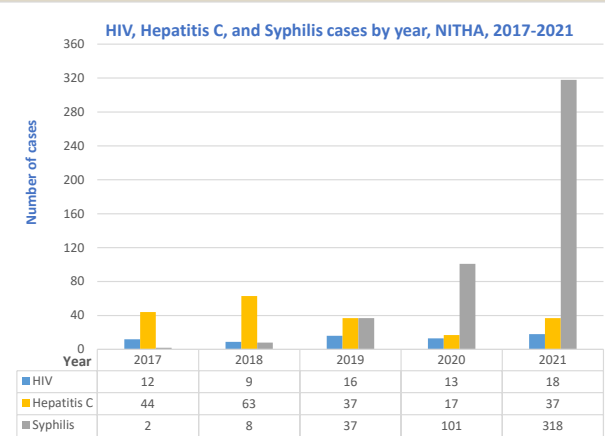


Figure 1: HIV, Hepatitis C, and Syphilis cases by year, NITHA, 2017-2021

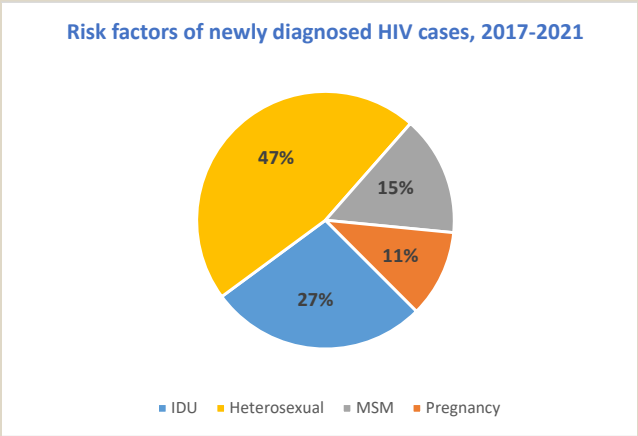


Figure 2: Risk factors of newly diagnosed HIV cases, 2017-2021

## HIV:

Overall increase in the number HIV cases from 13 in 2017 to 18 in 2021 (Figure 1). The most commonly reported risk factor for HIV transmission was heterosexual sex with a known HIV case (47%) followed by injection drug use (27%) (Figure 2). Of the 2021 HIV cases, 17% were co-infected with Hepatitis C (Figure 3).

## HEPATITIS C:

The number of hepatitis C cases increased from 17 in 2020 to 37 in 2021 with injection drug use as a key driver of transmission (Figure 1).

## SYPHILIS:

Rapid increase in the syphilis cases from 2 in 2017 to 318 in 2021 (Figure 1). Main risk factors for syphilis were unprotected sex with a known case or having more than 2 partners in the last 3 months.

## Challenges

Follow up of HIV and Hepatitis C clients is still challenging in Partner communities and this impacts case reporting. There was high staff turnover in communities that contribute to case reporting. Having dedicated staff to be assigned to HIV/Hep C Case management would help to alleviate this challenge.

Due to COVID- 19 public health orders in place and accompanying restrictions in travel between communities, we were unable to organise the annual HIV /STI workshop. In the coming 2022-2023 year we will explore the possibility of having the workshop and make considerations to have a virtual workshop depending on the COVID-19 landscape.

Over the course of the year the HIV Coordinator position became vacant and we were unable to have the NITHA HIV Working group meeting for the later part of the year. At the end of the year this position remained vacant. We are hoping that early in the next year that the HIV Coordinator position will be filled and programming will resume.

## Priorities For The Upcoming Year

- Increasing HIV testing in NITHA Partnership
- HIV Peer Mentoring

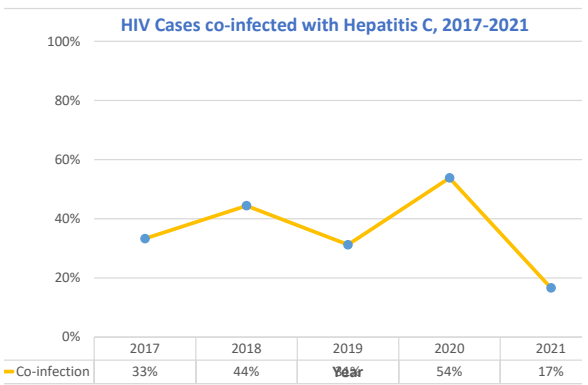
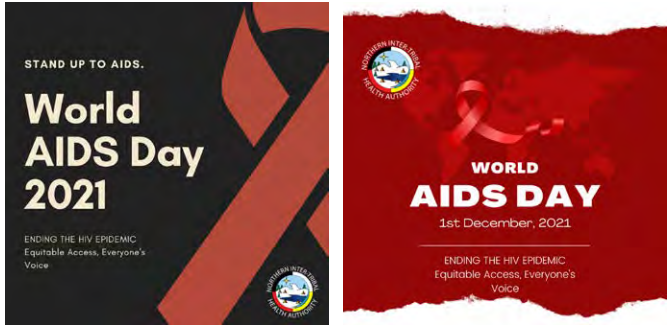


Figure 3: HIV-Hepatitis C co-infections by year, NITHA, 2017-2021





# Infection Prevention Control

The Infection Control Program supports infection prevention and control activities in the Partnership through the development of policies and procedures, promotion of routine practices and additional precautions. In addition, it provides training and education to healthcare providers, provision of evidence-based recommendations and guidance, community support visits, and prevention of Healthcare-Associated Infections (HAIs).

## Program Accomplishments

As per the priorities of the 2021/22 Workplan, Infection Control Program (ICA) collaborated with the Communications Officer to develop training resources for healthcare providers. Collaboration also took place with Environmental Health to organize two janitorial webcasts for health centres and school janitors. Five (5) health centre janitors and twenty-two (22) school janitors participated in the webcasts. The Infection Control Program also promoted infection control education in NITHA communities by encouraging healthcare providers to complete the online NITHA Infection Control Course, delivered by St. Elizabeth's, has been well received.

One of the ways the ICA contributed to reducing the spread of COVID-19 is through prompt provisions of personal protective equipment (PPE) to protect the healthcare staff and the patients in all healthcare facilities in Partner communities. The ICA also collaborated with the Saskatchewan Ministry of Health, NITHA Partners, provincial and federal committees on various approaches to reduce the spread of COVID-19 in Partner communities.

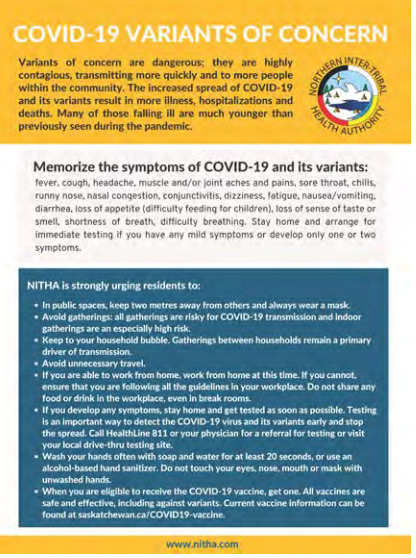
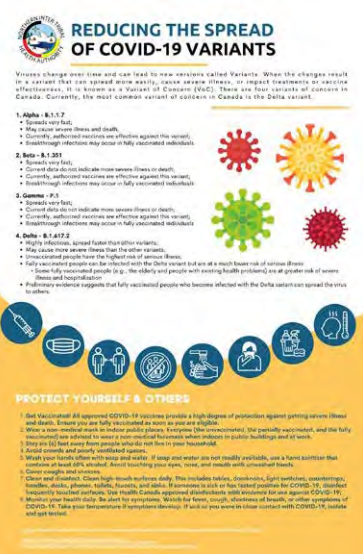
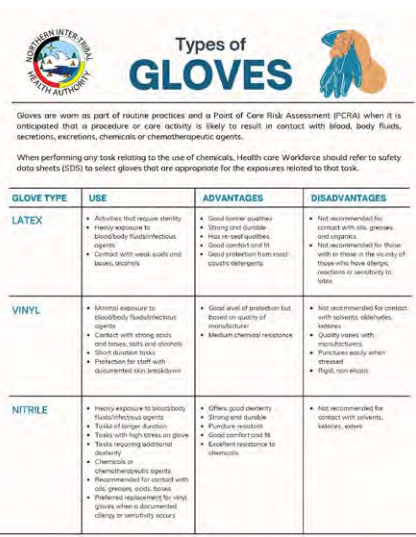
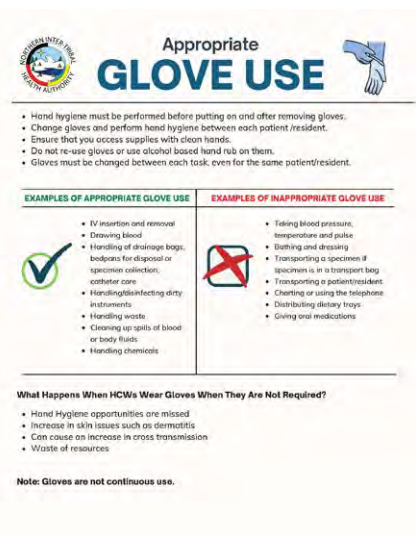
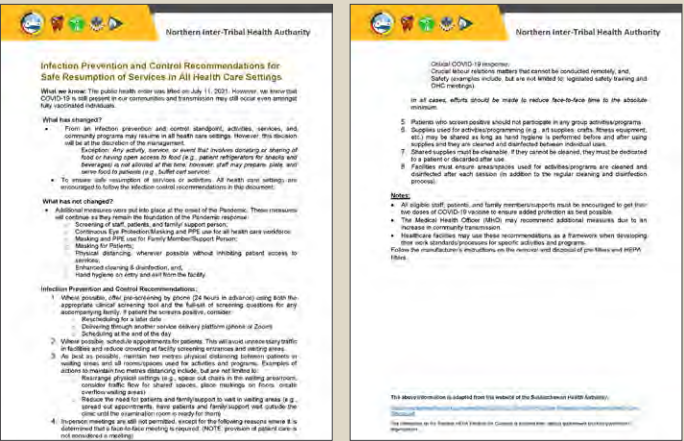
The Partners were engaged regularly by organizing and coordinating quarterly Infection Prevention and Control Working Group meetings. The NITHA Facebook page was utilized to engage the community members during the 2021 National Infection Control Week. One hundred and forty-seven (147) community members participated in the event.

## Challenges

- A main challenge over the year was consistent attendance at the working group quarterly teleconference; due to staff shortage, this is quite understandable. Identifying an alternate member to attend the quarterly teleconference would help to ensure the flow of communication and information obtained from the meetings is uninterrupted.

## Priorities For The Upcoming Year

Priorities for the coming year include, training and education of Healthcare Staff, Promotion of hand hygiene audits and environmental cleaning, Prevention of Healthcare-Associated Infections (HAI) and Promotion of routine practices and additional precautions.



# Public Health Nursing

NITHA Public Health Nursing (PHN) focuses on disease prevention, health surveillance, health education and emergency response. The NITHA PHN works collaboratively with the Partners to provide ongoing health program assessments, nursing education, evaluation and updates. Public Health Nursing programs are based on professional standards and competencies to ensure safe quality for community members and the populations served. Primarily, the NITHA PHN oversees the immunization programs which include the following; infant and preschool, school age, influenza, special populations and COVID-19 vaccine.

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. NITHA PHN provides clinical consultations and recommendations for health care providers in the field. The PHN also provided surge capacity, as required to the CDC internal team, and community clinical coverage.

## Program Accomplishments

- Despite the challenges during the pandemic, our Partner Communities continued to successfully deliver the publicly funded immunization programs. With similar trends provincially and nationally, there was an overall drop in the immunization coverage rates for the Infant and Childhood age groups in 2021.
- NITHA Childhood Immunization Coverage Rates (CICR's) were as follows; 84% in the 1-Year age cohort (4% decrease from 2020), 79% in the 2-Year age cohort (2% decrease from 2020), and 93% in the 7-Year age cohort (1% decrease from 2020). In addition to the overall coverage rates, immunization target markers for pertussis by 91 days of age was at 74% and 5-Year Old Measles, Mumps and Rubella was at 91% (Figure 1).
- Recognition awards are presented annually to the Partner communities that achieve a 90% or higher for the 1-Year age cohort. Thirty nine percent (11 communities) of Partner communities had achieved this goal in 2021. Emphasis is placed on our most vulnerable population of infants to receive on-time immunizations for their earliest protection.
- The annual Influenza Program was offered from October 12, 2021 – March 31, 2022 to all residents in Saskatchewan that were 6 months and older. Overall, a total of 5450 doses were administered in NITHA Communities during this year's Influenza campaign.
- Vaccine procurement is coordinated per NITHA following the National Vaccine Storage and Handling Guidelines to ensure proper handling and storage of vaccines. NITHA procured \$750,000+ worth of vaccines to our Communities in 2021. Overall, Partner communities had 18 Cold Chain breaks.
- In 2021, 173 immunization examinations were reviewed and feedback was provided as appropriate. This helped to prepare additional nurses to support the COVID-19 vaccine roll out.
- In addition to the regular vaccine programs, the COVID-19 Vaccine campaign was rolled out in the Partner communities, in collaboration with the provincial and federal health organizations.
- The PHN played a role in the COVID-19 Nursing Education, Certification, vaccine procurement, vaccine supplies and data quality management. Consultation and communication with internal and external stakeholders was essential for the timely rollout of the COVID-19 Vaccine.

### COVID:19:

Surge in COVID-19 cases from 1,362 in 2020 to 5,630 in 2021 (Figure 2). Age of cases range between 0-98 years old. The highest number of COVID-19 cases is concentrated among individuals between 18-29 years (Figure 3).

### SEASONAL INFLUENZA:

Seasonal Influenza: A total of 31 influenza cases were reported in 2021-2022 season. All the cases were type A strain, and none hospitalized. Most the cases were females (55%) and the average age of all influenza cases was 24 years (Figure 4, Table 1). Only 16% of the cases were vaccinated (Table 1).

