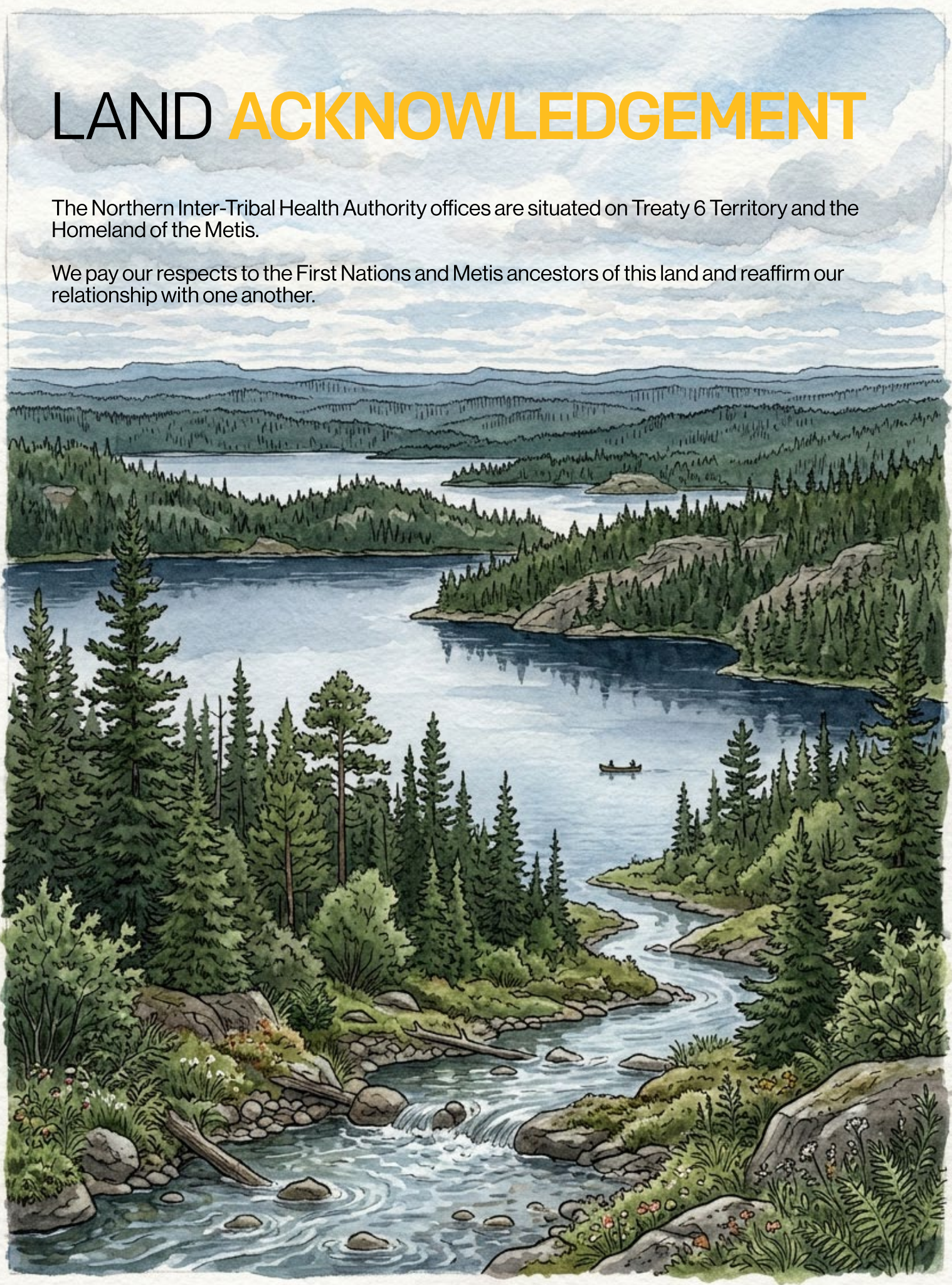




NORTHERN INTER-TRIBAL HEALTH AUTHORITY ANNUAL REPORT 2025/26

Advancing Wellness Through Partnership



LAND ACKNOWLEDGEMENT

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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Greetings from the Chair



Chris Jobb
Vice-Chief
Prince Albert Grand Council

Tansi, Edlánet’é,

On behalf of the Northern Inter-Tribal Health Authority (NITHA) Board of Chiefs (BOC), I am pleased to present the 2025-2026 Annual Report, highlighting the work and accomplishments of NITHA from April 1, 2025, to March 31, 2026.

It has been an honour to serve as Chairperson alongside a dedicated Board committed to improving the health and well-being of our Partner First Nations. I would like to acknowledge my fellow board members for their leadership and guidance throughout the year: **Grand Chief Brian Hardlotte**, Prince Albert Grand Council (PAGC), **Vice Chief Richard Derocher**, Meadow Lake Tribal Council (MLTC), **Chief Peter A. Beatty**, Peter Ballantyne Cree Nation (PBCN), and Councillor **Gerald McKenzie**, Lac La Ronge Indian Band (LLRIB). I also extend my appreciation to our Alternate Members: Vice-Chief Norma Catarat, MLTC; Councillor Devin Bernatchez, LLRIB (until July 2025); and Vice-Chief Justin Halcrow, PBCN, for their valued contributions.

This past year reinforced both the progress we have made and the challenges that remain. Cases of animal bites continued to rise, increasing from 239 in 2024 to 269 in 2025. In response, NITHA continued to support Partner communities through public education and awareness initiatives, including social media campaigns and radio messaging focused on prevention and safety.

Tuberculosis (TB) also remains a significant public health concern. In 2025, 49 active TB cases were reported across NITHA communities, compared with 46 the previous year. While these numbers remind us that much work remains, they also reflect the unwavering commitment of our TB team, community health staff, leadership, and community members. Through collaboration, culturally grounded care, and strong partnerships, we continue to make meaningful progress toward our shared goal of eliminating TB in our communities.

Sexually Transmitted and Blood-Borne Infections (STBBIs) continue to affect the health of our communities. Throughout the year, NITHA supported awareness and prevention efforts by distributing educational resources and incentives to Partner communities, broadcasting public service announcements in English, Cree, and Dene on MBC Radio, and providing Public Health Unit nursing support where available. Education, early detection, and prevention remain essential priorities as we work together to reduce the burden of these infections.

Recognizing the growing need to strengthen mental wellness services, the Board of Chiefs requested that NITHA convene a gathering of second-level Health Directors and Mental Wellness Leads in February 2026. This meeting provided an opportunity to discuss community priorities, identify challenges, and help shape the future direction of mental wellness services. During the year, NITHA also expanded its Mental Wellness Program by creating two new positions: Mental Wellness Advisor and Addictions Wellness Advisor. While recruitment for these specialized roles has proven challenging, filling these positions remains a priority.

Emergency preparedness also remained a key focus. In March 2026, NITHA hosted an Emergency Management and Response Forum with participation from all Partner organizations and various external stakeholders. The forum strengthened collaboration and knowledge sharing in emergency response planning, evacuations, Emergency Operations Centre (EOC) coordination, and wildfire smoke and fire mitigation, helping communities prepare for the upcoming fire and flood season.

As we reflect on the past year, we recognize there is still important work ahead, particularly in the areas of communicable diseases, sexual health, mental wellness, and addictions. Yet our strength lies in our partnerships. By continuing to work together, guided by our shared commitment to improving the health and well-being of First Nations people, we are building healthier, stronger communities for future generations.

On behalf of the Board of Chiefs, I extend my sincere gratitude to our Partner communities, Board members, leadership, staff, and all those who contribute to NITHA’s work each day. It is a privilege to represent Prince Albert Grand Council on the Board of Chiefs, and I look forward to continuing our collaborative journey in the years ahead.

Tiniki

Vice-Chief Chris Jobb
Prince Albert Grand Council



Greetings from the Executive Director



Tara Campbell
Executive Director
Northern Inter-Tribal Health Authority

It is my pleasure to present the Northern Inter-Tribal Health Authority’s (NITHA) 2025–2026 Annual Report. This year marks 27 years of service to our Partner First Nations and my seventh year serving as Executive Director. Our theme, Advancing Wellness Through Partnership, reflects the foundation of our work and the belief that lasting improvements in health are achieved through collaboration, mutual respect, and a shared commitment to the well-being of First Nations communities.

I would like to begin by expressing my sincere gratitude to the Board of Chiefs and the members of the NITHA Executive Council for their leadership, guidance, and steadfast commitment to strengthening the health and well-being of First Nations communities. Their vision continues to shape our collective work and reinforces the strength of the NITHA Partnership.

Throughout the past year, NITHA advanced its mission by supporting Partner communities through collaborative, culturally responsive community service and public health initiatives. This report highlights the accomplishments, challenges, and priorities that defined our work in 2025–2026, organized around the Four Elements that guide the implementation of our Operational Health Plan.

Several significant milestones were achieved during the year. NITHA successfully hosted the 2025 ISC Regional Nursing Workshop, bringing together more than 180 nursing professionals and health partners to strengthen knowledge sharing across Home Care, Community Health, and Primary Care. We also completed a comprehensive salary grid review, building on our job evaluation project to promote greater equity, transparency, and consistency across the organization. In addition, we expanded our Mental Health & Addictions Program by creating dedicated Mental Wellness and Addictions Wellness Advisor positions, reinforcing our commitment to meeting the evolving needs of our Partner communities.

At the same time, we continue to face complex public health challenges. Rates of sexually transmitted and blood-borne infections, tuberculosis, mental health and addiction concerns, and the recruitment of specialized healthcare professionals remain areas requiring ongoing attention and collaboration. These challenges underscore the importance of community-led, culturally grounded approaches that promote prevention, early intervention, and equitable access to quality health services.

Looking ahead to 2026–2027, we remain focused on advancing wellness through partnership by updating NITHA’s Strategic Plan, progressing our accreditation journey, strengthening mental wellness services, enhancing collaboration with our Partners, and continuing to support initiatives that improve health outcomes in northern First Nations communities.

I extend my heartfelt appreciation to the Community Leaders, Health Directors, healthcare professionals, and frontline staff who serve our communities with Compassion, dedication, and resilience. I also thank the NITHA team for their unwavering commitment to providing responsive, respectful, and culturally safe support to our Partners.

Together, we are stronger. By advancing wellness through partnership, we continue to build healthier, more resilient First Nations communities grounded in collaboration, respect, and a shared vision for the future. Thank you for your continued trust, partnership, and commitment as we move forward together.

Tiniki,

Tara Campbell

Tara Campbell, MPA, BCom, CHRL, CFNHM
Executive Director



Who We Are

Historical Overview:

Building the Foundation for First Nations Health Leadership

The foundation for First Nations-led health service delivery was laid in 1987 with the introduction of Canada’s Federal Health Transfer Policy. This landmark initiative empowered First Nations to define their own health priorities and design community-driven structures to meet those needs—marking a pivotal shift in authority from federal institutions to Indigenous leadership.

By the mid-1990s, however, changes in federal financial administration—including the adoption of an envelope system to reduce the deficit—rendered key components of the original transfer framework ineffective. Mechanisms for incremental growth in population and pricing were no longer supported, creating significant limitations for First Nations health systems. These challenges signaled an urgent need to revisit and strengthen the initial policy.

In response, the Northern Inter-Tribal Health Authority (NITHA) was established to provide enhanced third-level support services for its four founding partners: Prince Albert Grand Council (PAGC), Meadow Lake Tribal Council (MLTC), Peter Ballantyne Cree Nation (PBCN), and Lac La Ronge Indian Band (LLRIB).

Since opening its doors in 1998, NITHA has remained steadfast in its mission to improve health outcomes and foster wellness among partner communities. Today, the organization proudly serves 33 First Nations, representing a vibrant and growing population of over 55,000.

Built on Self-Determination
NITHA’s creation marked a significant step in advancing First Nations control over health services, ensuring decisions are guided by community priorities, Indigenous leadership, and local knowledge.

About the Partnership

The Northern Inter-Tribal Health Authority (NITHA) is a First Nations-led health organization governed through a partnership between the Prince Albert Grand Council (PAGC), Meadow Lake Tribal Council (MLTC), Peter Ballantyne Cree Nation (PBCN), and Lac La Ronge Indian Band (LLRIB). Together, these Partners support the delivery of health programs and services in 33 First Nations communities across Northern Saskatchewan. NITHA works collaboratively with its Partners to advance culturally responsive, community-driven health services that reflect the unique priorities, values, and needs of each community. Through leadership, coordination, and innovation, NITHA is committed to strengthening health outcomes and supporting the well-being of First Nations peoples across the region.

PRINCE ALBERT GRAND COUNCIL

www.pagc.ca



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

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

PETER BALLANTYNE CREE NATION

www.pbcnhealthservices.org



Peter Ballantyne Cree Nation (PBCN) has occupied lands in Northeast Saskatchewan since time immemorial. The Peter Ballantyne Cree Nation are called Assin’skowitiniwak which means “people of the rocky area”.

