

2022/
2023

ANNUAL REPORT

WWW.NITHA.COM

PANDEMIC RECOVERY





Land Acknowledgment

The Northern Inter-Tribal Health Authority offices are situated on Treaty 6 Territory and the Homeland of the Metis.

We pay our respects to the First Nations and Metis ancestors of this land and reaffirm our relationship with one another.

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MESSAGE FROM THE CHAIR

I was once again asked to represent the Northern Inter-Tribal Health Authority Inc. Board of Chiefs as Chairperson, and, as such, I am honored to present the activities of the organization for the period April 1, 2022, to March 31, 2023. Joining me on the Board of Chiefs were the following: Grand Chief Brian Hardlotte, Prince Albert Grand Council (PAGC); Chief Karen Bird, Peter Ballantyne Cree Nation (PBCN); Chief Tammy Cook-Searson (LLRIB). Alternate members included Vice-Chief Chris Jobb, PAGC; Councilor Mike Bird, LLRIB; and Vice-Chief Kevin Morin, PBCN.

This past year, we were pleased to see the continued downward trend of COVID-19 activity, signaling that the pandemic was ending and would not pose a serious public health threat to our communities. With this in mind, this year’s annual report theme is “Pandemic Recovery”. As a Partnership, we are learning how best to live with COVID-19 in our communities while ensuring the health and safety of our community members.

Early in 2022, it was announced that the Partnership between NITHA, USask College of Dentistry, Northlands College and Saskatchewan Polytechnic would work to establish a Dental Therapy Degree Program with four training locations in Saskatchewan. For many years, the NITHA Leadership has advocated for revitalizing the National School of Dental Therapy, which closed its doors in Prince Albert in 2011. The Partnership officially came to fruition and there will be four training location across Saskatchewan. We were excited to share that one cohort of students will be trained in Northern Saskatchewan at the Northlands College Campus in La Ronge. Recruitment for this training will focus on Indigenous Students, who in time will bridge the service gaps in Northern Saskatchewan, where the need for dental services is so great.

It has been a pleasure representing Meadow Lake Tribal Council at NITHA. In February, two new Board of Chiefs members were appointed; Vice Chief Richard Durocher of the Meadow Lake Tribal Council and Board Member, Norma Catarat of Buffalo River Dene Nation.

I wish the new board members all the best in their work with the organization and wish NITHA continued success.

Regards,



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



MESSAGE FROM THE EXECUTIVE DIRECTOR



As the Executive Director of the Northern Inter- Tribal Health Authority (NITHA), I am pleased to present our annual report on NITHA’ s activities for the 2022-2023 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. We greatly appreciate the guidance and support through year three of the COVID-19 pandemic. We express our gratitude to the Board of Chiefs and NITHA Executive Council (NEC) members for their time and dedication to NITHA. Through this commitment, we continued to ensure our business continuity throughout the global pandemic.

In May of 2022, we were pleased to announce that, in collaboration with the University of Saskatchewan, Saskatchewan Polytechnic and Northlands Colleges, a Dental Therapy degree program would be established with its’ first cohort to start in September of 2023. It will be Canada’s first and only dental therapy degree program. This program will be offered at 4 satellite campuses; in Prince Albert and in Saskatoon at the University of Saskatchewan campus, in Regina at the Saskatchewan Polytechnic campus, and in La Ronge at the Northlands College campus. The program will accept seven students per year at each campus location, for a total of 28 students per year. It will focus on recruiting Indigenous students. We look forward to our continued Partnership over the next 5 years to ensure the success of the program.

On October 4 & 5, 2022, NITHA co-hosted with Indigenous Services Canada (ISC) the Biannual Saskatchewan First Nation Health Partners Meeting in Saskatoon. It was the first in-person meeting since 2019. These meetings are a great opportunity to network with other First Nation Health Directors throughout the province as well as to hear some of the successes and challenges that our different colleagues face in various programs.

Over the past year we transitioned operation to “pandemic recovery”. As part of the transition, NITHA continued operating under the NITHA Pandemic Plan, our Emergency Operations Centre (EOC) remained active, and our internal COVID-19 Planning and Preparedness Committee began to re-focus on their respective program delivery. Public health measures and COVID-19 safety protocols continued in the NITHA office. Mandatory indoor masking protocols within the office were lifted and we continued to support staff that wished to continue



with this measure. Staff travel fully resumed and we continued to implement a hybrid workplace model with a few of our staff working a mix of working at home and in the office. We continue to ensure the health and safety of NITHA staff are at the forefront. NITHA was once again successful in securing additional funds that would support our efforts in our COVID-19 response. NITHA continued to host monthly Emergency Response Working Group Meetings to ensure that we provided regular updates to the Partners. 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.

NITHA held strategic planning sessions with the Board of Chiefs on August 29 – September 01, 2022 in Shadd Lake, SK; and then with the NEC September 19 – 23, 2022 in Edmonton; and February 10, 2023 in Prince Albert. All sessions were great opportunities for discussion of the future and to focus the work of the organization. NITHA will continue its work on reviewing and revising the strategic plan as required.

Our priorities for the coming year are to continue work through the accreditation process for the organization, complete the Traditional Medicine project and to continue our work in developing a Model of Care in the area of Mental Health. Lastly, we plan to continue our focus on our TB outbreak response and increasing awareness of sexual health.

I would like to take this opportunity to commend the work of the Community Leadership, Health Directors, Nurse Managers, front line Health Care workers and, of course, our NITHA Staff for all their efforts over the past year.

We look forward to the 2023-2024 coming year which will be our 25th year in operation and my 5th year as the Executive Director.

Tiniki,



Tara Campbell
Executive Director
Northern Inter-Tribal Health Authority



VISION AND MISSION STATEMENT

OUR VISION

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

OUR MISSION

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

PRINCIPLES

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

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

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



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 Sahgaiehc First Nation
9. Flying Dust First Nation



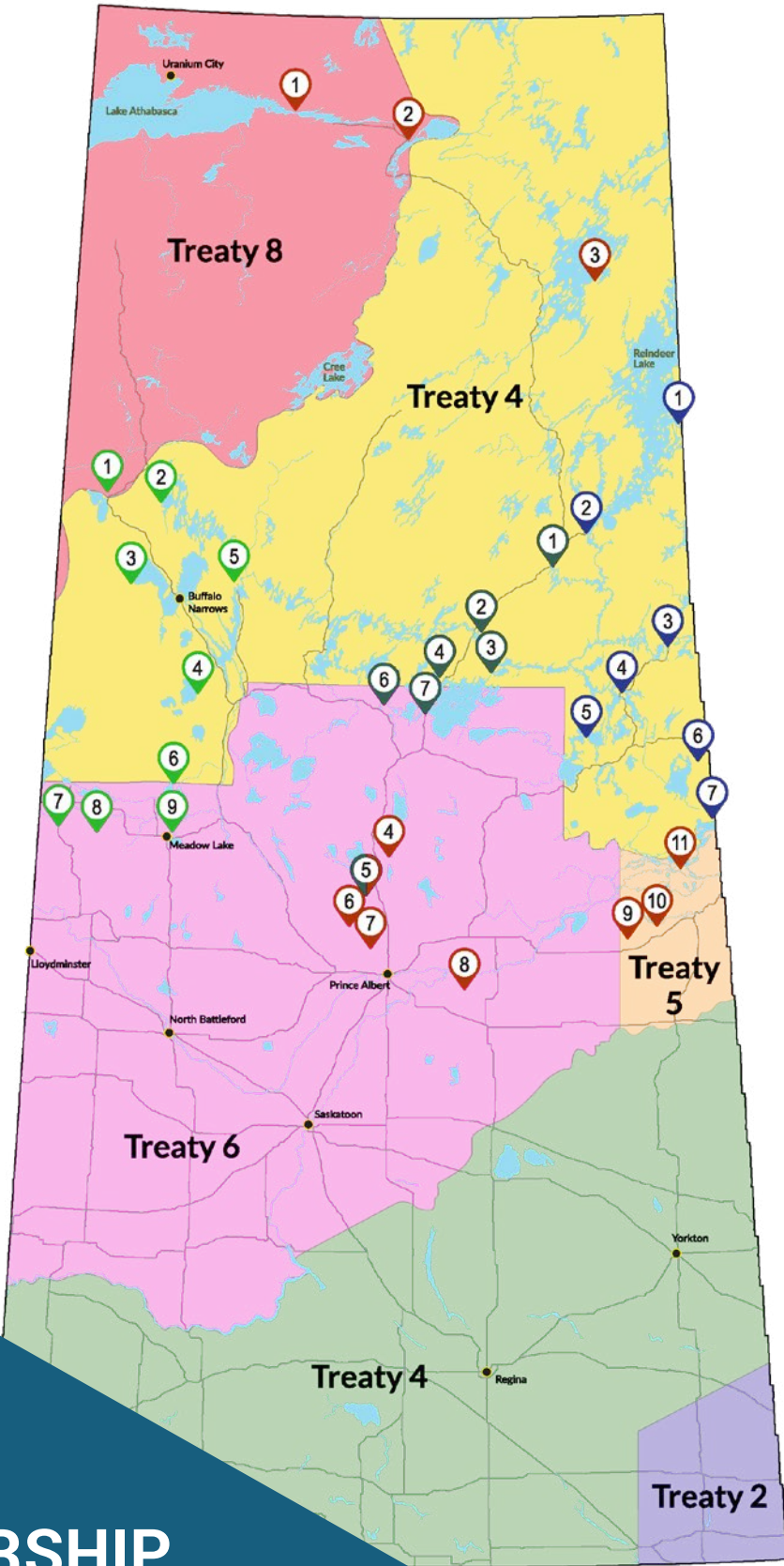
PETER BALLANTYNE CREE NATION

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



PARTNERSHIP
COMMUNITIES

ABOUT THE PARTNERSHIP

The Northern Inter-Tribal Health Authority (NITHA) is a First Nations health organization comprised of four Partners: Prince Albert Grand Council (PAGC), Meadow Lake Tribal Council (MLTC), Peter Ballantyne Cree Nation (PBCN), and Lac La Ronge Indian Band (LLRIB). Together, they provide and maintain health programs and services in thirty-three (33) First Nation communities across Northern Saskatchewan. The NITHA organization works closely with the Partners to support the development and implementation of quality health services, respectful and reflective of their community’s expectations, requirements and unique needs.



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.

www.pagc.sk.ca/

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.



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.

www.mltc.net/

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 Sahgaiehc First Nation, Ministikwan Lake Cree Nation, and Waterhen Lake First Nation. The first languages are Cree and Dene.

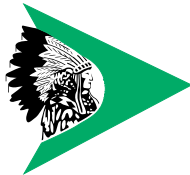


PETER BALLANTYNE CREE NATION

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”.

www.pbcnhealthservices.org

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.



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/

ABOUT NITHA

LEVELS OF SERVICE

THIRD LEVEL

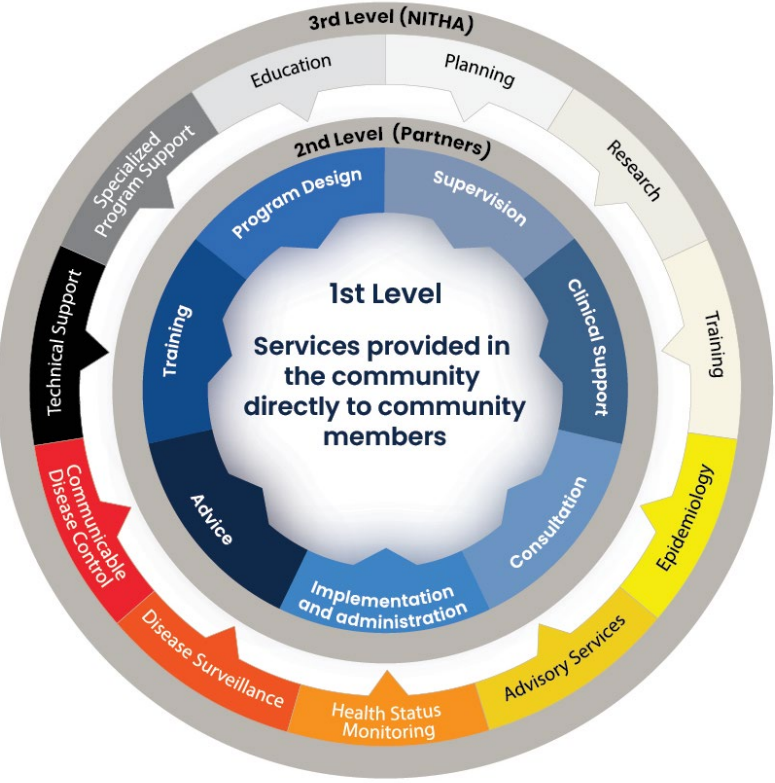
Third Level services are provided by NITHA to the Northern Multi-Community Bands and Tribal Councils. These services are delivered directly to Second Level Partners and include disease surveillance, communicable disease control, health status monitoring, epidemiology, specialized program support, advisory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

SECOND LEVEL

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

FIRST LEVEL

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



4 PARTNER ORGANIZATIONS



33 FIRST NATION COMMUNITIES



47% ON RESERVE POPULATION



55,000 POPULATION SERVED



OUR SERVICES

Since 1998, NITHA provides support to the four Partners with a focus on First Nations culturally appropriate health programs and services.

Public Health Services and Support:

- » Disease Surveillance and Health Status Monitoring
- » Communicable Disease Prevention and Management
- » Immunization and Maternal & Child Health
- » Outbreak Management
- » Tuberculosis
- » Infection Prevention & Control
- » Health Promotion
- » Environmental Health
- » Research

The Public Health Unit (PHU) provides advice and expertise for various public health programs including population health assessment, disease surveillance, health promotion, health protection, and disease and injury prevention. PHU also provides direct assistance in the prevention and management of tuberculosis.

Community Services and Support:

- » eHealth Planning and Design
- » Information Technology Training
- » Privacy Education
- » Emergency Preparedness Planning
- » Tobacco Cessation Training
- » Nursing Support in Community Health, Homecare and Primary Care
- » Mental Health and Addictions
- » Nutrition

The Community Services Unit (CSU) provides 3rd level support in nursing (home care, primary care, and community health), mental health and addictions, emergency preparedness, nutrition, tobacco control, and eHealth.

Administration Services and Support:

- » Finance
- » Human Resources
- » Communications

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.

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

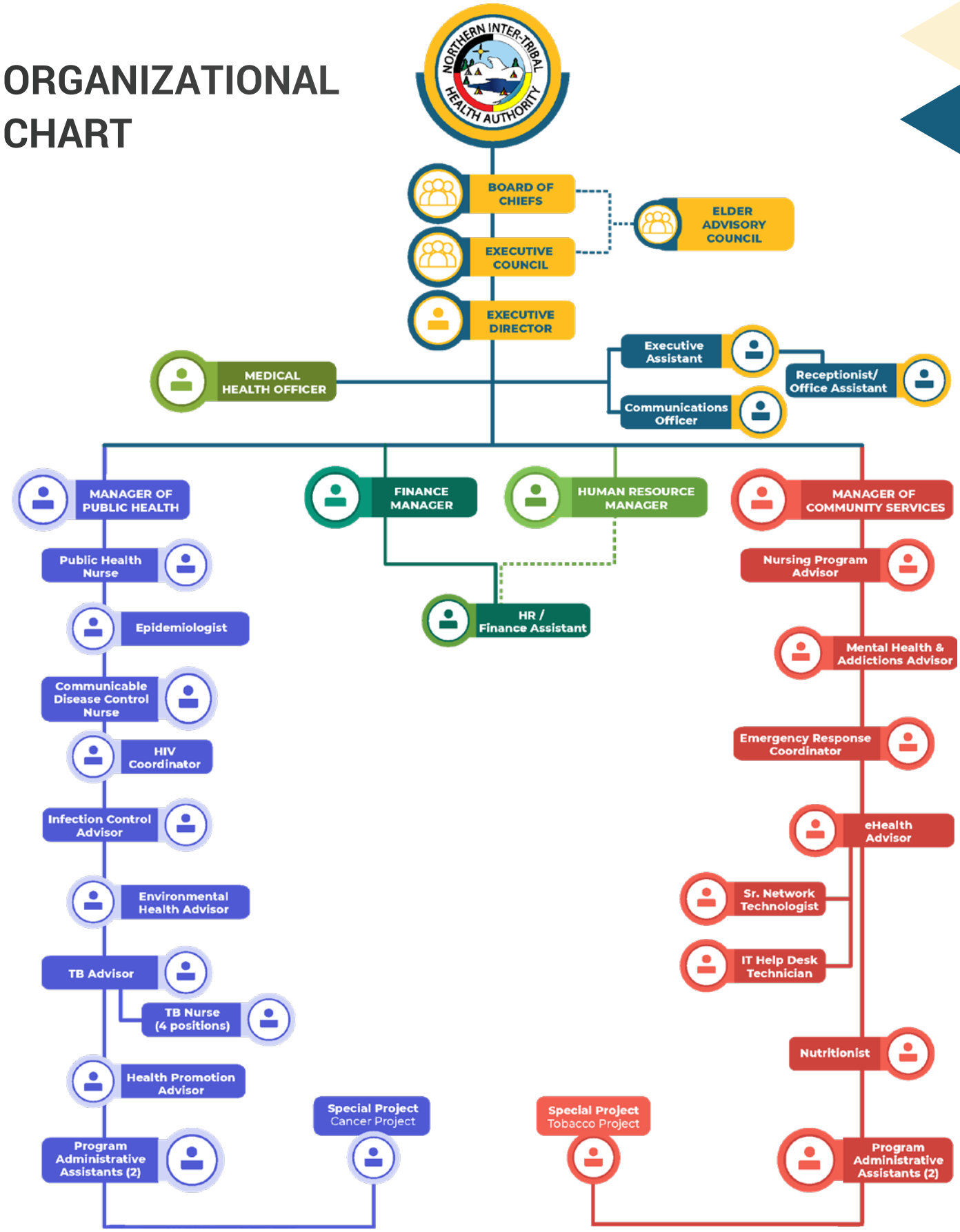
- a. The partners are engaged in overall strategy direction
- b. Keep abreast and inform the partners of changing trends, outbreaks and legislation in a timely manner
- c. Ensure the information is useful, relevant, summarized and communicated
- d. Ensure communication meets partners’ needs

