



Health Status Report

2024

Chapter 1:

NITHA Organizational and Geographical Profile

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All maps presented in this report were designed by Natasha Gillert, Communication Officer at the Northern Inter-Tribal Health Authority.

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<https://www.nitha.com/>

Northern Inter-Tribal Health Authority

The Northern Inter-Tribal Health Authority (NITHA) stands as a unique First Nations organization within Canada, established through a formal partnership among its constituent Bands and Tribal Councils in 1998. This collaborative effort led to the creation of NITHA, primarily aimed at delivering a specialized “third level” service. Embarking on its journey in 2001, NITHA was founded with a resolute mission to enhance the quality of health and well-being among its partner community members.¹

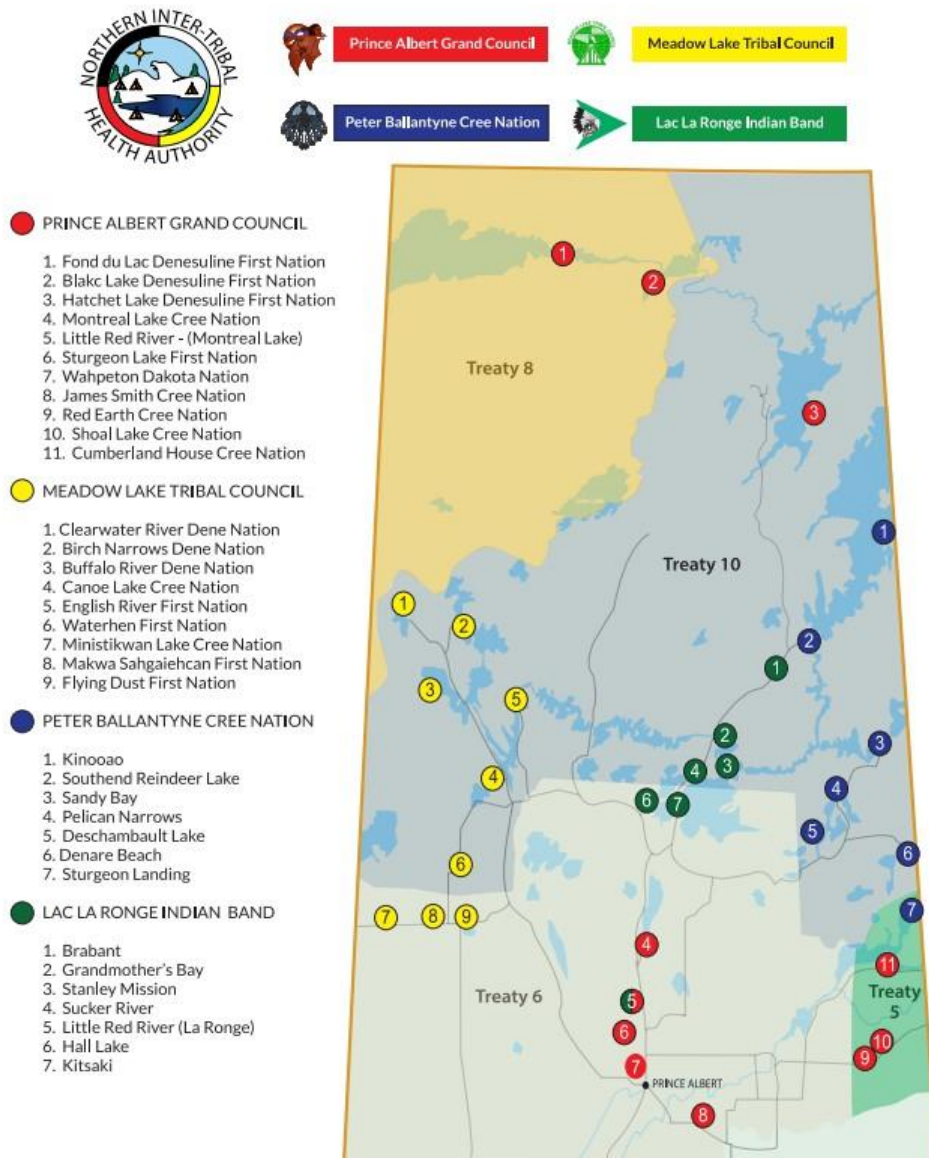
In the ensuing years, NITHA has expanded its reach and impact, currently serving a network of 33 First Nations communities. This collective encompasses a registered population of 64,809 individuals as of 2022, with numbers steadily rising.² These communities are strategically organized into health zones and tribal partnerships, allowing for efficient coordination and delivery of services.