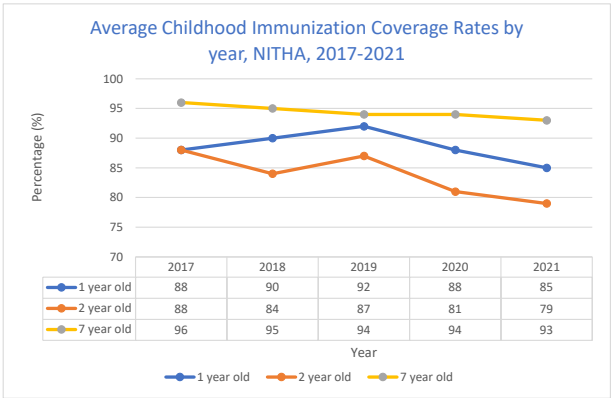


Figure 1: Average Childhood Immunization Coverage Rates, 2017-2021

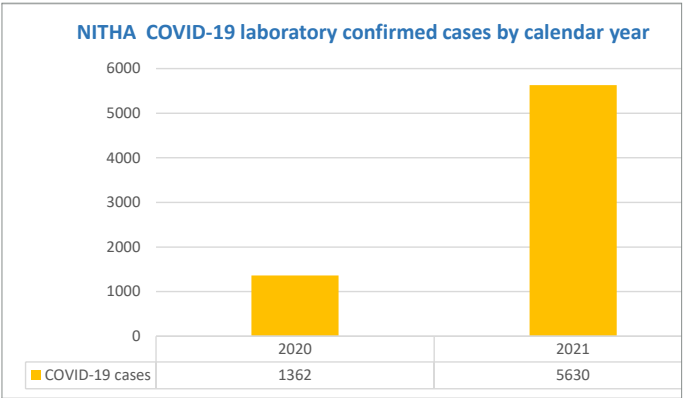


Figure 2: COVID-19 laboratory confirmed cases by calendar year, 2020-2021

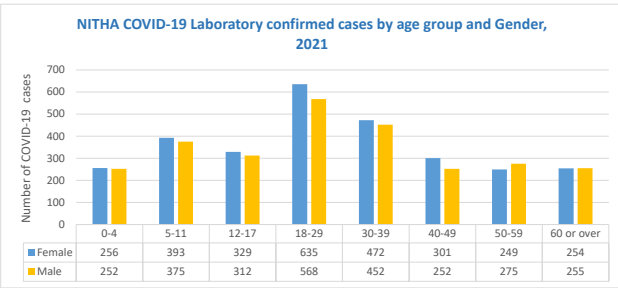


Figure 3: COVID-19 laboratory confirmed cases by age group and gender, 2021

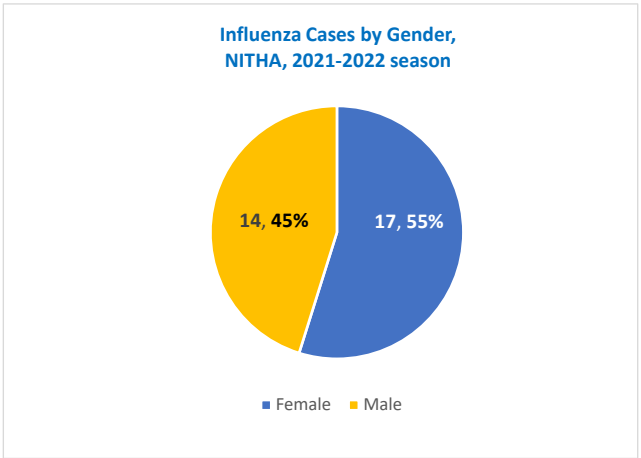


Figure 4: NITHA Flu cases by Gender, 2021-2022 Flu season

TOTAL INFLUENZA CASES, NITHA (2021-22)		31	
		Number	Percent (%)
Gender	M	14	45
	F	17	55
Age (years)	Average	24	
	Range	0-86	
Immunized	Y	5	16
	N	26	84
	U	0	0
Influenza strain	Type A	31	100
	Type B	0	0
Admitted & Discharged	Out-patient	31	100
	Hospitalization	0	0
	ICU	0	0
Partnership	PAGC	27	87
	MLTC	1	3
	LLRIB	0	0
	PBCN	3	10

Table 1. Total Influenza cases, NITHA (2021-22 Flu season)



VACCINATION COVERAGE:

COVID -19 Vaccinations: In 2021, 26,209 COVID-19 Dose 1 and 22,776 COVID-19 Dose 2 vaccines were administered to First Nation people aged 5 years or over in NITHA communities (Figure 5). Only 3,280 First Nation residents in NITHA communities aged 12 years or older received COVID-19 Dose 3 vaccine (Figure 5).

FLU VACCINATION:

For the past 5 flu seasons, vaccine uptake increased from 4,188 in 2017-2018 to 5,450 in 2021-2022. But, the total influenza vaccine given in 2021-2022 (5,450) were slightly lower than 2020-2021 flu season (5,511) (Figure 6). People aged 60 years or over received the highest number of flu vaccines, followed by those aged less than 10 years (Figure 8).

Challenges

Decrease immunization coverage for other vaccines is a challenge, particularly an overall drop in childhood and school-age immunization rates were observed due to added health care strains and diverted focus to the COVID-19 pandemic. Focus will be on restoring the immunization programs rates with the assistance of strategic planning which includes community leadership, health directors and Health Care Providers.

Priorities For The Upcoming Year

Priorities for the coming year will offer assistance with quality improvement initiatives for the communities with consistently low infant and childhood immunization rates. Strategic planning and support for Partners to increase the low coverage rates in select communities remain priority. Restoring the school immunization coverage for communities has been identified within the Nursing management teams throughout the Partnership.

The Nurse Managers within the Partnership have also expressed anticipation for revamping the Annual Nursing Conference and educational updates for 2022.

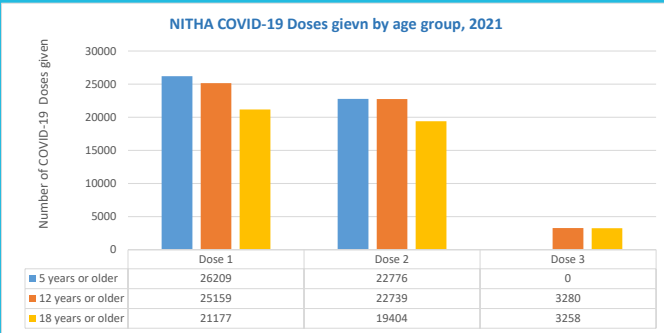


Figure 5: NITHA COVID-19 Doses given, 2021

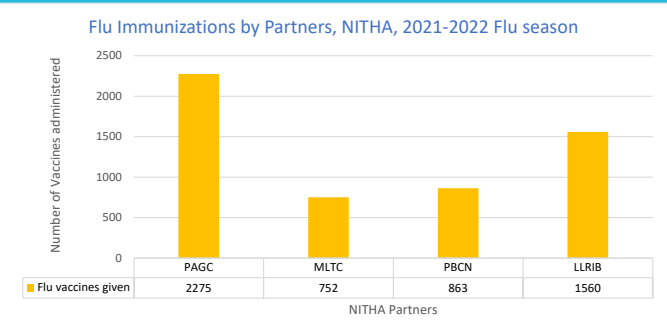


Figure 7: NITHA Flu Immunization by Partners, 2021-2022

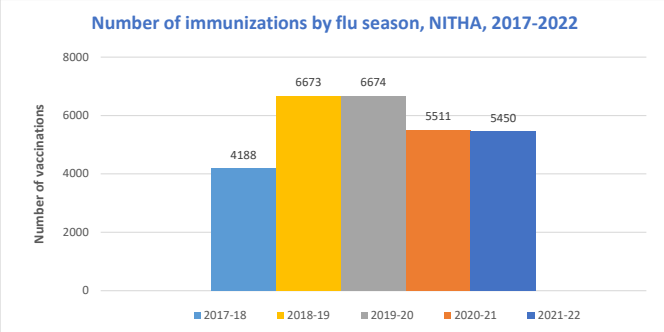


Figure 6: NITHA Flu Immunization by Flu season, 2017-2022

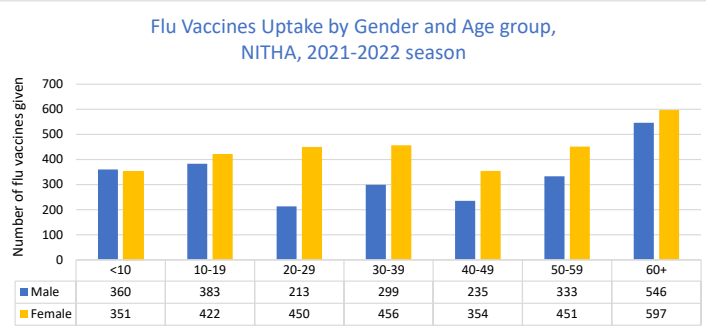


Figure 8: NITHA Flu Immunization by Gender and age group, 2021-2022

**IT TAKES A COMMUNITY TO STOP THE SPREAD. DO YOUR PART, GET THE FLU SHOT AND THE COVID-19 VACCINE.**

NITHA public health officials urge you to take the flu shot to reduce rates of spreading the flu. In addition, we recommend taking the COVID-19 vaccine to accompany the flu shot to ensure protection for ourselves and our loved ones.

As it is now flu season and a current pandemic (COVID-19), there are a few tips to help protect yourselves and your community from the spread of viruses.

- Get the Vaccine:** Get the flu vaccine every year.
- Wash Your Hands:** Washing your hands often with soap and water for at least 20 seconds, or using hand sanitizer.
- Physical Distancing:** When outside your home, it is important to avoid close contact with people from other communities when possible.
- Wearing a Mask:** When physical distancing is not possible, wearing a non-medical mask.
- Stay At Home:** Stay home and avoid non-essential travel.
- Cough and Sneeze into your arm:** Coughing or sneezing into the inner elbow or crook of the arm.

Contact your health centre or local health care provider to find out how to get your flu shot.

**COVID-19 vaccine coverage rate for NITHA Partner Communities (5+ population)**

**DOSE 1: 89 %**  
**DOSE 2: 79 %**  
**DOSE 3: 20 %**

**Childhood COVID-19 vaccine coverage rate for the community of:** \_\_\_\_\_

Date: \_\_\_\_\_

**DOSE 1: \_\_\_\_\_ %**  
**DOSE 2: \_\_\_\_\_ %**

**FACTS ABOUT THE COVID VACCINES**

Will a COVID-19 vaccination protect me from getting sick with COVID-19?

**YES**

COVID-19 vaccines work by teaching your immune system how to recognize and fight the virus that causes COVID-19.

If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?

**YES**

There are severe health risks associated with COVID-19 and reinfection with COVID-19 is possible, particularly from new variants of the virus that causes COVID-19. You should get vaccinated even if you've already had the virus.

Do I need to wear a mask even if I have had my vaccine?

**YES**

COVID-19 vaccines work by teaching your immune system how to recognize and fight the virus that causes COVID-19.

<https://www.nitha.com/awareness-resources/>

**LET'S GET VACCINATED**

- All persons age 5 years and older can now be vaccinated against COVID-19.
- All persons 18 years and older are now eligible to receive a vaccination booster/third dose at least three months following their second dose of a two-dose vaccination series.

For more information please contact your local health clinic.

[www.nitha.com](https://www.nitha.com)

**Diri naidi nezu sj.**

**NORTHERN INTER-TRIBAL HEALTH AUTHORITY**

The COVID-19 vaccine is safe.

**COVID-19 VACCINATIONS KITSAKI**

**DOSE 1 -** \_\_\_\_\_

**DOSE 2 -** \_\_\_\_\_

**\*\*Public health preference is for every eligible individual to get immunized.**

**If you've received the COVID-19 vaccine, thank you, you're helping to build COVID-19 defenses in your community!**

Don't forget that you need two doses of the vaccine to be fully vaccinated!

Encourage your family and friends to get vaccinated, tell them why you chose vaccination.

Continue to wear a mask, wash your hands, keep distance, and avoid groups even after you are fully vaccinated.

[www.nitha.com](https://www.nitha.com)

**COVID-19 mRNA VACCINE ADMINISTRATION QUICK GUIDE**

SPECIFICS	PFIZER	PFIZER	MODERNA
Age Group	16-17 years of age	16-17 years of age	18+
Vial Color / Tip	Light blue / Orange	Red / Yellow	Red / Yellow
Bring Vaccine to Room Temperature	30 min (room temperature)	30 min (room temperature)	30 min (room temperature)
Dilute with Normal Saline	Dilute with 3.3 ml (0.66 ml x 5) of Normal Saline	Dilute with 1.8 ml (0.36 ml x 5) of Normal Saline	No Dilution
Injection Volume	0.2 ml (0.4 ml total)	0.3 ml (0.6 ml total)	0.5 ml (1.0 ml total)
Storage (Dose 1 & Dose 2)	2 weeks (room temperature)	2 weeks (room temperature)	2 weeks (room temperature)
Booster Shot (Dose 3)	Not applicable	10 years of age (10 years of age)	10 years of age (10 years of age)
Booster Shot (Dose 4, COVID-19 Specific)	Not applicable	Not applicable	Not applicable
Doses per vial	10 doses	10 doses	10 doses
Storage after Dilution at Room Temp (up to 25 °C)	30 days (30 days)	30 days (30 days)	No Dilution (30 days)
Storage at -20 to +8 °C (frozen)	30 days (30 days)	30 days (30 days)	30 days (30 days)
Storage at -25 to -15 °C	6 months (6 months)	6 months (6 months)	6 months (6 months)
Protect from Light	No	No	No

Source: Northern Inter-Tribal Health Authority and Indigenous Services Canada. Updated April 2022.

**Prevent COVID-19 and help end the pandemic**

**SCHEDULE YOUR BOOSTER SHOT TODAY!**

Booster doses are now available to community members 18 years of age and older and to those who have underlying health conditions that put them at more risk for severe illness due to COVID-19. If you or a family member are eligible for a booster dose, we encourage you contact your local Health Centre.

**A booster dose enhances your protection against COVID-19 and its variants.**

- Wear a mask
- Maintain safe distance
- Wash your hands
- Get vaccinated



# Environmental Health

The NITHA Environmental Health Program, through 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, while the EPHO's receive support with drinking water, COVID-19 isolation enforcement, food safety, housing, waste water, pest control, solid waste disposal, facility inspections, along with educational opportunities etc. Technical expertise is also provided to both Partner EPHO's and the NITHA Medical Health Officer as requested. The program assists with the development of Environmental promotional and/or educational materials, encourages change in traditional programs with external partners, shares educational opportunities, collects data and provides it for analysis to support reporting trends and to prevent potential spread of illnesses within the communities.

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

## Program Accomplishments

Over the course of the year, the program presented on the new Saskatchewan First Nations Water Association and attended the Assembly of First Nations (AFN) Water Symposium. As well, provided assistance on planning meetings for the National Environmental Public Health Officers Educational Workshop. Completed an interview for Canadian Indigenous Health Research (CIHR) on Post Pandemic to determine impacts of the pandemic on Public Health. Environmental Health also co-hosted two Janitorial Training Sessions specific to COVID-19 as well presented the Public Health Unit AGM report at the Annual General Meeting. The EHA assisted with the process of starting Proof of Concept TB Wastewater collection with the Partners and the National Microbiological Laboratory. We were able to successfully transfer Hedgerow Administration to Environmental Public Health Officers using their Tribal Council specific data system. As well, created multiple Facebook posts on a variety of topics (Water, Dog Care, COVID -19 funerals, wakes and gatherings, National EPHO week, Return to school, Janitorial Training, EPHO Youth Contest, Chronic Wasting Disease, Keeping Dogs Warm during winter, etc).

## Challenges

Challenges over the year included, slow reporting and follow up on animal bites due to the CHN workloads concerns/outbreaks in some communities. EHA will continue to send reminders by fax or phone message when follow-ups are due and include more file information to assist CHN's follow-ups.