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




ORGANIZATIONAL CHART




BOARD OF CHIEFS


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




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



**Chief Jonathon
Sylvestre**
Meadow Lake
Tribal Council




**Chief
Karen Bird**
Peter Ballantyne
Cree Nation




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

EXECUTIVE COUNCIL

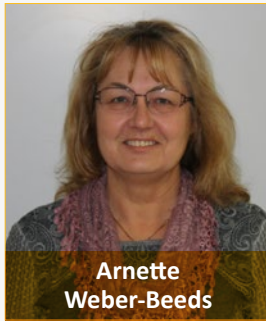
The Executive Council (NEC), comprised of the 4 Health Directors, one from each Partner, provides operational and strategic direction through recommendations to the Board of Chiefs on the design and monitoring of third level health services provided by NITHA. The NEC also provides direction and guidance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



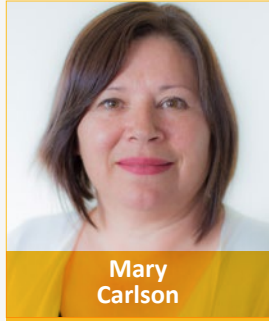
**Shirley
Woods**
Prince Albert
Grand Council



**Marcia
Mirasty**
Meadow Lake
Tribal Council




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

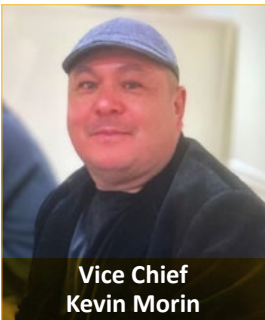


**Mary
Carlson**
Lac La Ronge
Indian Band


BOARD OF CHIEFS ALTERNATES



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



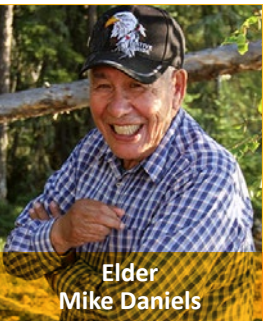
**Vice Chief
Kevin Morin**
Peter Ballantyne
Cree Nation




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

ELDER ADVISORY COUNCIL

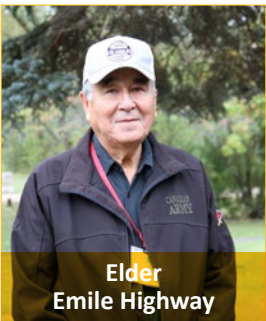
Elders play an integral role at the Board of Chiefs, Executive Council, and working group meetings. Four Elders, each representing the Partners, are present and engaged at the Board of Chiefs meetings. One Elder participates in both the Executive Council and working group meetings. It is through our 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



HEALTH CAREERS SCHOLARSHIP FUND

The NITHA Health Careers Scholarship is awarded annually to students who are a band member of one of NITHA's Partners: PBCN, LLRIB or a band member of one of the first nations belonging to MLTC or PAGC and who are pursuing a career in areas related to health. 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 14 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.

 <p>Samantha Bear BSc Nursing Shoal Lake, PAGC</p>	 <p>Laurie Brewer BISW - Mental Health Clearwater River, MLTC</p>	 <p>Jules Carriere Biomedical Science Cumberland House, PBCN</p>	 <p>Cheryljn Joseyounen BSc Nursing Hatchet Lake, PAGC</p>
 <p>Linda Mispounas BSc Nursing La Plonge, MLTC</p>	 <p>Shawna Piche BSc Nursing Clearwater River, MLTC</p>	 <p>Brooklyn Reilly BSc Nursing Canoe Lake, MLTC</p>	 <p>Jackie Valois Medicine Fond Du Lac, PAGC</p>
 <p>Cadence Woods BAS – Psychology Clearwater River, MLTC</p>	 <p>Mona Bell Mental Health & Wellness Hall Lake, LLRIB</p>	 <p>Vanessa Carr Master of Nursing La Ronge, LLRIB</p>	
 <p>Ashley Iron LPN Waterhen Lake, MLTC</p>	 <p>Melissa Iron LPN Canoe Lake, MLTC</p>	 <p>Kathy Lavallee Mental Health & Wellness La Ronge, LLRIB</p>	



CHILDHOOD IMMUNIZATION COVERAGE AWARDS

- 100%**
Kokum's Clinic - Grandmother's Bay
Shoal Lake Health Centre
- 99%**
Stanley Mission Health Centre
- 98%**
Black Lake Health Centre
Fond du Lac Community Health Centre
- 97%**
Hatchet Lake Health Centre
Red Earth Health Centre
- 96%**
Great River Nursing Station - English River
Jonah Sewap Memorial Centre -
Deschambault
- 95%**
Waterhen Lake First Nations Health Center
- 94%**
Sucker River Health Center
Wahpeton Health Center
- 92%**
Makwa Sahgaiehcan Family Health Center
- 91%**
John G Ross Health Center - Hall Lake

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 focuses 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.












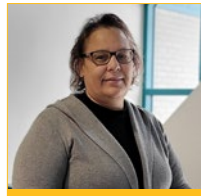










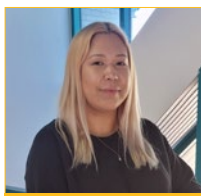


Focus on public health programs such as community health assessment, disease surveillance, communicable disease control, immunization, environmental health, health promotion, infection prevention and control and community-based participatory research.

The primary goal of the PHU is 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.

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.

Public Health Team

 <p>Dr. Nnamdi Ndubuka Medical Health Officer</p>	 <p>Grace Akinjobi Manager of Public Health</p>	 <p>Emmanuel Dankwah Epidemiologist</p>	 <p>James Piad Communicable Disease Control Nurse</p>	 <p>Georgina Ballantyne Communicable Disease Control Nurse</p>	 <p>Tina Campbell TB Advisor</p>
 <p>Leslie Brooks TB Nurse</p>	 <p>Tiffany Adam TB Nurse</p>	 <p>Barbara George TB Nurse (On Leave)</p>	 <p>Mary Gardiner TB Nurse (On Leave)</p>	 <p>Jasmin Dahl TB Nurse (Contract)</p>	 <p>Mavis Ahenakew TB Nurse (Contract)</p>
 <p>Jessie Depeel HIV Coordinator</p>	 <p>Sunshine Dreaver Public Health Nurse</p>	 <p>Treena Harris Environmental Health Advisor</p>	 <p>Adeshola Abati Infection Control Advisor</p>	 <p>Kevin Mageto Health Promotions Advisor</p>	 <p>Shree Lamichhane Research Assistant (Term)</p>
 <p>Richa Tikoo EPI Support (Term)</p>	 <p>Dana Ross Data Entry Clerk</p>	 <p>Deanna Brown Program Administrative Assistant</p>	 <p>Cindy Sewap Program Administrative Assistant</p>	 <p>Jessie Roberts Data Entry Support (Casual)</p>	

Communicable Disease Control

The Communicable Disease Control (CDC) program supports NITHA Partners with timely reporting of Communicable Diseases (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, enteric infections and emerging infections.

Program Accomplishments

Case reporting: Four thousand one hundred thirty-four (4134) positive laboratory reports were received, reviewed and addressed during the year under review, of which 3,909 were NITHA cases. COVID-19, which constituted 71% in the previous year, had reduced significantly with STI (sexually transmitted infections) again topping the list of reportable CDs. Syphilis, the highly infectious STI, had increased by almost twice from the previous year. Congenital syphilis also increased due to the lack or limited pre-natal care of pregnant mothers, who were not aware that they got infected by their partners.

CD follow-up / contact tracing: Much of the follow-up work in 2022 was on COVID-19 and syphilis cases and their contacts. More focus was made for syphilis in the second quarter because of the increasing number of positive laboratory reports that the CD team received, including those of newborn babies.

Supported awareness campaign: A poster and pamphlets on congenital syphilis were crafted and distributed to partner communities. Gift cards and other incentives were sent to Partners to support the testing and awareness campaign. A radio advertisement sponsored by NITHA was run on MBC Radio in English, Cree and Dene for one week to encourage testing.

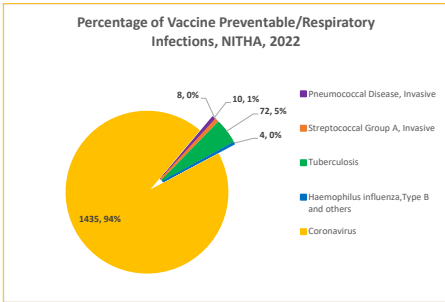


Figure 1: Vaccine preventable/respiratory Infections in NITHA, 2022

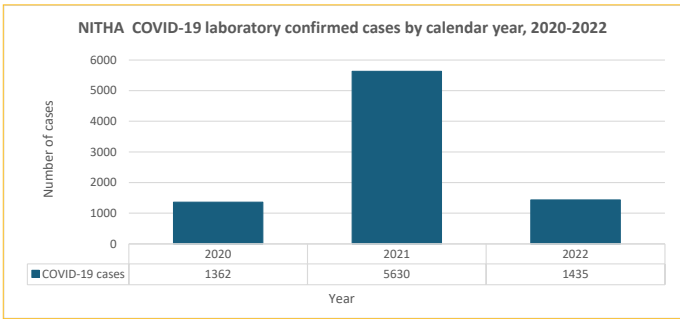


Figure 2: COVID-19 laboratory confirmed cases by calendar year, 2020-2022

Vaccine-preventable and respiratory route infections: Coronavirus (SARS-CoV-2) accounts for 94% (1,435) of the 1,529 vaccine-preventable and direct respiratory illnesses recorded in 2022, followed by TB (72, 5%), pneumococcal disease (1%), and streptococcal Group A (0%) (Figure 1).

COVID-19: COVID-19 cases decreased from 5,630 in 2021 to 1,435 in 2022 (Figure 2). The ages of the cases ranged from 0 to 98 years. Individuals aged 20 to 39 made up the largest percentage of COVID-19 cases (Figure 3).

Chlamydia and Gonorrhea: Sexually transmitted infections (STIs) are still an issue in NITHA communities. The most frequently reported STIs in NITHA communities in 2022 were chlamydia (998 cases), gonorrhea (666 cases), and syphilis (581 cases). Chlamydia and syphilis cases increased in 2022 compared to 2021 by 27% and 83%, respectively. On the other hand, gonorrhea cases declined slightly from 680 in 2021 to 666 in 2022 (Figure 5). Chlamydia, gonorrhea, and syphilis cases were primarily found in females and individuals between the ages of 15 and 39 (Figures 6 and 7).

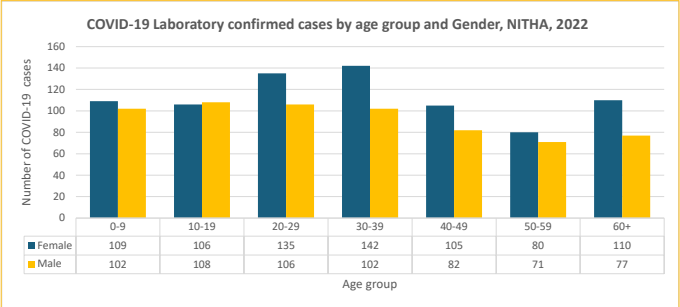


Figure 3: COVID-19 laboratory confirmed cases by age group and gender, NITHA, 2022

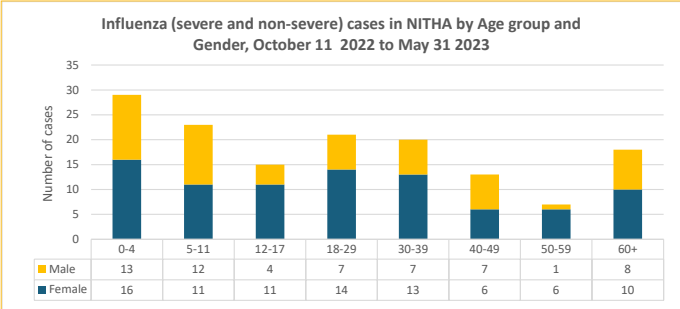


Figure 4: Influenza cases by Gender and Age group, NITHA, 2022-2023 Flu season

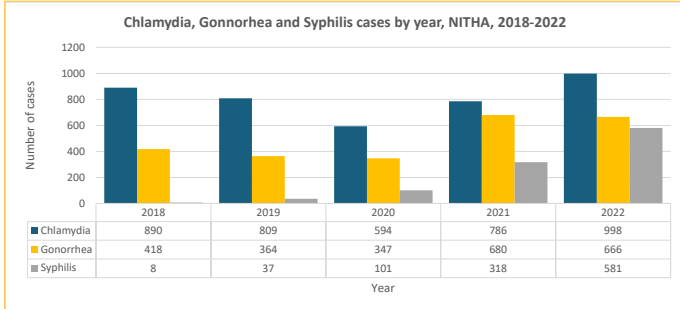


Figure 5: Select STI cases by year, NITHA, 2018-2022

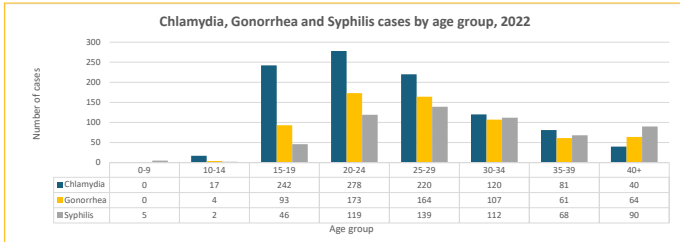


Figure 6: Select STI cases by age group, NITHA, 2022

Seasonal Influenza: A total of 146 seasonal influenza cases were reported for the 2022–2023 season. Type A strains made up 99% (145) of the cases, and 8% had immunizations while 3% were hospitalized. The average age of all influenza cases was 27 years old, and 60% of the cases (87 cases) were female (Table 1, Figure 4).

Total Seasonal Influenza cases (Oct 11, 2022 - May 31, 2023)		146	
		Number	Percent (%)
Gender	M	59	40
	F	87	60
Age (years)	Average	27	
	Range	0-87	
Immunized	Y	12	8
	N	118	81
	U	16	11
Influenza Strain	Type A	145	99
	Type B	1	1
Admitted & Discharged	Out-patient	142	97
	Hospitalization	4	3
	ICU	0	0
Partnership	PAGC	27	18
	MLTC	30	21
	LLRIB	15	10
	PBCN	74	51

Table 1. Total Seasonal Influenza cases, NITHA, October 11, 2022 to May 31, 2023 (2022-23 Flu season)

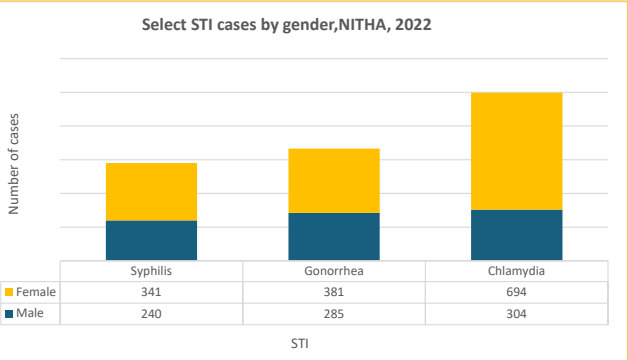


Figure 7: Select STI cases by gender, NITHA, 2022

Challenges

- 1. Shortage of nurses and other health workers remains the main concern for NITHA communities. Additional funding for our Partners would be beneficial to allow the hiring of part time workers to provide support to STBBI work during high periods.
- 2. Some difficulty in locating cases/contacts. Addresses, contacts or other leading information must be completed for clients that need to get referred to another jurisdiction for follow up.
- 3. Increased newborns getting infected with syphilis. All pregnant mothers must be encouraged to get pre-natal care, tested and treated for STBBIs and adequately followed-up until delivery. It would be beneficial for a master list to be maintained so as not to miss any pregnant woman in the community.

Priorities for the Upcoming Year

Maintaining a high-quality data through the provincial Panorama application and providing support to NITHA Partners in CD prevention and control remain as the main priorities of the CDC program. CDC will continue to strengthen existing relationships and will establish new partnerships with other stakeholders in CD prevention and control.



HIV

HIV cases across NITHA Partner communities continue to increase. The HIV Coordinator works collaboratively with communities as well as external stakeholders to effectively implement strategies to support HIV and Hepatitis C work. The strategic areas are:

- 1. Improve HIV knowledge and awareness through education and training of frontline workers by offering education to NITHA Partner communities when requested.
- 2. Implement prevention and harm reduction activities/programs.
- 3. Develop and implement HIV surveillance, research and evaluation.

Another goal that the HIV Coordinator is working towards is collaborating with other provincial HIV strategy coordinators and external stakeholders to achieve the 95- 95 -95 target in all of the NITHA communities.

Program Accomplishments

- » Promoted HIV awareness and education in English, Cree and Dene using the MBC radio station. In addition to radio, we shared HIV education resources with Partners using the NITHA website and NITHA Facebook page and via email.
- » Conducted an HIV online quiz, youth colouring/creative writing contest and “guess how many in the jar?” contest on NITHA’s Facebook page for World AIDS Day.
- » Collaborated with SHA and PAGC to host a “Take your Best Shot; Youth Social Media Video Contest for the community of Cumberland House with 2 successful videos that were revealed on NITHA’s Facebook page and website.
- » Development of new resource materials (HIV, Hepatitis C, Hepatitis B pamphlet).
- » Development of new “End the Stigma” logo with NITHA Communications Officer and ordered incentives with new logo. In addition, NITHA provided the Partners with incentives whenever requested for testing events and health fairs.
- » Re-started the NITHA HIV Working Group meetings; 1 virtual and 1 in person meeting had occurred thus far with successful partnership involvement.
- » Identified NITHA Partners current harm reduction programs in community.
- » Organized the “Know Your Status” Conference that took place on March 1st & 2nd in Prince Albert. Many NITHA Partners attended this education opportunity and were able to network with both internal/external stakeholders. The event was well attended with 134 participants including HIV peers with lived experience.