The Peter Ballantyne Cree Nation consists of 8 communities, including Denare Beach, Deschaumbault Lake, Kinoosao, Pelican Narrows, Prince Albert, Sandy Bay, Southend, and Sturgeon Landing and is spread over 51,000 square kilometers.

MEADOW LAKE TRIBAL COUNCIL

www.mltpc.net



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

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

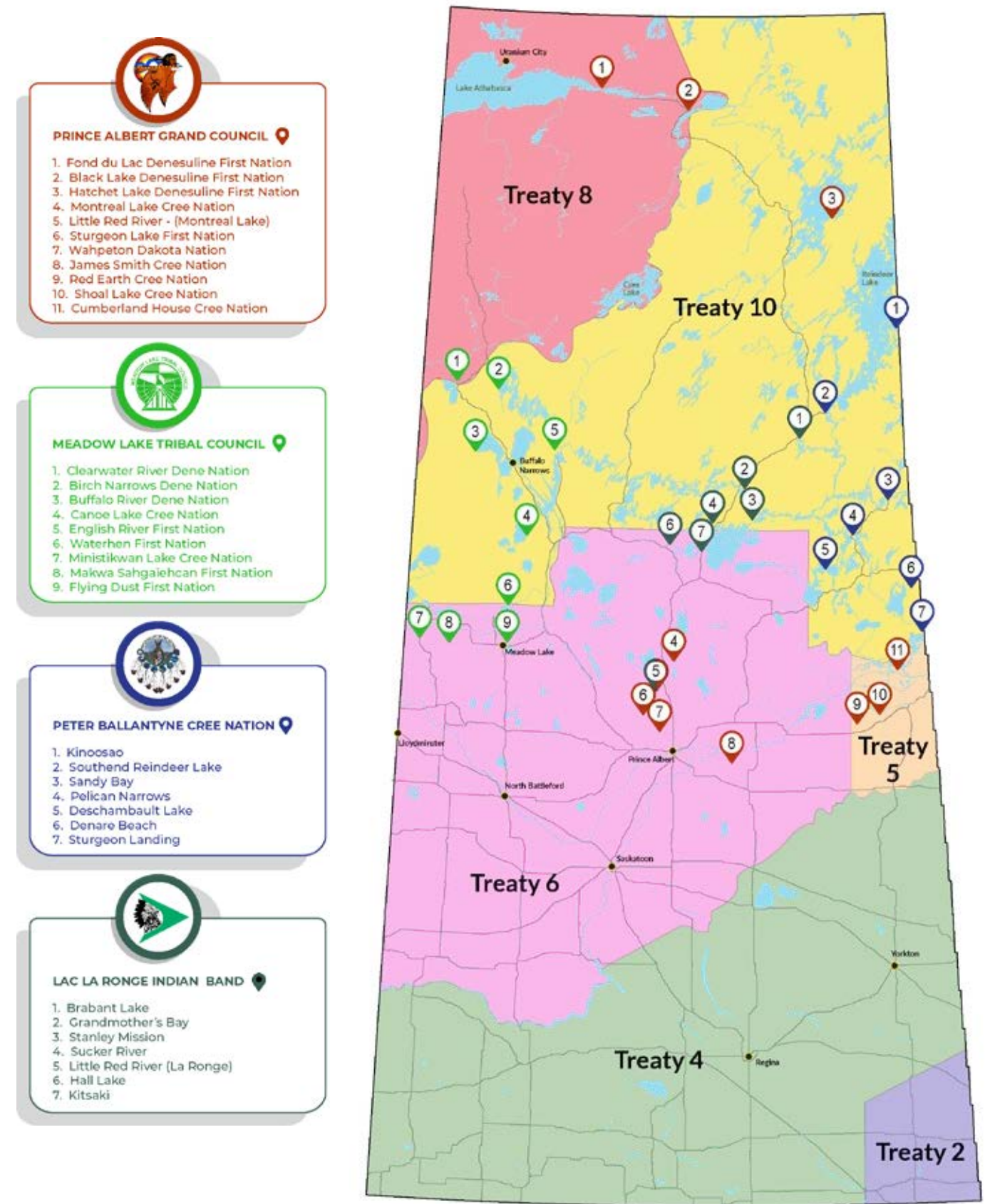
LAC LA RONGE INDIAN BAND

www.llrib.com



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 that 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.

PARTNERSHIP COMMUNITIES



ABOUT NITHA

NITHA supports First Nations health services across Northern Saskatchewan through a coordinated three-level service delivery model. Working in partnership with Multi-Community Bands, Tribal Councils, and First Nation communities, NITHA helps strengthen health programs, build local capacity, and improve access to quality health services. This model ensures that specialized expertise, regional coordination, and community-based care work together to meet the diverse health needs of First Nations people.

Through its four Partner Organizations, NITHA supports 33 First Nation communities, serving a population of approximately 55,000 people, with 47% residing on reserve. This collaborative model ensures culturally relevant, responsive, and evidence-informed health services that promote the well-being of First Nations communities throughout the region.

Third Level Services

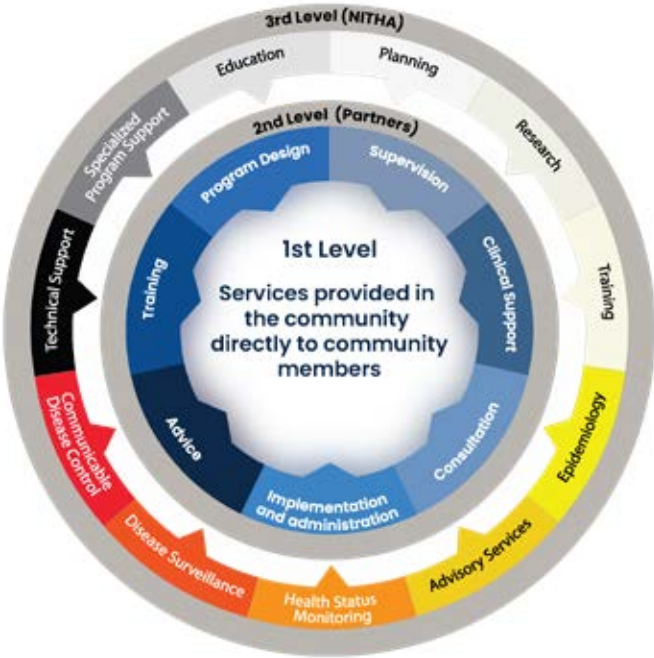
Provided by NITHA to the Northern Multi-Community Bands and Tribal Councils. These services are delivered directly to Second Level Partners and include disease surveillance, communicable disease control, health status monitoring, epidemiology, specialized program support, advisory services, research,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

Second Level Services

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

First Level Services

Provided in the community directly to the community members.



Vision, Mission, and Principles

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.

Our 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.

OUR SERVICES

Since 1998, NITHA has worked alongside its four partner organizations to deliver and enhance culturally appropriate health programs and services for First Nations communities.

Public Health Services and Support:

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.



- » 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

Community Services and Support:

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.



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

Administration Services and Support:

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.



- » Finance
- » Human Resources
- » Communications

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

- Develop, review and maintain Policies, Procedures and Protocols ensuring compliance with current legislation
- Develop Partnership proposals for funding as directed
- Provide expertise
- Provide literature reviews of leading practices and models for service delivery
- Develop resources that align with Partner needs

2. SURVEILLANCE, EVALUATION AND RESEARCH

- Identify a data collection framework for the Partnership
- Ensure Partner health information is protected
- Interpret, analyze and provide reports quarterly, annually and on demand in a timely manner
- Conduct research based on Partner requirements
- Interpret, analyze and provide summary of selected research and make recommendations on behalf of the Partnership

3. ENGAGING AND INFORMING PARTNERS

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

4. CAPACITY BUILDING

- Identify training needs and implement train the trainer initiatives for the Partnership including mentoring and precepting trainers (Development of Second Level staff)
- Support the Partnership on their identified data collection systems
- Support the Partners in the development and implementation of programs and strategies
- Collaborate with post-secondary institutions for the development and implementation of training programs
- Develop, implement and evaluate training programs for allied health care paraprofessionals

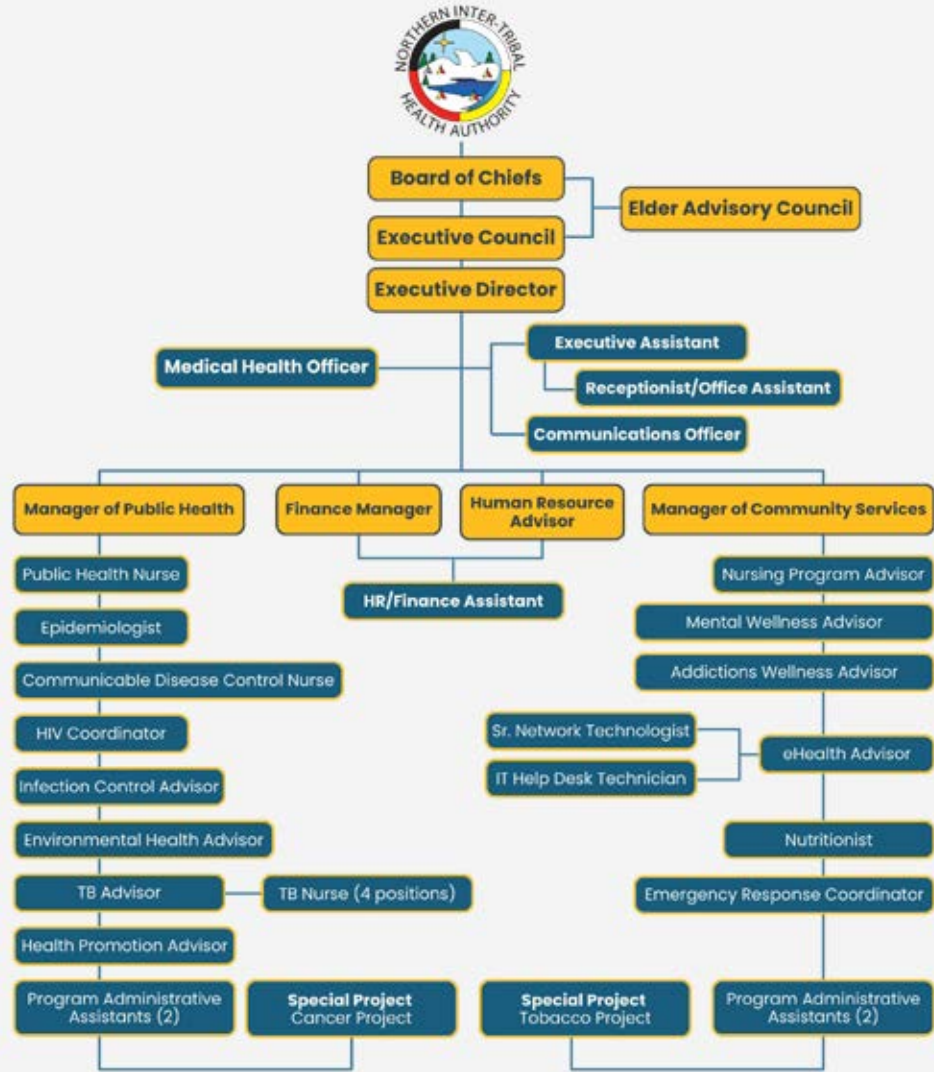


GOVERNANCE

Organizational Chart

NITHA's governance structure reflects the strength of its First Nations Partnership, ensuring leadership, accountability, and cultural guidance are embedded at every level of the organization. Guided by the Board of Chiefs, which represents the four Partner Nations, NITHA operates through a collaborative governance model that balances strategic oversight with operational direction. Supporting this work, the NITHA Executive Council provides leadership and recommendations on health service delivery, while the Elder Advisory Council offers invaluable cultural knowledge, wisdom, and guidance that inform decision-making across the organization. Together with NITHA's management and staff, these governance bodies work to advance responsive, culturally grounded health services that meet the needs of First Nations communities throughout northern Saskatchewan.

The following organizational chart illustrates NITHA's governance structure, including the Board of Chiefs, Executive Council, Elder Advisory Council, and the operational teams and staff that support the organization's mandate and services.



Board of Chiefs

The Northern Inter-Tribal Health Authority (NITHA) is governed by its **Board of Chiefs**, which includes four representatives: the Grand Chief of Prince Albert Grand Council (PAGC), the Tribal Chief of Meadow Lake Tribal Council (MLTC), and the Chiefs of Peter Ballantyne Cree Nation (PBCN) and Lac La Ronge Indian Band (LLRIB).

The Board of Chiefs fulfills both strategic and operational governance responsibilities in alignment with NITHA's Partnership Agreement and incorporation bylaws. Each Partner organization also appoints one **alternate member** to the Board. These alternates serve as consistent representatives and actively participate in all Board of Chiefs meetings, ensuring continuity and strong engagement.

Executive Council



Shirley Woods
PAGC



Marcia Mirasty
MLTC



Josephine McKay
PBCN



Mary Carlson
LLRIB

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.