For some time now, the need to reduce dog bites and increase owner responsibility has been identified. While having a bylaw is crucial in controlling animal bites, it is important Partner communities support them which involves incurring financial costs. It's also important to have community champions. In essence, animal control bylaws and ownership expectations are both key to reduce animal bites in Partner communities.

### ENTERIC INFECTIONS:

Enteric infections in NITHA communities have declined continuously from 35 cases in 2017 to 3 cases in 2021 (Figure 1). Mix of enteric cases including Giardiasis, Salmonellosis and Campylobacteriosis have been reported, in 2021, only Giardiasis was reported in Partner communities.

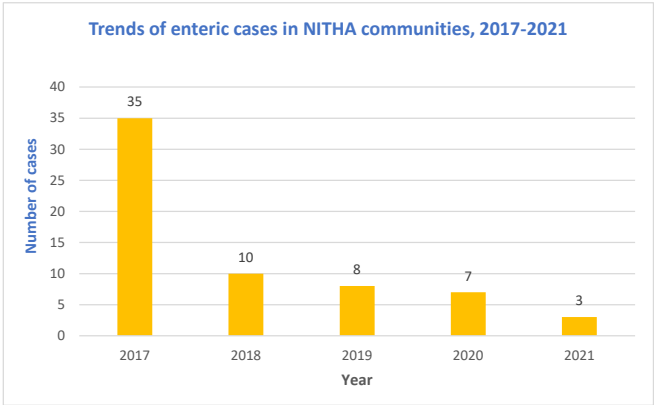


Figure 1: Trends of enteric cases in NITHA communities, calendar 2017-2021

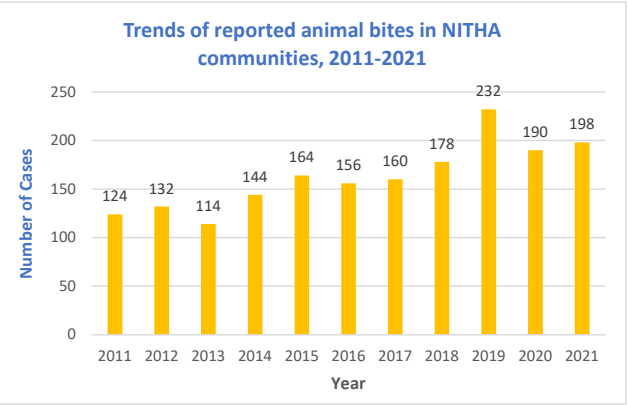


Figure 2: Trends of reported animal bites in NITHA Communities, 2011-2021

### ANIMAL BITES:

The number of animal bites in Partner communities have increased from 124 bites in 2011 to 198 in 2021. After a decline in animal bites from 232 in 2019 to 190 in 2020, the number of animal bites rose to 198 in 2021 (Figure 2).

## Priorities For The Upcoming Year

Priorities for 2022-23 include promoting cervid carcass sampling and education on Chronic Wasting Disease to maintain First Nations Food Security and hunting rights. Change information to a Health Alert including risk of COVID - 19 from infected deer. Environmental Health will also be promoting membership in the Saskatchewan First Nations Water Association in our Partnership for educational opportunities, wage change promotion, technical changes to water regulations, access to back up operators etc.

### Dogs Need Shelter

Now is the time to think about providing dogs a shelter during our cold winters. Domestic dogs with short hair are not insulated enough to be outside in our very cold winters- please keep them indoors and ensure outdoor dogs have daily access to water, not just snow.

**TREAT YOUR PET LIKE A FAMILY MEMBER**

Air is all around us. Both humans and dogs need to breathe air to live. When it is really cold out the air is cold. When the wind is blowing it gets even colder. Dogs need shelter to get away from the wind, rain, and snow.

Short-coated dogs, small dogs, old dogs and puppies need to be inside your house. Dogs with really thick fur can stay outside, but still need shelter. When it's really cold outside, even these dogs need to go in a sheltered porch or inside your house.

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### PRE REGISTRATION IS NOW OPEN FOR SCHOOL JANITORIAL TRAINING

Registration forms available by emailing [tcottingham@nitha.com](mailto:tcottingham@nitha.com) OR online at [www.nitha.com](http://www.nitha.com)

Training September 22 10:00 am - 11:30 am

REGISTRATION DEADLINE: SEPTEMBER 17, 2021

### WHAT IS CHRONIC WASTING DISEASE?

Chronic wasting disease (CWD) is an infectious disease of deer, elk, reindeer and moose (cervids) that affects the central nervous system and can kill all cervids. Caribou are probably affected too. CWD can't be cured but, so far, does not affect humans other than to reduce hunting herds.

An infected cervid does not look ill for many years. When it is obviously sick it will have weight loss, poor co-ordination and other signs before it dies. Infected cervids are also more easily killed by hunting or vehicle collisions.

CWD is a prion disease in the same family of diseases as scrapie in sheep, bovine spongiform encephalopathy (BSE) in cattle (also known as "mad cow disease") and Creutzfeldt-Jakob disease in humans. Prions are infectious abnormal proteins that accumulate in the brain and other tissues.

**What can Hunters do?**

- Get your deer, moose, elk or caribou tested.
- Continue hunting traditions.
- Avoid long-distance movements with your deer carcass.
- All transported carcass waste should be double-bagged and taken to a landfill.
- Handle and dispose of your carcass in a responsible manner.
- If you hunt out of province, only bring back low-risk parts (deboned meat, cleaned skull plate, antlers, finished taxidermy mount).
- Keep hunting and help control the disease by submitting heads for testing.

HUNTERS CAN HELP REDUCE THE SPREAD OF CWD TO NEW AREAS OF THE PROVINCE. CARCASSES SHOULD BE FIELD DRESSED AND DEERHORNED NEAR THE HARVEST LOCATION OR, NOT TRANSPORTED MORE THAN 80 KM.



# 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 supporting the Partnership to deliver programs and services at the community level.

## Program Accomplishments

Over the year, the Health Promotion Advisor worked with the NITHA Public Health team and NITHA Communications Officer to develop content for immunizations, mental health, HIV awareness, physical activity, COVID-19 awareness among others. As well, had the opportunity to organize lacrosse clinics for some PBCN communities and a train the trainer workshop called, You Power for Boys and Girls for PAGC and MLTC youth program leads. They also attended more than 22 webinars on injury prevention, COVID-19, physical activity, racism, building capacity in Indigenous communities, cultural competence and a celebration of health promotion at 35.

The Health Promotion Advisor was able to represent NITHA in local, provincial and national committees such as, the Population Health Promotion Working Group, the Active Transportation Committee, and the Injury Prevention Committee of Saskatchewan among others to keep the Partnership informed on new developments or initiatives in health promotion.

Being active in the Northern Healthy Communities Partnership (NHCP), they coordinated activities through the five Action Teams (Active Communities Team, Babies Books and Bonding, Building Vibrant Youth, Healthy Eating Team, and Northern Tobacco Strategy). The NHCP action teams focus on promoting health in the Partnership through increasing physical activity, healthy eating, youth health, childhood literacy, and commercial tobacco cessation.

Keeping the Partnership informed through the NITHA newsletter, radio ads and social media in the area of COVID-19, physical activity, injury prevention, positive youth development, vaccines and immunizations is an important aspect of the job and is done in collaboration with the NITHA Communications Advisor.

Staying abreast of COVID-19 was accomplished by attending the NITHA EOC COVID-19 meetings; as well throughout the course of the year they were able to assist the NITHA COVID-19 surveillance team in data entry on Panorama, CDC email monitoring, and other COVID-19 related areas as requested.



A Physical Activity Challenge was held to get community members active during the pandemic. Participants and winners of the “I Am Active Bingo” contest from Pelican Narrows. Alton Michel and Mirra.

Table tent card: Oblique Stretch produced to support physical activity in the workplace.



## Challenges

In person health promotion and health education sessions did not take place due to the COVID-19 pandemic. It would be beneficial to design online health promotion and health education opportunities.

## Priorities For The Upcoming Year

The HPA focus for 2022-2023 will be to create a hybrid online and in person resources to address health priorities within the NITHA Partnership taking into consideration the ever-changing environment caused by COVID-19.

# Tuberculosis

The Tuberculosis (TB) Program provides guidance, education and front-line support to TB Programs throughout NITHA Partner communities. As part of the front-line support provided, NITHA TB Nurses are part of active case finding, contact tracing, and screening for TB. The nurses also provide orientation, education and support to Community Health Nurses (CHNs) and TB Program Workers (TBPW's) to ensure the delivery of safe and competent TB care to clients.

## Program Accomplishments

In 2021, there were 50 Active TB diagnoses confirmed in NITHA communities. There were two TB outbreaks declared in two NITHA communities in October of 2021 and in February 2022, a third TB outbreak was declared in another NITHA community. The TB Nurses made 29 visits to communities throughout the Partnership and over 400 individuals were identified in several contact investigations following an exposure to active TB. The NITHA TB Advisor, in partnership with the Regional TB Program Coordinator for ISC, deployed an outbreak response team to assist with TB screening, medication administration and TB programming in the communities with TB outbreaks. This included a team of 6 additional Registered Nurses.

The TB Program coordinated and facilitated two TB Program Worker Workshops in Prince Albert and in Stony Rapids. A total of 21 TBPW's from the NITHA Partnership attended. The TB Advisor assisted in the coordination, planning and provided a presentation at the Annual CHN TB Workshop that was offered virtually on March 16 & 17, 2022. On World TB Day, March 24th the TB Advisor provided presentations on "Importance of Cultural Competence for Tuberculosis care" with 3 different organizations: Saskatchewan Lung Association, Canada's Drug and Health Technology Agency (CADTH) and ISC. In combination there were over 700 people registered nationally and internationally. The NITHA TB Program offered 7 "TB 101 sessions" during the Birch Narrows Youth Conference from February 14-19th 2022 where 40 youths were in attendance.

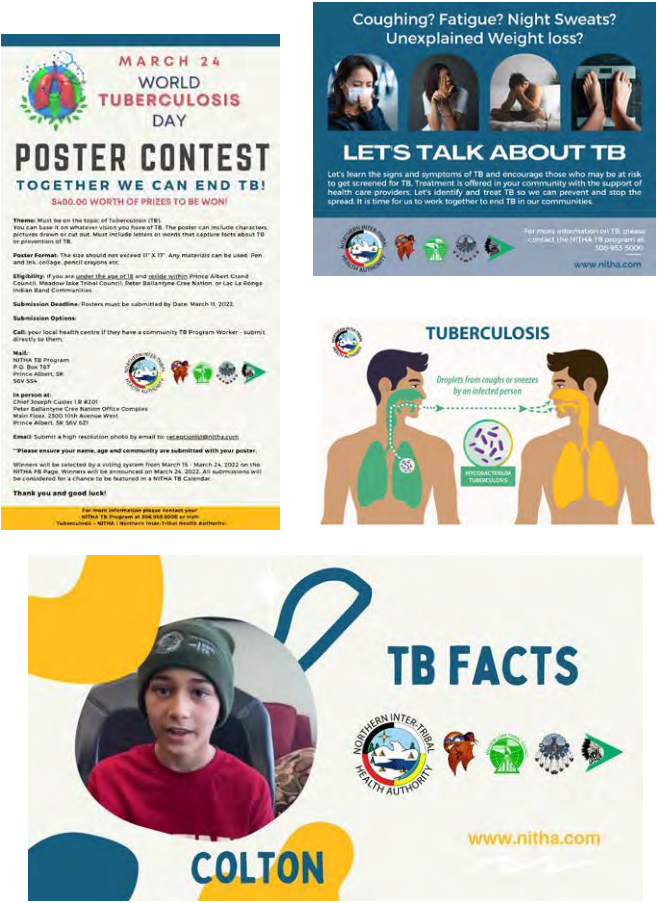
Portable X-ray units continue to be utilized in our communities. In the past year, there were 77 x-rays done on TB cases and contacts.

## Challenges

In 2021, NITHA communities experienced increased diagnoses of serious types of Active TB. This could have been due to clients not presenting to the clinic on time, resulting in disease progression or dissemination. In addition, health care providers may not have considered TB as a diagnosis at the time of presentation. NITHA will continue increasing TB awareness and education amongst health care providers and community members. Regular refresher courses and trainings will be held as needed.

## Priorities For The Upcoming Year

Priorities will include continuing to offer orientation and education to leadership about TB programming and how to adequately support and carry out TB programs in their communities. As well, ensuring all communities have TBPWs, who are trained with updated TB information and have adequate TB resources. Another area of priority will be to update NITHA's CHN TB program manuals to reflect any TB program changes and clearly identify the role of NITHA, TBPC and the community in the management of TB clients and contacts.



TB rate in NITHA communities has been consistently higher than the Saskatchewan and Canadian rate since 2012. (Figure 1). In 2021, the number of TB cases increased sharply to 50 from 17 cases in 2020 (Figure 2). Contact to a known case (37%), alcohol (21%), smoking (21%), and drug abuse (12%) are the predominant risk factors (Figure 3).