- » Provided education to various NITHA Partner communities upon request regarding the following topics: STIBBI information, Healthy Relationships/Consent, DBS training, HIV 101, Prep & nPep, Cabenuva Injectable ARV Treatment. As a result, 4 new PowerPoint presentations were developed for community health fairs, testing events and staff education.
- » HIV Coordinator offered support by setting up booths during 5 community events in different Partnership communities with over 525 youth and adults visiting these booths.

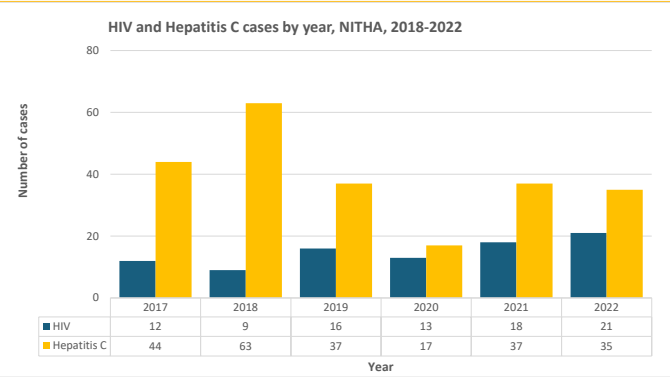


Figure 8: HIV and Hepatitis C by year, NITHA, 2018-2022

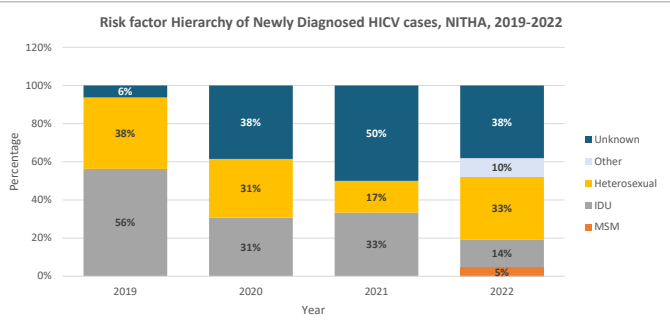


Figure 9: Proportion of newly diagnosed HIV cases based PHAC exposure hierarchy, NITHA, 2019-2022

Challenges

Follow up of HIV and Hepatitis C clients remains a challenge in Partner communities. Due to the sometimes-transient nature of clients it can be difficult for community nurses to follow up with their care and the completion of contact notification forms. In addition, we have seen a high turnover of nursing staff. This altogether continues to impact on data gathering and analysis. In order to combat these challenges, it is recommended to: 1) Increase HIV/Hepatitis C education and testing in communities; 2) Having dedicated staff for HIV & Hepatitis C work which would ensure capacity to accomplish appropriate case management; and, 3) Initiate peer engagement in HIV case management with peer support programs and peer led programs.

Priorities for the Upcoming Year

The HIV Coordinator will continue to engage, support and collaborate with the Partners to help achieve goals of reducing the rate of HIV and preventing its spread. The program will continue to liaise for NITHA at provincial meetings to ensure culturally appropriate programs are implemented. The program will also develop resources on Harm reduction, 2-Spirit people, HIV 101, HIV Pre/Post Test Counselling & “Support phone numbers/websites” magnet for community members and clinics. The HIV Coordinator will also plan to support Partners in capacity building opportunities and establishment of peer support and peer- led programs in the NITHA Partnership.

Infection Prevention Control

The Infection Prevention and Control (IPC) program supports infection prevention and control activities in the Partnership through the development of policies and procedures. In addition, the program promotes routine IPC practices and additional precautions, provides training and education to healthcare providers. It further provides community support visits and evidence-based recommendations and guidelines to NITHA Partner communities on the prevention of Healthcare-Associated Infections (HAIs).

Program Accomplishments

The Infection Control Advisor (ICA) promoted infection control best practices in NITHA communities by collaborating with the Communication Officer to develop infection control fact sheets, posters, and guidelines. The ICA also promoted infection control education in NITHA Partner communities by sharing the links for the infection control online and janitorial webcasts.

The ICA collaborated with PAGC Environmental Public Health Officers to organize a face-to-face janitorial workshop for janitors at Ramada Hotel in Saskatoon. These trainings equipped janitors with necessary IPC skills and knowledge to prevent the spread of infection while performing their duties. Sixty-four (64) participants attended the 1.5 days workshop. Prior to the face-to-face workshop, the ICA collaborated with the NITHA Environmental Health Advisor to organize janitorial webcasts for clinic and school janitors. Twenty (20) clinic janitors and two (2) school janitors attended the webcast training.

The ICA promoted infection control activities in the clinics/health centres by conducting infection control support visits to these centres. After the visit, the ICA sent feedback on the area of improvement to the nurse in charge and the infection control working group member representing the communities.

The ICA promoted regular engagement and communication with Partners by organizing quarterly infection prevention and control working group meetings. The ICA also utilizes the weekly Infection Prevention and Control (IPC) updates to inform the Partners about new IC trends, protocols, guidance, and recommendation. Furthermore, the ICA utilized the NITHA Facebook page to engage the community members during the 2022 National Infection Control Week.



■ Challenges

Over the year one of our challenges was participation from some of the working group members who were unable to attend the quarterly teleconference. This was due to staff turnover in the Partnership. Moving forward, it would be recommended to designate an alternate to attend the quarterly teleconference.

■ Priorities for the Upcoming Year

1. Training of Hand Hygiene Auditors.
2. Infection prevention and control community support visit.
3. Promotion of routine practices and additional precautions.
4. Prevention of Healthcare-Associated Infections (HAI).



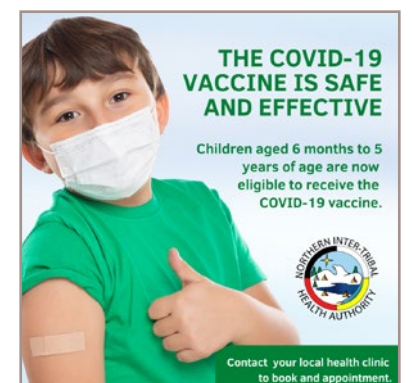
Public Health Nursing

The NITHA Public Health Nurse (PHN) focuses on disease prevention, health surveillance, health education and emergency response. The PHN works collaboratively with the Partners to provide ongoing health program assessments, nursing education, evaluation, and updates. PHN programs are based on professional standards and competencies to ensure safe quality healthcare for all NITHA Partnership communities and members inclusively. The PHN focuses on overseeing the immunization programs which include infant, preschool age, influenza, special populations and COVID-19 vaccine.

The PHN program provides planning, coordination and evaluation of Public Health Nursing. The PHN promotes best practice initiatives for all ages from infant to elderly and all populations in between with a focus on vaccination programs. The goal of the NITHA Immunization Program is to prevent Vaccine Preventable Diseases (VPD's) that could potentially result in severe outcome including hospitalization and death. Collaboration with Partners, Communities, Health Professionals, and External Organizations is a fundamental aspect in the role of the PHN. In June 2022, NITHA hired a new PHN.

Program Accomplishments

- » NITHA childhood Immunization coverage rates (CICR's) were as follows: 82% in the 1-year-old age cohort (3% decrease from 2021), 75% in the 2-year-old age cohort (4% decrease from 2021), and 89% in the 7-year age cohort (4% decrease from 2021) (See Figure 13). In addition to the overall coverage rates, immunization target markers for pertussis by 91 days of age was at 75% and 5-Year-Old Measles, Mumps, and Rubella was at 91%.
- » Recognition awards are presented annually to the Partner communities that achieve a 90% or higher target for the 1-Year age cohort. Forty-six percent (13 of 33 communities) within the NITHA Partnership had achieved this goal for 2022. Emphasis is placed on our most vulnerable population of infants (1 year old) to receive on-time immunization for their earliest and best protection.
- » The theme for the 2023 National Immunization Week is "Getting Back on Track with my Immunizations", this provided the inspiration to create a "backpack" for our vaccine incentive programs.
- » Seasonal Influenza Program. (Number of Flu Immunizations can be seen in Figure 12)
- » COVID-19: NITHA continues to provide COVID-19 vaccine to the Partners per request. (See Figure 11)
- » Cold Chain Breaks: 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 2022. Overall Partner communities had 27 Cold Chain Breaks.
- » In 2022, 208 immunization exams were reviewed and feedback was provided as appropriate.



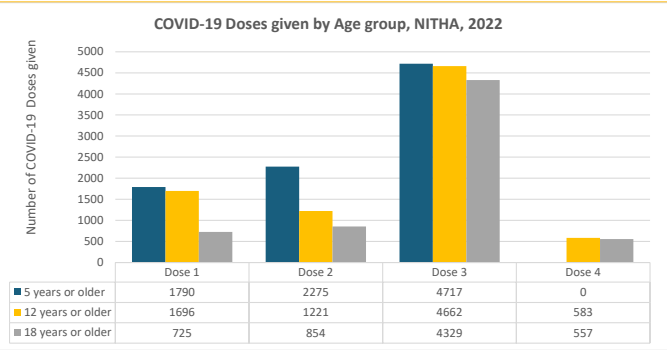


Figure 11: COVID-19 Doses given by Age group, NITHA, 2022

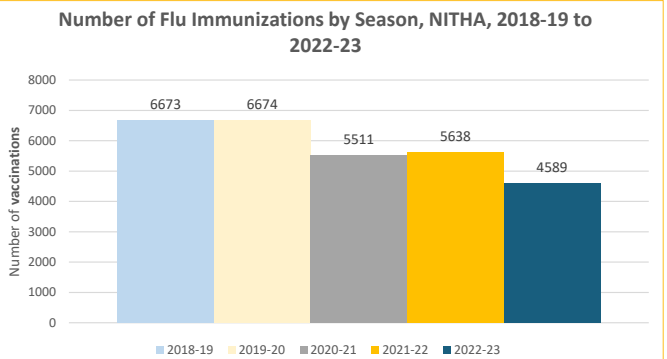


Figure 12: Influenza Immunization by Flu season, NITHA, 2018-19 to 2022-23

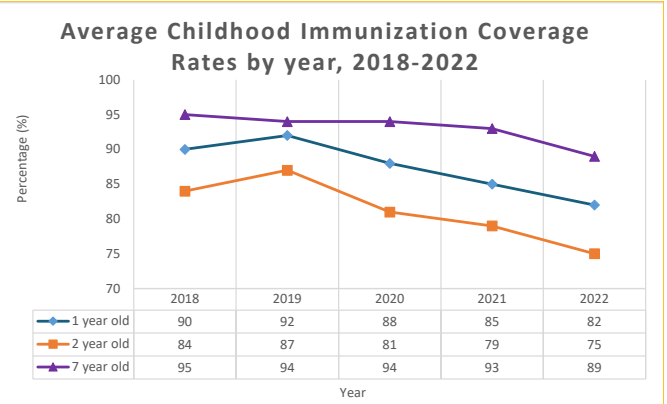


Figure 13: Average Childhood Immunization Coverage Rates by year, NITHA, 2018-2022

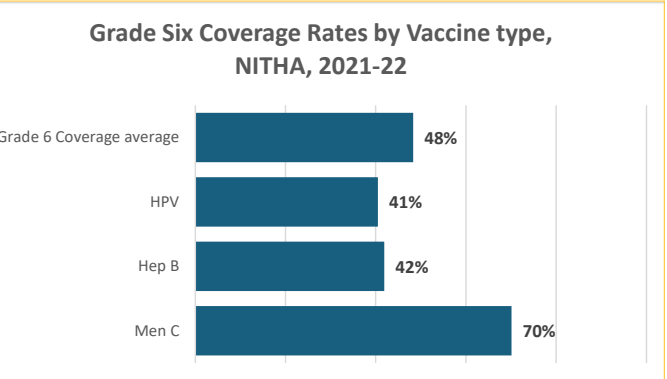


Figure 14: Grade Six Coverage Rates by Vaccine type, NITHA, 2021-22

COVID -19 Vaccinations: Individuals aged 5 and over in NITHA communities received 1790 COVID-19 Dose 1, 2275 COVID-19 Dose 2, and 4717 COVID-19 booster doses in 2022. In comparison to Dose 1 and Dose 2, booster doses were generally administered at higher rates across all age groups in 2022 (Figure 11).

Flu Vaccination: The vaccination rate dropped over the previous five influenza seasons, from 6,673 in 2018–2019 to 4,589 in 2022–2023 (Figure 12).

Childhood immunization coverage: The total coverage of childhood immunizations in NITHA communities for 1-year-olds, 2-year-olds, and 7-year-olds was 82%, 75%, and 89%, respectively, in 2022. The coverage rate declined in 2022 for all age cohorts as compared to 2021 figures. Additionally, vaccination coverage rates fell short of the desired 90% (Figure 13).

In the academic year 2021–2022, 48% of grade 6 students have received all recommended vaccinations. In particular, the vaccination coverage rate for meningococcal C conjugate (Men-C) was 70%, hepatitis B was 42%, and human papillomavirus (HPV) was 41% (Figure 14).

In the school year 2021–2022, the average grade 8 vaccination coverage was 73%. The coverage rates for varicella and MMR (measles, mumps, and rubella) were 80% and 87%, respectively. The HPV coverage percentage for male was 68%, compared to 65% for female. Hepatitis B vaccination coverage was 69% and Men C vaccination coverage was 78% (Figure 15).

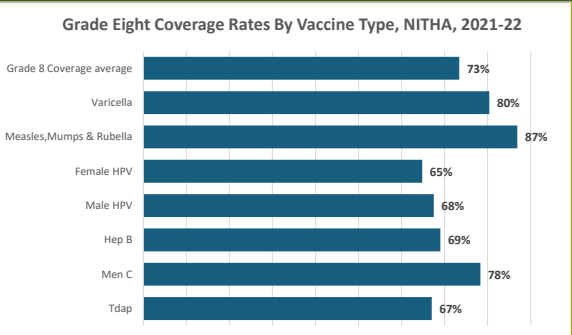


Figure 15: Grade Eight Coverage Rates by Vaccine type, NITHA, 2021-22

Challenges

Over the year one of our challenges was participation from some of the working group members who were unable to attend the quarterly teleconference. This was due to staff turnover in the Partnership. Moving forward, it would be recommended to designate an alternate to attend the quarterly teleconference.

Priorities for the Upcoming Year

Priorities for the upcoming year include a focus on improving the Childhood Immunization initiatives to increase immunization rates through education on safety of vaccine programs.

- » Monthly PHN Meetings have been implemented per request of the Partners, to improve communication efforts to our frontline nurses. The monthly PHN meetings will provide opportunities to share updates on best practice initiatives, Saskatchewan Immunization Manual/COVID-19 vaccine updates. NITHA PHN will utilize this platform to continuously assess health needs of the communities and Partnership.
- » Maternal Child Health Focus on best practice initiatives and resources. Childhood Health Clinic Guidelines to be updated with collaborative efforts between Indigenous Services Canada and the Saskatchewan Ministry of Health.



Recipients of the NITHA 2021-2022 Childhood Immunization Coverage Awards handed out during the NITHA AGM, September 2022

Environmental Health

The Environmental Health Program supports the Environmental Public Health Officers (EPHOs) and Community Health Nurses (CHNs) within the four Partner organizations. EPHOs receive support with drinking water, food safety, housing, waste water, pest control, solid waste disposal, facility inspections, along with educational opportunities etc. Support is provided to the CHNs with animal bites. The EHA provides technical expertise to the NITHA Medical Health Officer and the Partner EPHOs as requested. The EHA assists with organizing training opportunities, the development of promotional and/or educational materials, encourages change in traditional programs with external partners, for example, long term funding for animal control, sharing educational opportunities with EPHOs, providing data collection and analysis for reporting trends and to prevent the potential spread of illnesses within communities.

The EHA has played a strong advocacy role with the Saskatchewan First Nations Water Association to encourage more trained water operators and more supports for the current operators. The association also provides opportunities for maintaining credentials, encouraging women to be water keepers, online training and fair pay.

Program Accomplishments

- » Hosted Animal Bite Prevention and Dog Population Management Training
- » Assisted with organizing the Semi-Annual Water Quality Monitors Training
- » Co-hosted two Janitorial Training sessions with the Infection Control Advisor
- » Assisted with process of applying for funding and encouraging Wastewater collection for COVID surveillance with partners and National Microbiological Laboratory
- » Created the Animal Bite Work Standard and held Animal Bite Work Flow Training
- » Multiple Facebook posts on a variety of topics (Water, Dog Care, Grants and Funding opportunities for infrastructure, National EPHO week, Janitorial Training, Women in Water, Chronic Wasting Disease, Providing dogs shelter, etc.)

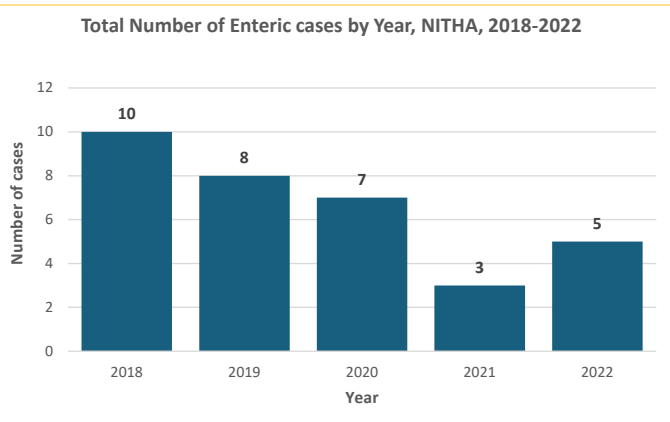


Figure 16: Trends of enteric cases in NITHA communities, calendar 2018-2022

Enteric infections: The number of enteric infections in NITHA communities has significantly dropped, from 10 cases in 2018 to 3 cases in 2021. However, the number of enteric cases in NITHA communities increased from 3 in 2021 to 5 in 2022 (Figure 16).