Board of Chiefs



Grand Chief
Brian Hardlotte
PAGC



Vice-Chief
Richard Derocher
MLTC



Chief
Peter A. Beatty
PBCN



Councillor
Gerald McKenzie
LLRIB

Board of Chiefs Alternates



Vice-Chief
Christopher Jobb
PAGC



Vice-Chief
Norma Catarat
MLTC



Vice Chief
Justin Halcrow
PBCN



Councillor
Devin Bernatchez
LLRIB

Elder Advisory Council

Elders hold a vital and respected place within NITHA’s governance and advisory processes. Their wisdom and guidance are actively woven into decision-making through their participation at Board of Chiefs, Executive Council, and working group meetings.

Through the presence of these respected representatives, NITHA remains deeply connected to its First Nations roots, continuously grounded in cultural values and the collective wisdom of its diverse Partnership.



Elder Mike Daniels
PAGC



Elder Rose Daniels
PAGC



Elder Emile Highway
PBCN



In Memory of
Elder Rose Daniels



NITHA proudly honours the life and legacy of Elder Rose, whose wisdom, compassion, and unwavering support were a guiding light for our work and the communities we serve.

Through quiet strength, thoughtful mentorship, and a generous spirit, Elder Rose touched countless lives. Her guidance helped shaped our work, strengthened our relationships, and inspired those privileged to learn from her. She shared her knowledge with humility and grace, leaving a lasting impact on colleagues, partners, and community members alike.

Although Elder Rose is no longer with us, her legacy of compassion, dedication, and service continues to live on. Her teachings remain woven into our work, and her influence is evident in the relationships we nurture and the paths we continue to walk together.

We express our deepest gratitude for Elder Rose’s remarkable contributions and lifelong commitment to uplifting others. As we move forward, we remain committed to carrying her spirit, honouring her teachings, and ensuring that her legacy continues to guide and inspire future generations.

“A life devoted to helping others leaves a legacy that never fades.”

NITHA HEALTH CAREERS SCHOLARSHIP FUND

Advancing Indigenous Health Through Education and Opportunity

The NITHA Health Careers Scholarship continues to support and encourage Indigenous students pursuing careers in the healthcare sector by providing financial assistance of up to **\$5,000** annually. The scholarship is available to eligible full-time students enrolled in post-secondary health programs that are a minimum of two academic years in length and who are members of one of NITHA's Partner communities: **Prince Albert Grand Council (PAGC), Lac La Ronge Indian Band (LLRIB), Meadow Lake Tribal Council (MLTC), or Peter Ballantyne Cree Nation (PBCN).**

The scholarship supports a wide range of health-related fields, including nursing, medicine, mental health, public health, health administration, dentistry, pharmacy, medical laboratory technology, physiotherapy, dietetics, and nutrition, among others.

Through this scholarship, NITHA is helping to build the next generation of Indigenous healthcare professionals who will contribute to the health and well-being of their communities. During the most recent award cycle, **15 students** received scholarships in recognition of their dedication, academic achievement, and commitment to health careers. We congratulate all recipients and wish them continued success in their educational and professional journeys.

Application Deadline: September 30 each year.

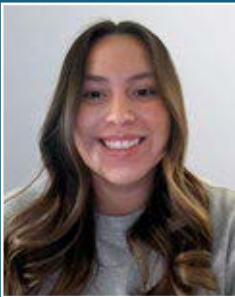
2025/2026 Recipients:



Annika Bear
Dental Therapy
1st Year
Sandy Bay - PBCN



Aron McKay
Bachelor of Science in
Nursing - 1st Year
Air Ronge - LLRIB



Destiny Fiddler
Masters of Science in
Occupational Therapy
1st Year
Waterhen - MLTC



Gabrielle Cook
Bachelor of Science in
Nursing - 1st Year
Air Ronge - LLRIB



Jade Lee
Bachelor of Science in
Nursing - 2nd Year
La Ronge - LLRIB



Joshua Flippin
Bachelor of Science in
Nursing - 4th Year
Sandy Bay - PBCN



Katie Turner
Bachelor of Science in
Nursing - 3rd Year
Sturgeon Lake - PAGC



Karina Norton
Practical Nursing
1st Year
English River - MLTC



Leandra McLeod
Bachelor of Science in
Nursing - 4th Year
La Ronge - LLRIB



Linda Misponas
Bachelor of Science in
Nursing - 2nd Year
English River - MLTC

2025/2026 Recipients cont'd:



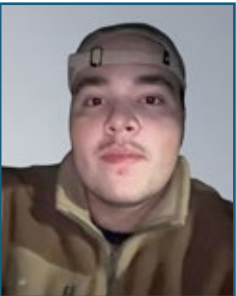
Mackenzie Naytowhow
Biomedical Science
1st Year
Montreal Lake - PAGC



Madison Bouvier-Morin
Indigenous Practical
Nursing - 1st Year
English River - MLTC



Malachi McAdam
Indigenous Health
Sciences - 3rd Year
Sturgeon Lake - PAGC



Pesim Searson
Kinesiology - 3rd Year
La Ronge - LLRIB



Tamara Benoanie
Dental Therapy
2nd Year
Hatchet Lake - PAGC

Recognizing Excellence in Childhood Immunization

Honouring Community Commitment to Protecting Our Youngest Through Immunization

Coverage Rate (%)	Community
100%	Grandmother's Bay - LLRIB
100%	Red Earth - PAGC
100%	Shoal Lake - PAGC
100%	Black Lake - PAGC
100%	English River - MLTC
100%	Flying Dust - MLTC
99%	Hatchet Lake - PAGC
97%	Stanley Mission - LLRIB
94%	Fond Du Lac - PAGC
92%	James Smith - PAGC
92%	Buffalo River - MLTC
91%	Pelican Narrows - PBCN

Since 2015, NITHA has proudly celebrated communities that achieve and maintain a childhood immunization coverage rate of 95% or higher among one-year-olds. This milestone reflects a strong commitment to community health and the protection of our youngest members, who are most vulnerable to vaccine-preventable diseases.

Immunization remains a cornerstone of preventive health care, helping to reduce the spread of serious illnesses and supporting healthier communities for future generations. It continues to be one of the safest, most effective, and cost-efficient public health measures available.

We extend our sincere congratulations to all communities recognized this year. Your dedication to promoting childhood immunization demonstrates leadership, collaboration, and a shared commitment to protecting children and strengthening community well-being. Thank you for your ongoing efforts and for making a meaningful difference in the lives of families across the North.

PUBLIC HEALTH UNIT (PHU)

Unit Overview:

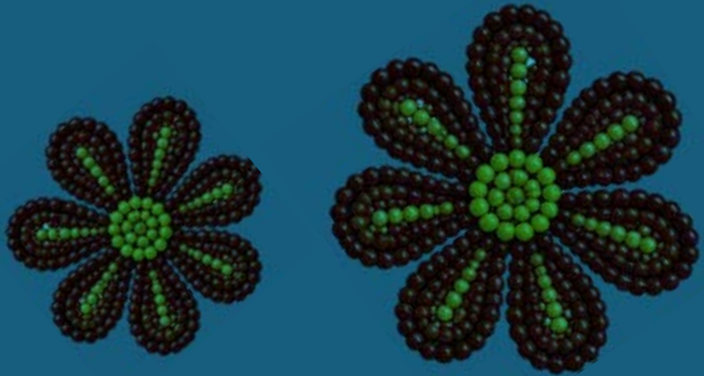
The Public Health Unit supports NITHA’s second-level Partners by providing guidance and expertise in key public health areas. These include:

- Community health assessments
- Disease tracking and control
- Immunizations
- Environmental health
- Health promotion
- Infection prevention
- Community-based research
- Tuberculosis (TB) Program, helping Partner communities prevent and manage TB

To support future public health professionals, the PHU offers practicum placements for students in Public Health and Health Information Management programs.

 Working Together for Stronger Health Outcomes

Collaboration remained central to the Public Health Unit’s work this year. Through regular engagement with Partner communities, shared planning, and coordinated responses, the PHU strengthened public health capacity across the NITHA region. These partnerships ensured guidance was culturally informed, community-driven, and responsive to emerging needs. Together, we advanced prevention efforts, supported local health teams, and contributed to healthier futures for northern First Nations.



Public Health Team:



Dr. Nnamdi Ndubuka
Medical Health Officer



Grace Akinjobi
Manager of
Public Health



Emmanuel Dankwah
Epidemiologist



James Piad
Communicable
Disease Control
Nurse



Georgina Ballantyne
Communicable
Disease Control Nurse
(Term)



Tina Campbell
TB Advisor



Zachary Pellerin
TB Nurse



Sheila Gordon
TB Nurse



Gari-ann Gaumond
TB Nurse (Term)



Shannon Bear
TB Nurse
(Maternity Leave)



Tony de Padua
HIV Coordinator



Jessie Depeel
HIV / CDC Support
(Casual)



Sunshine Dreaver
Public Health Nurse



Treena Harris
Environmental
Health Advisor



Adeshola Abati
Infection Control
Advisor



Deanna Brown
Program
Administrative
Assistant



Cindy Sewap
Program
Administrative
Assistant



Communicable Disease Control

❶ Program Snapshot

Protecting community health through communicable disease prevention, monitoring, and control.

The Communicable Disease Control (CDC) program supports NITHA partners by ensuring timely reporting of Communicable Diseases (CD) and providing guidance to frontline health care workers on disease prevention and control. Mandated under Saskatchewan's Public Health Act (1994) and Disease Control Regulations, the program covers a broad range of conditions, including sexually transmitted and blood-borne infections (STBBIs), vaccine-preventable and respiratory infections, enteric illnesses and emerging or re-emerging infectious diseases.

❶ 2025/2026 Highlights

Through **surveillance, contact tracing, education, and training**, the CDC Program strengthened community responses to communicable diseases across northern Saskatchewan.

- 1. Case reporting and contact tracing:** A total of 8,767 STBBI laboratory reports and contact referrals for chlamydia, gonorrhea and syphilis were addressed during the reporting period. Chlamydia remained the most frequently reported infection, followed by gonorrhea and syphilis. Syphilis rates continue to remain elevated due to reinfection and non-treatment, with late latent syphilis becoming increasingly common. Congenital syphilis cases continue to be reported, largely associated with inadequate prenatal care among some pregnant individuals. Syphilis may be asymptomatic or present with mild non-specific symptoms; however, if left untreated, it can have serious complications affecting multiple organ systems.
- 2. Other communicable diseases:** A total of 140 laboratory reports and referrals were addressed for other communicable diseases, including respiratory infections, vaccine-preventable illnesses and enteric infections.
- 3. Awareness and mass testing campaigns:** Educational materials such as posters and pamphlets, along with incentives, were distributed to partner communities to support awareness and testing initiatives. Public service announcements were broadcast on MBC Radio in English, Cree and Dene to increase awareness of STBBIs and other communicable diseases. Public Health Unit (PHU) nurses, when available, also supported service delivery in select communities.
- 4. Capacity building:** Four cohorts of training on Panorama IOM were delivered to Partner organizations. A communicable disease lecture was also provided as part of the Orientation Skills Training (OST) organized by the Community Services Unit (CSU). Ongoing support for treatment and follow-up of STBBIs and other CDs was provided upon request. The NITHA CD Program also contributed to the updates of the provincial treatment guideline for gonorrhea.

❶ Challenges

Strengthening Capacity to Improve Health Outcomes

Understaffed clinics and health centers, along with rapid turnover of nursing staff, continue to impact service delivery and continuity of care. These impacts include not being able to locate cases and contacts are not promptly reported, which contributes to the ongoing transmission of infections within communities. Further challenges include inadequate effort to follow up with clients and contacts, including pregnant individuals who require timely testing and treatment, which can result in missed opportunities for prevention and early intervention.

❶ Looking Ahead: 2026/2027 Priorities

Strong partnerships and **quality data** remain the foundation of effective communicable disease prevention and control.

Maintaining quality data within the Panorama IOM platform and continuing to support NITHA Partners in the communicable disease prevention and control remain key priorities for the CDC program. The program will also focus on strengthening existing relationships and developing new partnerships with stakeholders in the CD prevention and control.



Communicable Disease Surveillance:

Key trends and insights from communicable disease surveillance in NITHA communities.