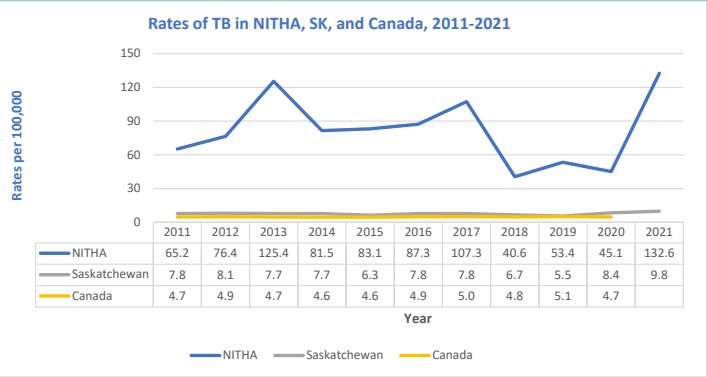


Figure 1: Rates of TB in NITHA, SK, and Canada by calendar year, 2011-2021

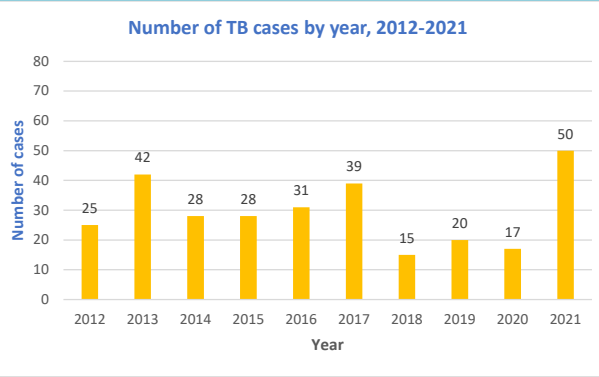


Figure 2: Number of TB case by calendar year, 2012-2021

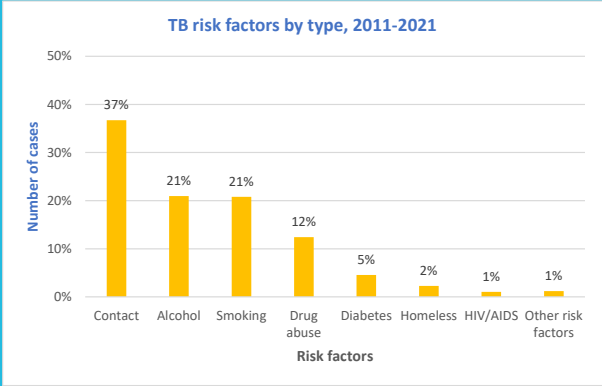


Figure 3: TB Risk factors by type, 2011-2021

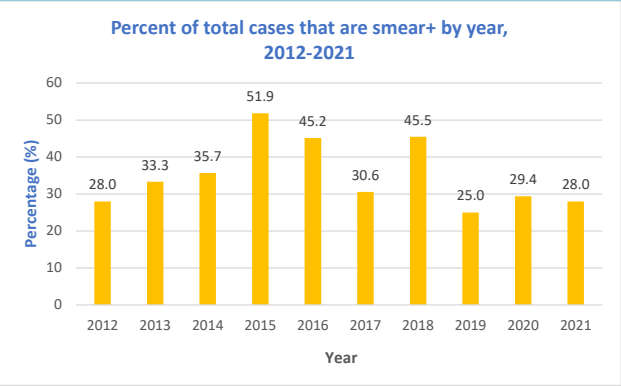


Figure 4: Percentage of TB cases that are smear-positive by reporting year, 2012-2021







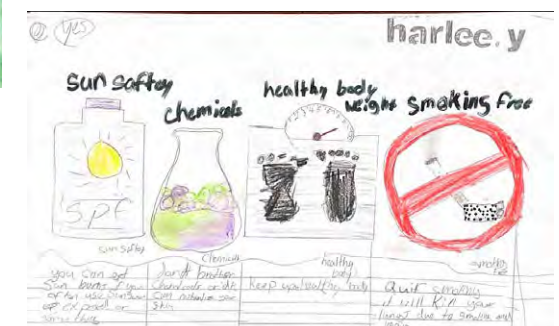
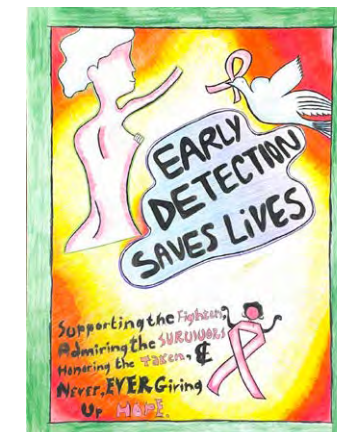
# Cancer Control Project

The objective of the Cancer Control Project is to understand the burden of cancer in NITHA communities. The four areas of focus are; education and prevention, early detection, improved patient experience and enhanced surveillance. 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. Coordinating with both the provincial cancer service providers and community-based health service providers, this initiative is working to understand the service gaps and challenges that exist in providing quality cancer care/support in the communities. By the end of this project, we will ensure the 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 in on-reserve First Nations. Overall, we aim to reduce the incidence of cancer significantly over time. This will be done with the engagement of community champions by creating system-level changes through surveillance, public policy and community programming.

## Program Accomplishments

Community Working Group formation is complete and includes the following: Black Lake, Fond du Lac, English River, and Montreal Lake with pending participation of Stanley Mission. Over the year, the project was able to complete Cancer Care Workshop-Information Sessions that included 38 participants from NITHA partner communities.

A live Radio Talk Show (July 08, 2021) in English River took place after a long break with the project due to the COVID-19 pandemic. Community members were re-engaged to cancer activities through this local radio talk show. A community liaison talked about the project and invited community members to ask questions and share their experiences and their expectations. More than 10 individuals called in and participated in the discussion. Door prizes were given to encourage and appreciate the participation.



A Drawing Contest (November 22, 2021) was held in Fond du Lac: This drawing contest engaged 158 students from grades 6 to grades 12. A total of 18 students participated and submitted their drawings; the top three drawings were awarded prizes.

Cancer Activities Year Calendar- Montreal Lake was created: Various cancer activities for each month make up this yearly calendar. Due to the COVID-19 pandemic, these activities focus on cancer awareness and screenings and less towards the community engagements.

[illegible]

## Challenges

Community Partner's priorities changed and cancer programs were delayed due to COVID-19 pandemic. Gradually as communities are opening up, it will be important to prioritize and incorporate the cancer project to other public health programs.

## Priorities For The Upcoming Year

Priorities for the coming year include delivering a Cancer Care Workshop in Partner communities and to obtain data approval from the communities.



# COMMUNITY SERVICES UNIT

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 staff complement who provide support and current knowledge of leading practices in the areas are, nursing education/training, capacity development, mental health and addictions, emergency preparedness, nutrition, and 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.

The Manager of CSU oversees the AHHRI Funding, which includes proposal development. The AHHRI funding focuses on responding to the needs of Community Based Workers and First Nations Health Managers. With the AHHRI funding NITHA is able to support the Partners in attending the First Nation Health Managers Association certification program. This program consists of 5 courses and a final exam. This year we have supported 4 students who have completed course 300 and 400 and started course 500 with an expected program completion in June 2022. Additionally, there is also 1 student who has successfully completed course 100 and 2 students who completed course 200. It is anticipated these students will complete the program in the next fiscal year. We plan to submit a new proposal for the coming year and as we anticipate a new cohort to begin the program in the fall of 2022.



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Tobacco Project  
Coordinator



**JEANETTE VILLENEUVE**  
Program  
Administrative  
Assistant



**RAMONA CAISSE**  
Program  
Administrative  
Assistant



Orange Shirt Day  
September 30, 2021



Anti-Bullying Day  
February 23, 2022



World TB Day  
March 24, 2022



Immunization "Vaccinated" T-shirts  
Spring 2022



# Mental Health & Addictions

The Mental Health & Addiction (MHA) Program at NITHA provides third level service to the four Partners in the following key areas:

- Strengthen the capacity of First Nations to deliver culturally appropriate and responsive mental health and addictions wellness services
- Identify best practices that best fit the Partner community needs
- Offer education/training opportunities
- Work with the Partner MHA leads and designated representatives to prepare plans and assessments that determine priority needs in their communities

In 2021/2022, the MHA Advisor worked at completing priorities of the annual work plan, building relationships with and between the Partners; this included the MHA working group, training/workshops, advisory support, sharing and collaborating with other NITHA and Partner advisors. This relationship building included advising on provincial and federal committees.

## Program Accomplishments

The MHA adapted existing policies and procedures developed during a previous reporting period and worked with MLTC Mental Health Therapists on the following policies/directives for the “Mental Health Therapist Working Guidelines Manual”. The Mental Health & Addiction Advisor developed a “Transition Recovery Program Manual” as part of the successful proposal for the Substance Use and Abuse Program (SUAP) with Health Canada. This included creating forms, and data collection documents for the Transition Recovery Teams, one team per Partner.

As a result of COVID-19, the MHA developed guiding standards, recommendations, and best practices for Mental Health & Addiction staff in the North.

The MHA was a successful applicant to attend the Canadian Institute of Health Research (CIHR) “Indigenous Gender and Wellness Learning Conference” in Montreal, Quebec to support new ideas in the field of Gender and Wellness oriented work within First Nation Communities across Canada. This further entailed sharing differences experienced in Northern Saskatchewan, barriers and efforts as it related to Mental Health & Addiction.

The MHA presented alongside the Emergency Response Coordinator in Winnipeg, Manitoba for the Prairies Regional Adaptation Collaborative (PRAC) on the “Mental Health Impacts of Community Evacuation – La Ronge Wildfire Case Study”.

For the reporting period 2021-22, the following training events were held:

**Health and Wellness Training for Frontline Workers**

The Northern Inter-Tribal Health Authority is hosting a series of workshops for our Partner communities and their frontline staff. These workshops are geared to all those working to provide support to primary and health care services. This includes Medical, Transportation, Maintenance staff, housing staff, Community Health Representatives, and First Responders. These workshops will address the effects of burnout within the workplace and strategies to overcome the experiences of the pandemic.

- Trauma and Crisis Response**  
Providing support services to frontline staff  
November 4, 2021
- Tools for Helpers**  
Providing support services to frontline staff  
November 16, 2021
- Mental Health & Addictions**  
Providing support services to frontline staff  
November 24, 2021
- Workplace Culture**  
Providing support services to frontline staff  
February 21, 2022
- Workplace Performance**  
Providing support services to frontline staff  
February 18, 2022
- Conflict Resolution Skills**  
Providing support services to frontline staff  
February 17, 2022
- Communication Skills**  
Providing support services to frontline staff  
February 15, 2022

[Register Now](https://www.nitha.com/cso-course-registration/) <https://www.nitha.com/cso-course-registration/>

WORKSHOP TITLE	DATE HELD	# OF PARTICIPANTS
1. Cultivating Safe Spaces Workshop (virtual)	November 9-10, 2021	13 participants, LLRIB 7, PAGC 5, MLTC 1
2. CISM Full Workshop	October 28-29, 2021	23 participants, LLRIB 5, PBCN 6, MLTC 11, PAGC 1
3. CISM Refresher Workshop (Saskatoon Inn)	November 25, 2021	19
4. Emergency Response Blitz Training:		
- Trauma & Crisis Response	November 9, 2021	2
- Tools for Helpers	November 18, 2021	2
- Mental Health and Addictions	November 29, 2021	7
- Tools for Helpers	December 16, 2021	1
- Conflict Resolution Skills	January 17, 2022	4
- Workplace Performance	February 8, 2022	7
- rescheduled to April 12, 2022.	February 14, 2022	4
- Workplace Performance	February 18, 2022	10

## Challenges

Coordinating and establishing Transition Recovery Teams within the four Partners has been challenging. Our Partners have faced recruitment issues for the first 5-6 months of the program’s initial start date; additionally two of the Partners experienced staff turnover issues. NITHA will continue to work directly with Partner Health Directors/supervisors in the three sites to improve communication and ensure the program is successful.

## Priorities For The Upcoming Year

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

**IT'S OK TO ASK FOR HELP.**

You don't have to fight your battle alone. Mental Wellness supports are available during the COVID-19 pandemic. These resources are available to support you.

- Hops for Wellness Help Line and Chat**  
Immediate support is available 24/7  
Toll-Free: 1-855-242-3310  
Online Chat: [www.hopsforwellness.ca](https://www.hopsforwellness.ca)
- National Indian Residential School Crisis Line**  
Toll-Free: 1-866-967-8119
- Missing and Murdered Indigenous Women and Girls Support Line**  
Toll-Free: 1-844-922-6949
- Wellness Together Canada**  
Provides immediate crisis/substance use support  
Adults: Text: WELLNESS to 747747  
Toll-Free: 1-800-868-5868  
For Youth: Kids Help Phone supports youth 24/7 and through a partnership with We Matter  
Call: 1-800-488-5888  
Text: 586-888-5888  
[www.kidshelpline.ca](http://www.kidshelpline.ca)
- Jordan's Principle NEW Saskatchewan**  
Toll-Free Line: 1-833-756-4463  
1-833-SK-CHILD  
[www.canada.ca/jordan-principle](http://www.canada.ca/jordan-principle)

**IF YOU ARE EXPERIENCING A MENTAL HEALTH CRISIS, CALL 911 IMMEDIATELY.**

**WORLD SUICIDE PREVENTION DAY**

Friday, September 10

Think you know someone who is struggling? Let them know they're not alone.

Suicide and mental health can be tough to talk about. Watch for these signs if you think your friend might be struggling:

- They're quiet or more irritable.
- They feel hopeless or bad about life.
- They're drinking or using drugs more.
- They're spending less time with friends.
- They're harming themselves or taking dangerous risks.

Help is available 24/7. If you or your friends need someone to talk to, these services can help you:

**Healthline 811**

• Healthline 811 lets you talk to a healthcare professional about health, mental health,



# Emergency Response

The Emergency Response Coordinator (ERC) works with the Partnership to assist, support and advise on emergency response and preparedness. The position assists the Partners to increase emergency preparedness through emergency response planning, pandemic planning (in liaison with the NITHA Public Health Unit), public access to defibrillation, First Aid/CPR, First Responder and Emergency Medical Responder capacity development and emergency preparedness and response best practice.

## Program Accomplishments

Approximately 150 First Aid and CPR/AED providers, 1 First Aid and CPR/AED Instructor, and 4 Emergency Medical Responders, were trained in 2021/22 by “in house” 2nd-level instructors with the support from the NITHA ERC. Since May 2013, over 1750 persons trained and a 2/3 cost reduction was achieved by the Partners since developing the “in-house” 2nd level training capacity.

Purple Air Real Time Smoke Monitors were a significant tool and enhancement to smoke and fire surveillance in 2021/22. 15 real time monitors were deployed and utilised for air quality surveillance and trending. This gives officials some real time and accumulated air quality data to help make evacuation and repatriation decisions. This continues to be a Partnership between Saskatchewan Public Safety, University of BC and NITHA.

The NITHA Emergency Operations Centre (EOC) was activated on March 19, 2020. The associated email address, emergency number and weekly, bi-weekly, tri-weekly (frequency determined by the Partners) EOC Partner teleconferences, has provided a coordination hub and efficient message forwarding and information sharing service to our Partners. As of year-end the NITHA EOC has processed approximately 6000 email requests.

## Challenges

Dedicated full-time positions in the area of Emergency Response and Preparedness remain the most significant challenge. COVID-19 outbreaks, lockdowns and restrictions from certifying bodies have made the delivery of face-to-face training challenging. Due to unforeseen circumstances, First Responder Training needed to be cancelled as community members were unable to attend. It is important for Stakeholders to continue to advocate for first level ERC positions and funding to ensure that community all hazard and communicable disease plans are up to date. As well as to improve manpower for risk surveillance and emergency coordination at the first level. It is important to advocate for all Virtual training (including evaluation and practice) to be supported by licencing and certifying bodies.

## Priorities For The Upcoming Year

NITHA will continue to support the Partners through their respective ERCs in ensuring community response plans are taking an “All Hazard” approach that is a sound and evidence-based approach to emergency planning. Adopting an “All Hazards” approach ensures that the plan is accessed for all community contingencies. NITHA will support and assist communities as they build sustainable capacity in First Responder initiatives that bring training “in house”. NITHA will continue to keep abreast of registered and licenced body requirements and activities as well as providing mentorship and train-the-trainer capacity. NITHA will continue to explore virtual Professional Responder Programs in 2022-23 to achieve higher training goals than were realised this fiscal year due to COVID-19 restrictions on face-to-face training. Full body manikins have been sent to Partner instructors to minimize person to person contact. NITHA ERC will continue to provide support in Pandemic and Communicable Disease Contingency Planning, the *NITHA Communicable Disease Plan* and the *NITHA Communicable Disease Planning Manual*. NITHA will continue to 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.



**NITHA**  
**COVID-19 RESPONSE**  
**UPDATE**  
 NOVEMBER 30, 2021

NORTHERN INTER-TRIBAL  
 HEALTH AUTHORITY

A graphic with a yellow background. On the left is a small image of a glass vial labeled 'COVID-19 VACCINE'. To its left is the NITHA logo, which is a circular emblem with a mountain, sun, and water, surrounded by the text 'NORTH OREGON INTER-TRIBAL HEALTH AUTHORITY'. On the right, the text 'NITHA COVID-19 RESPONSE UPDATE' is written in large, bold, blue letters, with 'February 8, 2022' below it in smaller black letters. A blurred image of a DNA helix is in the background.