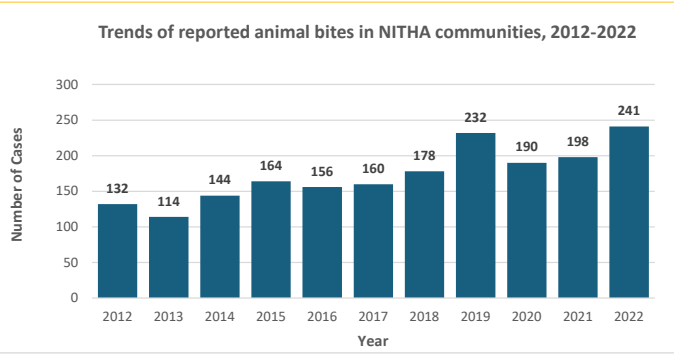



Figure 17: Trends of reported animal bites in NITHA Communities, 2012-2022

Animal Bites: The number of animal bites in NITHA communities increased from 132 bites in 2012 to 241 bites in 2022. Animal bites increased by 22% from 198 bites in 2021 to 241 bites in 2022 (Figure 17).

Challenges

There is a need to reduce dog bites and increase owner’s responsibility. Having a Bylaw in place is considered the gold standard; however, communities with bylaws aren’t well supported financially and those without bylaws don’t have community champions to support one. Animal control bylaws or ownership expectations are key for animal control along with long term funding in the NITHA communities.

Slow reporting and follow up on animal bites remains a challenge in NITHA communities. This is often due to CHN workloads and disease outbreaks in some communities. We will continue to send reminders when follow ups are due and hold training sessions as needed.



Rabies is a fatal viral disease that can affect all mammals, including humans.
www.nitha.com

ALL ABOUT RABIES

What is Rabies?
Rabies is a life-threatening disease in people and animals caused by a virus, which infects the brain. Infected animals can pass rabies to people through their saliva, usually from a bite. In Saskatchewan, foxes, skunks and bats are the animals most likely to transmit rabies. Cats, dogs and other pets that have not had their rabies vaccination are at risk of being infected.

What are the symptoms of Rabies?
In people, infection begins with symptoms such as a fever, cough or sore throat. The disease rapidly progresses to symptoms such as restlessness, hallucinations and seizures. The final stage is coma and death.
In animals, signs may include drooling, problems swallowing or sometimes foaming at the mouth, and paralysis. Animals may act differently. Wild animals may move slowly or act as if they are tame. Pets that are usually friendly may snap at you or may try to bite.

How is Rabies Treated?
There is no cure for rabies. A series of needles can be given after an animal bite to help prevent rabies. If you have been bitten by a pet, the need to have the needles can be avoided by keeping the animal for observation for 10 days. Only if the animal becomes sick would you need vaccination.

How Can Rabies Be Prevented?
CHILDREN SHOULD NEVER BE LEFT ALONE WITH ANY ANIMAL.
• The best defense is to vaccinate your pets against rabies.
• Do not let your pet run loose. Keep your pet fenced or on a leash.
• Teach children NEVER to approach unfamiliar pets, strays or wild animals.
• Teach children to avoid animals that are eating, caring for their babies or appear sick.

Don't Bitten?
If those considered unprovoked. Unprovoked bites is sick. An unprovoked bite might be from an attack. Don't have a history of being aggressive.

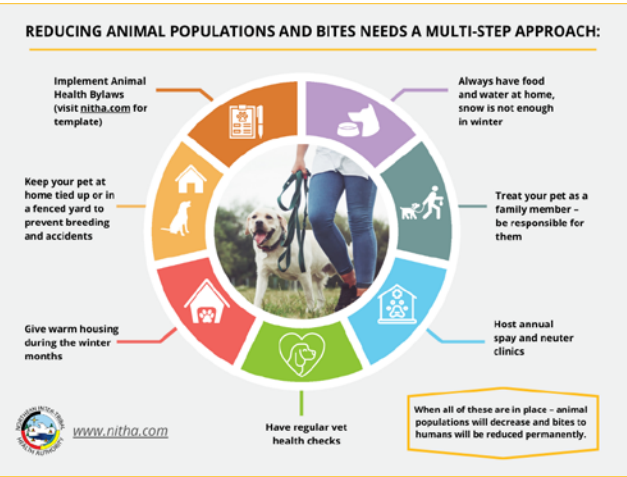
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Priorities for the Upcoming Year

Promote ongoing, long-term funding for Dog Population Management in Communities including appropriate training and infrastructure. The EHA will also continue to promote membership in the Saskatchewan First Nations Water Association in our partnership for educational opportunities, wage change promotion, technical changes to water regulations, and access to back up operators.

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

- » Worked with the NITHA Public Health team to research on topics and provide messaging on immunizations, physical activity, injury prevention, youth health, sexual health, mental health, COVID-19 awareness among others.
- » Organized lacrosse clinics and a youth mentorship workshop for the NITHA Partnership.
- » Connected with the health promotion representatives from the Partners to get an update on health promotion needs in the NITHA Partnership communities.
- » Summer/Fall 2022 - Attended and presented at health fairs in James Smith, Montreal Lake, and Red Earth where more than a combined 1000 community members were present. Additionally, presented at the Honouring the Children Conference, NITHA Nursing Conference, and the Home Health Aide Conference. Lastly, participated in the MLTC Career Fair on behalf of NITHA.
- » Represented NITHA in local, provincial and national committees such as, the Population Health Promotion Working Group, the Active Transportation Committee, the Injury Prevention Committee of Saskatchewan, the NITHA Health Canada communications team among others to keep the Partnership informed on new developments or initiatives in health promotion.
- » Coordinated the activities of the Northern Healthy Communities Partnership (NHCP) through the five Action Teams (Active Communities Team, Babies, Books, and Bonding, Building Vibrant Youth, Healthy Eating Team, and Northern Tobacco Strategy) that focus on promoting health in the Partnership through increasing physical activity, healthy eating, youth health, childhood literacy, and commercial tobacco cessation.
- » Continued to keep the Partnership informed through radio ads and in the area of COVID-19, physical activity, injury prevention, positive youth development, vaccines, and immunizations in conjunction with the NITHA Communications Officer.



Avoiding West Nile Virus

What is it?

- West Nile virus can be a serious, even fatal, illness. It can affect people and animals.
- A bite from an infected mosquito spreads West Nile virus.
- Contact with infected people or animals doesn't spread West Nile virus.
- Symptoms start 2 to 15 days after being bitten.
- Only 1 in 5 people bitten by a sick mosquito will have symptoms.




Symptoms

- Headache
- Vomiting
- Fever
- Diarrhea
- Body Aches
- Joint Pain
- Only 1% of ill people will develop a very serious encephalitis (inflammation of the brain)

Prevent Breeding Areas and Prevent Bites

- Remove breeding areas by getting rid of old vehicles and other garbage quickly.
- Keep lawn or grass mowed or short.
- Put a screen on rain barrels.
- Clean out pet containers weekly and drain anything that holds standing water.
- Slope your yard so water runs away from the house.
- Use 'Deet' containing insect repellent (do not use Deet on babies under 6 months).
- Stay indoors at dawn and dusk.
- Wear long sleeved shirts and full length pants outside.
- Use a screen or mesh on baby stroller.
- Screen house windows and doors.

www.nitha.com July 2022



WHAT IS HANTAVIRUS DISEASE?

Hantavirus is a rare but serious illness spread by deer mice. Hantaviruses are a group of viruses that can cause severe illness in humans. In Canada, hantavirus pulmonary syndrome is spread by rodents including deer mice, white-footed mice and red-backed voles. Infections are most common in the spring when people clean buildings left vacant during the fall and winter.

Prevention

Keep your home, workplace, cabin or campsite rodent-free. All rodent droppings are potentially harmful. You should:

- block openings that might let rodents in
- store food, water and garbage in containers with tightly fitted lids
- place mousetraps throughout buildings
- keep your yard clean
- stack woodpiles away from buildings

Transmission

People can become infected with a hantavirus when they:

- anyone in close contact with deer mouse feces, dried urine or nests in poorly ventilated areas.
- inhale virus particles from rodent urine, droppings or saliva that have been released into the air when rodent waste is stirred up from vacuuming or sweeping
- touch objects or eat food contaminated with the urine, droppings or saliva of infected rodents are bitten by a rodent infected with a hantavirus

Symptoms

The initial symptoms of the disease may appear from one to six weeks after the exposure, with an average of two to three weeks. Once symptoms appear, the disease can progress rapidly and become life-threatening within a short time.


Early: Chills, Fever, Muscle aches
Later, 1-2 days: Dry cough, headache, nausea, vomiting, shortness of breath

Guidance

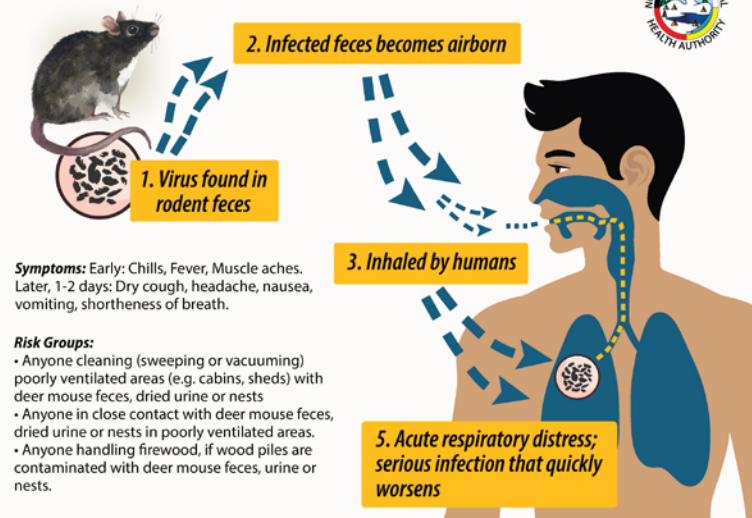
Properly clean and disinfect areas contaminated by rodent droppings. Follow the steps below:

- Do not sweep or vacuum rodent droppings. This will release particles into the air, which you could then breathe in.
- Wear rubber or plastic gloves. If you are cleaning in a confined space, wear a high-efficiency particulate or HEPA filtered respirator like a KN-95 mask.
- Spray droppings with a household disinfectant or a mixture of 1 part bleach to 9 parts water. Let the area soak for 10 minutes to make sure any virus within the droppings will be killed.
- Wipe up wet droppings with paper towels or a wet mop if dealing with a large area.
- Wash gloves in disinfectant and hot soapy water before taking them off. Afterwards, wash your hands thoroughly.
- If a wet mop was used to clean the area, use disinfectant and hot soapy water to clean the mop.

NOTE: Persons who develop a fever or respiratory illness within 45 days of the last potential exposure should immediately seek medical attention and inform the attending nurse/physician of the potential risk of Hantavirus infection.



HANTAVIRUS DISEASE



1. Virus found in rodent feces

2. Infected feces becomes airborne

3. Inhaled by humans

5. Acute respiratory distress; serious infection that quickly worsens

Symptoms: Early: Chills, Fever, Muscle aches. Later, 1-2 days: Dry cough, headache, nausea, vomiting, shortness of breath.

Risk Groups:

- Anyone cleaning (sweeping or vacuuming) poorly ventilated areas (e.g. cabins, sheds) with deer mouse feces, dried urine or nests
- Anyone in close contact with deer mouse feces, dried urine or nests in poorly ventilated areas.
- Anyone handling firewood, if wood piles are contaminated with deer mouse feces, urine or nests.

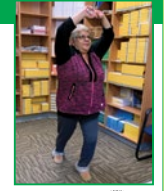
Lunge Exercise

Standing with feet shoulder-width apart.

Step forward and push through your front heel to engage your glutes and get back to the starting position.

Make it easier by doing a shorter range of motion.

Repeat for 30 seconds.



Curtsey Lunge Exercise

Step back diagonally one leg at a time to a rear lunge position.

Engage core and keep upper body straight.

Repeat for 30 seconds.

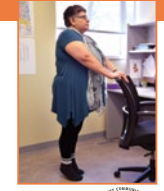


Calf Raise Exercise

Stand with feet wider than hips, toes slightly outward, hands on hips or outstretched for balance.

Rise up to the balls of your feet and back down.

Repeat for 30 seconds.



Side Knee Lift Exercise

Standing with feet wider than shoulders.

Twist your upper body to touch opposite forearm to knee.

Repeat for 3 seconds.





Challenges

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.

Priorities for the Upcoming Year

The HPA focus for 2022-2023 will be to develop health promotional materials that correspond with the monthly health promotional themes observed by the NITHA Partnership.



Tuberculosis

In 2022, there remained 3 Active TB outbreaks and 72 Active TB cases diagnosed in NITHA Partner communities. The TB Program continues to establish a strong collaborative relationship with TB prevention and control and TB Program's in communities to ensure timely and thorough delivery of services and screening. NITHA TB Program provides guidance, education and front-line support for TB programs when the need is identified. The nurses also orientate, educate and support Community Health Nurses (CHN) and TB Program Workers (TBPW's) to ensure the delivery of safe and competent TB care to clients.

Program Accomplishments

- » The TB Nurses made 51 visits to communities throughout the Partnership. Over 1500 individuals were identified in several contact investigations following an exposure to active TB.
- » TB Program coordinated and facilitated 1 TB program worker workshop at MLTC with 8 TBPWs in attendance.
- » NITHA TB Program completed orientation and training to 18 CHN's and 20 TBPWs throughout the Partnership.
- » NITHA TB Advisor assisted with planning and coordinating the 3rd annual CHN's TB Workshop on March 14 & 15th and 24 attendees were from NITHA Partner communities. Additionally, a TBPW workshop was held March 21st & 22nd and there were 13 TBPWs in attendance from NITHA Partner communities.



- » On March 23rd, 2023 the TB Advisor was invited to speak at a Parliamentary Reception that was co-sponsored by MP Gary Vidal Desnethé—Missinippi—Churchill River for World TB Day. She was able to bring awareness to the TB incidence in Indigenous communities and the social determinates of health that contribute to TB transmission. She advocated for the need for the governments to collaborate to ensure quality and timely service delivery.
- » TB Program dashboard was developed and available on NITHA social media and website to inform Partnership of TB case activity each month. This dashboard was launched January 2023.
- » With the addition of a 2nd portable x-ray unit, NITHA hired a combined x-ray and laboratory technician to assist with increase in demand. Both our technicians were able to complete 622 x-rays during the period under review.

Challenges

Children are at an increased risk of developing life-threatening forms of TB after exposure and in 2022 NITHA Partner communities experienced an increase in diagnoses in the pediatric population. Ongoing misunderstanding of TB exposure, transmission and disease progression as well as roles and responsibilities of each stakeholder in TB care is seen throughout our Partnership and may lead to a delay in program screening and service delivery. We hope to address this challenge by continuing to provide education/orientation for our Partner communities. In response and in addition, our MHO in collaboration with ISC drafted and distributed a practitioner alert to increase awareness and to ensure clinicians are keeping TB on the differential when assessing children who present symptomatic.

Priorities for the Upcoming Year

1. Continue into 2023/2024 with a focus on ensuring communities are aware of the increase TB cases in our pediatric population by creating “TB in children” specific resources for our partnership.
2. Continue to offer orientation and education to our Partner communities while informing them of new cases of TB through our TB Dashboard on the NITHA website.
3. Working with Partners to ensure understanding of community’s roles and responsibilities in combination with NITHA and TBPC in the management of TB clients and associated screening.
4. Updating our NITHA TB Program manual referencing TBPC and the Canadian TB Standards 8th edition.

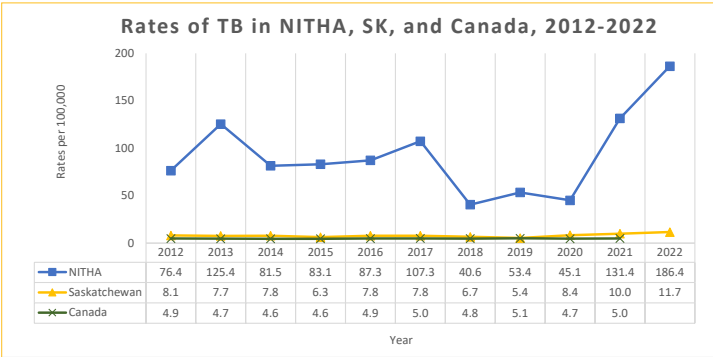


Figure 18: Rates of Active TB in NITHA, SK, and Canada by calendar year, 2012-2022

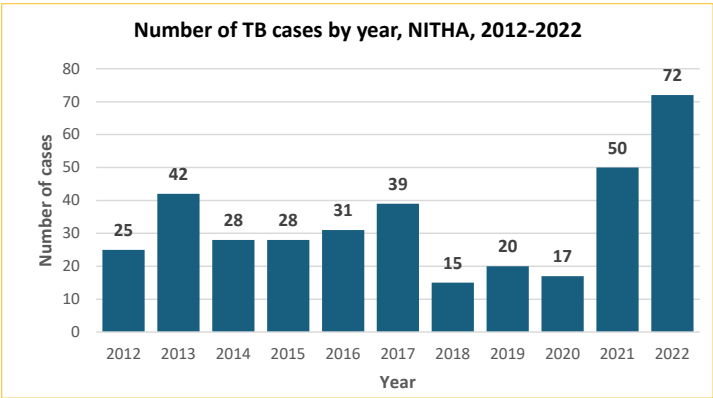


Figure 19: Number of TB case by calendar year, 2012-2022

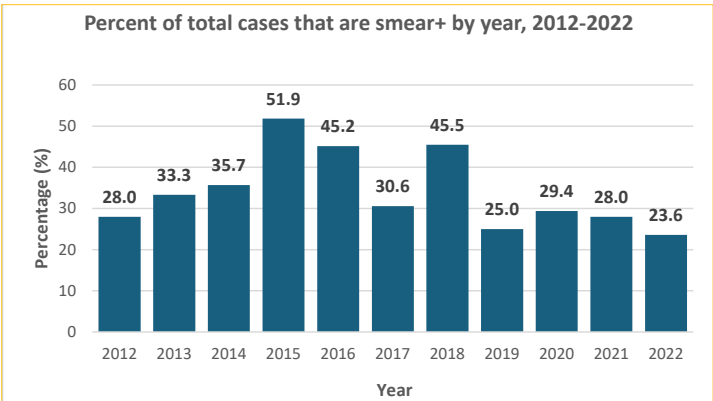


Figure 20: Percentage of TB cases that are smear-positive by reporting year, 2012-2022

From 2012 to 2022, the TB rate in NITHA communities has been consistently higher than the rates in Saskatchewan and Canada. The NITHA TB rate dramatically increased by 313% from 45.1 in 2020 to 186.4 in 2022 (Figure 18).