At its core, NITHA's third-level services encompass a comprehensive range of initiatives. These include disease surveillance, communicable disease control, health status monitoring, epidemiology, specialized program support, advisory services, research, planning, education, training, and technical assistance. Through these multifaceted endeavors, NITHA remains steadfast in its commitment to addressing the diverse health needs of its partner communities, fostering holistic well-being, and promoting equitable access to healthcare resources and support.¹

NITHA Partner Organizations

NITHA is a collaborative organization comprised of four distinct Bands and Tribal councils: Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, and Lac La Ronge Indian Band. Together, these partners work to provide and sustain health services and public health programs within First Nations on-reserve communities across northern Saskatchewan. The partnering communities are dispersed throughout the areas, covered by Treaties 5, 6, 8, and 10, and administered by NITHA (Refer to Figure 1). Funding allocation to the bands and tribal councils for various programs is influenced by factors such as geographic location, distance from major population centers, and local climatic conditions.² Each of the four NITHA partners has been granted transfer of authority from the federal government for the administration of health services to member First Nations, ensuring tailored and culturally appropriate healthcare delivery.

Figure 1. Map of NITHA Communities with Partnership and Treaty Boundaries, 2023



Prince Albert Grand Council

The collaboration among the twelve Chiefs of the Prince Albert District culminated in the establishment of a political alliance, resulting in the inception of the Prince Albert Tribal Council (PATC) and subsequently, the Prince Albert Grand Council (PAGC) in 1993. This significant milestone underscored the commitment to upholding the sovereignty of member First Nations while concurrently striving to enhance service delivery and support to communities within the council's jurisdiction.³

PAGC is made up of four interconnected sectors, which reflect the deep and lasting relationship that First Nations maintain with their traditional lands and resources. These sectors include the Denesuline Sector (Black Lake Denesuline Nation, Fond du Lac Denesuline Nation and Hatchet Lake Denesuline Nation), the Woodland Cree Sector (Montreal Lake Cree Nation), the Swampy Cree Sector (Cumberland House Cree Nation, Red Earth Cree Nation and Shoal Lake Cree Nation), and the Prairie Sector (James Smith Cree Nations, Sturgeon Lake First Nation, and Wahpeton Dakota Nation). Some of the PAGC communities are considered "fly-in communities" due to their isolation and lack of permanent road connections. These communities are accessible year-round by air, by boat during the summer, and by ice road in the winter. Fond du Lac Denesuline First Nation and Hatchet Lake Denesuline First Nation are among the few remaining fly-in communities in Canada.³

The Chiefs of PAGC collaborate to offer guidance and direction to their communities on various shared concerns, including the advancement of independent progressive self-government, enhancement of living standards for constituents, and formulation of economic and social strategies. The increasing emphasis on social and community development prompted the establishment of the present Health & Social Development office.³ The Health and Social Development division of the Prince Albert Grand Council works closely with member First Nations to deliver comprehensive community health programs and services, primarily at the second-level, with some first-level services. These efforts are grounded in the principles of upholding inherent and Treaty Rights to health. With a track record spanning approximately three decades, the department showcases excellence through the implementation of innovative healthcare practices and cutting-edge technology. A core aspect of their mission involves recruiting staff who are dedicated to comprehending the unique health requirements of First Nations communities.³ Refer to Figure 1 for an overview of the First Nations communities affiliated with the Prince Albert Grand Council.

Meadow Lake Tribal Council

Situated in the northeastern region of Saskatchewan, the Meadow Lake Tribal Council (MLTC) represents a coalition of nine First Nations communities (Refer to Figure 1). Leading the helm of this council are the nine MLTC Chiefs-In-Assembly, entrusted with the crucial task of providing strategic guidance and decisive leadership. Operating in concert, these Chiefs harmonize their efforts to champion the health priorities of their member First Nations, actively collaborating with stakeholders to address concerns and navigate challenges effectively.⁴

United in their dedication, the MLTC Chiefs endeavor to safeguard the well-being and interests of their respective communities. By fostering a culture of collaboration and unity, they amplify the collective voice of member nations, advocating fervently for essential health initiatives and

services. Through their concerted actions, the MLTC Chiefs seek to ensure equitable access to quality healthcare and promote the overall prosperity of their communities.

In terms of geography, Clearwater River stands as the northernmost settlement within the MLTC, positioned approximately 357 kilometers from Meadow Lake, the central hub of the region. Conversely, Ministikwan Lake, the southernmost community, is situated around 77 kilometers from Meadow Lake. This spatial arrangement underscores the vast territory covered by the Meadow Lake Tribal Council (MLTC).