# NORTHERN TRIBAL HEALTH AUTHORITY

## EMERGENCY PREPAREDNESS GUIDE FOR COMMUNITY MEMBERS

UPDATED JULY 14, 2021



Sasatchewan Wild Fire  
2015






**Background:** In 2015, Saskatchewan experienced one of the largest wild fires in the history of the province. Over 100,000 hectares were impacted, and a number of communities were forced to evacuate. The fire was caused by a lightning strike in a forested area, and it spread rapidly due to dry conditions and strong winds. The fire caused significant damage to the environment and infrastructure, and it resulted in the loss of many lives. The fire was a major disaster for the province, and it highlighted the need for better emergency preparedness and response plans.

**Recommendations:** The following recommendations are based on the findings of the investigation into the Saskatchewan Wild Fire 2015. These recommendations are intended to help communities and individuals prepare for and respond to future wild fire emergencies. The recommendations are organized into four categories: Preparedness, Response, Recovery, and Mitigation. Each category contains a list of specific actions that should be taken to reduce the risk of wild fire and to ensure that communities and individuals are able to respond effectively in the event of a wild fire emergency.

Recommendations for Heavy Smoke Conditions	Health Effects	Caldwell Statement	Other Actions for Health Teams
<p><b>PM2.5 &lt; 40 µg/m³</b> Good Visibility &gt; 16 km and PM2.5 &lt; 41 to 80 µg/m³ Moderate Visibility &lt; 16 to 14 km</p>	<p>None</p>	<p>People with heart or lung disease should pay attention to symptoms. If symptoms increase, contact your health care provider.</p>	<p>Issue PM2.5 advisory to public based on health effects and symptoms and advise to reduce activities.</p>
<p><b>PM2.5 &gt; 81 to 175 µg/m³</b> Increasing potential of respiratory symptoms and aggravation of lung disease with an advisory</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>If a smoke advisory is issued to the public, health teams should be ready to respond to requests for assistance. People should be advised to stay indoors and avoid strenuous activity.</p>
<p><b>PM2.5 &gt; 176 to 350 µg/m³</b> Increasing health effects and aggravation of lung and heart disease. People with heart and lung disease should avoid strenuous activity.</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>Issue a smoke advisory to the public based on health effects and symptoms and advise to reduce activities. People should be advised to stay indoors and avoid strenuous activity.</p>
<p><b>PM2.5 &gt; 351 to 500 µg/m³</b> Very unhealthy Visibility &lt; 1 km</p>	<p>Significant health effects are expected. People with heart and lung disease should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>Issue a smoke advisory to the public based on health effects and symptoms and advise to reduce activities. People should be advised to stay indoors and avoid strenuous activity.</p>
<p><b>PM2.5 &gt; 501 to 700 µg/m³</b> Hazardous Visibility &lt; 0.5 km</p>	<p>Severe health effects are expected. People with heart and lung disease should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>People with respiratory or heart disease, the elderly and children should avoid strenuous activity and limit time spent outdoors. If symptoms of heart or lung disease increased, contact your health care provider.</p>	<p>Issue a smoke advisory to the public based on health effects and symptoms and advise to reduce activities. People should be advised to stay indoors and avoid strenuous activity.</p>

Adapted from: Saskatchewan Public Health Association. Preparedness for Forest Fires and the Assessment of Health Risks from Smoke from Forest Fires, 2018.



# BEAT THE HEAT

Heat related illnesses occur when we can't transfer enough heat away from our body through sweating and blood flow to the skin. Babies, elderly, obese persons and people with chronic conditions are at greater risk, because their bodies don't transpire as effectively. However, anyone is at risk for possible heat-related illness and should take precautions.

**General tips:**

- Stay hydrated...Drink plenty of water.
  - Remember caffeinated or alcoholic drinks can lead to dehydration.
- Exercise when it is cooler and try to stay out of the sun.
- When outside wear loose fitting, light-coloured clothing—don't forget sunblock and a wide-brimmed hat and mosquito repellent.
- **NEVER** leave children and/or pets unattended in vehicles.
- Check on children often to see if they are staying cool.
- If you take medications, check with your doctor or pharmacist about possible side effects during extreme heat.

Babies, children, pregnant women and the elderly are more vulnerable to extreme heat. Ensure they are adequately protected and kept cool.


**Cooling down:**

- Go to a public place that is cool (shopping mall, public library, church, pool).
  - Even an hour or two in air conditioning can help your body stay cooler when you go back into the heat.
- Cool yourself off by taking a cool shower, bath or sponge bath.
- Cool damp cloths on the back of the neck can also help cool your body down.
- Point a fan at a bucket filled with four cups of ice water. This will produce cool air that will help cool you down.
  - Electric fans may provide comfort but when the temperature is in the high 30s, fans will not prevent heat-related illness.

**Keeping your house cool:**

- Cool your house down at night: open windows to let hot air out if the evening air is cool.
- Avoid the use of ovens, washing machines, and dishwashers that heat up your house during the day.
- Keep your curtains or blinds closed during the day, especially on windows that face south or west.
- Close windows when the outside is hotter than inside your house.

**Remember your neighbours, family and friends that might be on their own: check on them, bring water, and ensure they are keeping cool.**

	<h1>HEAT-RELATED ILLNESSES</h1>
<h2>WHAT TO LOOK FOR</h2>	<h2>WHAT TO DO</h2>
<h3>HEAT STROKE</h3> <ul style="list-style-type: none"> <li>• High body temperature (103°F or higher)</li> <li>• Hot, red, dry, or damp skin</li> <li>• Fast, strong pulse</li> <li>• Headache</li> <li>• Dizziness</li> <li>• Nausea</li> <li>• Confusion</li> <li>• Losing consciousness (passing out)</li> </ul>	<ul style="list-style-type: none"> <li>• Call 911 right away-heat stroke is a medical emergency</li> <li>• Move the person to a cooler place</li> <li>• Help lower the person's temperature with cool cloths or a cool bath</li> <li>• Do not give the person anything to drink</li> </ul>
<h3>HEAT EXHAUSTION</h3> <ul style="list-style-type: none"> <li>• Heavy sweating</li> <li>• Cold, pale, and clammy skin</li> <li>• Fast, weak pulse</li> <li>• Nausea or vomiting</li> <li>• Muscle cramps</li> <li>• Tiredness or weakness</li> <li>• Dizziness</li> <li>• Headache</li> <li>• Fainting (passing out)</li> </ul>	<ul style="list-style-type: none"> <li>• Move to a cool place</li> <li>• Loosen your clothes</li> <li>• Put cool, wet cloths on your body or take a cool bath</li> <li>• Sip water</li> </ul> <p><b>Get medical help right away if:</b></p> <ul style="list-style-type: none"> <li>• You are throwing up</li> <li>• Your symptoms get worse</li> <li>• Your symptoms last longer than 1 hour</li> </ul>
<h3>HEAT CRAMPS</h3> <ul style="list-style-type: none"> <li>• Heavy sweating during intense exercise</li> <li>• Muscle pain or spasms</li> </ul>	<ul style="list-style-type: none"> <li>• Stop physical activity and move to a cool place</li> <li>• Drink water or a sports drink</li> <li>• Wait for cramps to go away before you do any more physical activity</li> </ul> <p><b>Get medical help right away if:</b></p> <ul style="list-style-type: none"> <li>• Cramps last longer than 1 hour</li> <li>• You're on a low-sodium diet</li> <li>• You have heart problems</li> </ul>
<h3>SUNBURN</h3> <ul style="list-style-type: none"> <li>• Painful, red, and warm skin</li> <li>• Blisters on the skin</li> </ul>	<ul style="list-style-type: none"> <li>• Stay out of the sun until your sunburn heals</li> <li>• Put cool cloths on sunburned areas or take a cool bath</li> <li>• Put moisturizing lotion on sunburned areas</li> <li>• Do not break blisters</li> </ul>
<h3>HEAT RASH</h3> <ul style="list-style-type: none"> <li>• Red clusters of small blisters that look like pimples on the skin (usually on the neck, chest, groin, or in elbow creases)</li> </ul>	<ul style="list-style-type: none"> <li>• Stay in a cool, dry place</li> <li>• Keep the rash dry</li> <li>• Use powder (like baby powder) to soothe the rash</li> </ul>

Source: [https://www.cdc.gov/diseases/prevention/heat/04/04/heat\\_illness\\_neth.html](https://www.cdc.gov/diseases/prevention/heat/04/04/heat_illness_neth.html)

# Nursing Program

In the Nursing Program, the Nursing Program Advisor (NPA) supports the Partnership by identifying best practice trends that support the Partners to meet and maintain 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 within the Partnership. This is done by providing advice, coordination, training resources, data support and management, planning and research and policy development. Continuing competency for all nursing staff is critical and support to second level nursing supervisors remains a priority. NITHA 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. Another key piece this program provides is ongoing education and training for nurses, this includes proposal preparation as well as coordinate or facilitate the delivery of recommended education and training programs.

- The NITHA Nursing Program supports clinical practice by ongoing reviews of scope of practice and the coordination of nursing orientation.

## Program Accomplishments

In the past fiscal year, Covid 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. Many documents were developed in partnership with the Saskatchewan Health Authority (SHA) and Indigenous Services Canada (ISC) to guide the work regarding the Covid-19 pandemic.

## Challenges

The Nurse Program Advisor position became vacant in August 2021 and recruitment was ongoing.

## Priorities For The Upcoming Year

- It is NITHA's priorities to get back on track and welcome Carrie Gardipy into the role of NPA.
- Resumption of the coordination and facilitation of the NITHA Annual Nursing Conference
- Sexual Assault Training for Frontline Nurses will be coordinated and provided in the New Year.

# Nutrition Program

The Nutrition Program supports the second level dietitians and nutritionists to plan, implement and evaluate nutrition initiatives for their communities. In collaboration with other programs and staff within the NITHA office, the Nutrition Program supports other NITHA programs and staff with evidenced based nutrition information.

## Program Accomplishments

Throughout the year the Nutrition and Activity Living Working Group, in which 2nd Level Dietitians and Nutritionists are members, met to discuss ongoing projects and generate new programming ideas.

NITHA's Nutrition Program assisted in the planning of the annual School Nutrition Mentoring Program workshop, an initiative of the Healthy Eating Team (HET). This year the workshop was presented virtually in October 2021 over a two-day period and 30 participants from the NITHA Partnership attended.

A new Facebook Page entitled, “Nourish the North: Cooks Club” was launched as a way to maintain conversation, post resources, promote and foster ideas from participants throughout the year.

The Nutritionist attended the Northern Saskatchewan Food Security Coalition meetings and was also invited to become a member in the newly formed Indigenous School Food Working Group. This newly formed group advocates for a country wide, fully funded school nutrition program for all Indigenous communities. Both of the abovementioned working groups are instrumental in advocating for food security and sovereignty for NITHA's Indigenous Northern Communities as well as for all Indigenous communities throughout Canada.

The NITHA's Nutrition Program participates in the Healthy Eating Team (HET), part of the Northern Healthy Community Partnership (NHCP). As well, NITHA is a member of the Dietitians Working with First Nations Working Group (DWFN); there is representation from all First Nations communities in Saskatchewan. Both groups work together to generate ideas for the common goal of promoting health and well-being for First Nations people who are from the communities we serve.

Gardening is one initiative within the Healthy Eating Team (HET). The HET funded and purchased vegetable seeds, seed potatoes and onions for the NITHA and northern SHA communities for home and community gardens. Seeds are in high demand this year and in short supply. The HET purchased the seeds in bulk which were more readily available and more cost efficient. The seeds were then packaged into smaller quantities and then distributed to communities.

This year’s nutrition month theme was “Ingredients for a Healthier Tomorrow”. The Nutrition Program collaborated with the Northern Healthy Communities Partnership - Healthy Eating Team to provide a Nutrition Month social media campaign throughout the month of March. The overall response was very well received.

2021-22 marked an important year for dietitians. The Saskatchewan Dietitian Association (SDA) has expanded the scope of practice for dietitians. They are now able to recommend nutrition supplements for a client for funding approval through Non-Insured Health Benefits (NIHB). In order to make the recommendation process consistent throughout the province the DWFN group was asked to assist in the development of the form to be used by the dietitian that would be submitted to the pharmacist. The Dietitian’s ability to recommend nutrition supplements benefits clients in that the type of supplement can be recommended more accurately and efficiently since a dietitian is the expert in the field of clinical nutrition.

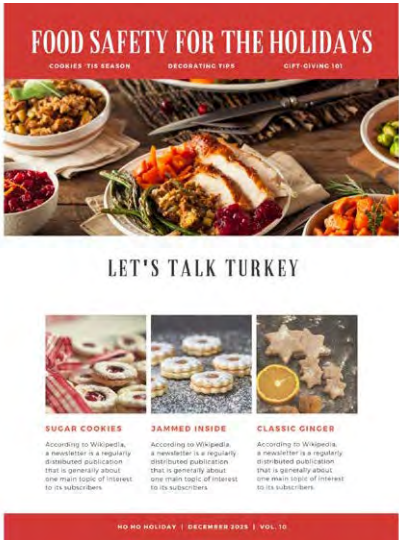


Challenges

The main challenge this year was juggling redeployment as part of the NITHA COVID-19 Response Team while still supporting and maintaining a focus on nutrition programming to the Partners.

Priorities For The Upcoming Year

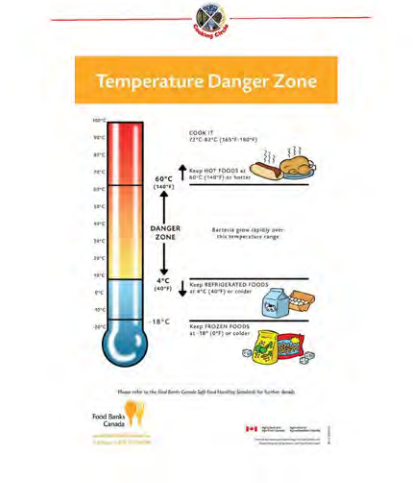
First priority for 2022-23 is to organize a face to face meeting with the Nutrition and Active Living Working group members if deemed safe to do so. Secondly, is to have and promote an on-going nutrition education presence on social media.