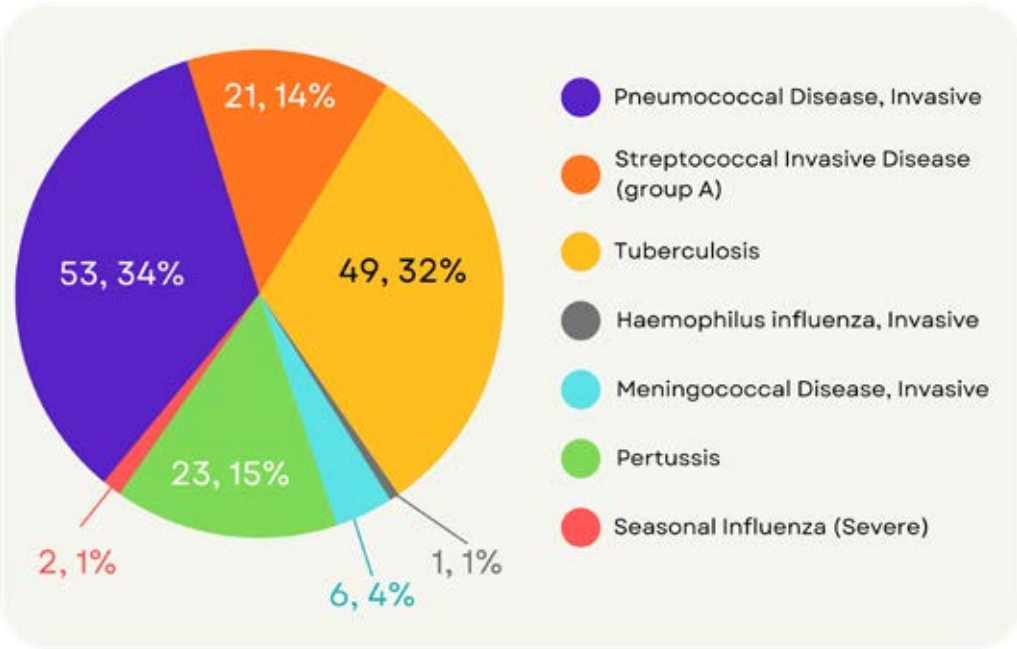
Communicable disease surveillance provides valuable insight into disease patterns and trends within NITHA communities. The following charts highlight the occurrence and distribution of vaccine-preventable, respiratory, direct-contact, and sexually transmitted infections in 2025. Together, these data help inform public health planning, prevention strategies, and community-based interventions to improve health outcomes across northern Saskatchewan.

Data included in this report represent confirmed cases recorded in Panorama. Case counts are based on reporting dates and may change due to ongoing surveillance updates and data quality improvements.

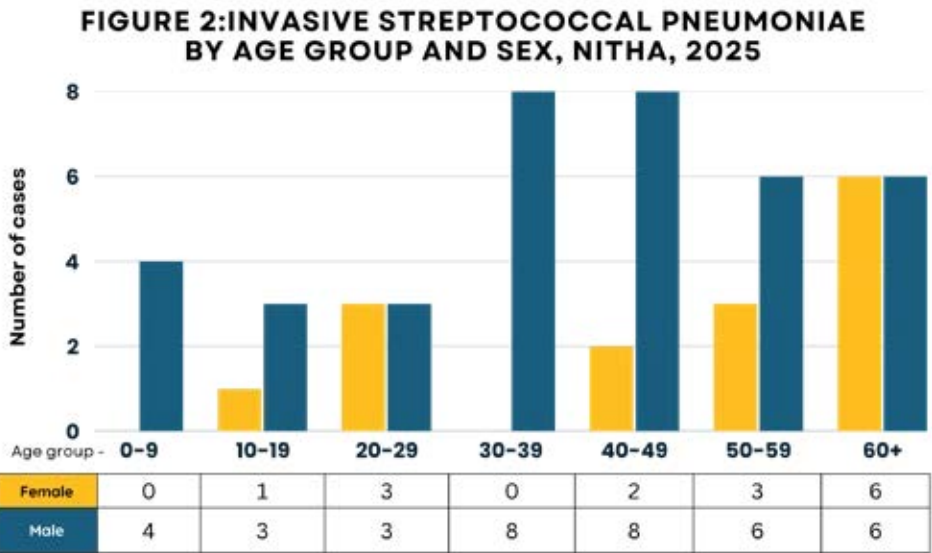
Vaccine-preventable, direct contact and respiratory route infections:

In 2025, NITHA communities reported 155 vaccine-preventable, direct contact, and respiratory infections. Invasive pneumococcal disease (34%) and tuberculosis (32%) accounted for most cases, followed by pertussis (15%) and invasive Group A streptococcal disease (13%). Meningococcal disease represented 4%, while severe seasonal influenza and invasive Haemophilus influenzae each contributed 1%. Communities reported no measles, mumps, or severe COVID-19 cases (**Figure 1**).

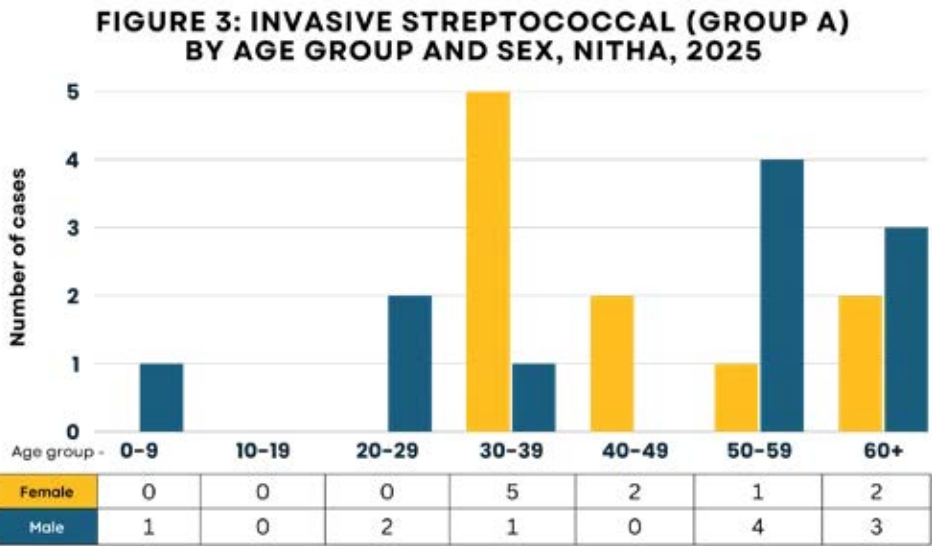
Figure 1: Vaccine-preventable, Direct Contact and respiratory Infections, NITHA, 2025



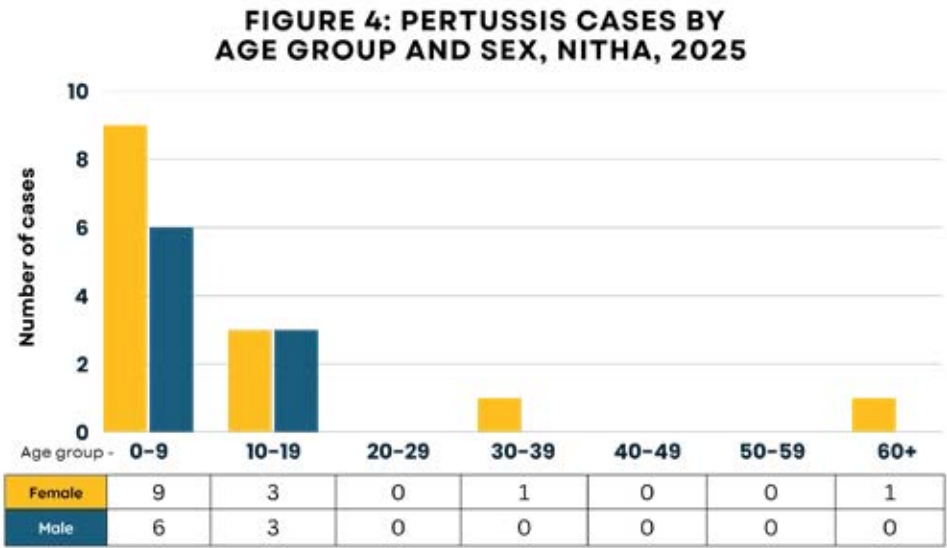
Invasive Streptococcal Pneumoniae: In 2025, invasive pneumococcal disease affected 53 individuals across NITHA communities. Males accounted for most cases (72%, n=38), while females represented 28% (n=15). The highest burden occurred among females aged 60 years and older (n=6) and males aged 30–39 years (n=8) and 40–49 years (n=8) (**Figure 2**).



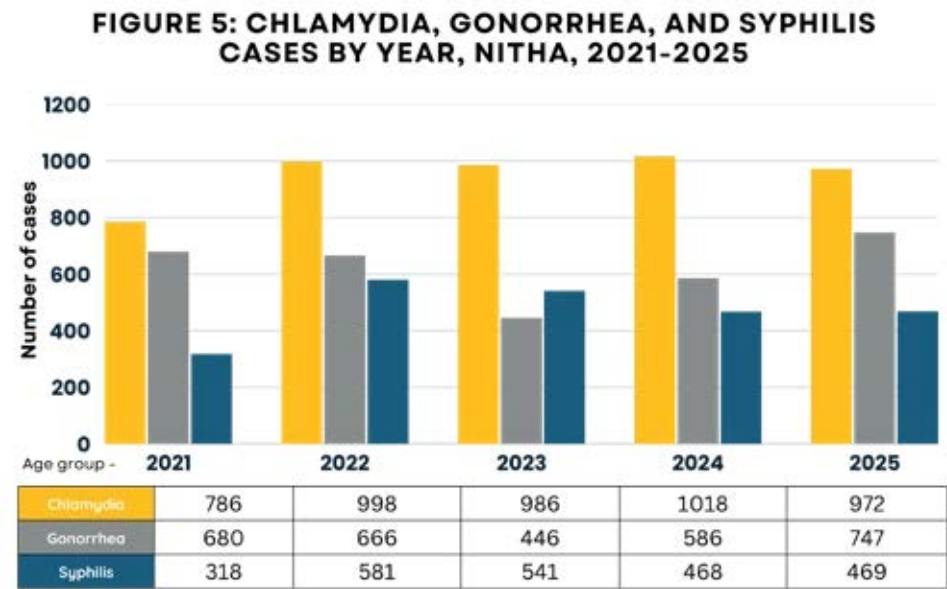
Invasive Group A streptococcal disease: In 2025, NITHA communities reported 21 cases of invasive Group A streptococcal disease, including 10 cases among females (48%) and 11 among males (52%). Females aged 30–39 years accounted for the highest female burden (n=5, 50%), while males aged 50–59 years represented the highest male burden (n=4, 36%) (**Figure 3**).



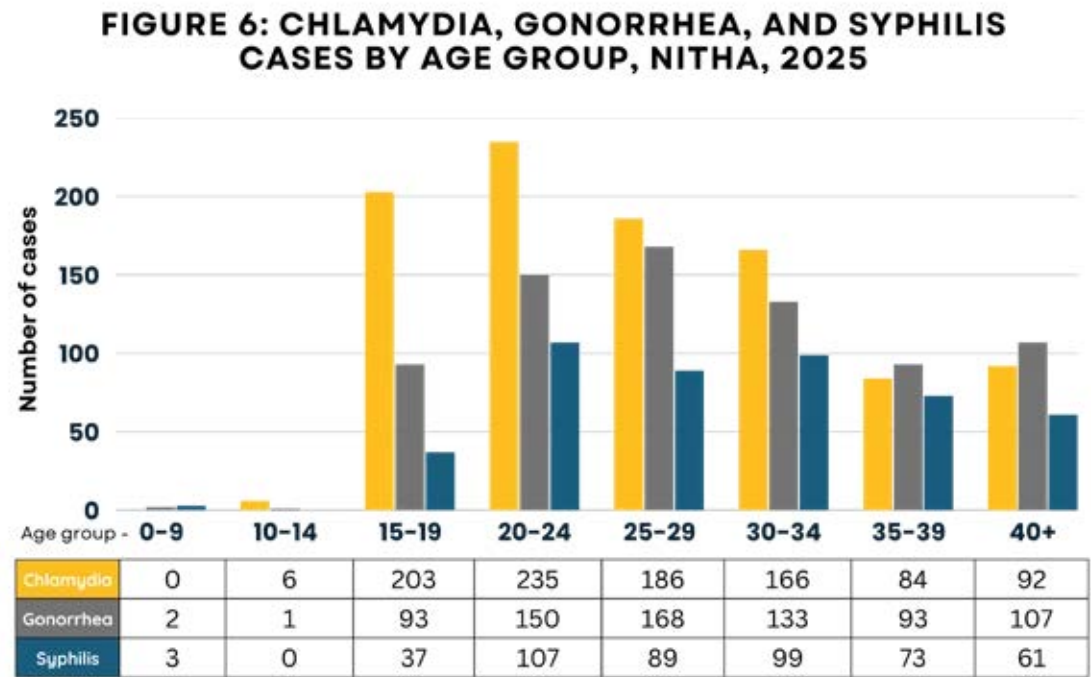
Pertussis cases: In 2025, NITHA communities reported 23 pertussis cases, including 14 among females (61%) and 9 among males (39%). Most cases (91%, n=21) occurred among individuals aged 0–19 years. Among females, the highest burden occurred in the 0–9 age group (64%, n=9), while males in the same age group accounted for the highest proportion of male cases (67%, n=6) **(Figure 4)**.