The COVID-19 pandemic era has seen an upsurge in the number of TB cases. From 50 cases in 2021 to 72 cases in 2022, there was a 44% increase in TB cases (Figure 19).

Smear positivity in TB cases decreased from 28% in 2021 to 23.6% in 2022 (Figure 20).

Contact with a known case (78%) and substance use (49%) were among the major risk factors in 2022. Overcrowding (72%), a need for housing repairs (74%), living in transient (21%), and homelessness (3%) were the most common housing characteristics reported by TB clients in NITHA communities (Figure 21).

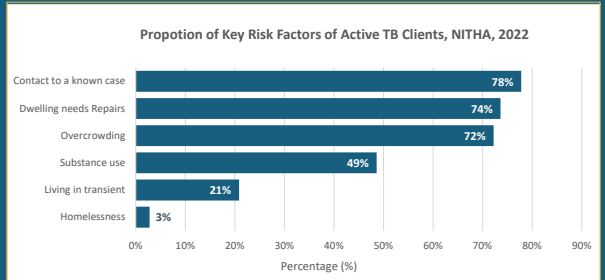
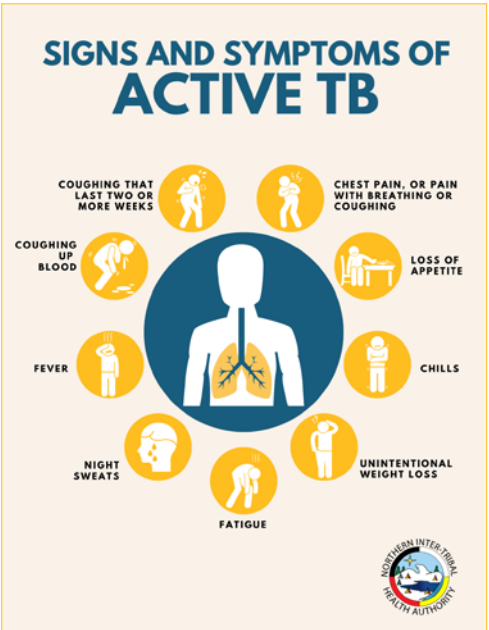


Figure 21: Key Risk factors of Active TB Clients, NITHA, January – December 2022



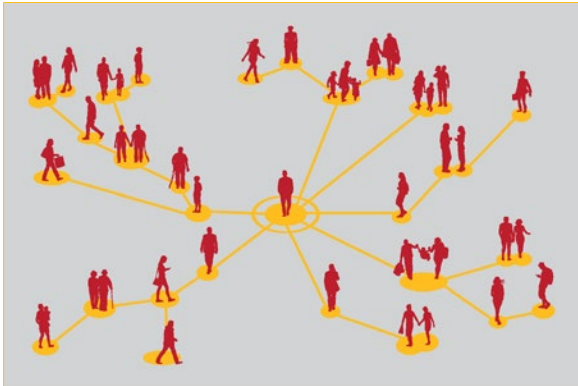
Epidemiology

NITHA's Epidemiology and Surveillance program keeps track of and examines the epidemiology of health issues in order to establish priorities and inform public health plans, programs, and policies. The program makes use of evaluation, research, and surveillance methods that follow a systematic approach to gathering, processing, interpreting, and reporting findings from health-related data. Surveillance serves as an early alert system for impending emergencies to trigger a public health response. Specifically, surveillance is used to gain insight into the geographic spread, the intensity of community risk activities, disease patterns, and the traits of sick and at-risk individuals. Evaluation assesses NITHA public health programs' efficacy and efficiency and contributes to ongoing program improvement. The Epidemiology and Surveillance program at NITHA also offers research support to culturally appropriate community-based research initiatives that aim to influence policy changes, empower communities, and enhance the health and well-being of First Nations people.

Overall, the NITHA epidemiology and surveillance team, under the direction of an epidemiologist, monitors disease activities, health events, and health assessment indicators for improving the population's health status.

Program Accomplishments

1. Performed continuous data quality improvement activities to ensure a more timely and accurate data to support early outbreak detection and management.
2. Responded to data requests from Partner communities and stakeholders as needed, and provided periodic and outbreak specific products.
3. Collaborated with Indigenous Service Canada (ISC), Ministry of Health (MoH), and Saskatchewan Health Authority (SHA) Epidemiologists for vaccine surveillance, and timely monitoring and reporting of notifiable diseases.
4. Provided on-reserve Saskatchewan First Nations perspectives in the development of the provincial Community Respiratory Illness Surveillance Program (CRISP) and the provincial Surveillance Plan.
5. Duly represented NITHA's interest at the federal and provincial data and epidemiological technical groups including the Health Data Technical Working Group, the Interjurisdictional TB Epidemiologists Working Group, the Communicable Disease Working Group, the Syphilis Epidemiology Working group, and SK Integrated Epidemiologists Team.
6. Provided epidemiological inputs in the drafting of NITHA data access requests and Data Sharing Agreements, and ensured data validity as well as confidentiality.
7. Provided data support for provincial integrated reporting, COVID modelling and presentations.
8. Presented orally at the Know Your Status (KYS) conference, Community Health Nurses (CHN) TB workshop, First Nations TB Advisory meeting, and NITHA COVID-19 EOC sessions.
9. Supported the creation of abstracts for conferences like the World Indigenous Peoples' Conference on Viral Hepatitis (WIPCVH), CAHR, and the biennial conference of the Canadian Society for Epidemiology and Biostatistics.
10. Assisted the SCPOR-SHRF Establishment grant application to improve childhood immunization coverage in NITHA communities.
11. Supported and mentored students completing their MPH practicum, and health information management training.



Challenges

NITHA's surveillance, evaluation, and research may have limitations, especially as a result of the following challenges:

- » Notifiable diseases that are underreported, underrepresented, or not timely reported, which limits their utility. Transient communities, insufficient data collection, illegible handwriting, and typing errors all contribute to incomplete critical information, inadequate representation and reporting delays. Data quality improvement is a continuous process which requires encouraging Partners to submit thorough, accurate, and timely information as well as by completing data reporting training.
- » Inability to monitor the occurrence of numerous non-communicable conditions, such as injuries, chronic medical conditions, and mental illnesses. This could be due to lack of access to additional data sources. The range of the monitoring can be increased with appropriately incorporated Indigenous identities into the provincial non-communicable database for accurate identification of on-reserve NITHA clients, and a Master data sharing agreement (DSA) to permit access to multiple data for analysis.

Priorities for the Upcoming Year

The Epidemiology and Surveillance program at NITHA intends to take action in the upcoming year to overcome the aforementioned challenges.

- » To improve data quality for surveillance and evaluation activities by encouraging and training Partners to provide complete, clear, accurate, and timely data.
- » To improve Public Health programs in the NITHA Partner communities by strengthening the current surveillance system and offering epidemiological assistance to evidence-generating activities including quality improvement, evaluation, and research.
- » To broaden the scope of public health surveillance in NITHA communities to include keeping track of the occurrence of non-communicable diseases. New data sources based on the OCAP principles would be sought with this widened monitoring lens.
- » Lastly, to strengthen existing relationships with key players and partners.



Cancer Control Project

Cancer project objective is to evaluate the cancer burden in NITHA communities with four areas of focus; education and prevention, early detection, improved patient experience and enhanced surveillance. This project aims to increase education and awareness about different cancers, promote healthy living and overall risk reduction. Recognizing that many cancers are treatable when detected early, this initiative will promote early cancer screening programs for community members. Bridging both the provincial and community-based primary healthcare service providers, we aim to understand the service gaps and challenges that exist in providing quality cancer care/support in the NITHA communities. By the end of this project we will build meaningful partnerships, develop culturally appropriate and respective cancer control programs, and collect accurate and complete cancer data by linking registries (Indian registry, Northern Affairs Canada and Saskatchewan Cancer Agency) to evaluate age-standardized cancer incidence and mortality rates in NITHA on-reserve First Nations. Overall, we aim to reduce cancer incidence significantly over time with the engagement of community champions by creating system-level changes through surveillance, public policy and community programs.

Program Accomplishments

- » Cancer project final face-to-face steering committee meeting (October 13, 2022, PA Inn, Prince Albert, SK) - 24 participants from 33 NITHA communities.
- » Distributed cancer screening and teaching materials (e.g. kits, mannequins, simulators etc.) to cancer project partner communities in NITHA partnership
- » Participated in 5th CPAC Knowledge Transfer and Exchange (KTE-5) Workshop (March 28-29, 2023) and shared the project updates.

Cancer Activities in Communities:

- » **Quit Smoking Challenge (May - June, 2022)- Fond du Lac:** A total 20 participants comprising FDL band members, health care staff, and community members participated in this challenge. Participants were followed-up for another 3 months to support their quitting journey. This activity was supported by PAGC and NITHA Tobacco Control Advisor. Monthly lucky draws and door prizes were provided to encourage and appreciate the participants.
- » **Prostate cancer peer-support Initiative (November 2022) - Black Lake:** A prostate cancer and men’s wellness themed sharing circle event was organized comprising health staff, community members and cancer survivors.
- » **Cancer Activities Year Calendar - Montreal Lake:** DDiabetes and cancer awareness (February 2022), Obesity and general health awareness (March 2022), Skin cancer awareness (April/May 2022), Self-care wellness workshop (July 2022), and Ovarian and Prostate cancer workshop (September 2022).



Challenges

- » Although COVID-19 situation improved, some community partners struggled to prioritize cancer project activities due to added responsibilities and changes within the workplace.
- » Sporadic COVID-19 cases throughout the year restricted community engagement and face to face activities.
- » High turnover of staffs resulted communication gaps, dispersed the working groups and delayed the cancer control program planning.
- » It was challenging to on-board communities and obtain consent to access community level data.

Recommendation:

- » We will continue to encourage participating communities to prioritize cancer project activities and plan more face-to-face steering committee meetings to bring back the momentum.
- » NITHA is planning to bring all NITHA communities/leaderships together to set priorities for the next phase of the project. We will also present cancer data request documents to the health managements and leaderships to guide the process and maintain the cancer data ownerships.



Priorities for the Upcoming Year

1. Develop research proposal and work plan for next funding cycle.
2. Obtain cancer data request approvals from all NITHA Partner Communities.
3. Prepare cancer project final report (e.g. project summary, manuscripts etc.)




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 provides support and current knowledge of leading practices in the areas of nursing education/training, capacity development, mental health and addictions, emergency preparedness, nutrition, eHealth/IT. The NITHA organization also engages in special projects aimed to target specific areas throughout the partnership; currently, those in CSU are tobacco control, EMR and Telehealth which are all funded on a year to year basis.

The Manager of CSU oversees the Aboriginal Health Human Resources Initiative (AHHRI) funding which focuses on responding to the needs of Community Based workers and First Nations Health Managers. Over the past year we supported our Partner staff in attending the First Nations Health Managers Association certification program which consists of 5 courses and a comprehensive final exam. This year we had 4 LLRIB students who completed course 500. Of those 4 from LLRIB, 2 of them have successfully completed the certification exam and graduated from the program. In addition, we also had 5 students who successfully completed course 100 (1 PAGC, 1 LLRIB, 1 PBCN, 2 MLTC); 4 students who have successfully completed course 200 (2 MLTC, 2 LLRIB); and one student from MLTC who has successfully completed course 300, with a program completion being scheduled for next year. We also had 16 new students who started in January of 2023.


Community Services Team




Colleen Durocher
Manager of
Community Services




Carrie Gardipy
Nursing Program
Advisor




Patrick Hassler
Emergency Response
Coordinator




Charles Bighead
eHealth Advisor




Eric Xue
Senior Network
Technologist




Peter Netteville
IT Help Desk
Technician




Glenda Watson
Mental Health &
Addiction Advisor




Carol Udey
Nutritionist



Justina Ndubuka
Tobacco Project
Coordinator



Jeanette Villeneuve
Program Administrative
Assistant (Term)



Delores Templeton
Program Administrative
Assistant (Term)

Mental Health & Addictions

The Mental Health & Addictions (MHA) Program at NITHA provides third-level service to the four Tribal Partners. During 2022/2023, the MHA advisor focused on our Partnership needs resulting from COVID-19, training and workshops applicable to the pandemic, advisory support, sharing and collaborating with Partner advisors.

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

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

Program Accomplishments

The MHA focused on the latter part of 2022 gathering feedback from MHA community leads as part of post-covid recovery efforts. This was in addition to focusing on crisis management and response efforts following the James Smith Cree Nation tragedy in September 2022. This resulted in support from the MHA-WG members for the MHA to reach out to lead trauma recovery experts with Somatic Experiencing International (SEI) located in the United States. Capacity Building was the primary goal for the communities going forward, which resulted in the first Crisis Stabilization & Safety (CSS) training held in Canada to our NITHA partner communities, which consisted of Community Members, Support Workers, Counsellors/Therapists and Paramedics. This was a significant training to enhance understanding of trauma responses and the importance of providing a sense of emotional safety, and stabilization in and among our First Nation communities.

Challenges

The MHA seen challenges related to the Substance Use and Addictions Program (SUAP)– Transition Recovery Program in last quarter of pilot program, and MHA-Working Group communication efforts. It was difficult to gather or send information at some sites of the program due to changes in staff. In addition, one of the Partner organizations, seen their Prevention services switch over from Health Services Department to another entity within the organization. Moving forward it is recommended that a Health Services representative in addition to the prevention services representative are invited to the working group meetings to ensure that the Partner has a continued voice at the MHA-WG table.

Priorities for the Upcoming Year

- » Resume the first phase of the “Model of Care” for Addiction and Mental Health Document for Partners.
- » Capacity building within the communities with respect to safety assessment given the rise in Methamphetamine and Opiate use, and family-oriented strategy training to better assist those working on the frontlines.

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 120 First Aid and CPR/AED providers, 40 Medical First Responders, and 5 Emergency Medical Responders, were trained.

Three additional Purple Air real time smoke monitors were deployed to communities and utilised for air quality surveillance and trending. We now have 18 monitors throughout the Partner communities. These monitors continue to be a significant tool and enhancement to smoke and fire surveillance in 2022-23.

Supplemental Defense and De-escalation training for Security Guards and Health Staff continued throughout this year with another 7 communities provided training: Kitsaki, Sucker River, Pelican Narrows, Deschambault Lake, Southend, James Smith and Waterhen.

The NITHA EOC continued regular meetings. As of year-end and since the onset of the pandemic, this service has processed approximately 6700 email requests.

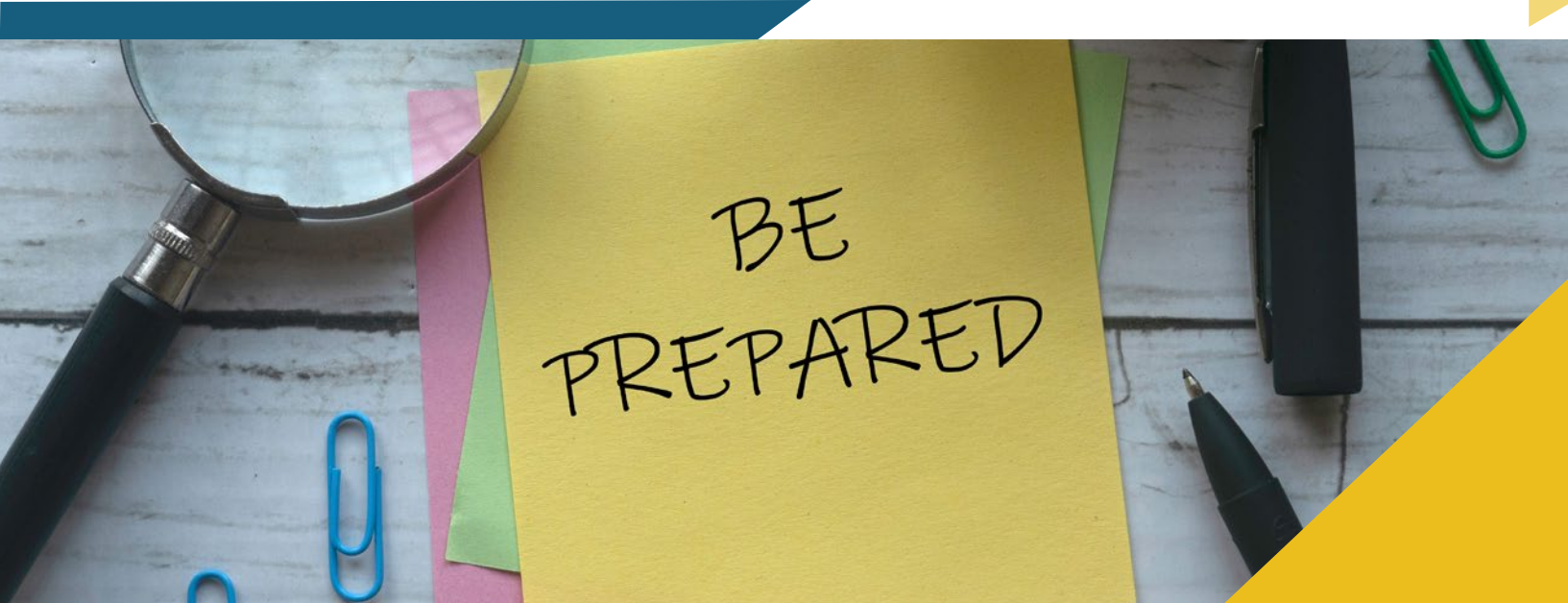


Challenges

- » An annual review of Emergency Response Plans is an industry standard; however, this process has remained sluggish and requires cooperation and manpower at the community level. Dedicated full-time positions in the area of Emergency Response and Preparedness remain the most significant challenge. Stakeholders need to continue to advocate for first level ERC positions and funding. In the area of emergency response and coordination long term funding arrangements (minimum of five years) should be the standard.
- » Short term proposal driven funding negatively impacts the Partners ability to recruit and retain skilled emergency response personnel. The 2nd level is negatively impacted due to staff retention. Staff recruitment and retention for Partner Emergency Response Coordinators should be supported to attract professionals.
- » First Aid and Professional Responder Instructor Programs (First Responder) have had major over hauls over the last three years. It is important to continue advocating for Virtual training to be supported by licencing and certifying bodies.