FoodSafety.gov

Cold Food Storage Chart

Food	Type	Refrigerator (40°F or below)	Freezer (0°F or below)
Salad	Egg (chicken, ham, tuna, and veggie)	3 to 4 days	Does not freeze well
Hot dogs	Opened package	1 week	1 to 2 months
	Unopened package	2 weeks	1 to 2 months
Luncheon meat	Opened (package or deli)	3 to 5 days	1 to 2 months
	Unopened (package)	2 weeks	1 to 2 months
Bacon and sausage	Sliced	1 week	1 month
	Sausage, ribs, ham, chicken, turkey, pork, or beef	1 to 2 days	1 to 2 months
	Sausage, fully cooked, from chicken, turkey, pork, or beef	1 week	1 to 2 months
	Sausage, purchased frozen	After cooking, 3-4 days	1-2 months from date of purchase
Handburger, ground meats and ground poultry	Handburger, ground beef, turkey, chicken, other poultry, veal, pork, lamb, and modules of trim	1 to 2 days	3 to 4 months
Fresh beef, veal, lamb, and pork	Steaks	3 to 5 days	8 to 12 months
	Chops	3 to 5 days	8 to 12 months
	Roasts	3 to 5 days	8 to 12 months
Fish	Fresh, uncooked, uncooked	3 to 5 days	6 months
	Fresh, uncooked, cooked	3 to 4 days	3 to 4 months



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

NITHA produced an evaluation report of the “Shared” Med Access EMR which focused on benefits to provider collaboration between MDs and First Nations RNs and to support the change from paper to an electronic client charting system.

NITHA facilitated access for the Partners to the Panorama quick data entry forms CQE and VDTs and to the Investigations and Outbreaks Module (IOM) of Panorama. Consent was also obtained from all Northern First Nations to access Panorama reports making it easier to provide immunization coverage reports for Northern First Nations.

NITHA acquired new Uninterruptable Power Supplies (UPS) for all northern health centers. The UPS will protect the local network equipment from power fluctuations.

NITHA was able to acquire MS Office 2021 Licenses for all northern healthcare centers and workers. The newer office version is better and fixes compatibility problems. The helpdesk technician will create new training courses for MS Office 2021 (Word, Excel, Outlook, and PowerPoint) to ensure healthcare workers utilize and benefit from the new version.

NITHA and Manitoba Chiefs successfully advocated with the Assembly of First Nation (AFN) Chiefs to support the establishment of a National Indigenous IT Alliance (NIITA). The alliance will provide opportunities for reduced hardware and software pricing as well as professional development options for First Nations IT personnel.

As part of the COVID-19 response effort, NITHA acquired compact and portable Ultra-Low Temperature freezers for the vaccine depot sites at NITHA, MLTC and LLRIB. The freezers are used for the Pfizer and Moderna COVID-19 vaccines.

Challenges

NITHA has been attempting to use Panorama’s reporting capabilities to produce immunization coverage reports; however, the reports are unreliable. This is due to confusing data entry options for certain fields. The solution is to improve and standardize the naming conventions for the Jurisdictional Organization and Service Delivery Location, but this is a slow and complex process to implement.

The GeneXpert systems used for COVID-19 PCR testing in the communities has been a challenge to maintain, mainly due to staff changes. NITHA will continue to work with the 2nd level to ensure designated GeneXpert operators are trained and certified with routine proficiency tests completed as required.

Priorities For The Upcoming Year

During 2021-2022, NITHA upgraded several telehealth units and Wi-Fi networks and will upgrade the remaining sites in the new year. The goal is to make the telehealth carts truly mobile and reliable so that scheduled sessions are not missed due to technical issues. Depending on need, sites will receive new carts, video codecs or both.

NITHA implemented a new centralized disaster recovery and high availability (DR/HA) server system which will enable the Partner organizations to back up their data and access their IT systems in times of disaster or during evacuations. Partner organizations can utilize the service in the new year on a voluntary basis. NITHA will support the Partners to utilize the service as required.

NITHA will continue to participate in the Unified Medical Group (UMG) Project. Their goal is to implement a single shared EMR system for MDs in the Prince Albert area. NITHA’s role is to protect First Nations data and business interests and to prepare the way for any First Nations organizations wanting access to this shared EMR.

NITHA will continue to participate in Saskatchewan eHealth “Virtual Care” initiative. The objective of this initiative is to move away from the hardware-based telehealth systems and use a software-based system for medical consults in the home and on mobile phones.

Tobacco Project

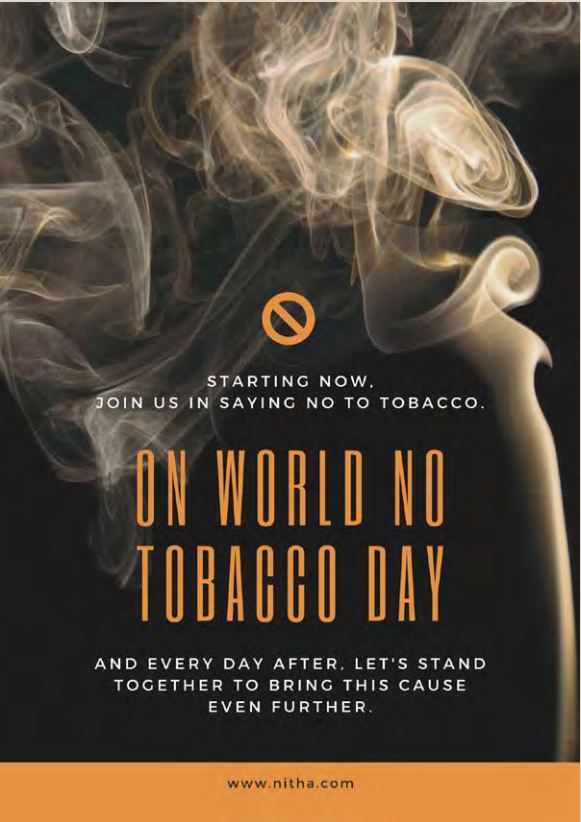
The Tobacco Program supports and works collaboratively with Community Tobacco Coordinators at the second level. The focus this year was on implementing the six essential elements of the Canada Tobacco Control Strategy (CTCS): Protection, Reduced access to tobacco products, Prevention, Education, Cessation, Data collection, and Evaluation. The Northern Saskatchewan Breathe Easy campaign continued with an overall goal that Northern Saskatchewan communities will be free of commercial tobacco misuse while being respectful of the traditional/sacred use tobacco.

Activities implemented in Partner communities aligned with the six elements of the CTCS. The primary goal was on education with a focus on targeting the younger population; however, to bring our rates to the same or comparable with that of the province and nation, more needs to be done to achieve this. Due to the pandemic, the goals set by the Northern Saskatchewan Breathe Easy team were not all able to be accomplished.

Program Accomplishments

The NSBE reading book “Justin and Sacred Tobacco’ was identified as a best practice tool for all schools in First Nations Head Start Programs. Funding to print additional copies of the book was secured by FNIHB through the Aboriginal Head Start on Reserve (AHSOR) Program. Copies were printed and distributed to all Head Start Programs and daycares on reserve throughout the province. In addition to the book, the “Justin and Jason learn about Tobacco” booklet was printed and distributed to Partner communities.

Upon the NITHA Partnership request, some of the elementary school resources were translated from English to Cree and Dene for distribution to the communities. Testimonials were received from community members on how the NITHA Tobacco Program has helped individuals to quit smoking. These testimonials were used to develop podcasts that will be made available on different platforms across NITHA Partnership. NITHA collaborated with Saskatchewan Cancer Agency (SCA) and other agencies to secure a funding opportunity through the Saskatchewan Health Research Foundation (SHRF). The funding provided a good opportunity to support the smoking cessation efforts within the Lung Cancer Screening (LCS) and Prevention Project. The group was awarded a two-year Impact Grant to integrate Smoking Cessation alongside the forthcoming LCS Program in Northern Saskatchewan. The NITHA Tobacco Project was selected as a key informant to discuss how NITHA contributed to the development of Talk Tobacco. NITHA contributed to this process through meetings, surveys and/or community engagement sessions hosted by the Canadian Cancer Society.





Challenges

Due to COVID, the NSBE youth and maternal smoking rate surveillance was put on hold. The non-availability of funding needed to implement community-based activities has been a challenge. It has been difficult to get CHDs, prenatal nurses, etc. on board with Brief Intervention Tobacco Cessation training, especially if they are smokers. It's also been difficult to implement retailers training with managers of band owned stores. Due to the lack of capacity, it has also been challenging to expand smoking cessation training to Frontline health staff. The Tobacco Program is exploring other means of collecting data online during this pandemic era and explore possibilities of online training platforms for Partner frontline workers on the developed training resources.

Priorities For The Upcoming Year

Plans for the Tobacco Program include seeking out and recruiting local youth ambassadors to revitalize and expand the audience of its social marketing campaign to increase traffic to our NSBE Facebook Page. Several campaign messages will be developed and posted continuously on NSBE social media.

Creating digital signage for each of the 33 Partner communities is on the radar, this will display anti-tobacco messages. In addition, community workshops targeting the general community members will be planned, as well as focus on providing training to youth workers to be ambassadors of their communities to support those who want to quit smoking. Exploring the most effective teen vaping prevention and cessation messages in this era of COVID-19 pandemic.



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 unit provides the following:

- Keeps and maintains accurate financial record management.
- Implements financial decisions of the leadership and ensures policy compliance.
- Develops and maintains financial and human resource policies following leading practices.
- Works with the NITHA programs to plan, develop and implement NITHA communication, marketing and public relations activities.
- Meets with unit managers and the MHO to ensure programs and services being delivered are in line with the NITHA Strategic Plan.

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



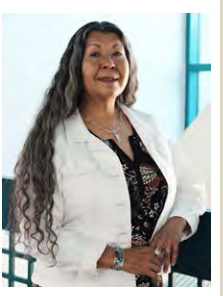
TARA CAMPBELL  
Executive Director



HEATHER BIGHEAD  
Executive Assistant to the Executive Director



DAVID JORGENSEN  
Finance Manager



MELVINA AUBICHON  
Human Resource Manager



DANIELLE MACDONALD  
HR/Finance Assistant



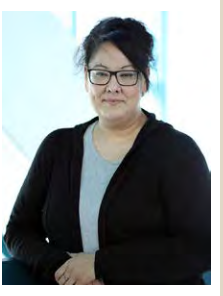
NATASHA GILLERT  
Communications Officer



FLORA ROSS  
Receptionist/Office Assistant (Former)



CHARITY FLEURY  
Receptionist/Office Assistant (Term)



DEANNE JANVIER  
COVID-19 Administrative Support

# Human Resources

The NITHA HR Program supports the NITHA Staff and Partnership to strategically plan, implement, and monitor human resource programs and services and to achieve NITHA's and the Partnership's HR goals and objectives through effective and efficient planning of human capital. The HR responsibilities throughout the year include employment legislation compliance; compensation/benefits analysis; recruitment and retention; policy and procedures review and updates; employee onboarding and orientation; employee relations concerns; employee training and development; job design and evaluation; performance management; HR data and record-keeping maintenance; and Partnership HR services and advice.

## Program Accomplishments

During the 2021-2022 fiscal year, HR concentrated on the following: recruitment of vacant positions, orientations of new employees, job description updates, assisted with the NITHA Partners compensation review, supported NITHA Partners with their HR needs, and continued to update the NITHA Personnel Management regulations and Occupational Health and Safety policies to remain compliant with any updates to the Canada Labour Code (CLC) and ongoing updates Bamboo HRIS as required. Some specific highlights for the year include:

- Amendments to the CLC's mandatory Workplace Harassment and Violence Prevention legislation were incorporated into NITHA's Personnel Management Regulations policies. This policy update was shared with staff via BambooHR and staff were requested to sign off confirming that they have read the policy.
- In response to the mandatory Workplace Harassment and Violence Prevention legislation, NITHA provided mandatory online training for all employees.
- Group Insurance provider, First Nations Insurance Services conducted a market review of its benefits and shared its findings. First Nations Insurance Services will continue to provide NITHA's group insurance policy and services.
- Respectful Workplaces presentations were provided to the LLRIB Health Services staff.
- HR Advisor was appointed to the Northern Career Quest (NCA) board. This is a training sponsorship agency. Due to the recent addition of the health sector to their portfolio; they reached out to NITHA for participation.
- Assisted with the NITHA Partners compensation review and process. Report forthcoming by early May 2022.
- Reviewed and recommended revisions to the general office procedure policy for Protecting Personal Health Information.
- Participated in the virtual conference, career fair, HR legislation webinar, and in-house staff training, including, KCDC Virtual Career Fair, 17th Annual Nurse Practitioner Education Virtual Conference, Cultural Conversations, Rapid Antigen Testing training, and Conducting Effective Workplace Investigations.

## STAFF VACANCIES

Over the course of the reporting year we seen five (5) permanent staff members leave the organization. By year-end, NITHA recruited the following positions: 2 (two) full-time TB Nurses; 1 (one) full-time Epidemiologist; 2 (two) term Nurses (CDC and TB); 1 (one) term Receptionist Office Assistant; and 1 (one) Nursing Program Advisor.

The HIV Strategy Coordinator and Researcher positions are currently open until filled. The Public Health Nurse competition closed in mid-April 2022.

A total of 79 applicants applied for the following positions, which were filled during the 2021-2022 fiscal year:

POSITION TITLE	DATE FILLED
CDC Nurse (Term)	April 2021
TB Nurse	July 2021
TB Nurse	July 2021
Receptionist Office Assistant (Term)	August 2021
Epidemiologist	October 2021
TB Nurse (Term)	November 2021
HIV Strategy Coordinator	Open until Filled
Researcher	Open until Filled
Nursing Program Advisor	March 2022
Public Health Nurse	Closed – Recruitment in Process



Below is the breakdown of the various sources applicants have applied:

SOURCE	VISITORS	APPLICANTS	HIRES
BambooHR	797	5	0
Facebook	15	0	0
Indeed	1167	31	0
Other:	570	16	0
NITHA HR email (SaskJobs / networking / nationtalk.ca)	27	27	7
TOTAL	2576	79	7





Challenges

- Nursing positions continue remain amongst our hard to fill positions. This is also true across the NITHA Partnership. It is recommendation to explore recruitment mediums such as MBC Radio, Health Canada, Post Secondary Institutions, etc. The HR Advisor will work with the HR Working Group to brainstorm recruitment strategies.
- The HR Working Group was unable to meet during 2021-2022 due to the COVID-19 pandemic which was a huge factor in coordinating working group meetings. As well, some partners experienced HR personnel shortages due to vacancies. The HR Advisor will utilize doodle poll and video conferencing to support meeting coordination.
- Attendance at in-person Career Fairs and Networking events was minimal due to the COVID-19 pandemic which we seen such events as career fairs and various conferences being postponed or cancelled, as a result, events are now offered virtually. Some events will resume in-person networking opportunities in the fall of 2022.

Priorities For The Upcoming Year

- To attain a full balance of human capital at NITHA for business continuity.
- Continue strengthening NITHA Partnership relationships by engaging the HR Working Group.
- Develop a Human Resources strategy with the NITHA HR Working Group to address the needs and the challenges of the Partnership.
- Ongoing maintenance of HR and OH&S policies and procedures to ensure compliance with employment, health and safety, and human rights legislation.
  - NITHA Occupational Health and Safety policy must be also updated to further comply with the CLC Workplace Harassment and Violence Prevention amendments. Also, Templates forms for Workplace Harassment and Violence Prevention will need to be developed.
- Preparation for the enforcement of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code. Bill C-3 received Royal Assent on December 17, 2021. This will affect Medical Leave and Intimidation – health services. An enforcement date has yet to be determined.
- Provide human resources management advice, guidance, and support to NITHA and Partners.
- Participate in networking opportunities as warranted.
- Promote awareness of NITHA and its Partnership services and employment opportunities.