Within this expansive territory, the MLTC Health and Social Development Authority (MLHSDA) assumes responsibility for overseeing health programs and services at the second-level tailored to the needs of the nine First Nations under its jurisdiction. ⁴

The MLHSDA assumes a crucial role in providing extensive and culturally appropriate healthcare services to MLTC First Nations, prioritizing the cultivation of personal accountability and the advancement of wellness among individuals, families, and communities. It comprises Health Portfolio Councillors from eight of the nine FN communities, meticulously chosen by local leaders to advocate for and safeguard the interests of their respective communities within the MLHSDA's operational structure. As of April 1, 2023, Waterhen Lake First Nation is no longer part of Meadow Lake Health and Social Development. As of April 1, 2023, Waterhen Lake First Nation is no longer part of Meadow Lake Health and Social Development. The remaining communities, however, continue to benefit from inclusive representation, ensuring that the MLHSDA's strategies and initiatives are thoughtfully tailored to meet the distinct healthcare needs and cultural contexts of each community. This approach fosters meaningful collaboration and supports personalized healthcare delivery. ⁴

Peter Ballantyne Cree Nation

Encompassing a vast expanse that stretches 454 kilometers northward from Prince Albert and extends 508 kilometers eastward to the Manitoba border, the Peter Ballantyne Cree Nation (PBCN) is primarily concentrated within seven northern communities: Pelican Narrows, Deschambault Lake, Southend, Kinoosao, Sandy Bay, Denare Beach, and Sturgeon Landing (Refer to Figure 1). These communities serve as the core population centers within the expansive territory inhabited by the PBCN.⁵

PBCN became a signatory to Treaty #6, which included a significant provision known as the "medicine chest" clause, addressing the community's urgent need for medical support. This treaty served as the foundation for the creation of the PBCN Health Transfer Agreement in April 1995, marking a pivotal moment in healthcare management. Under the purview of PBCN Health Services Inc., a diverse range of second-level health programs and services are administered, guided by the oversight of the PBCN Health Services Board of Directors. These encompass vital

areas such as administration, nursing, health education, capital management, home care, family services, community projects, and addictions counseling, reflecting a comprehensive approach to community well-being and healthcare provision.⁵

Lac La Ronge Indian Band

Located in the heart of north-central Saskatchewan, the Lac La Ronge Indian Band (LLRIB) boasts the distinction of being the largest First Nation in the province in terms of land area, positioning it among the top 10 largest indigenous communities in Canada in terms of territorial expanse. LLRIB's vast reserve lands extend from the farmlands of central Saskatchewan, traversing through the dense boreal forest and reaching beyond the Churchill River, as documented on the LLRIB website.⁶ All communities within the LLRIB jurisdiction fall within the boundaries of Treaty 6 (Refer to Figure 1).

LLRIB offers healthcare support to its community members through LLRIB Health Services Inc. (LLRIBHS), which is guided by a vision of collaborative efforts to advance healthy lifestyles and ensure accessible, high-quality healthcare services. LLRIBHS operates under the oversight of an eight-member board of directors, featuring representatives from member communities alongside an appointed Elder. Additionally, Portfolio Councillors serve in an advisory capacity to the LLRIBHS Board, contributing valuable insights and guidance to enhance the delivery of healthcare services.⁶

LLRIBHS effectively delivers comprehensive second-level programs and services, overseen by a skilled management team under the guidance of the health director. Among the wide array of offerings provided by LLRIBHS are crucial services such as medical transportation, prevention and recovery programs, dental care, community health initiatives, health education efforts, prenatal and maternal health support, home care services, environmental health measures, immunization programs, community development initiatives, and essential mental health and youth wellness services, among others.⁶

NITHA Health Zones

Health boundaries for reporting cases in Saskatchewan were established primarily using data from Statistics Canada's geographic sources, aiming to streamline the aggregation and reporting of COVID-19 cases during the pandemic. A significant shift occurred on August 4th, 2020, when the province of Saskatchewan transitioned its approach to reporting COVID-19 cases. This change marked an important milestone in the province's efforts to monitor and communicate COVID-19 data effectively.⁷

The transition entailed a shifting from six regions, formerly structured around former Regional Health Authorities, to thirteen zones aligned with Saskatchewan Health Authority (SHA) geographies. These COVID-19 Zones were delineated by consolidating COVID-19 Subzones, which are, in turn, based on SHA Health Networks or their aggregations. This systematic approach ensures conformity and synchronization with national standards and guidelines set forth by the Government of Canada.⁷ Implementing these health boundaries streamline the process of tracking, monitoring, and reporting COVID-19 cases, facilitating prompt responses and interventions to contain the virus's transmission across the province.

As part of the ongoing restructuring initiative, the Northern Inter-Tribal Health Authority (NITHA) has strategically organized its 33 communities into five distinct zones.⁸ This division aims to streamline the reporting process for infection rates of communicable diseases, as detailed in the NITHA zones framework. These designated health zones within NITHA include Far North Central, Far North East, Far North West, North Central, and North East, each fulfilling specific roles and responsibilities in managing healthcare services, as illustrated in Figure 2.