Priorities for the Upcoming Year

- » NITHA ERC will continue to support the Partners through their respective ERCs in ensuring community response plans are taking an “All Hazard” approach.
- » The NITHA ERC will support and assist communities as they build sustainable First Responder Groups through initiatives that bring the training “in house”.
- » NITHA continues to provide support in Pandemic and Communicable Disease Contingency Planning, providing the NITHA Communicable Disease Plan and the NITHA Communicable Disease Planning Manual.
- » When organizations are mobilized during a large emergency, such as an evacuation, the NITHA ERC will continue to engage these organizations and ensure that the Partner community voices and concerns are heard and addressed.



Nursing Program

The Nursing Program aims to support the Partners in the areas of Home Care, Community Health and Primary Care nursing programs. The Nursing Program Advisor (NPA) provides clinical, educational and policy support covering nursing practices. Review and professional consultation are preformed on an ongoing basis to apply best nursing practice standards. The NPA supports the Partnership in meeting their nursing program needs for primary care and home care nurse practice. With direction and recommendations from the Nurse Manager Working Group, nursing education and clinical guidelines are developed.

Program Accomplishments

The Primary Care Nurse Manager working group meetings were resumed this fiscal year. All NITHA Partners and Independent Bands were represented at each quarterly meeting. Standing items on the meetings’ agendas included Nursing Specialty Practice, Nursing Education, Nursing Safety Issues and ISC Updates.

The NPA completed regular reviews of the Clinical Directive Tools (CDT’s) with the College of Registered Nurses of Saskatchewan (CRNS). “CDTs are evidence-informed documents for RNs with Additional Authorized Practice [RN(AAP)], who must adhere to them for the assessment, diagnosis and treatment of the specific limited common medical disorders contained within them” CRNS. In addition to the CDT’s, the NITHA Communities have developed and approved Registered Nurses (RN) Specialty Practices which tailor to the community health needs and the population being served.

RN Specialty Practices reviewed include:

- » Sexually Transmitted Blood Borne Infections (STBBI) Specialty Practice
- » Anaphylaxis
- » Immunization
- » Use of antiretroviral medication - Oseltamivir (Tamiflu) for prevention and treatment of seasonal influenza
- » NITHA Overarching Policy for Specialty Practice by Registered Nurses

In the 2022-23 fiscal year, NITHA delivered many nursing educational events:

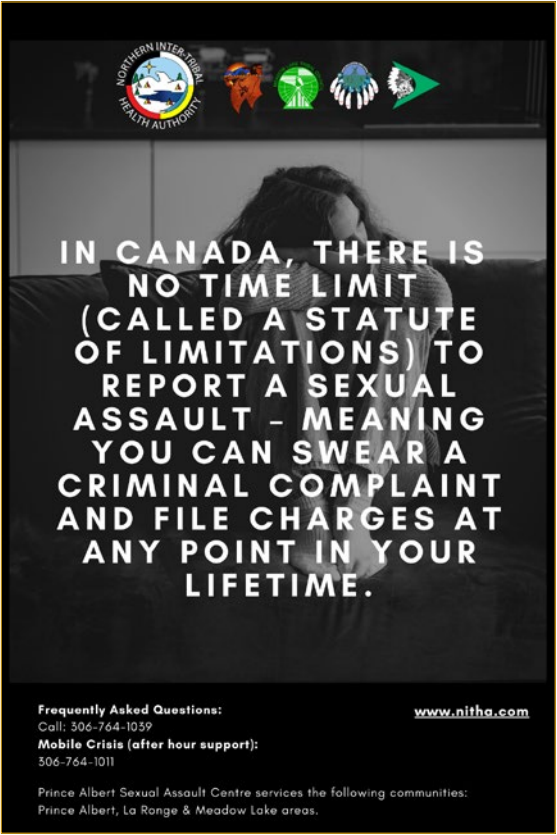
- » **Annual NITHA Nursing Conference** on September 13-15, 2022 in Saskatoon. The NITHA Nursing Conference planning committee had representation from Nurse Managers in each of our four Partnerships. This year’s conference theme reflected the value of nurses in our communities: “Nurses make an impact.” (See attached conference package). The three streams of Nursing (Community / Public Health, Home Care and Primary Care) were included in the information sessions.
- » **Sexual Assault Response Training for Nurses** was delivered and sessions took place on Dec 5-7, 2022, Feb 22-24, 2023, March 8-10, 2023. This 3-day training had a total of 30+ RN Primary Care Nurses complete the training with all Partners represented. The training evaluations indicated it was well received and education and nursing competent. The training encompassed a holistic approach to care that included the following: physical examination, evidence collection and documentation, trauma informed care, mental health response, background information, STBBI follow up, and community support services (specific for our regions). Following the training, RN’s are authorized to complete the evidence collection kits for sexual assaults, as it is in the RN scope of practice. This has been verified with the CRNS and the legal consultant at the Canadian Nurses Association.
- » **Nursing Safety Awareness Training** was held in November 2022. All 25 seats were filled and the training was completed.
- » Other educational events coordinated from the NPA program were the **RX Vigilance** and **Substance Use and Clinical Implications** (webcasts).

Challenges

Nursing shortages remain a cause for concern within our Partnership, especially in the areas of Primary Care. The primary care nursing positions have additional requirements for their scope of practice and must be licensed as an RN AAP (Additional Authorized practice) or NP (Nurse Practitioner).

Priorities for the Upcoming Year

The priorities outlined will be continued and advanced nursing education, clinical skills orientation program development and funding negotiations for surge capacity for nursing coverage. As a collective voice, NITHA will advocate for additional funding for advanced nursing education programs and surge capacity teams to serve the Partners.



Nutrition Program

The main goal of the Nutrition Program is to promote health and well-being for First Nations people within the NITHA communities. The Nutrition Program supports the second level dietitians/nutritionists in the planning, implementing and evaluating of their nutrition programs for the communities they serve. The Nutrition Program maintains a social media presence throughout the year to educate the public on food and nutrition information. The Nutrition Program supports other NITHA programs with evidenced based food and nutrition information when requested. The Nutrition Program also encourages and supports NITHA staff in maintaining a healthy diet and lifestyle with ongoing food and nutrition education.

Program Accomplishments

The goal of the Nutrition Program this year was to increase its social media presence.

- » During the month of March for Nutrition Month the social media campaign was kicked off. Throughout the month of March traditional food information was posted on NITHA's Facebook and Instagram account. Quizzes were held and prizes were awarded to promote activity to the sites. There were over 228 participants who participated in these quizzes. For nutrition month a poster was designed highlighting the "Three Sisters" and the traditional story. The poster was entitled "Our Tradition is Good Nutrition" and was posted on the NITHA and Partners' social media sites and featured in the PAGC Tribune. Copies of the printed poster were also distributed to our communities.
- » Throughout the whole year, the program posted forty-two different topics about food and nutrition on Facebook and Instagram.

The Nutritionist assisted in the planning and implementing of the Honouring Children Conference held on Oct 4-6, 2022 in Prince Albert. There were 155 participants in attendance representing communities from the NITHA Partnership as well as the SHA communities. The conference was an overwhelming success.

The Nutritionist participated in the "Know Your Status" conference in Prince Albert on March 1st & 2nd by providing a traditional food display. Over fifty participants visited the display and one lucky person won a food dehydrator.

The Nutritionist also presented to over fifty participants on the topic of "Good Food for People Living with TB" at the NITHA TB conference in Saskatoon on March 21st of this year.

The Nutritionist continues to work on food security and nutrition initiatives by participating on the following committees and teams: Healthy Eating Team, Dietitians Working with First Nations, Northern Saskatchewan Food Security Coalition, Breastfeeding Committee for Saskatchewan and the Nutrition & Active Living Working Group.



Challenges

The Communications Officer has been instrumental in providing the knowledge and expertise on the creation and development of the nutrition information that was developed this year. The challenge is to coordinate and be respectful of the Communications Officers time and workload while at the same time meeting the goals and initiatives of the Nutrition Program.

Priorities for the Upcoming Year

The priorities for the upcoming year are to complete resources that are currently under development and to develop and design a NITHA nutrition emblem.

INGREDIENTS

- 8 cups of green or yellow beans
- 2 cups white vinegar
- 4 cups white sugar
- 1/4 cup salt
- 2 tablespoons celery seed

INSTRUCTIONS

1. Clean beans in water.
2. Snip ends and cut beans in half.
3. Place beans in boiling water for 2 minutes, remove and place in ice cold water for another 2 minutes.
4. Place beans in a clean container such as an ice cream pail.
5. Pour vinegar solution over beans.
6. Mix the vinegar solution and let sit for 30 minutes.
7. Cover container with lid and refrigerate for 4 days for best taste, mixing once a day.
8. Store in refrigerator.

Refrigerator Green or Yellow Beans


Beans are one of the three sisters and are rich in nutrients. This recipe is easy and delicious. Enjoy with your meal or as a quick snack.

NOTES

- Use the freshest beans you can find; the fresher the beans, the crispier the finished product.
- Use regular mouth jars if possible. The shoulders/hock of the jars keep the beans in place. And lean those jars on the side when stuffing the beans in. It helps you pack them in better.
- The beans will keep in the fridge for 3-6 months.

Our Tradition is Good Nutrition

The crops of corn, beans and squash are known as **The Three Sisters**. For centuries these three crops have been the center of Indigenous agriculture and traditional food. It is for good reason as these three crops complement each other in the garden as well as nutritionally. Corn provides tall stalks for the beans to climb and the squash shades the ground to help retain moisture and prevent weeds. These crops are important because they can be preserved and can provide a source of carbohydrate, protein, and vitamins and minerals all year long.



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A DOZEN TIPS FOR STRETCHING YOUR FOOD DOLLAR

1 PREPARE A BUDGET
Prepare a food budget for the month and on a weekly basis.

2 PLAN MEALS
Plan meals ahead for the week.

3 CREATE A GROCERY LIST
Make a grocery list for the planned meals and stick to it.

4 EAT BEFORE YOU SHOP
Eat before you shop to prevent impulse buying.

5 AVOID CONVENIENCE FOODS
Try to reduce the quantity of convenience foods, cook from scratch more often.

6 PREVENT OVEREATING
Pre-portion out meals and snacks to prevent overeating.

7 USE LEFTOVERS
Let your leftovers do double duty; use leftovers for another meal.

8 FISHING & HUNTING
Forage, fish and hunt in your area if possible and preserve any excess.

9 EAT MEATLESS MEALS
Eat a meatless meal once a week, cook up dry lentils and beans.


10 WATCH FOR SALES AND COUPONS
Take advantage of sales and coupons only if it is what you really need.

11 GROW A GARDEN
Grow your own produce or purchase produce from local gardens.

12 PARTICIPATION IN COMMUNITY GARDENS
Participate in community gardens and/or start planning for a home garden for next year.



Wild Rice is Traditional Food



Northern Saskatchewan is known for its wild rice. Wild rice is not actually from the rice family. It is a grain from the grass that grows near the shores of lakes, rivers and streams. The rice has to be processed until it is free from the husks and roasted so the rice turns brownish black in colour. Wild rice is gluten free and high in antioxidants. Wild rice is known for its higher protein content than other grains. It is also a rich source of fibre, folate, magnesium and B vitamins. It is a great addition to a well-balanced diet.

Mac & Cheese

An excellent source of calcium and protein.

INGREDIENTS

- 2 Cups Unsalted Elbow Macaroni
- 2 Cups Whole Milk
- 1/4 Teaspoon Ground Black Pepper
- 3 Cups Cheddar Cheese, Grated

DIRECTIONS

1. Bring a large pot of lightly salted water to a boil. Cook elbow macaroni in the boiling water, stirring occasionally until cooked through but firm to the bite, approximately 10 minutes. Drain off water once cooked. Set aside.
2. In a saucepan melt margarine over medium heat. Add flour, salt, and pepper and stir until smooth, about 5 minutes. Pour in milk slowly while stirring constantly. Continue to cook and stir until mixture is smooth for about 5 minutes, making sure that the milk does not burn.
3. Add grated cheddar cheese and stir until melted.
4. Add cheese sauce to cooked macaroni, mix until well coated.

eHealth

eHealth is the use of IT systems to support Healthcare. eHealth applications such as Telehealth, the Electronic Medical Records (EMR) and office productivity software requires the following underlying components:

- » Stakeholders – leadership direction, funding...
- » Personnel – IT, Information Management, Data Entry Clerks, ...
- » IT Systems – Internet connectivity, servers, workstations, ...
- » Privacy & Security – policies, safeguards to protect information...
- » Governance – data sharing agreements, protocols for ethical research, ...

NITHA has three eHealth support personnel: (1) eHealth Advisor who performs business analysis, (2) Sr. Network Technologist who provides advanced IT support, and (3) Helpdesk Technician who provides user support and computer training.

Program Accomplishments

- » NITHA worked with the province to provide northern communities access to provincial ehealth systems.
 - * Registered Nurses (RNs) within the Partner communities can now access the Investigations and Outbreaks Module (IOM) of Panorama to manage certain communicable diseases.
 - * PAGC Homecare Nurses are able to access the Pharmaceutical Information Program (PIP) to look up and verify prescribed medications.
- » NITHA participated in the provincial “Lumeca” privacy working group in order to protect First Nations interests. Lumeca is a new virtual healthcare tool for connecting providers with clients in their home.
- » NITHA began upgrading the Telehealth carts and optimizing the Wi-Fi networks in the health centers. The goal is to make the telehealth carts mobile so that they can be wheeled around and used anywhere in the health center.
- » NITHA continues to be involved with the National Indigenous IT Alliance (NIITA). Several IT personnel from the Partners attended the NIITA symposium held in Vancouver, in November 2022. The Canadian Space Agency (CSA) “Beyond Health” initiative has expressed interest in collaborating with NIITA. The CSA is developing compact medical devices to be used in deep space travel and would like First Nations to trial the devices in the communities.
- » NITHA helped coordinate the upgrade of all health center CommunityNet routers that were over 10 years old.
- » NITHA held various computer training throughout the year for approximately 48 health staff in the Partnership.

Challenges

Accessing First Nations data held in provincial systems continues to be a challenge due to the Health Information Protection Act (HIPA) and its strict regulations around disclosure of client personal health information for secondary purposes. NITHA continues to work on accessing COVID-19 related hospitalization and mortality data from Panorama and Cancer Data from the Saskatchewan Cancer Agency for epidemiological purposes.

NITHA offers computer training such as MS Office Excel, Windows basics and so forth. Communities continue to express interest in the training and staff often register for courses but do not attend the training. This could be due to competing priorities or virtual meeting fatigue and a preference for in-person training in the community. More focus will be made in bringing the training to the Partners.

Priorities for the Upcoming Year

- » The Pediatric Acute Respiratory Virtual Care project that started as a pilot project in Pelican Narrows will begin a phase 2 and expand to other Northern communities. This new project aims to Develop Culturally Appropriate and Community Informed Virtual Healthcare for Pediatric Specialized Acute Care Services in Saskatchewan’s Rural and Remote Indigenous Communities. NITHA will liaison with the researchers from the Indigenous Peoples’ Health Research Centre (IPHRC) and will participate in the recruitment of a “Community Navigator”.
- » NITHA will assist LLRIB and James Smith deploy the Shared EMR into their communities. NITHA will also assist MLTC to migrate from their private EMR system onto a Shared EMR. The main benefit of a Shared EMR is First Nations providers (ex. RN/NP) and non-First Nations providers (ex. MD) can collaborate directly within the EMR about patient care and safety.
- » NITHA will implement a vaccine temperature monitoring and alert system to reduce vaccine wastage due to cold-chain breaks. The system will send alerts if there is a power outage or when the vaccine fridge temperature falls out of an acceptable range.
- » NITHA received funding to upgrade CommunityNet speeds from the current 10Mb to 50Mb throughout the north. Upgrades will begin in the new year.
- » NITHA will continue to participate in the development of the First Nations Regional Information Governance Center (FNIRIGC) that is being led by the FSIN.
- » NITHA will implement a new integrated Phone and MS Teams as a demonstration project in the NITHA office. NITHA’s phone system is getting dated and MS Teams is a popular virtual meeting platform used throughout the Partners.



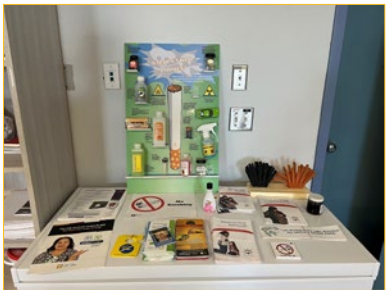
Tobacco Project

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

During the year under review, the Tobacco Project Coordinator’s (TPC) primary goal was on education with a focus on targeting the younger population. The TPC is also proud to be part of the team to get a Lung Cancer screening program implemented in NITHA communities and the province.

Program Accomplishments

- » World No Tobacco Day (WNTD), May 31, 2022, was celebrated to spread awareness of the dangers of smoking. The theme “Tobacco: Threat to our environment” was used to raise awareness of the environmental impact of tobacco from cultivation, production, distribution and waste. A TikTok challenge was conducted on WNTD (May 21-31) in all 9 schools in MLTC communities.
- » During National Non-Smoking Week (NNSW), January 15-21, as designated by the Canadian Council for Tobacco Control there was “Weedless Wednesday” and also a “Walk or Exercise to Quit” in NITHA communities and workplaces. Participants were entered for a draw to win lots of great prizes.
- » Reading books about the importance of sacred tobacco (developed by NITHA and its Partners as an anti- smoking campaign) were distributed to grades 4 to 6 in both versions of English and Dene.
- » The TPC conducted a training workshop on Brief Intervention for Tobacco Cessation (BITC). The Northern Tobacco Strategy (NTS) team and NSBE team (Partner Tobacco program members) were trained on BITC: Helping Pregnant and New Mothers on March 29, 2023.