THE NITHA PARTNERSHIP ORGANIZATIONS:



Prince Albert Grand Council



Meadow Lake Tribal Council



Peter Ballantyne Cree Nation



Lac La Ronge Indian Band

are seeking:

**CASUAL AND PERMANENT LPN, RN, RN(AAP), NP**

to assist with Public Health and Primary Care.



In an effort to assist the NITHA Partnership in the recruitment of Nurses, qualified applicants will be forwarded to the Partners and Independent Bands for consideration.

Please forward resume, credentials and for additional information please contact [hr@nitha.com](mailto:hr@nitha.com)

Finance

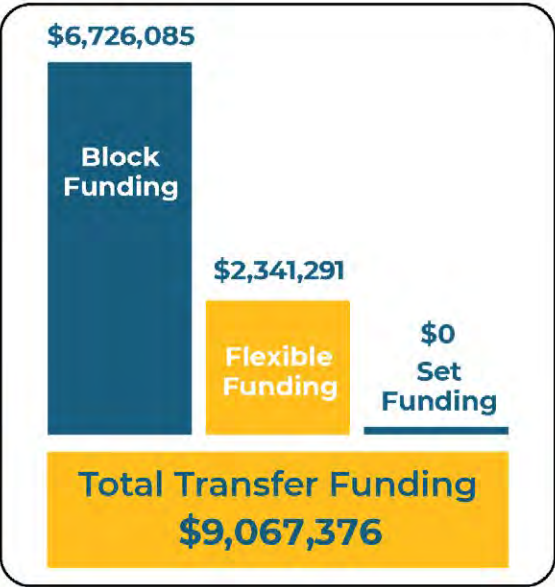
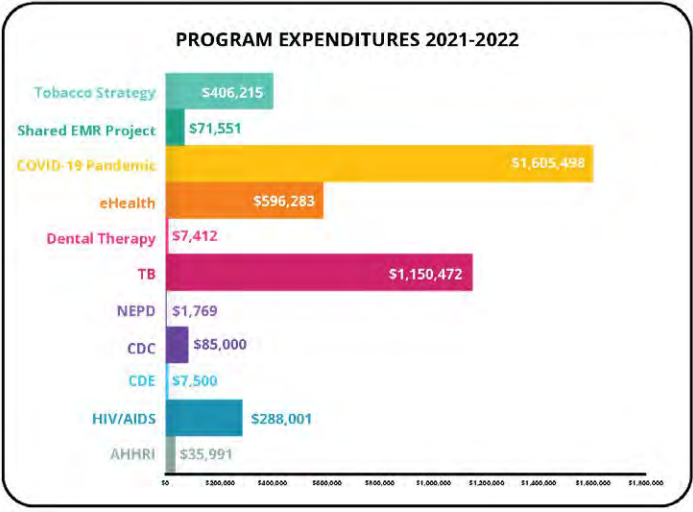
The Finance Manager preforms professional, advisory and confidential financial duties abiding by the Financial Management Policy and Procedures Manual. The Finance Manager prepares the annual program budgets, provides monthly and annual financial reports, and ensures financial management is consistent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

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 2021-2022 FINANCIAL STATEMENTS

The 2021-2022 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 Health Authority. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of Health Authority’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 24, 2022

*Jara Campbell*

Executive Director

# Independant Auditor’s Report

To the Partners Northern Inter Tribal Health Authority Inc.:



**Opinion**

We have audited the financial statements of Northern Inter Tribal Health Authority Inc. (the “Health Authority”), which comprise the statement of financial position as at March 31, 2022, 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 the Health Authority as at March 31, 2022, 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 the Health Authority 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 the Health Authority’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 the Health Authority or to cease operations, or has no realistic alternative but to do so.

The Board of Chiefs is responsible for overseeing the Health Authority’s financial reporting process.



ACCOUNTING > CONSULTING > TAX

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# Independant 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 the Health Authority’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 the Health Authority’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 the Health Authority 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 24, 2022

MNP LLP

Chartered Professional Accountants




Northern Inter-Tribal Health Authority Inc.

Statement of Financial Position

As at March 31, 2022

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2022	2021
<b>Assets</b>						
<b>Current</b>						
Cash	952,204	5,966,962	172,597	-	7,091,763	5,517,979
Accounts receivable (Note 3)	25,359	-	-	-	25,359	46,154
Prepaid expenses	14,431	-	-	-	14,431	6,522
	991,994	5,966,962	172,597	-	7,131,553	5,570,655
<b>Tangible capital assets (Note 4)</b>						
	-	-	-	474,951	474,951	351,861
	991,994	5,966,962	172,597	474,951	7,606,504	5,922,516
<b>Liabilities</b>						
<b>Current</b>						
Accounts payable (Note 5)	689,842	-	-	-	689,842	733,223
Deferred revenue (Note 7)	302,152	-	-	-	302,152	323,529
	991,994	-	-	-	991,994	1,056,752
<b>Contingencies (Note 16)</b>						
<b>Net Assets</b>						
Appropriated surplus (Note 8)	-	5,966,962	-	-	5,966,962	4,340,497
Surplus appropriated for scholarships (Note 9)	-	-	172,597	-	172,597	173,406
Invested in tangible capital assets	-	-	-	474,951	474,951	351,861
	-	5,966,962	172,597	474,951	6,614,510	4,865,764
	991,994	5,966,962	172,597	474,951	7,606,504	5,922,516

Approved on behalf of the Board of Chiefs  
  
Board Member

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Operations  
For the year ended March 31, 2022

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2022	2022	2021
Revenue							
First Nations and Inuit Health							
Grant revenue	9,067,376	-	-	-	9,067,376	6,208,537	7,803,010
Transfer (to) from deferred revenue	(47,407)	-	-	-	(47,407)	141,627	(78,335)
Funding recovered	405	-	-	-	405	1,000	-
Canadian Partnership Against Cancer							
Grant revenue	47,453	-	-	-	47,453	97,000	148,345
Transfer (to) from deferred revenue	72,930	-	-	-	72,930	69,011	32,976
Funding recovered	16,196	-	-	-	16,196	-	-
Health Canada							
Set revenue	43,500	-	-	-	43,500	17,800	304,631
Transfer (to) from deferred revenue	(4,146)	-	-	-	(4,146)	-	29,791
Funding recovered	99,832	-	-	-	99,832	-	-
Other revenue	3,675	-	-	-	3,675	-	-
Administration fees (Note 10)	186,941	-	-	-	186,941	-	163,072
Interest revenue	-	5,191	5,191	-	10,382	-	16,018
Total revenue	9,486,755	5,191	5,191	-	9,497,137	6,534,975	8,419,508

Northern Inter-Tribal Health Authority Inc.

Statement of Operations  
For the year ended March 31, 2022

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2022	2022	2021
(Continued from previous page)	9,486,755	5,191	5,191	-	9,497,137	6,534,975	8,419,508
Expenses							
Salaries and benefits	4,408,741	-	-	-	4,408,741	3,753,888	4,419,594
Program expenses	2,212,189	-	-	-	2,212,189	2,070,903	1,728,723
Facility costs	237,058	-	-	-	237,058	239,110	232,830
Amortization	-	-	-	200,208	-	-	223,629
Administration fees (Note 10)	186,941	-	-	-	186,941	203,104	163,072
Professional fees	144,114	-	-	-	144,114	126,916	241,808
Travel and vehicle	139,144	-	-	-	139,144	158,050	80,788
Meetings and workshops	80,513	-	-	-	80,513	207,330	33,873
Appropriated surplus projects	-	41,930	6,000	-	47,930	-	119,387
Telephone and supplies	60,258	-	-	-	60,258	71,565	61,596
Computer and equipment maintenance	44,780	-	-	-	44,780	58,760	46,716
Bank charges and interest	2,165	-	-	-	2,165	2,000	2,090
Total expenses	7,515,903	41,930	6,000	200,208	7,764,041	6,891,626	7,354,106
Excess (deficiency) of revenue over expenses before other items	1,970,852	(36,739)	(809)	(200,208)	1,733,096	(356,651)	1,065,402
Other items							
Gain on disposal of capital assets	-	-	-	15,650	15,650	-	-
Transfer from appropriated surplus	-	-	-	-	-	173,883	-
Transfer (to) from appropriated surplus	(150,951)	150,951	-	-	-	-	-
	(150,951)	150,951	-	15,650	15,650	173,883	-
Excess (deficiency) of revenue over expenses	1,819,901	114,212	(809)	(184,558)	1,748,746	(182,768)	1,065,402

The accompanying notes are an integral part of these financial statements



Northern Inter-Tribal Health Authority Inc.

Statement of Changes in Net Assets  
For the year ended March 31, 2022

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2022	2021
Net assets, beginning of year	-	4,340,497	173,406	351,861	4,865,764	3,800,362
Excess (deficiency) of revenue over expenses	1,819,901	114,212	(809)	(184,558)	1,748,746	1,065,402
Transfer to capital fund	(149,114)	(158,534)	-	307,648	-	-
Transfer to appropriated surplus	(1,670,787)	1,670,787	-	-	-	-
Net assets, end of year	-	5,966,962	172,597	474,951	6,614,510	4,865,764

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Cash Flows  
For the year ended March 31, 2022

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2022	2021
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	1,819,901	114,212	(809)	(184,558)	1,748,746	1,065,402
Amortization	-	-	-	200,208	200,208	223,629
Gain (loss) on disposal of capital assets	-	-	-	(15,650)	(15,650)	-
	1,819,901	114,212	(809)	-	1,933,304	1,289,031
Changes in working capital accounts						
Accounts receivable	20,795	-	-	-	20,795	6,908
Prepaid expenses	(7,909)	-	-	-	(7,909)	9,059
Accounts payable and accruals	(43,381)	-	-	-	(43,381)	203,701
Deferred contributions	(21,377)	-	-	-	(21,377)	15,568
	1,768,029	114,212	(809)	-	1,881,432	1,524,267
Capital activities						
Purchases of tangible capital assets	-	-	-	(323,298)	(323,298)	(209,216)
Proceeds from disposal of tangible capital assets	-	-	-	15,650	15,650	-
	-	-	-	(307,648)	(307,648)	(209,216)
Increase (decrease) in cash resources	1,768,029	114,212	(809)	(307,648)	1,573,784	1,315,051
Cash resources, beginning of year	1,004,076	4,340,497	173,406	-	5,517,979	4,202,928
Interfund adjustments	(1,819,901)	1,512,253	-	307,648	-	-
Cash resources, end of year	952,204	5,966,962	172,597	-	7,091,763	5,517,979

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements

For the year ended March 31, 2022

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 tangible 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, 2022

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.

Tangible capital assets

Purchased tangible capital assets are recorded at cost. Contributed tangible 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 fund 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, 2022

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

	2022	2021
Other receivables	18,896	34,313
Goods and Services Tax receivable	6,463	11,841
	25,359	46,154

4. Tangible capital assets

	Cost	Accumulated amortization	2022 Net book value	2021 Net book value
Automotive	295,189	186,720	108,469	102,343
Computers	1,447,241	1,311,017	136,224	121,066
Equipment	925,178	704,301	220,877	125,433
Leasehold improvements	189,482	180,101	9,381	3,019
Software	128,999	128,999	-	-
	2,986,089	2,511,138	474,951	351,861

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements

For the year ended March 31, 2022

5. Accounts payable and accruals

	2022	2021
Payroll accruals	539,633	560,684
Trade payables and accruals	150,209	172,539
	689,842	733,223

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:

	2022	2021
Prince Albert Grand Council	217,266	127,416
Meadow Lake Tribal Council	244,660	192,103
Peter Ballantyne Cree Nation	306,159	281,080
Lac La Ronge Indian Band	275,002	191,010

At March 31, 2022, accounts receivable amounting to \$nil (2021 - \$nil) and accounts payable and accruals of \$400 (2021 - \$400) 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, 2022

7.	Deferred revenue		
		2022	2021
	<b>Canadian Partnership Against Cancer</b>		
	Balance, beginning of year	72,930	105,906
	Funding received	47,452	148,345
	Funding recognized	(120,382)	(181,321)
	Balance, end of year	-	72,930
	<b>FNIH - Sexual Abuse Training</b>	-	-
	Balance, beginning of year	-	117,700
	Funding received	-	-
	Funding recognized	-	(117,700)
	Balance, end of year	-	-
	<b>FNIH - EMR Shared Project</b>		
	Balance, beginning of year	16,742	33,137
	Funding received	69,042	70,950
	Funding recognized	(71,551)	(87,345)
	Balance, end of year	14,233	16,742
	<b>FNIH - Tobacco Control Strategy</b>		
	Balance, beginning of year	20,551	21,427
	Funding received	385,664	375,644
	Funding recognized	(406,215)	(376,520)
	Balance, end of year	-	20,551
	<b>Health Canada - Substance Abuse Program</b>		
	Balance, beginning of year	-	29,791
	Funding received	43,500	304,631
	Funding recognized	(39,355)	(334,422)
	Balance, end of year	4,145	-
	<b>National Indigenous IT Alliance</b>		
	Balance, beginning of year	30,000	-
	Funding received	-	85,000
	Funding recognized	-	(55,000)
	Balance, end of year	30,000	30,000
	<b>FNIH - e-Health Infrastructure Solutions</b>		
	Balance, beginning of year	183,306	-
	Funding received	627,648	760,470
	Funding recognized	(596,283)	(577,164)
	Balance, end of year	214,671	183,306
	<b>FNIH - COVID Pandemic Funding</b>		
	Funding received	1,644,601	-
	Funding recognized	(1,605,498)	-
	Balance, end of year	39,103	-
		302,152	323,529

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2022

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:	2022	2021
	<b>Capacity development initiatives</b>		
	Opening balance	490,057	490,057
	Transfers from surplus	155,000	-
	Ending balance	645,057	490,057
	<b>Human resources initiative</b>		
	Opening balance	195,800	50,000
	Transfers from surplus	-	150,000
	Expenses	(10,000)	(4,200)
	Ending balance	185,800	195,800
	<b>Nursing initiative</b>		
	Opening balance	19,232	19,232
	Ending balance	19,232	19,232
	<b>Capital projects</b>		
	Opening balance	327,786	207,395
	Transfers from surplus	35,000	-
	Transfers to capital	(158,533)	(7,000)
	Transfers from surplus	-	135,000
	Expenses	(3,699)	(7,609)
	Ending balance	200,554	327,786
	<b>E-Health solutions</b>		
	Opening balance	62,563	62,942
	Expenses	(460)	(379)
	Ending balance	62,103	62,563
	<b>Special projects</b>		
	Opening balance	594,675	310,857
	Transfers to operations	(35,990)	-
	Transfers from surplus	695,000	283,818
	Ending balance	1,253,685	594,675
	<b>Strategic planning, long term planning and future deficits</b>		
	Opening balance	2,650,384	2,106,083
	Interest revenue	-	8,009
	Transfers from operations	-	163,072
	Expenses	(12,122)	(85,074)
	Transfers from surplus	962,269	458,294
	Ending balance	3,600,531	2,650,384
		5,966,962	4,340,497



Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2022

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>
	173,406	5,191	6,000	-	172,597
10. Administration fees					
NITHA charged the following administration fees to program activities based on funding agreements:					
				2022	2021
Communicable Disease Emergencies - Schedule 5				424	680
Communicable Disease Control - Schedule 6				2,276	-
Nursing Education - Schedule 7				147	-
TB Initiative - Schedule 9				76,004	62,886
TB Worker Program - Schedule 9				31,690	18,598
Aboriginal Human Resources - Schedule 10				3,272	3,938
Canadian Partnership Against Cancer - Schedule 15				12,416	11,803
Shared EMR Project - Schedule 16				6,505	7,941
E-Health Solutions - Schedule 17				54,207	52,226
National Indigenous IT Alliance - Schedule 18				-	5,000
				186,941	163,072

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 \$233,495 in 2022 (2021 - \$243,765).