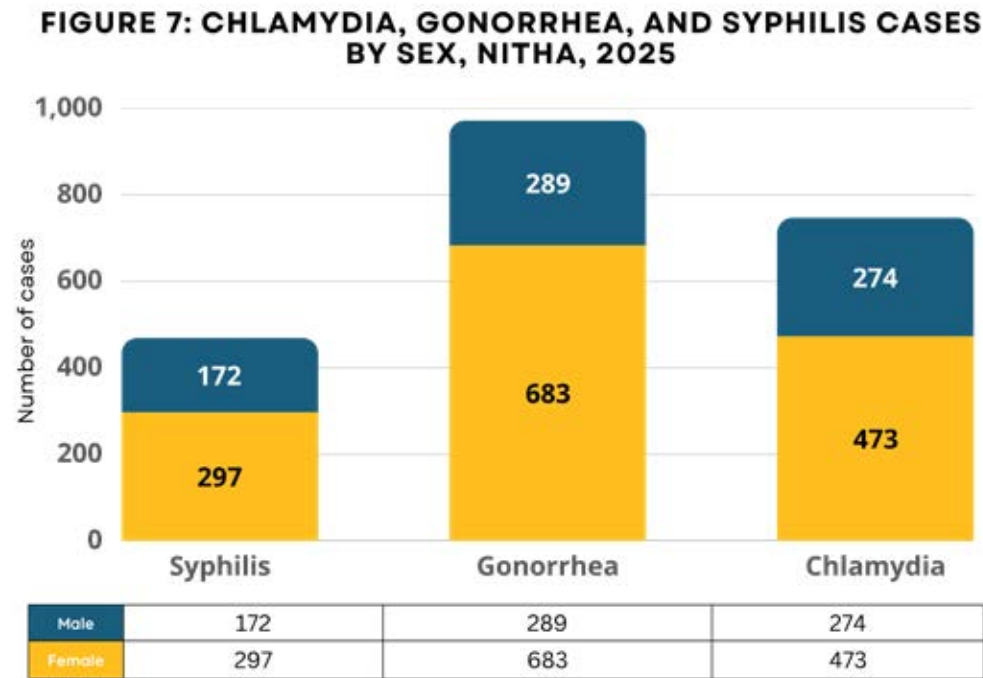
Chlamydia, Gonorrhea, and Syphilis: Between 2021 and 2025, NITHA communities experienced substantial increases in sexually transmitted infections. Chlamydia cases increased from 786 to 972, representing a 24% rise, while gonorrhea cases rose from 680 to 747, reflecting a 10% increase. Syphilis recorded the largest increase, climbing from 318 to 469 cases, a 47% rise over the five-year period **(Figure 5)**.



In 2025, NITHA communities reported 2,188 cases of chlamydia, gonorrhea, and syphilis. Individuals aged 15–29 years accounted for most infections (58%, n=1,268). Chlamydia was the most common STI, representing 44% (n=972) of cases, with the highest burden among those aged 20–24 years (24%, n=235). Gonorrhea accounted for 34% (n=747) of cases and peaked among individuals aged 25–29 years (22%, n=168), while syphilis represented 21% (n=469) and was most prevalent in the 20–24 age group (23%, n=107) **(Figure 6)**.



Females accounted for most STI infections in 2025, representing 66% (n=1,453) of all reported chlamydia, gonorrhea, and syphilis cases in NITHA communities. Chlamydia remained the most prevalent STI, affecting 683 females (70%) and 289 males (30%). Gonorrhea accounted for 473 cases among females (63%) and 274 among males (37%), while syphilis affected 297 females (63%) and 172 males (37%) **(Figure 7)**.



HIV Strategy

❶ Program Snapshot

Promoting culturally safe approaches to HIV and HCV prevention, testing, and care.

The NITHA HIV Strategy Program, through the HIV Strategy Coordinator, supports First Nations communities by promoting culturally safe approaches to HIV and HCV prevention, testing, and care. The role includes providing education, coordinating resources, supporting surveillance activities, and strengthening community capacity building through harm reduction and health promotion initiatives.

❷ 2025/2026 Highlights

From **community events to healthcare training**, the HIV Strategy Program supported informed, accessible, and culturally relevant HIV prevention efforts.

- 1. HIV Working Group Meetings:** Quarterly meetings were held with at least 3 out of 4 major partners in attendance at each session.
- 2. Conferences supported and attended:**
 - a.** Know Your Status 2025 Conference, Mosquito FN/North Battleford – October 22 & 23, 2025
 - b.** ISC Regional Nursing Workshop hosted by NITHA, Saskatoon – November 18-20, 2025
 - c.** MLTC Men's Health Conference, Saskatoon – January 21, 2026
- 3. Provincial STBBI meetings attended:** Saskatoon (April 14 & 15, 2025) and Regina (February 3, 2026)
- 4. World AIDS Day – December 1, 2025:** A poster competition was available to all NITHA communities, with four submissions from Sturgeon Lake First Nation.
- 5. HIV Point of Care Test (POCT) and HIV Self Testing Kit (STK) information Sessions:** Delivered to nursing staff in La Ronge (November 27, 2025, for 5 nurses), Waterhen (November 24, 2025, for 3 nurses), and Stanley Mission (March 3, 2026, for 5 nurses).
- 6. Community visits and health events attended:**
 - a.** James Smith – National HIV Testing Day (June 24, 2025) – 30 participants
 - b.** James Smith – Hepatitis C Awareness Day (July 28, 2025) – 24 participants
 - c.** Stanley Mission – Health Event (September 10, 2025) – 90 participants
 - d.** Lac La Ronge – Health Event (September 11, 2025) – 80 participants
 - e.** Lac La Ronge – Adult Screening Event (October 1 & 2, 2025) – 60 participants

- f.** Fond du Lac – Health Fair (October 26 & 27, 2025) – 175 participants
- g.** Waterhen Lake FN – School presentations and health event (November 24 & 25, 2025) – 90 participants

8. ISC STBBI Working group meetings attended – October 14, 2025, December 9, 2025 and January 13, 2026

9. Development of an HIV pre-testing checklist and accompanying script to support standardized testing practices.

❸ Challenges

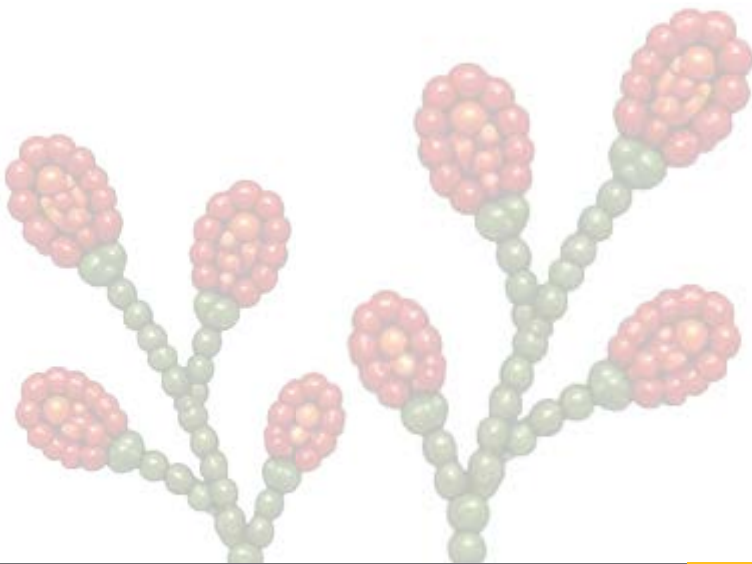
Low participation despite promotion

An HIV Awareness Day Poster Contest was held in recognition of World AIDS Day on December 1, 2025. Despite promotion through the HIV Working Group and various online platforms, participation was limited, with only four posters submitted by students at Sturgeon Lake First Nation. To improve engagement in future contests and awareness initiatives, NITHA could strengthen collaboration with health promotion staff across Partner organizations to support local promotion, encourage participation, and increase community involvement.

❹ Looking Ahead: 2026/2027 Priorities

NITHA will continue to advance **community-driven** HIV and hepatitis programming through education, peer engagement, surveillance, and expanded testing and prevention efforts.

1. Support and promote community-driven HIV and hepatitis awareness and education initiatives.
2. Strengthen peer engagement opportunities and facilitate the development of peer-led projects within Partner communities.
3. Maintain and enhance HIV and hepatitis C surveillance, case management, and follow-up systems
4. Continue to promote the use of pre-exposure prophylaxis (PrEP) in communities and increase access to HIV testing through the use of Point of Care Testing (POCT) and HIV Self-Testing Kits (STKs).



HIV and Hepatitis C Surveillance:

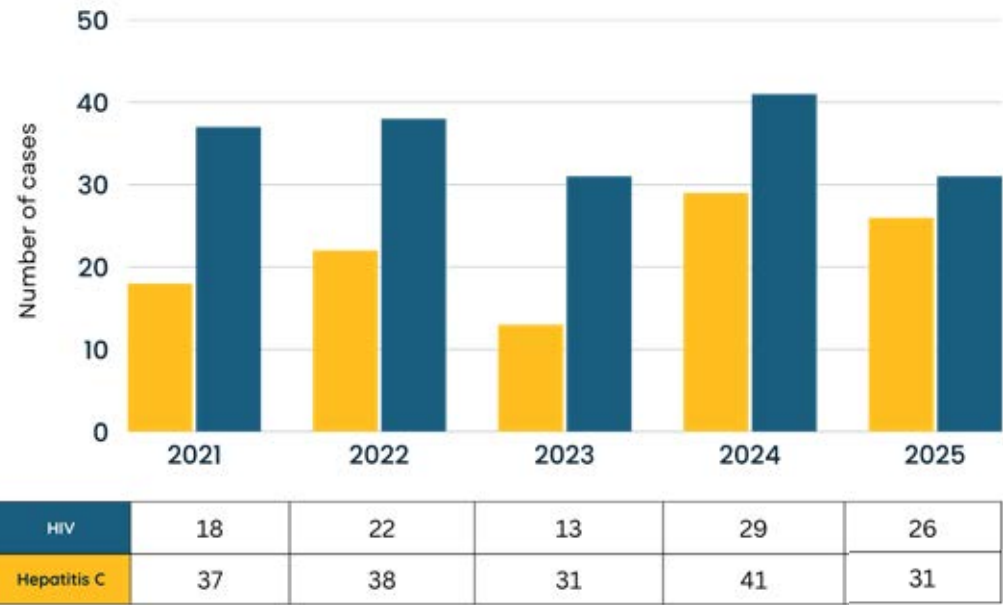
Monitoring trends to strengthen prevention, care, and health outcomes in NITHA communities.

HIV and Hepatitis C surveillance provides important insight into the burden and distribution of these infections within NITHA communities. Monitoring trends over time helps identify populations at increased risk, evaluate the impact of prevention and treatment efforts, and inform targeted public health interventions. The following charts present key HIV and Hepatitis C surveillance findings for 2025, including trends by age, sex, co-infection status, and reported exposure risks, supporting ongoing efforts to reduce transmission and improve health outcomes across northern Saskatchewan.

Data included in this report represent confirmed cases recorded in Panorama. Case counts are based on reporting dates and may change due to ongoing surveillance updates and data quality improvements.

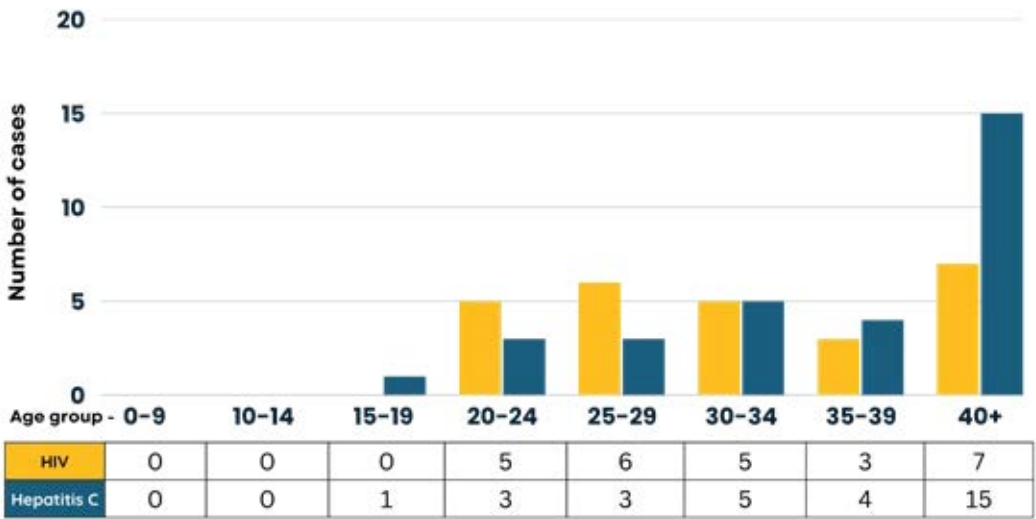
NITHA observed a notable increase in HIV cases, rising from 18 in 2021 to 26 in 2025, representing a 44.4% increase over the five-year period. In contrast, Hepatitis C cases declined from 37 to 31, reflecting a 16.2% decrease over the same period (**Figure 8**).