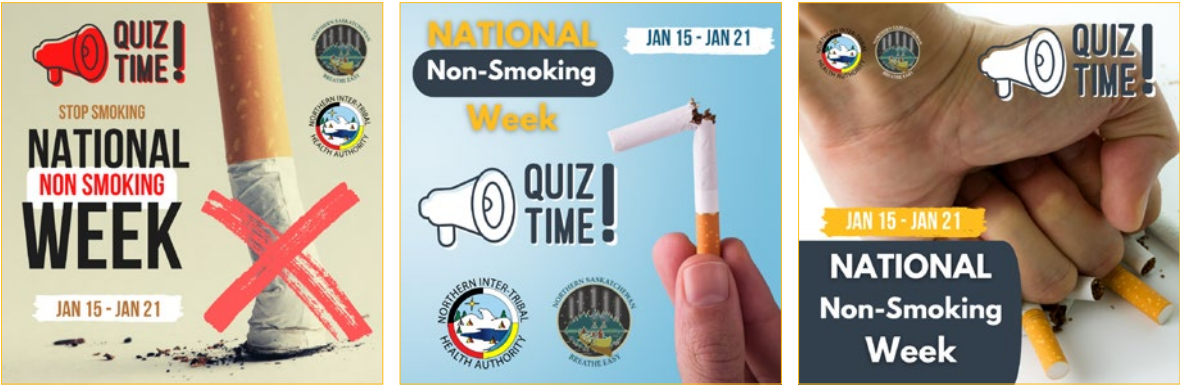


Challenges

- » Funding for training continues to be an issue.
- » Due to high turnover rate in the NITHA Partnership and that most of the NSBE working group members have other responsibilities outside the tobacco program, it has been challenging to implement some activities in the communities. It would be recommended to identify an alternate from our Partner organizations to ensure that work continues.

Priorities for the Upcoming Year

- » The TPC will continue to work with St Elizabeth Health to host the Brief Intervention for Tobacco Cessation: Helping Pregnant and New Mothers training modules online. This will enable frontline workers access to the training resources on their own (self-taught).
- » The TPC will plan to train other NITHA Partnership Community Tobacco Coordinators as the positions are filled on Brief Intervention Tobacco Cessation (BITC): Helping Pregnant and New Mothers.
- » This is also a plan for the following: to host/ implement North-wide youth workshop; to host community workshops targeting general community members; to conduct survey on smoking rates in NITHA communities; and, to recruit local youth ambassadors to revitalize and expand the audience of its social marketing campaign and support community members who want to quit.
- » Lastly, the TPC will work to create digital signage for each of the 33 NITHA communities displaying anti-tobacco messages.




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


Administration Team




Tara Campbell
Executive Director




Heather Bighead
Executive Assistant to the Executive Director




David Jorgensen
Finance Manager (until June 2022)




Laurie McAdam
Finance Manager (Commenced employment - March 1, 2023)




Melvina Aubichon
Human Resources Advisor




Danielle MacDonald
HR/Finance Assistant



Natasha Gillert
Communications Officer



Charity Fleury
Receptionist/Office Assistant



Deanne Janvier
COVID-19 Admin. Support (On Leave)

Human Resources

The mandate of the NITHA Human Resources program supports the NITHA Management, Staff, and Partnership to plan, implement, execute, and monitor human resource programs and services. The NITHA and the Partnership’s Human Resources goals and objectives are achieved through effective and efficient human capital planning. The activities of the Human Resources program 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; Human Resources information, data, and record-keeping maintenance; and Partnership Human Resources services and advice.

Program Accomplishments

During the 2022 - 2023 fiscal year, the Human Resources program concentrated on recruitment, the orientation of new employees, updating job descriptions, supporting NITHA Partners with Human Resources advice and services, continually updating the NITHA Human Resources Management regulations, and, Occupational Health and Safety policies in compliance with the Canada Labour Code (CLC) amendments/updates.

Some accomplishments include:

- » Coordinated Indigenous Awareness session for the NITHA staff retreat in August 2022. As a result, the NITHA staff requested a comprehensive session which occurred on November 18, 2022.
- » NITHA job descriptions have been standardized to fall in line with the Four elements.
- » The HR Advisor continues to support the Partnership on Human Resources matters or issues, on an ongoing basis. HR Working Group meetings were held on August 25, 2022; and December 12, 2022. No HR working group meeting was held in Q1 and Q4 due to conflicting schedules and commitments.
- » Assisted in the NITHA Partnership Compensation report findings and analysis.
- » NITHA collaborated with post-secondary institutions and accepted practicum students in Health Information Management, Master’s in Public Health, and Public Health. Students contributed invaluable data and analytical skill sets to the NITHA Communicable Disease and Epidemiology programs.
- » On January 01, 2023, NITHA implemented Medical Leave for casual, part-time, and temporary employees as per the enforcement of Bill C-3, An Act to amend the Criminal and Canada Labour Code.
- » NITHA set up information/recruitment booths at the following events: KCDC Virtual Career Fair (May 11, 2022); NITHA Nursing Conference (Sept. 13 – 15, 2022); and ISC Regional Nursing Conference (Nov. 22 – 24, 2022).

Staff Vacancies

Employee turnover at NITHA was minimal in 2022 - 2023. Three permanent full-time and two-term positions were filled by the end of the fiscal year, March 31, 2023. The positions are as follows:

Position Title	Date Filled
Public Health Nurse	June 2022
HIV Strategy Coordinator	July 2022
Epidemiologist Support	August 2022
TB Nurse (Term)	August 2022
Finance Manager	March 2023
Research Associate	Open until filled

There was a total of 2,791 visitors to NITHA employment opportunities. NITHA HR received 147 applicants for the vacant positions advertised during the 2022 – 2023 fiscal year:

Source	Visitors	Applicants	Hires
BambooHR	1425	8	0
Facebook	11	0	0
Indeed	1310	82	0
Other	45	22	0
NITHA HR & Website (Employment Page)	35 (NITHA HR)	35 (NITHA HR)	5
SaskJobs/networking/nationtalk.ca	Unknown	0	0

Challenges

- NITHA seen some challenges related to the recruitment of hard-to-fill positions. This was due to having received applicants who did not meet the minimum requirements in areas related to work experience and/or qualifications. In addition, experienced applicants required flexible schedules which could not always be accommodated due to the nature of the positions. NITHA will continue utilizing MBC Radio; Health Careers in Saskatchewan; and Post Secondary Institutions to assist with career advertisements. We will also attend recruitment events such as Schools of Nursing Education conferences, etc. A review of the work schedule policy made need to be considered to allow for flexibility.
- Due to scheduling conflicts the HR Working Group was only able to meet twice in 2022 – 2023. The HR Advisor will continue to utilize the Doodle poll and video conferencing to allow for flexibility in attendance of in person or virtually.

Priorities for the Upcoming Year

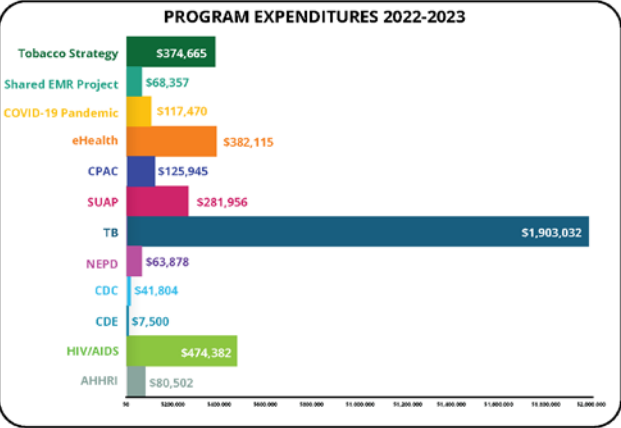
The Human Resources priorities will be:

- » Finalize template forms for Workplace Harassment and Violence Prevention.
- » Providing First Nations Insurance Services benefits presentation to NITHA staff.
- » Facilitation of Respectful Workplaces training scheduled for the NITHA staff. This will be mandatory training for all NITHA staff.
- » Continue to retain a full balance of human capital for business continuity.
- » Continue strengthening NITHA Partnership relationships by engaging the HR Working Group. Ensure that shared strategic goals and objectives are aligned with NITHA Partners.
- » Development of a NITHA Human Resources framework, including a nursing recruitment and retention strategy.
- » Ongoing maintenance of HR and OH&S policies and procedures to ensure employment, health and safety, and human rights legislation compliance.
- » Continue to 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.

Finance

The Finance Manager preforms professional, advisory, and confidential financial duties to the Northern Inter-Tribal Health Authority. The Finance Manager prepares the annual program budgets, provides monthly and annual financial reports, and ensures financial management is consistent with the Generally Accepted Accounting Principles (GAAP) to meet audit standards. She is responsible for the maintenance of the Financial Management Policy and Procedures Manual, identifies and resolves problems in a timely manner, and processes funding received and allocates to appropriate programs.

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



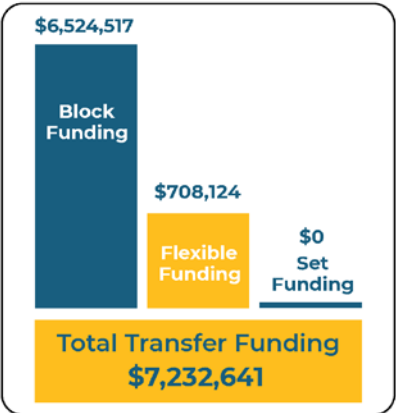
2022-2023 Financial Statements

The 2022-2023 Audited Financial Statements disclose the financial results of this fiscal year’s programs and services, the financial position, and the cash flows of the Northern Inter-Tribal Health Authority Inc. NITHA operates solely as a Not-for-Profit organization, serving the needs of its four Partners. The following audit includes all of the following:

- Managements Responsibility
- Independent Auditor’s Report
- 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:

- **Schedule 1** – Summary of Operating Fund Revenue, Expenses, Surplus
- **Schedule 2** – Administration
- **Schedule 3** – Public Health Unit
- **Schedule 4** – Community Services Unit
- **Schedule 5** – Communicable Disease Emergencies
- **Schedule 6** – CDC – Immunizations
- **Schedule 7** – Nursing Education
- **Schedule 8** – HIV Strategy
- **Schedule 9** – TB Initiative and Worker Program

- **Schedule 10** – Aboriginal Human Resource
- **Schedule 11** – Tobacco Control Strategy
- **Schedule 12** – Substance Use & Addictions
- **Schedule 13** – Dental Therapy
- **Schedule 14** – Canadian Partnership Against Cancer
- **Schedule 15** – Shared EMR Project
- **Schedule 16** – E-Health Solutions
- **Schedule 17** – National Indigenous Alliance
- **Schedule 18** – COVID Pandemic



Management's Responsibility



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

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian public sector accounting standards. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

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

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

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

Jara Campbell

Executive Director

[Signature]

Finance Manager

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. ("NITHA"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations, changes in net assets, cash flows and the related schedules for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of NITHA as at March 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

MNP LLP

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Independant Auditor’s Report - continued

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

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

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

Prince Albert, Saskatchewan

August 22, 2023


Chartered Professional Accountants



Northern Inter-Tribal Health Authority Inc. Statement of Financial Position For the year ended March 31, 2023

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2023	2022
Assets						
Current						
Cash	954,176	6,378,819	247,227	-	7,580,222	7,091,763
Accounts receivable (Note 3)	107,504	-	-	-	107,504	25,359
Prepaid expenses	14,833	-	-	-	14,833	14,431
	1,076,513	6,378,819	247,227	-	7,702,559	7,131,553
Tangible capital assets (Note 4)						
	-	-	-	516,237	516,237	474,951
	1,076,513	6,378,819	247,227	516,237	8,218,796	7,606,504
Liabilities						
Current						
Accounts payable (Note 5)	809,479	-	-	-	809,479	689,842
Deferred revenue (Note 7)	267,034	-	-	-	267,034	302,152
	1,076,513	-	-	-	1,076,513	991,994

Contingencies (Note 16)

Net Assets						
Appropriated surplus (Note 8)	-	6,378,819	-	-	6,378,819	5,966,962
Surplus appropriated for scholarships (Note 9)	-	-	247,227	-	247,227	172,597
Invested in tangible capital assets	-	-	-	516,237	516,237	474,951
	-	6,378,819	247,227	516,237	7,142,283	6,614,510
	1,076,513	6,378,819	247,227	516,237	8,218,796	7,606,504

Approved on behalf of the Board of Chiefs

	
Board Member	Board Member

Northern Inter-Tribal Health Authority Inc.
Statement of Operations
For the year ended March 31, 2023

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2023	2023	2022
Revenue							
First Nations and Inuit Health Funding agreement	7,232,641	-	-	-	7,232,641	6,184,078	9,067,376
Transfer (to) from deferred revenue	30,972	-	-	-	30,972	41,257	(47,407)
Funding recovered	-	-	-	-	-	1,000	405
Health Canada							
Set revenue	231,064	-	-	-	231,064	299,052	43,500
Transfer (to) from deferred revenue	4,146	-	-	-	4,146	-	(4,146)
Funding recovered	-	-	-	-	-	-	99,832
Canadian Partnership Against Cancer							
Grant revenue	119,950	-	-	-	119,950	167,210	47,453
Transfer (to) from deferred revenue	-	-	-	-	-	53,636	72,930
Funding recovered	-	-	-	-	-	-	16,196
	7,618,773	-	-	-	7,618,773	6,746,233	9,296,139
Other revenue							
Administration fees (Note 10)	256,263	-	-	-	-	-	3,675
Interest revenue	-	101,630	-	-	256,263	-	186,941
	-	-	101,630	-	203,260	-	10,382
Total revenue	7,875,036	101,630	101,630	-	8,078,296	6,746,233	9,497,137

Northern Inter-Tribal Health Authority Inc.
Statement of Operations
For the year ended March 31, 2023

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2023	2023	2022
Expenses							
(Continued from previous page)	7,875,036	101,630	101,630	-	8,078,296	6,746,233	9,497,137
Salaries and benefits	3,789,436	-	-	-	3,789,436	4,237,246	4,408,741
Program expenses	2,247,851	-	-	-	2,247,851	2,129,289	2,227,412
Meetings and workshops	280,967	-	-	-	280,967	349,930	80,513
Administration fees (Note 10)	256,263	-	-	-	256,263	202,585	186,941
Facility costs	237,508	-	-	-	237,508	241,612	227,826
Travel and vehicle	207,181	-	-	-	207,181	185,050	139,144
Amortization	-	-	-	191,295	191,295	-	200,208
Program expense	-	-	-	-	-	150,000	-
Appropriated surplus projects	-	131,057	27,000	-	158,057	-	47,930
Professional fees	79,084	-	-	-	79,084	168,916	144,114
Telephone and office supplies	55,107	-	-	-	55,107	65,840	54,266
Computer and equipment maintenance	47,322	-	-	-	47,322	58,760	44,780
Bank charges and interest	2,337	-	-	-	2,337	2,000	2,165
Total expenses	7,203,056	131,057	27,000	191,295	7,552,408	7,791,228	7,764,040
Excess (deficiency) of revenue over expenses before other items	671,980	(29,427)	74,630	(191,295)	525,888	(1,044,995)	1,733,097
Other items							
Gain on disposal of capital assets	-	-	-	1,885	1,885	-	15,650
Excess (deficiency) of revenue over expenses	671,980	(29,427)	74,630	(189,410)	527,773	(1,044,995)	1,748,747

Northern Inter-Tribal Health Authority Inc.
Statement of Changes in Net Assets
For the year ended March 31, 2023

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2023	2022
Net assets, beginning of year	-	5,966,962	172,597	474,951	6,614,510	4,865,763
Excess (deficiency) of revenue over expenses	671,980	(29,427)	74,630	(189,410)	527,773	1,748,747
Transfer to capital fund	(232,581)	-	-	232,581	-	-
Transfer from capital fund	1,885	-	-	(1,885)	-	-
Transfer to appropriated surplus	(441,284)	441,284	-	-	-	-
Net assets, end of year	-	6,378,819	247,227	516,237	7,142,283	6,614,510

Northern Inter-Tribal Health Authority Inc.
Statement of Cash Flows
For the year ended March 31, 2023

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2023	2022
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	671,980	(29,427)	74,630	(189,410)	527,773	1,748,747
Amortization	-	-	-	191,295	191,295	200,208
Gain (loss) on disposal of capital assets	-	-	-	(1,885)	(1,885)	(15,650)
	671,980	(29,427)	74,630	-	717,183	1,933,305
Changes in working capital accounts						
Accounts receivable	(82,145)	-	-	-	(82,145)	20,795
Prepaid expenses	(402)	-	-	-	(402)	(7,909)
Accounts payable and accruals	119,637	-	-	-	119,637	(43,382)
Deferred contributions	(35,118)	-	-	-	(35,118)	(21,377)
	673,952	(29,427)	74,630	-	719,155	1,881,432
Capital activities						
Purchase of tangible capital assets	-	-	-	(232,581)	(232,581)	(323,298)
Proceeds from disposal of tangible capital assets	-	-	-	1,885	1,885	15,650
	-	-	-	(230,696)	(230,696)	(307,648)
Increase (decrease) in cash resources	673,952	(29,427)	74,630	(230,696)	488,459	1,573,784
Cash resources, beginning of year	952,204	5,966,962	172,597	-	7,091,763	5,517,979
Interfund adjustments	(671,980)	441,284	-	230,696	-	-
Cash resources, end of year	954,176	6,378,819	247,227	-	7,580,222	7,091,763

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2023

1. Incorporation and nature of the organization

Northern Inter-Tribal Health Authority Inc. ("NITHA") was incorporated under the Non-Profit Corporations Act of Saskatchewan on May 8, 1998. NITHA is responsible for administering third-level health services and programs to the members of its partner organizations. Under present legislation, no income taxes are payable on the reported income of such operations.

2. Significant accounting policies

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

Fund accounting

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

- i) The Operating Fund accounts for NITHA's administrative and program delivery activities;
- ii) The Appropriated Surplus Fund accounts for funds allocated by the Board of Chiefs to be used for a specific purpose in the future;
- iii) The Surplus Appropriated for Scholarships Fund accounts for interest revenues allocated by the Board of Chiefs to be used for payment of scholarships in the future; and,
- iv) The Capital Fund accounts for the 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.