13. Budget information

On March 23, 2021 the Board approved its operating budget based on planned expenses relating to the current year funding. Included in the operating budget was \$8,000 of planned capital purchases which are not included in the reported expenses.

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements  
For the year ended March 31, 2022

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, 2022, two accounts accounted for 89% (March 31, 2021 – two accounts for 87%) 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, 2022, 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.

Northern Inter-Tribal Health Authority Inc.

Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers  
For the year ended March 31, 2022

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)	2022	2021
<b>Block Funding</b>											
2	1,384,683	-	186,941	-	1,571,624	1,358,564	-	(186,941)	26,119	69,701	128,948
3	1,282,520	405	-	-	1,282,925	1,213,224	-	-	69,701	69,522	(66,522)
4	926,543	-	-	-	926,543	547,474	-	-	379,069	199,568	199,568
5	7,500	-	-	-	7,500	7,500	-	-	-	-	-
6	85,000	-	-	-	85,000	42,142	(42,858)	-	-	-	11,002
7	19,000	-	-	-	19,000	1,769	-	-	17,231	14,389	14,389
8	675,000	-	-	-	675,000	288,001	-	-	386,999	41,541	41,541
9	1,960,175	-	-	-	1,960,175	1,150,472	(38,400)	-	771,303	573,461	573,461
10	-	-	-	-	-	35,991	-	35,991	-	-	166,118
11	385,664	-	-	20,551	406,215	397,583	-	-	8,632	-	-
12	-	-	-	-	-	-	-	-	-	-	(407)
<b>Set Funding</b>											
13	-	143,332	-	(4,146)	139,186	139,186	-	-	-	-	-
14	-	3,675	-	-	3,675	7,412	-	-	(3,737)	(6,445)	-
15	-	63,649	-	72,930	136,579	136,762	-	-	(183)	-	-
<b>Flexible Funding</b>											
16	69,042	-	-	2,509	71,551	71,551	-	-	-	-	-
17	627,648	-	-	(31,365)	596,283	512,777	(83,506)	-	-	-	-
18	-	-	-	-	-	-	-	-	-	-	-
19	1,644,601	-	-	(39,103)	1,605,498	1,605,498	-	-	-	-	(34,543)
<b>Total</b>											
	2,341,291	-	-	(67,959)	2,273,332	2,189,826	(83,506)	-	-	-	(34,543)
	9,067,376	211,061	186,941	21,377	9,486,755	7,515,900	(164,764)	(150,950)	1,655,140	1,027,112	1,027,112

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Administration Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health Administration fees (Note 10)	1,384,683 186,941	1,364,517 -	1,344,352 163,072
	1,571,624	1,364,517	1,507,424
<b>Expenses</b>			
Salaries and benefits	888,824	981,712	816,769
Facility costs	227,826	229,010	224,793
Meetings and workshops	73,933	127,330	28,679
Telephone and supplies	54,266	65,840	56,830
Professional fees	53,510	65,000	41,740
Computer and equipment maintenance	31,217	38,260	33,105
Travel and vehicle	26,823	34,000	11,398
Bank charges and interest	2,165	2,000	2,090
	1,358,564	1,543,152	1,215,404
<b>Excess (deficiency) of revenue over expenses before transfers</b>			
	213,060	(178,635)	292,020
<b>Other items affecting program funds</b>			
Transfer to appropriated surplus	(186,941)	-	(163,072)
<b>Excess (deficiency) of revenue over expenses after transfers</b>			
	26,119	(178,635)	128,948

Northern Inter-Tribal Health Authority Inc.

Schedule 3 - Schedule of Public Health Unit Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
Other Revenue			
Expense recoveries	405	1,000	-
First Nations and Inuit Health	1,282,520	1,269,599	1,230,922
	1,282,925	1,270,599	1,230,922
<b>Expenses</b>			
Salaries and benefits	1,146,100	1,168,623	1,203,315
Program expenses			
Special projects	44,200	55,000	57,097
Program delivery	13,971	16,500	13,825
Travel and vehicle	3,888	38,250	6,433
Meetings and workshops	3,375	4,500	4,372
Supplies	1,690	7,400	2,402
Environmental cleaning workshop	-	10,000	10,000
	1,213,224	1,300,273	1,297,444
<b>Excess (deficiency) of revenue over expenses</b>			
	69,701	(29,674)	(66,522)



Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	926,543	783,263	827,255
Transfer (to) from deferred revenue	-	117,700	117,700
Other revenue	-	1,000	-
	926,543	901,963	944,955
<b>Expenses</b>			
Salaries and benefits	442,593	647,478	619,464
Program expenses			
Training	79,587	209,037	78,333
Professional fees	12,000	12,000	12,000
Special projects	6,589	-	25,603
Travel and vehicle	3,968	14,000	5,162
Program materials	1,476	2,800	2,528
Meetings and workshops	676	15,000	200
Supplies	585	2,500	2,096
	547,474	902,815	745,386
<b>Excess (deficiency) of revenue over expenses</b>	379,069	(852)	199,569

Northern Inter-Tribal Health Authority Inc.

Schedule 5 - Schedule of Communicable Disease Emergencies  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	7,500	7,500	7,500
<b>Expenses</b>			
Salaries and benefits	6,000	-	-
Training	1,076	-	6,820
Program expenses			
Administration fees (Note 10)	424	750	680
Mask fit testing	-	6,750	-
	7,500	7,500	7,500
<b>Excess (deficiency) 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, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	85,000	60,000	78,000
<b>Expenses</b>			
Salaries and benefits	17,400	14,900	-
Computer and equipment maintenance	13,564	20,500	13,611
Program expenses			
Program delivery	5,050	12,600	13,160
Program materials	3,852	6,000	5,118
Administration fees (Note 10)	2,276	6,000	-
	42,142	60,000	31,889
<b>Excess of revenue over expenses before capital transfers</b>	42,858	-	46,111
<b>Other items affecting program funds</b>			
Investment in capital asset	(42,858)	-	(35,109)
<b>Excess (deficiency) of revenue over expenses after capital transfers</b>	-	-	11,002

Northern Inter-Tribal Health Authority Inc.

Schedule 7 - Schedule of Nursing Education Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	19,000	15,000	15,000
<b>Expenses</b>			
Salaries and benefits	1,622	12,600	611
Administration fees (Note 10)	147	1,500	-
Program expenses			
Supplies	-	900	-
	1,769	15,000	611
<b>Excess (deficiency) of revenue over expenses</b>	17,231	-	14,389

Northern Inter-Tribal Health Authority Inc.

Schedule 8 - Schedule of HIV Strategy Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	675,000	400,000	404,000
<b>Expenses</b>			
Salaries and benefits	148,885	209,722	223,996
Program expenses			
Program contributions	134,000	134,000	134,000
Incentives	2,500	12,500	1,250
Program delivery	1,920	10,000	2,007
Program materials	696	22,500	1,106
Other program services	-	7,500	-
Training	-	33,175	-
Meetings and workshops	-	1,500	100
Travel and vehicle	-	4,500	-
	288,001	435,397	362,459
<b>Excess (deficiency) of revenue over expenses before transfers</b>	386,999	(35,397)	41,541
<b>Other items affecting program funds</b>			
Transfer from appropriated surplus	-	35,397	-
<b>Excess (deficiency) of revenue over expenses after transfers</b>	386,999	-	41,541

Northern Inter-Tribal Health Authority Inc.

Schedule 9 - Schedule of TB Initiative and Worker Program  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	1,960,175	1,455,178	1,470,178
<b>Expenses</b>			
Salaries and benefits	561,756	600,343	532,323
Program expenses			
Other program services	292,172	441,604	179,969
Administration fees (Note 10)	107,694	145,514	81,484
Travel and vehicle	86,705	48,000	49,535
Special projects	61,097	157,500	40,631
Incentives	20,161	9,000	5,128
Supplies	7,264	2,000	-
Telephone and supplies	5,992	5,725	4,766
Program delivery	4,623	3,000	887
Facility costs	1,820	2,000	1,592
Meetings and workshops	1,188	5,000	402
	1,150,472	1,419,686	896,717
<b>Excess of revenue over expenses before capital transfers</b>	809,703	35,492	573,461
<b>Other items affecting program funds</b>			
Investment in capital asset	(38,400)	-	-
<b>Excess (deficiency) of revenue over expenses after capital transfers</b>	771,303	35,492	573,461

Northern Inter-Tribal Health Authority Inc.

Schedule 10 - Schedule of Aboriginal Human Resource Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health	-	-	209,436
<b>Expenses</b>			
Program expenses			
Training	32,719	125,896	39,380
Administration fees (Note 10)	3,272	12,590	3,938
	35,991	138,486	43,318
<b>Excess (deficiency) of revenue over expenses before transfers</b>	(35,991)	(138,486)	166,118
<b>Other items affecting program funds</b>			
Transfer to appropriated surplus	35,991	138,486	-
<b>Excess (deficiency) of revenue over expenses after transfers</b>	-	-	166,118

Northern Inter-Tribal Health Authority Inc.

Schedule 11 - Schedule of Tobacco Control Strategy Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	385,664	375,644	375,644
Transfer (to) from deferred revenue	20,551	23,927	875
	406,215	399,571	376,519
<b>Expenses</b>			
Program expenses			
Program contributions	342,778	322,226	322,226
Salaries and benefits	42,801	45,275	47,557
Program materials	11,915	29,570	6,736
Meetings and workshops	89	1,000	-
Travel and vehicle	-	1,500	-
	397,583	399,571	376,519
<b>Excess (deficiency) of revenue over expenses</b>	8,632	-	-



Northern Inter-Tribal Health Authority Inc.

Schedule 12 - Schedule of Schedule of Special Workshop and Conferences  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
Revenue	-	-	-
Expenses			
Program expenses			
Training	-	-	407
Excess (deficiency) of revenue over expenses	-	-	(407)

Northern Inter-Tribal Health Authority Inc.

Schedule 14 - Schedule of Dental Therapy Revenue and Expenses  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
Revenue			
Other revenue	3,675	-	-
Expenses			
Facility costs	7,412	8,100	6,445
Excess (deficiency) of revenue over expenses	(3,737)	(8,100)	(6,445)

Northern Inter-Tribal Health Authority Inc.

Schedule 13 - Schedule of Substance Use & Addictions Program  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
Revenue			
First Nations and Inuit Health			
Health Canada			
Set revenue	43,500	17,800	304,631
Transfer (to) from deferred revenue	(4,146)	-	29,791
Expense Recovery	99,832	-	-
	139,186	17,800	334,422
Expenses			
Program expenses			
Program contributions	134,832	-	302,505
Travel and vehicle	4,000	14,800	8,222
Supplies	204	500	8,955
Professional fees	150	2,500	-
Meetings and workshops	-	-	20
	139,186	17,800	319,702
Excess of revenue over expenses before capital transfers	-	-	14,720
Other items affecting program funds			
Investment in capital asset	-	-	(14,720)
Excess (deficiency) of revenue over expenses after capital transfers	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 15 - Schedule of Canadian Partnership Against Cancer  
Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
Revenue			
Canadian Partnership Against Cancer			
Transfer (to) from deferred revenue	72,930	69,011	32,976
Grant revenue	47,453	97,000	148,345
Unexpended funding owing	16,196	-	-
	136,579	166,011	181,321
Expenses			
Salaries and benefits	73,815	73,235	70,898
Professional fees	49,279	25,000	94,380
Administration fees (Note 10)	12,416	-	11,803
Meetings and workshops	1,252	53,000	100
Program materials	-	10,226	3,775
Program expenses			
Training	-	1,550	365
Travel and vehicle	-	3,000	-
	136,762	166,011	181,321
Excess (deficiency) of revenue over expenses	(183)	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 16 - Schedule of Shared EMR Project Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	69,042	69,042	70,950
Transfer (to) from deferred revenue	2,509	-	16,396
	71,551	69,042	87,346
<b>Expenses</b>			
Program expenses			
Supplies	35,871	40,350	35,717
Professional fees	29,175	22,416	43,688
Administration fees (Note 10)	6,505	6,276	7,941
	71,551	69,042	87,346
<b>Excess (deficiency) of revenue over expenses after capital transfers</b>			
	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 17 - Schedule of E-Health Solutions Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	627,648	408,794	760,470
Transfer (to) from deferred revenue	(31,365)	-	(183,306)
	596,283	408,794	577,164
<b>Expenses</b>			
Program expenses			
Telecommunications	311,760	304,740	267,704
Program delivery	146,809	73,580	104,847
Administration fees (Note 10)	54,208	30,474	52,226
	512,777	408,794	424,777
<b>Excess of revenue over expenses before capital transfers</b>			
	83,506	-	152,387
<b>Other items affecting program funds</b>			
Investment in capital asset	(83,506)	-	(152,387)
<b>Excess (deficiency) of revenue over expenses after capital transfers</b>			
	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 18 - Schedule of National Indigenous IT Alliance Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
Grant revenue	-	-	85,000
Transfer (to) from deferred revenue	-	-	(30,000)
	-	-	55,000
<b>Expenses</b>			
Professional fees	-	-	50,000
Administration fees (Note 10)	-	-	5,000
	-	-	55,000
<b>Excess (deficiency) of revenue over expenses</b>			
	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 19 - Schedule of COVID Pandemic Funding Revenue and Expenses  
For the year ended March 31, 2022

	2022	2022 Budget (Note 13)	2021
<b>Revenue</b>			
First Nations and Inuit Health			
First Nations and Inuit Health	1,644,601	-	924,303
Transfer from deferred revenue	(39,103)	-	-
	1,605,498	-	924,303
<b>Expenses</b>			
Salaries and benefits	1,078,946	-	904,662
Program expenses			
Other program services	348,684	-	-
Program delivery	157,343	-	19,848
Travel and vehicle	13,760	-	39
Supplies	6,603	-	11,001
Training	162	-	3,075
Program materials	-	-	20,221
	1,605,498	-	958,846
<b>Excess (deficiency) of revenue over expenses</b>			
	-	-	(34,543)





## NORTHERN INTER-TRIBAL HEALTH AUTHORITY

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