FIGURE 8: HIV AND HEPATITIS C BY YEAR, NITHA, 2021-2025



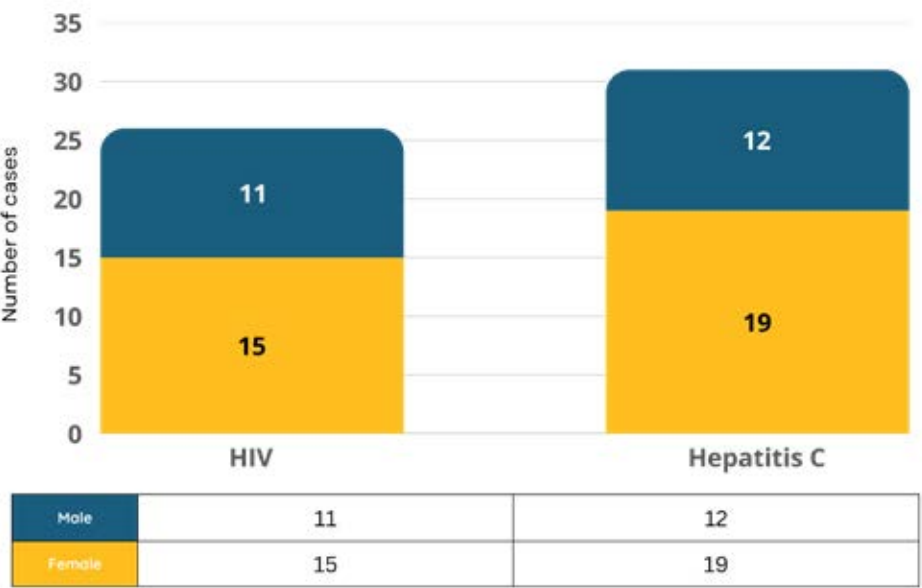
In 2025, HIV and Hepatitis C cases in NITHA communities showed distinct age-related patterns. HIV primarily affected individuals aged 20–29 years, accounting for 11 of 26 cases (42%). In contrast, hepatitis C was concentrated among older adults; with 15 of 31 cases (48%), occurring in those aged 40 years and older (**Figure 9**).

FIGURE 9: HIV AND HEPATITIS C BY AGE GROUP, NITHA, 2025

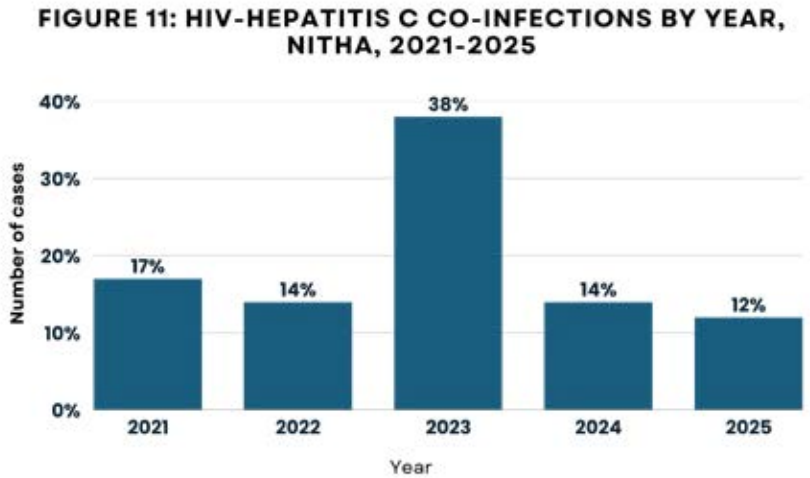


As shown in **Figure 10**, HIV cases in NITHA communities in 2025 were more prevalent among females, who accounted for 58% (n=15) of infections, compared with males at 42% (n=11). Hepatitis C cases also followed a similar pattern, with females representing 61% (n=19) of cases and males accounting for 39% (n=12).

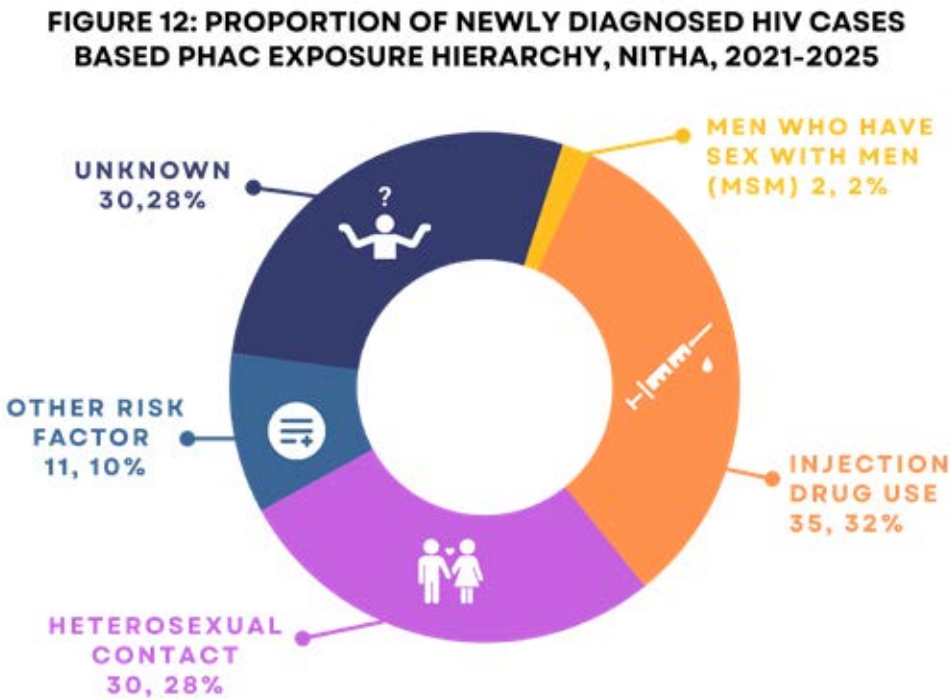
FIGURE 10: HIV AND HEPATITIS C BY SEX, NITHA, 2025



HIV–Hepatitis C co-infection declined over time in NITHA communities, decreasing from 17% in 2021 to 12% in 2025. This followed a year-to-year reduction from 14% in 2024 to 12% in 2025, reflecting a continued downward trend in co-infection prevalence (Figure 11).



Between 2021 and 2025, NITHA communities reported 108 newly diagnosed HIV cases. Injection drug use (IDU) was the most frequently reported exposure, accounting for 32% of cases, highlighting a major driver of transmission. Heterosexual contact contributed 28% of cases, while men who have sex with men (MSM) represented 2%. Unknown risk factors accounted for 28% of cases, and other exposures comprised 10% of the total. (Figure 12).



Infection Prevention and Control

Program Snapshot

Strengthening infection prevention and control through education, guidance, and collaborative partnerships.

The Infection Prevention and Control (IPC) program supports Partner organizations in strengthening infection prevention and control practices by developing and reviewing policies and procedures, promoting routine practices and additional precautions, and delivering education and training for healthcare providers. The program also provides evidence-based guidance and recommendations, conducts community support visits, and works collaboratively with Partners to prevent Healthcare-Associated Infections (HAIs) and Communicable diseases, thereby enhancing the safety of patients, clients, residents, and health care workers.

2025/2026 Highlights

Advanced infection prevention and control through training, resources, and partner collaboration.



- 1. Development and Distribution of IPC Resources:** The Infection Control Advisor (ICA) developed and distributed infection prevention and control guidelines, recommendations, information sheets, and hand hygiene resources aimed at preventing the spread of infectious diseases in the community. The ICA also coordinated the distribution of personal protective equipment (PPE) and fit testing supplies to clinics and health centres based on identified needs, supporting routine infection control practices and respiratory protection. In addition, needle pick-up kits were provided to communities upon request to reduce the risk of needle stick injuries and the transmission of blood-borne infections.
- 2. Capacity Building and Training Activities:** Capacity building remained a key focus of the program. The ICA delivered a Lunch and Learn session on the safe collection and disposal of discarded needles for the MLTC nursing team, increasing awareness of safe practices within clinics and health centres. Training was also provided to staff at the Sturgeon Lake Children's Home on routine infection control practices, including the proper steps for donning and doffing personal protective equipment. Additionally, the ICA collaborated with the Partner Environmental Public Health Officers and local cleaning companies to provide infection prevention and control training to environmental services staff in schools and clinics as part of the annual Janitorial workshop. A total of Forty -three (43) environmental services staff attended this session.
- 3. Awareness Campaign and Engagement Activities:** The ICA shared IPC resources with the partners and independent communities to promote engagement and communication during the 2025 National Infection Control Week, 2025 World Hand Hygiene Day, and the 2025 World Antimicrobial

Resistance Awareness Week. The ICA also organized and coordinated the quarterly infection prevention and control working group meetings to strengthen collaboration between the infection control program and the partners/ independent communities.

- 4. Community Support Visits and Quality Improvement:** The ICA visited seventeen Health Centres to assess infection control practices, provide education and guidance, and identify opportunities for improvement. Following each visit, the ICA sent feedback and recommendations to the nurse-in-charge and the infection control working group member representing each community to support quality improvement.

❶ Challenges

Build stronger engagement through shared representation

Attendance at quarterly IPC Working Group meetings was inconsistent during the year, largely due to staff turnover within partner organizations. This affected continuity and representation among members. To help maintain engagement and ensure ongoing participation, partner organizations are encouraged to designate an alternate representative who can attend meetings when the primary representative is unavailable.

❶ Looking Ahead: 2026/2027 Priorities

Building on current progress, 2026/27 priorities will emphasize **hand hygiene promotion, mask fit testing,** and enhanced **infection prevention education, training, and surveillance activities.**

- 1. Strengthen the promotion of hand hygiene practices and support mask fit testing across NITHA communities
- 2. Enhance infection prevention and control education, training, and surveillance activities.



Public Health Nursing

❶ Program Snapshot

Strengthening community health through immunization support, program coordination, and partnerships.

The NITHA Public Health Nursing (PHN) program provides third-level support to Partner communities through consultation, guidance on vaccine errors, and dissemination of provincial and federal immunization updates. The program ensures communities remain informed and supported in maintaining optimal immunization coverage to reduce the risk of vaccine-preventable diseases, complications, and outbreaks. Annual data collection is used to monitor childhood and school-based immunization rates and support ongoing program planning.

The PHN collaborates with Partners to support program assessment, training, evaluation, and service delivery, including community visits for health fairs and the provision of surge capacity when required. Guided by professional standards of practice, the program focuses on delivering safe, inclusive, and high-quality care. It emphasizes culturally appropriate resources, effective coordination, continuous evaluation, and the promotion of best practices through partnerships with communities and health organizations.

❶ 2025/2026 Highlights

NITHA strengthened immunization programs through improved **vaccine coverage, awareness campaigns, workforce training, and reliable vaccine distribution.**

- 1. **Childhood Immunization Coverage Improvements:** In 2025, NITHA observed encouraging improvements in childhood immunization coverage rates, including 86% for 1-year-olds (a 3% increase), 80% for 2-year-olds (no change), and 94% for 7-year-olds (a 2% increase). Additional targets included 74% coverage for pertussis by 91 days of age and 91% for MMR by age five.
- 2. **Community Coverage Performance:** Eleven of 28 communities (39%) achieved the 90% target for 1-year-olds, reflecting strong efforts to protect infants early and improve early childhood vaccine uptake.
- 3. **Immunization Promotion and Public Awareness Activities:** NITHA continued to support immunization awareness through National Immunization Week campaigns and Seasonal Influenza and COVID-19 education sessions. The 2025 National Immunization Awareness Week (NIAW) included toolkits, radio messaging, and social media content aligned with national initiatives. Seasonal influenza and COVID-19 programs were delivered in collaboration with external partners, including the Saskatchewan Ministry of Health and Indigenous Services Canada, with annual education sessions delivered by the PHU team.
- 4. **Vaccine Supply, Cold Chain Monitoring:** Vaccine procurement followed national guidelines, with approximately \$815,877 in vaccines (28,530 doses) distributed to communities. During the reporting period, 15 cold chain breaks were recorded and addressed.

5. Workforce Capacity: 88 nurses were certified or recertified to provide immunizations in 2025, supporting program capacity and service delivery.

❶ Challenges

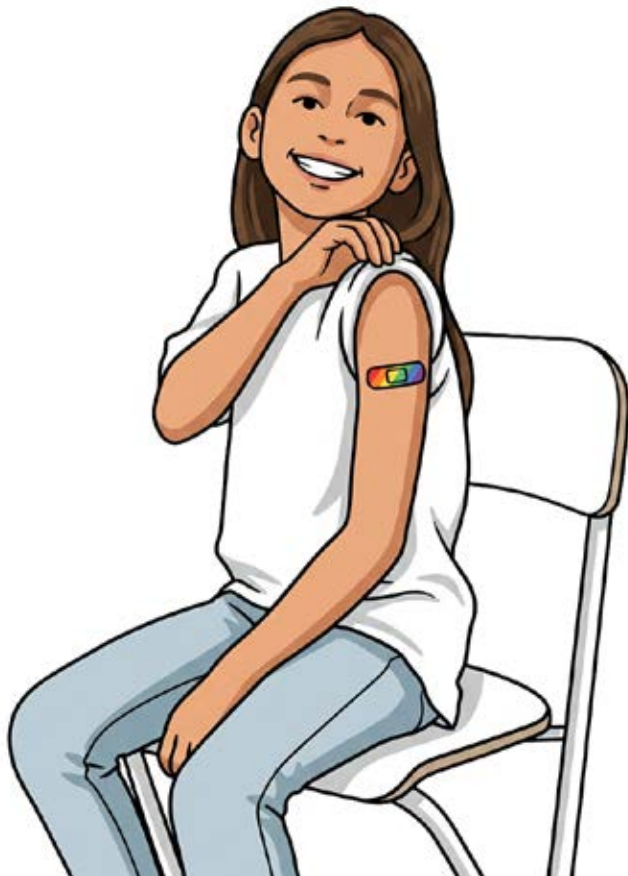
Better consent processes support higher vaccine uptake.