The Far North Central zone encompasses Fond Du Lac Denesuline First Nation and Black Lake Denesuline First Nation, situated in the remote northern regions. Transitioning to the Far North West zone, we encounter a cluster of communities, each with its unique identity, including Birch Narrows Dene Nation, Buffalo River Dene Nation, Canoe Lake Cree Nation, Clearwater Dene Nation, English River First Nation, Makwa Sahgaiehcan First Nation, Ministikwan Lake Cree Nation, Flying Dust First Nation, and Waterhen First Nation (Refer to Figure 2).

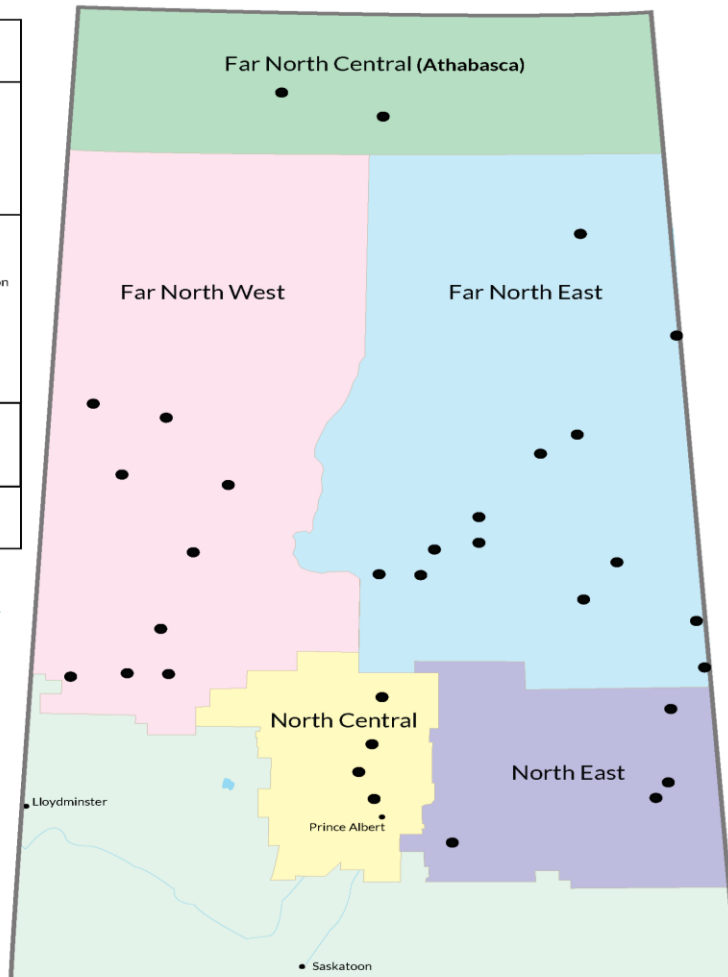
The Far North East zone comprises a diverse array of northern communities such as Brabant, Denare Beach, Deschambault Lake, Grandmother's Bay, Hatchet Lake Denesuline First Nation, Hall Lake, Kinoosao, Kitsaki, Pelican Narrows, Southend Reindeer Lake, Stanley Mission, Sturgeon Landing, and Sucker River (Refer to Figure 2).

The North Central zone is home to Sturgeon Lake First Nation, Little Red River, Montreal Lake Cree Nation, and Wahpeton Dakota Nation, each contributing to the rich tapestry of cultures within the region. Similarly, the North East zone encompasses Cumberland House Cree Nation, James Smith Cree Nation, Red Earth Cree Nation, and Shoal Lake Cree Nation, as illustrated in Figure 2.

These delineated health zones serve as vital frameworks for monitoring and addressing communicable disease trends within each zone. They enable targeted interventions and resource allocation to uphold the health and well-being of community members across NITHA's jurisdiction.

Figure 2. Map of NITHA Geographic Zones, 2023

Far North Central	Black Lake Denesuline First Nation Fond du Lac Denesuline First Nation
Far North West	Birch Narrows Dene Nation Buffalo River Dene Nation Canoe Lake Cree Nation Clearwater Dene Nation English River First Nation Flying Dust First Nation Waterhen First Nation Ministikwan Lake Cree Nation Makwa Sahgalehcan First Nation
Far North East	Brabant Denare Beach Deschambault Lake Grandmother's Bay Hatchet Lake Denesuline First Nation Hall Lake Kinoosao Kitsaki Pelican Narrows Southend Reindeer Lake Stanley Mission Sturgeon Landing Sucker River
North Central	Montreal Lake Cree Nation Little Red River (Montreal Lake) Little Red River (Lac La Ronge) Sturgeon Lake First Nation Wahpeton Dakota Nation
North East	Cumberland House Cree Nation James Smith Cree Nation Red Earth Cree Nation Shoal Lake Cree Nation



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Appendix B - References

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