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.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2023

2. Significant accounting policies (Continued from previous page)

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 50% in the Appropriated Surplus fund and 50% 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. Accumulated sick leave benefit liability is based on the estimated usage of unvested leave benefits payable.

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, 2023

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

	2023	2022
Other receivables	93,775	18,896
Goods and Services Tax receivable	13,729	6,463
	107,504	25,359

4. Tangible capital assets

	Cost	Accumulated amortization	2023 Net book value	2022 Net book value
Automotive	295,189	203,965	91,224	108,469
Computers	1,454,205	1,375,673	78,532	136,224
Equipment	1,142,366	808,351	334,015	220,877
Leasehold improvements	189,482	182,635	6,847	9,381
Software	137,428	131,809	5,619	-
	3,218,670	2,702,433	516,237	474,951

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2023

5. Accounts payable and accruals

	2023	2022
Payroll accruals	523,152	539,633
Trade payables and accruals	286,327	150,209
	809,479	689,842

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:

	2023	2022
Prince Albert Grand Council	151,555	217,266
Meadow Lake Tribal Council	209,780	244,660
Peter Ballantyne Cree Nation	430,435	306,159
Lac La Ronge Indian Band	212,744	275,002

At March 31, 2023, accounts receivable amounting to \$nil (2022 - \$nil) and accounts payable and accruals of \$10,000 (2022 - \$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, 2023

7. Deferred revenue

	2023	2022
Canadian Partnership Against Cancer		
Balance, beginning of year	-	72,930
Funding received	119,950	47,452
Funding recognized	(119,950)	(120,382)
Balance, end of year	-	-
FNIH - EMR Shared Project		
Balance, beginning of year	14,233	16,742
Funding received	69,042	69,042
Funding recognized	(68,357)	(71,551)
Balance, end of year	14,918	14,233
FNIH - Tobacco Control Strategy		
Balance, beginning of year	-	20,551
Funding received	375,644	385,664
Funding recognized	(366,252)	(406,215)
Clawbacks	(9,392)	-
Balance, end of year	-	-
Health Canada - Substance Abuse Program		
Balance, beginning of year	4,145	-
Funding received	139,980	43,500
Funding recognized	(144,125)	(39,355)
Balance, end of year	-	4,145
National Indigenous IT Alliance		
Balance, beginning of year	30,000	30,000
Funding recognized	(30,000)	-
Balance, end of year	-	30,000
FNIH - e-Health Infrastructure Solutions		
Balance, beginning of year	214,671	183,306
Funding received	355,383	627,648
Funding recognized	(382,115)	(596,283)
Capital asset purchases	(141,155)	-
Balance, end of year	46,784	214,671
FNIH - COVID Pandemic Funding		
Balance, beginning of year	39,103	-
Funding received	283,699	1,644,601
Funding recognized	(117,470)	(1,605,498)
Balance, end of year	205,332	39,103
	267,034	302,152

Northern Inter-Tribal Health Authority Inc.

Notes to the Financial Statements

For the year ended March 31, 2023

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:		
	2023	2022
Capacity development initiatives		
Opening balance	645,057	490,057
Transfers from surplus	-	155,000
Ending balance	645,057	645,057
Human resources initiative		
Opening balance	185,800	195,800
Expenses	(17,925)	(10,000)
Ending balance	167,875	185,800
Nursing initiative		
Opening balance	19,232	19,232
Expenses	(37,257)	-
Ending balance	(18,025)	19,232
Capital projects		
Opening balance	200,554	327,786
Transfers from surplus	35,000	35,000
Transfers to capital	-	(158,533)
Expenses	(1,672)	(3,699)
Ending balance	233,882	200,554
E-Health solutions		
Opening balance	62,103	62,563
Expenses	(30,227)	(460)
Ending balance	31,876	62,103
Dental Therapy Support		
Transfers from surplus	161,200	-
Ending balance	161,200	-
Special projects		
Opening balance	1,253,685	594,675
Transfers to operations	-	(35,990)
Transfers from surplus	-	695,000
Expenses	(25,808)	-
Ending balance	1,227,877	1,253,685
Strategic planning, long term planning and future deficits		
Opening balance	3,600,531	2,650,384
Expenses	(18,168)	(12,122)
Transfers from surplus	346,714	962,269
Ending balance	3,929,077	3,600,531
	6,378,819	5,966,962

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2023

9. Surplus appropriated for scholarships

The Board of Chiefs of NITHA established a policy that 50% of 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>
172,597	101,630	27,000	-	247,227

10. Administration fees

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

	2023	2022
Communicable Disease Emergencies - Schedule 5	321	424
Communicable Disease Control - Schedule 6	-	2,276
Nursing Education - Schedule 7	5,807	147
TB Initiative - Schedule 9	120,590	76,004
TB Worker Program - Schedule 9	57,728	31,690
Aboriginal Human Resources - Schedule 10	7,354	3,272
Canadian Partnership Against Cancer - Schedule 14	-	12,416
Shared EMR Project - Schedule 15	6,214	6,505
E-Health Solutions - Schedule 16	47,570	54,207
COVID Pandemic Funding - Schedule 18	10,679	-
	256,263	186,941

11. Commitments

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.

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 \$190,867 in 2023 (2022 - \$233,495).

13. Budget information

On April 22, 2022 the Board approved its operating budget based on planned expenses relating to the current year funding.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2023

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, 2023, one account with 85% (March 31, 2022 – two accounts for 89%) 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, 2023, 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 in a prior 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.

17. Comparative figures

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

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, 2023

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)	2023	2022
Block Funding											
2	1,456,693	-	256,263	-	1,712,956	1,432,269	(5,079)	(269,924)	5,684		26,119
3	1,269,834	-	-	-	1,269,834	1,177,701	-	-	92,133		69,702
4	896,356	-	-	-	896,356	641,907	-	-	254,449		379,069
5	7,500	-	-	-	7,500	7,500	-	-	-		-
6	66,777	-	-	-	66,777	41,804	-	-	24,973		-
7	97,318	-	-	-	97,318	63,878	-	-	33,440		17,231
8	400,000	-	-	-	400,000	474,382	-	74,382	-		387,000
9	1,791,952	-	-	-	1,791,952	1,903,032	(84,462)	195,542	-		771,304
10	162,443	-	-	-	162,443	80,502	-	-	81,941		-
11	375,644	-	-	-	375,644	374,665	-	-	979		8,632
	6,524,517	-	256,263	-	6,780,780	6,197,640	(89,541)	-	493,599		1,655,057
Set Funding											
12	-	231,064	-	4,146	235,210	281,956	-	-	(46,746)		-
13	-	-	-	-	-	(404)	-	-	404		(,737)
14	-	119,950	-	-	119,950	125,945	-	-	(5,995)		(183)
	-	351,014	-	4,146	355,160	407,497	-	-	(52,337)		(3,920)
Flexible Funding											
15	69,042	-	-	(685)	68,357	68,357	-	-	-		-
16	355,383	-	-	167,887	523,270	382,115	(141,155)	-	-		-
17	-	-	-	30,000	30,000	29,975	-	-	25		-
18	283,699	-	-	(166,229)	117,470	117,470	-	-	-		-
	708,124	-	-	30,973	739,097	597,917	(141,155)	-	25		-
	7,232,641	351,014	256,263	35,118	7,875,036	7,203,056	(230,696)	-	441,284		1,655,140

Northern Inter-Tribal Health Authority Inc.
Schedule 2 - Schedule of Administration Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	1,456,693	1,405,453	1,384,683
Administration fees (Note 10)	256,263	-	186,941
	1,712,956	1,405,453	1,571,624
Expenses			
Salaries and benefits	897,487	981,511	888,824
Facility costs	237,508	241,612	227,826
Meetings and workshops	139,838	127,330	73,933
Telephone and office supplies	55,107	65,840	54,266
Professional fees	43,820	65,000	53,510
Computer and equipment maintenance	31,482	38,260	31,217
Travel and vehicle	24,675	34,000	26,823
Bank charges and interest	2,337	2,000	2,165
Program expenses	15	-	-
	1,432,269	1,555,553	1,358,564
Excess (deficiency) of revenue over expenses before transfers	280,687	(150,100)	213,060
Other items affecting program funds			
Investment in capital asset	(5,079)	-	-
Transfer to appropriated surplus	(269,924)	-	(186,941)
Excess (deficiency) of revenue over expenses after transfers	5,684	(150,100)	26,119

Northern Inter-Tribal Health Authority Inc.
Schedule 3 - Schedule of Public Health Unit Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	1,269,834	1,253,700	1,282,520
Other Revenue	-	1,000	405
	1,269,834	1,254,700	1,282,925
Expenses			
Salaries and benefits	1,133,913	1,189,267	1,146,100
Travel and vehicle	4,033	38,250	3,888
Meetings and workshops	1,190	4,500	3,375
Program expenses			
Special projects	1,825	10,000	44,200
Program delivery	21,166	16,500	13,971
Environmental cleaning workshop	10,000	10,000	-
Program supplies	5,574	7,400	1,689
	1,177,701	1,275,917	1,213,223
Excess (deficiency) of revenue over expenses	92,133	(21,217)	69,702

Northern Inter-Tribal Health Authority Inc.
Schedule 4 - Schedule of Community Services Unit Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	896,356	793,477	926,543
Other revenue	-	1,000	-
	896,356	794,477	926,543
Expenses			
Salaries and benefits	535,519	633,649	442,593
Travel and vehicle	12,503	14,000	3,968
Professional fees	11,000	12,000	12,000
Meetings and workshops	2,917	15,000	676
Program expenses			
Training	73,478	90,991	79,587
Program delivery	3,315	2,800	1,476
Special projects	2,051	-	6,589
Program supplies	1,124	2,500	585
	641,907	770,940	547,474
Excess (deficiency) of revenue over expenses	254,449	23,537	379,069

Northern Inter-Tribal Health Authority Inc.
Schedule 5 - Schedule of Communicable Disease Emergencies Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	7,500	-	7,500
Expenses			
Salaries and benefits	6,000	-	6,000
Administration fees (Note 10)	321	-	424
Program expenses			
Training	1,179	-	1,076
	7,500	-	7,500
Excess (deficiency) of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 6 - Schedule of CDC - Immunization Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	66,777	60,000	85,000
Expenses			
Salaries and benefits	17,400	14,900	17,400
Computer and equipment maintenance	12,300	20,500	13,564
Administration fees (Note 10)	-	6,000	2,276
Program expenses			
Program delivery	8,274	12,600	5,050
Program supplies	2,648	6,000	3,852
Training	1,182	-	-
	41,804	60,000	42,142
Excess of revenue over expenses before capital transfers	24,973	-	42,858
Other items affecting program funds			
Investment in capital asset	-	-	(42,858)
Excess (deficiency) of revenue over expenses after capital transfers	24,973	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 7 - Schedule of Nursing Education Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	97,318	15,000	19,000
Expenses			
Salaries and benefits	9,709	12,600	1,622
Administration fees (Note 10)	5,807	1,500	147
Program expenses			
Training	48,362	-	-
Program supplies	-	900	-
	63,878	15,000	1,769
Excess (deficiency) of revenue over expenses	33,440	-	17,231

Northern Inter-Tribal Health Authority Inc.
Schedule 8 - Schedule of HIV Strategy Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	400,000	400,000	675,000
Expenses			
Program expense	-	150,000	-
Salaries and benefits	238,069	286,634	148,885
Meetings and workshops	54,352	126,500	-
Travel and vehicle	676	4,500	-
Program expenses			
Program contributions	134,000	134,000	134,000
Program delivery	23,397	20,000	2,112
Training	11,810	33,175	-
Incentives	8,577	12,500	2,500
Program supplies	3,501	6,477	503
Other program services	-	7,500	-
	474,382	781,286	288,000
Excess (deficiency) of revenue over expenses before transfers	(74,382)	(381,286)	387,000
Other items affecting program funds			
Transfer from appropriated surplus	74,382	382,904	-
Excess (deficiency) of revenue over expenses after transfers	-	1,618	387,000

Northern Inter-Tribal Health Authority Inc.
Schedule 9 - Schedule of TB Initiative and Worker Program Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	1,791,952	1,480,178	1,960,175
Expenses			
Salaries and benefits	786,238	997,524	561,756
Administration fees (Note 10)	178,317	145,514	107,694
Travel and vehicle	161,146	80,500	86,705
Meetings and workshops	1,363	5,000	1,188
Program expenses			
Other program services	700,199	596,445	321,155
Incentives	38,733	15,000	20,161
Training	-	25,000	-
Program delivery	17,298	14,015	11,123
Special projects	16,997	15,000	32,114
Program supplies	2,741	3,000	8,575
	1,903,032	1,896,998	1,150,471
Excess of revenue over expenses before capital transfers	(111,080)	(416,820)	809,704
Other items affecting program funds			
Investment in capital asset	(84,462)	-	(38,400)
Transfer from appropriated surplus	195,542	416,819	-
Excess (deficiency) of revenue over expenses after capital transfers	-	(1)	771,304

Northern Inter-Tribal Health Authority Inc.
Schedule 10 - Schedule of Aboriginal Human Resource Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	162,443	-	-
Expenses			
Administration fees (Note 10)	7,354	8,772	3,272
Program expenses			
Training	73,148	87,720	32,719
	80,502	96,492	35,991
Excess (deficiency) of revenue over expenses before transfers	81,941	(96,492)	(35,991)
Other items affecting program funds			
Transfer from appropriated surplus	-	96,492	35,991
Excess (deficiency) of revenue over expenses after transfers	81,941	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 11 - Schedule of Tobacco Control Strategy Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health			
Funding agreement	375,644	375,644	385,664
Transfer (to) from deferred revenue	-	-	20,551
	375,644	375,644	406,215
Expenses			
Salaries and benefits	49,299	45,275	42,801
Travel and vehicle	40	1,500	-
Meetings and workshops	-	1,000	89
Program expenses			
Program contributions	322,226	322,226	342,778
Program supplies	3,100	5,316	11,915
	374,665	375,317	397,583
Excess (deficiency) of revenue over expenses	979	327	8,632

Northern Inter-Tribal Health Authority Inc.
Schedule 12 - Schedule of Substance Use & Addictions Program Revenues and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health			
Expense Recovery	-	-	99,832
Health Canada			
Set revenue	231,064	299,052	43,500
Transfer (to) from deferred revenue	4,146	-	(4,146)
	235,210	299,052	139,186
Expenses			
Travel and vehicle	2,843	9,300	4,000
Professional fees	-	10,500	150
Program expenses			
Program contributions	273,252	273,252	134,832
Program supplies	5,861	6,000	204
	281,956	299,052	139,186
Excess (deficiency) of revenue over expenses after capital transfers	(46,746)	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 13 - Schedule of Dental Therapy Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
Other revenue	-	-	3,675
Expenses			
Program expenses			
Program delivery	(404)	-	7,412
Excess (deficiency) of revenue over expenses	404	-	(3,737)

Northern Inter-Tribal Health Authority Inc.
Schedule 14 - Schedule of Canadian Partnership Against Cancer Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
Canadian Partnership Against Cancer			
Transfer (to) from deferred revenue	-	69,011	72,930
Grant revenue	119,950	167,210	47,453
Unexpended funding owing	-	-	16,196
	119,950	236,221	136,579
Expenses			
Salaries and benefits	72,743	75,560	73,815
Meetings and workshops	52,597	70,600	1,252
Professional fees	-	59,000	49,279
Travel and vehicle	-	3,000	-
Administration fees (Note 10)	-	-	12,416
Program expenses			
Program supplies	605	11,092	-
Training	-	1,593	-
	125,945	220,845	136,762
Excess (deficiency) of revenue over expenses	(5,995)	15,376	(183)

Northern Inter-Tribal Health Authority Inc.
Schedule 15 - Schedule of Shared EMR Project Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	69,042	69,042	69,042
Transfer (to) from deferred revenue	(685)	-	2,509
	68,357	69,042	71,551
Expenses			
Professional fees	24,264	22,416	29,175
Administration fees (Note 10)	6,214	6,904	6,505
Program expenses			
Program supplies	37,879	39,722	35,871
	68,357	69,042	71,551
Excess (deficiency) of revenue over expenses after capital transfers	-	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 16 - Schedule of E-Health Solutions Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	355,383	331,584	627,648
Transfer (to) from deferred revenue	167,887	41,257	(31,365)
	523,270	372,841	596,283
Expenses			
Administration fees (Note 10)	47,570	33,895	54,208
Computer and equipment maintenance	3,541	-	-
Program expenses			
Telecommunications	314,050	311,760	311,760
Program delivery	16,954	73,580	146,809
	382,115	419,235	512,777
Excess of revenue over expenses before capital transfers	141,155	(46,394)	83,506
Other items affecting program funds			
Investment in capital asset	(141,155)	-	(83,506)
Excess (deficiency) of revenue over expenses after capital transfers	-	(46,394)	-

Northern Inter-Tribal Health Authority Inc.
Schedule 17 - Schedule of National Indigenous IT Alliance Revenue and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Transfer (to) from deferred revenue	30,000	-	-
Expenses			
Meetings and workshops	28,711	-	-
Travel and vehicle	1,264	-	-
	29,975	-	-
Excess (deficiency) of revenue over expenses	25	-	-

Northern Inter-Tribal Health Authority Inc.
Schedule 18 - Schedule of COVID Pandemic Funding Revenues and Expenses
For the year ended March 31, 2023

	2023	2023 Budget (Note 13)	2022
Revenue			
First Nations and Inuit Health Funding agreement	283,699	-	1,644,601
Transfer from deferred revenue	(166,229)	-	(39,103)
	117,470	-	1,605,498
Expenses			
Salaries and benefits	43,059	-	1,078,946
Administration fees (Note 10)	10,679	-	-
Travel and vehicle	-	-	13,760
Program expenses			
Other program services	-	-	348,684
Program delivery	55,178	-	157,343
Program supplies	8,554	-	6,603
Training	-	-	162
	117,470	-	1,605,498
Excess (deficiency) of revenue over expenses	-	-	-



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