Ongoing challenges remain, particularly a decline in immunization coverage among school-aged populations, including HPV and Hepatitis B programs. Consent processes have been identified as a barrier to vaccine uptake, highlighting the need to explore enhanced recall systems and more effective engagement strategies to support improved participation.

❶ Looking Ahead: 2026/2027 Priorities

Building on current progress, 2026/27 priorities will emphasize **education, workforce development, and HPV program** improvement.

Priorities for the coming year include the delivery of monthly education sessions for healthcare providers, continued development of PHN orientation and certification tools, and advancement of the HPV improvement project in partnership with the University of Saskatchewan and Urban Public Health Network. These initiatives are expected to be launched and further implemented in 2026.



Public Health Nursing: Surveillance:

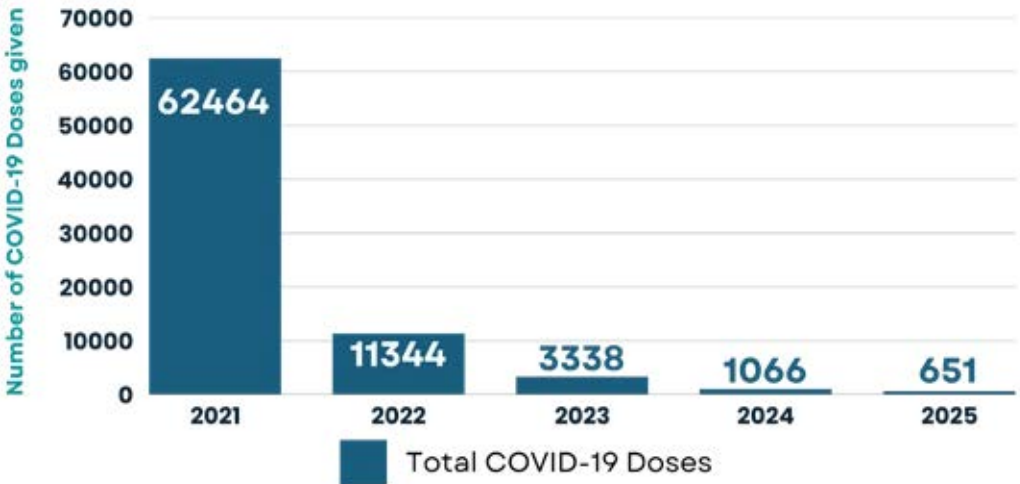
Supporting Healthy Communities Through Lifelong Immunization

Vaccination programs delivered through Public Health Nursing services remain a cornerstone of disease prevention and health promotion in NITHA communities. In 2025, immunization activities continued to support protection against vaccine-preventable diseases across the lifespan, including COVID-19, influenza, childhood routine immunizations, and school-based vaccination programs. While COVID-19 and influenza vaccine uptake declined from the peak levels observed during the pandemic, childhood immunization coverage remained stable with modest improvements across key age groups. School-based immunization programs also demonstrated progress, particularly among Grade 6 students, reflecting ongoing efforts to strengthen vaccine access, improve coverage rates, and enhance community protection. Together, these indicators highlight the continued commitment of Public Health Nurses and community health teams to maintaining immunization services and supporting the health and well-being of First Nations children, youth, adults, and Elders.

Immunization Trends at a Glance

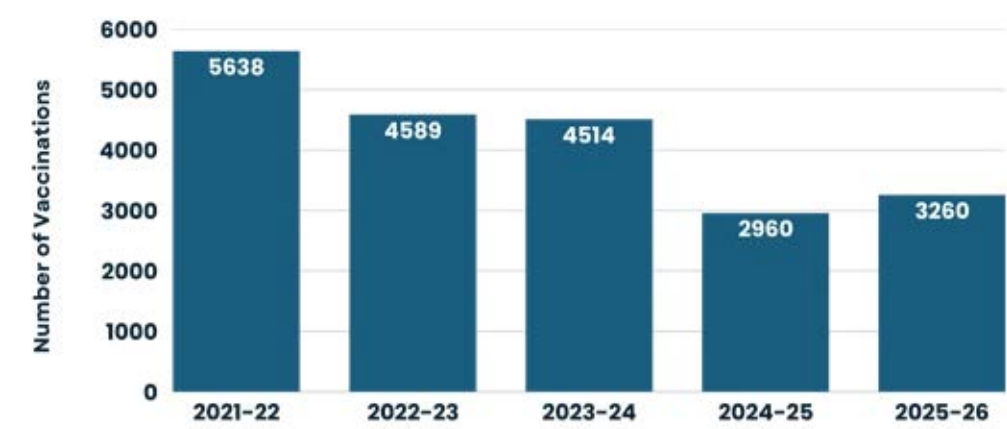
COVID-19 Vaccinations: From January 1, 2021, to December 31, 2025, NITHA communities administered 78,863 COVID-19 vaccine doses. Uptake peaked in 2021 with 62,464 doses (79.2% of the total), followed by a sharp decline in 2022 with 11,344 doses (14.4%). Vaccination levels continued to decrease in 2023 (3,338 doses, 4.2%), 2024 (1,066 doses, 1.4%), and 2025 (651 doses, 0.8%), indicating a sustained downward trend in vaccine uptake over time (**Figure 13**).

FIGURE 13: COVID-19 DOSES GIVEN BY YEAR, NITHA, 2021 TO 2025



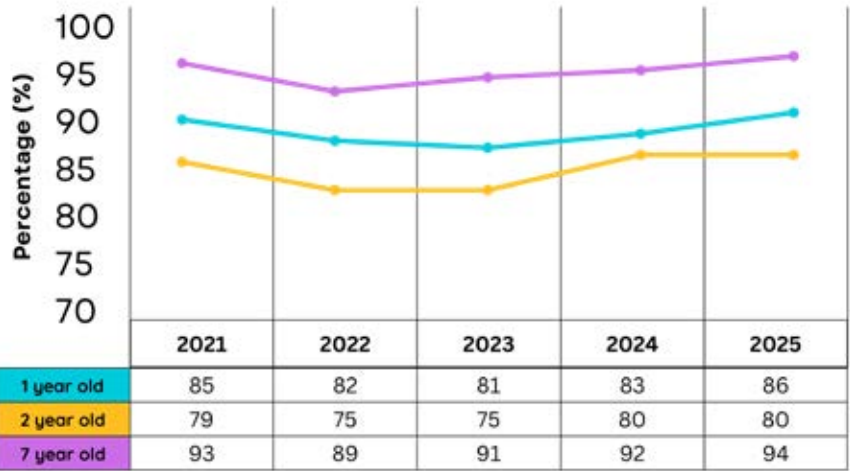
Flu Vaccination: Between the 2021–22 and 2025–26 influenza seasons, NITHA communities experienced a substantial decline in influenza vaccine uptake, decreasing from 5,638 doses to 3,260 (–42%). Uptake declined steadily from 2021–22 through 2023–24, followed by a sharper reduction to 2,960 doses in 2024–25 (–9.2% from 2023–24). In 2025–26, uptake rebounded to 3,260 doses, representing a 10.1% increase from the previous season, though overall coverage remained well below 2021–22 levels (**Figure 14**).

FIGURE 14: INFLUENZA IMMUNIZATION BY FLU SEASON, NITHA, 2021-22 TO 2025-26



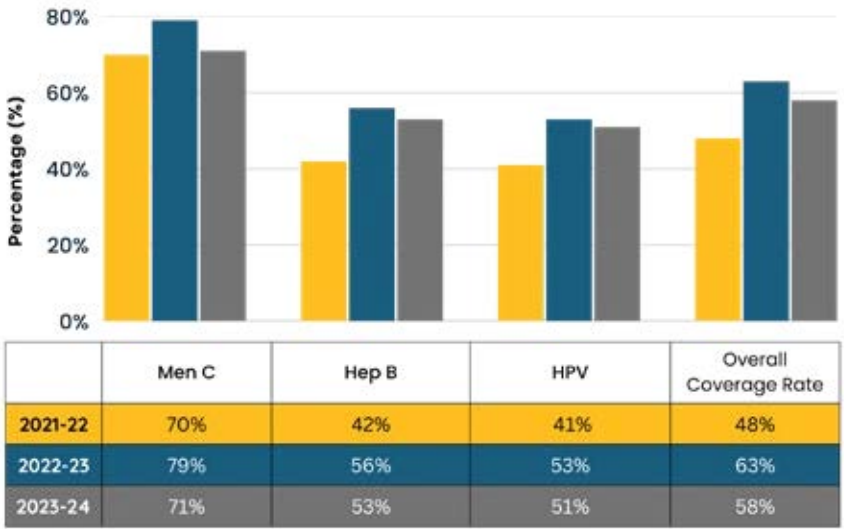
Childhood immunization coverage: Between 2021 and 2025, childhood immunization coverage in NITHA communities showed modest improvements. Among 1-year-olds, coverage increased from 85% to 86% (+1 percentage point). Coverage among 2-year-olds rose slightly from 79% to 80% (+1 percentage point), while coverage among 7-year-olds increased from 93% to 94% (+1 percentage point). Overall, gains remained minimal but consistent across all age groups over the five-year period (**Figure 15**).

FIGURE 15: CHILDHOOD IMMUNIZATION COVERAGE RATES BY YEAR, NITHA, 2021-2025



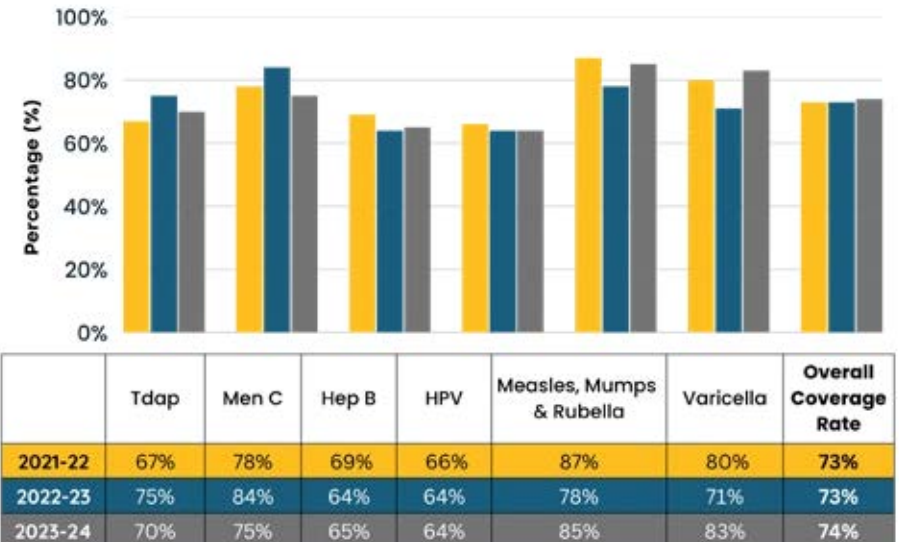
In NITHA communities, Grade 6 school-age immunization coverage improved markedly between the 2021–22 and 2023–24 academic years. Men-C coverage increased marginally from 70% to 71% (+1 percentage point), while Hepatitis B coverage rose substantially from 42% to 53% (+11 percentage points). HPV coverage also increased from 41% to 53% (+12 percentage points). Overall, total Grade 6 immunization coverage increased from 48% to 58% (+10 percentage points) over the same period (**Figure 16**).

FIGURE 16: GRADE 6 VACCINE COVERAGE BY VACCINE TYPE, NITHA, 2021-22 TO 2023-24



Grade 8 school-age immunization coverage showed mixed trends between the 2021–22 and 2023–24 academic years. Tdap coverage increased from 67% to 70% (+3 percentage points), while Men-C coverage declined from 78% to 75% (–3 percentage points). Hepatitis B decreased from 69% to 65% (–4 percentage points) and HPV from 66% to 64% (–2 percentage points). Measles, mumps, and rubella coverage also declined from 87% to 85% (–2 percentage points), whereas varicella increased from 80% to 83% (+3 percentage points). Overall, total coverage rose slightly from 73% to 74% (+1 percentage point) (**Figure 17**).

FIGURE 17: GRADE 8 VACCINE COVERAGE BY VACCINE TYPE, NITHA, 2021-22 TO 2023-24



Environmental Health

❶ Program Snapshot

Enhancing environmental public health through professional expertise, education, and community support.

The Environmental Health program is led by the Environmental Health Advisor (EHA), who is a Nationally Certified Environmental Public Health Officer (EPHO) and supports the 8 Environmental Public Health Officers (EPHOs) and all Community Health Nurses (CHNs) within the partner agencies. The EHA provides technical expertise to the NITHA Medical Health Officer and the Partner EPHOs. The EHA works collaboratively with organizations such as the Ministry of Agriculture, Saskatchewan Water Security Agency, Saskatchewan Health Authority, Indigenous Services Canada, the University of Saskatchewan, Western College of Veterinary Medicine and other agencies to address environmental health priorities and challenges affecting First Nations communities.

EPHOs receive support in a variety of areas, including environmental contamination and spill response, solid waste disposal, food safety, housing, wastewater, pest control, and drinking water quality. CHNs are supported through training and guidance on dog population management strategies, animal bite follow-up and tracking, and rabies risk assessments. In addition, the EHA assists with the development of promotional and/or educational materials, supports program improvements in collaboration with external partners, such as implementing year-round testing for chronic wasting disease for First Nations hunters, and provides data collection, analysis, and reporting on environmental public health trends. The EHA also helps coordinate and facilitate training opportunities to strengthen community capacity and support continuous program improvement.

❶ 2025/2026 Highlights

Environmental Health
Promotion and
Public Awareness.

- 1. Chronic Wasting Disease Surveillance:** Collaborated with Saskatchewan Environment to support year-round testing for Chronic Wasting Disease.
- 2. Community Vaccinator Program Support:** Worked with Saskatchewan Agriculture to develop training manuals and support the Community Vaccinators program, including providing secure storage for companion animal vaccines.
- 3. Public Education and Awareness Activities:** Delivered ongoing public education and awareness campaigns through Facebook posts on Tick prevention, Tick Smart messaging, Dog Care and Dog Bite Prevention, Hantavirus prevention, and Chronic Wasting Disease.

❶ Challenges

Community-led solutions support animal health and bite prevention

- There is an ongoing need for community-led dog management programs that promote responsible pet ownership and help reduce the incidence of dog bites and potentially fatal attacks. Traditional bylaw enforcement is often limited by financial barriers, making it less effective as a standalone approach. Community-led initiatives have demonstrated greater success in achieving positive results and community acceptance. To address this issue, communities are encouraged to implement a comprehensive animal health program that may include pet food banks, pet ownership registries with photographs, the removal of stray dogs and access to spay and neuter clinics. These measures can help improve animal welfare, enhance public safety and foster responsible pet ownership within the community.
- A significant challenge in animal bite management is the insufficient capacity for timely reporting and follow-up. CHNs in many communities face heavy workloads and frequent rotation of staff can further impact the consistency of monitoring and reporting processes. At the same time, animal bites and their seriousness are increasing exponentially each year, placing additional pressure on already limited resources. To strengthen reporting compliance and ensure appropriate follow-up, Communities should implement a 10-day follow-up system for all reported animal bite incidents. This approach would support timely monitoring, improve public health responses, and enhance compliance with reporting requirements.

❶ Looking Ahead: 2026/2027 Priorities

Priorities for 2026/27 include advancing **community vaccination programs**, strengthening **animal health initiatives**, and supporting **responsible pet ownership**.

- 1.** Continue collaboration with Saskatchewan Agriculture and the University of Saskatchewan Veterinary College on the pilot “Community Vaccinator” program.
- 2.** Support community-led animal health initiatives, with an emphasis on strengthening owners’ responsibility for dog management and promoting responsible pet ownership.



Environmental Health Surveillance:

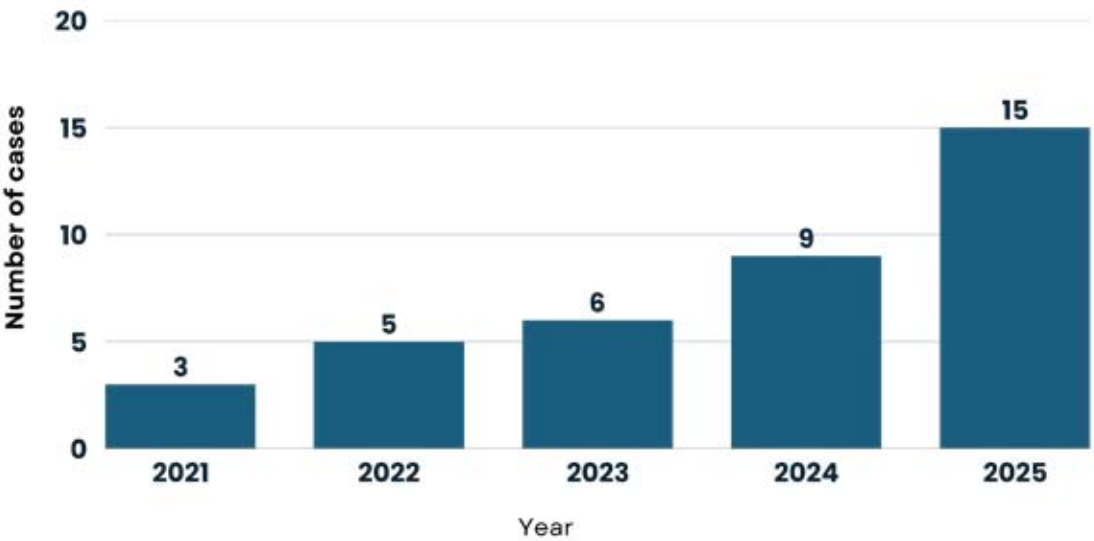
Tracking Trends, Identifying Risks, Protecting Communities

Environmental Health surveillance provides critical insights into risks that can affect the health and safety of NITHA communities. Between 2021 and 2025, reported enteric infections increased steadily, highlighting the ongoing importance of disease monitoring, prevention, and public health response. In 2025, cryptosporidiosis accounted for nearly three-quarters of all enteric disease cases, emerging as the most commonly reported infection. Animal bite incidents also remained consistently high throughout the reporting period, increasing overall and reaching their highest level in 2025. Together, these surveillance findings underscore the need for continued environmental health monitoring, public awareness, and prevention efforts to support safer and healthier communities.

Rising Enteric Disease Trends Highlight the Importance of Prevention

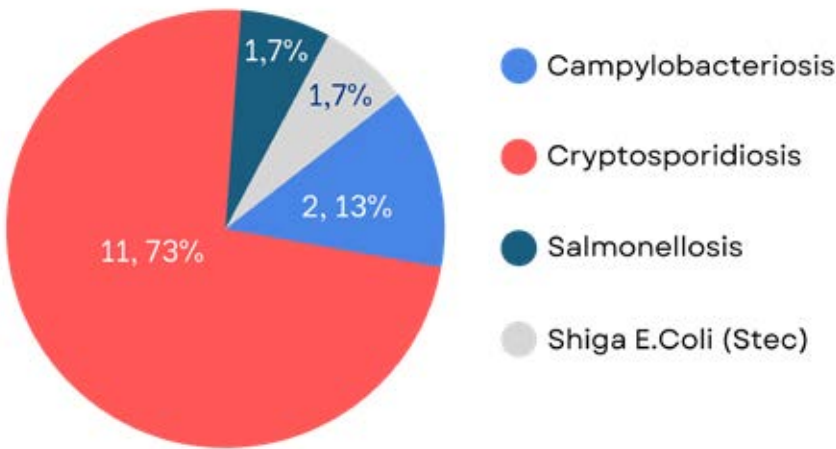
Enteric infections: Between 2021 and 2025, enteric disease cases in NITHA communities showed a steady upward trend. Cases increased from 3 in 2021 to 5 in 2022 (66.7% increase), then rose to 6 in 2023 (20% increase), 9 in 2024 (50% increase), and 15 in 2025 (66.7% increase). Overall, cases increased by 400% over the five-year period **(Figure 18)**.

FIGURE 18: TRENDS OF ENTERIC CASES BY YEAR, NITHA, JAN. 1 2021 TO DEC. 31 2025



In 2025, NITHA communities reported 15 enteric disease cases. Cryptosporidiosis accounted for the majority (73%, n=11), making it the leading enteric infection. The remaining cases included Campylobacteriosis (13%, n=2), Salmonellosis (7%, n=1), and Shiga toxin-producing E. coli (STEC) (7%, n=1) **(Figure 19)**.

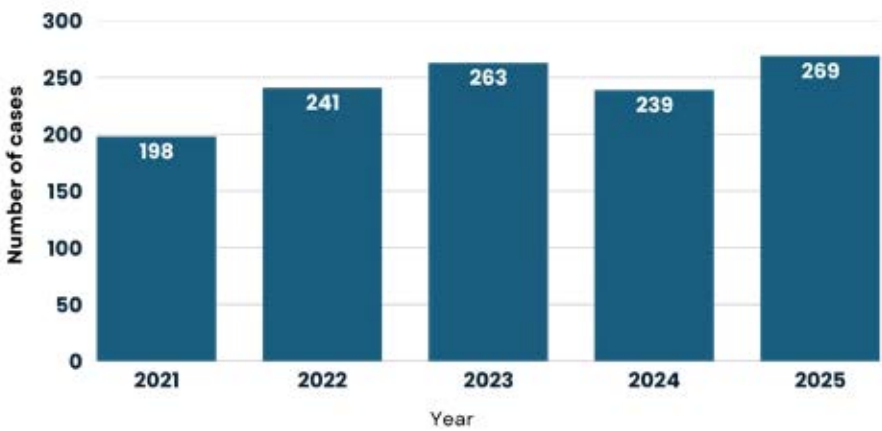
FIGURE 19: PROPORTION OF ENTERIC CASES, NITHA, 2025



Preventing Injury and Disease Through Animal Bite Monitoring

Animal Bites: Between 2021 and 2025, NITHA communities reported consistently high animal bite incidents, ranging from 198 cases in 2021 to 269 in 2025. Cases increased by 32.8% from 2021 to a peak of 263 in 2023, then declined by 9.1% to 239 in 2024, before rising again by 12.6% to 269 in 2025. Overall, animal bites increased by 35.9% across the period **(Figure 20)**.

FIGURE 20: TRENDS OF REPORTED ANIMAL BITES IN NITHA COMMUNITIES, 2021-2025



Epidemiology

❶ Program Snapshot

Supporting Public Health Through Data and Surveillance

The Epidemiology (EPI) Program plays a critical role in supporting public health surveillance, data analysis, outbreak response, and evidence-informed decision-making for northern Saskatchewan First Nations communities. The program focuses on strengthening communicable disease surveillance, immunization monitoring, sexually transmitted and blood-borne infection (STBBI) reporting, and collaborative public health initiatives through partnerships with Indigenous Services Canada (ISC), the Saskatchewan Ministry of Health, Saskatchewan Health Authority (SHA), and other stakeholders.

➡ 2025/2026 Highlights

Data-driven public health surveillance and response.

- 1. Model of Care Development and Leading Practices:** The program maintained high-quality epidemiological datasets through regular data cleaning, validation, and quality assurance activities. Collaborative work with ISC, SHA, Ministry of Health, and Digital Health teams improved data systems and addressed First Nations-specific reporting needs. The program also contributed to the development of STATA coding for childhood immunization reporting and participated in initiatives to strengthen outbreak data collection and STBBI monitoring systems. Joint investigations into HIV clusters were conducted collaboratively with ISC and SHA epidemiologists. The program also supported provincial reviews of HIV surveillance datasets and participated in outbreak data modernization discussions.
- 2. Surveillance, Evaluation, and Research:** Routine surveillance activities included monitoring notifiable diseases, STBBIs, tuberculosis (TB), routine immunizations, and animal bite incidents across NITHA communities. The program developed and disseminated quarterly, routine, outbreak-specific, and year-end epidemiological reports to support timely public health action.

The EPI Program contributed to provincial and national research dissemination activities. An abstract titled “Impact of the COVID-19 Pandemic on Tuberculosis Incidence in Northern Saskatchewan First Nations Communities: A Retrospective Study” was presented orally at the 2025 Canadian Society for Epidemiology and Biostatistics (CSEB) Conference in Montreal. Additional contributions included supporting abstracts and study protocols related to childhood immunization, Indigenous tobacco education, and nutritional health research.

- 3. Engaging and Informing Partners:** The program actively participated in provincial and national committees and working groups, including the Health Data Technical Working Group (HDTWG), Provincial Communicable Disease

Control Committee, STBBI Indicators Working Group, Public Health Working Group, and National Communicable Disease Leadership Committee.

Routine collaboration and touchpoint meetings with Public Health Branch (PHB), SHA, ISC, and NITHA strengthened interagency coordination and supported outbreak preparedness and surveillance activities.

- 4. Capacity Building:** The EPI Program provided technical, epidemiological, and database support to NITHA staff and program leads. Mentorship and support were also provided to Health Information Management (HIM) and MPH students, public health residents, and research trainees.

❶ Challenges

Data access delays and quality limitations

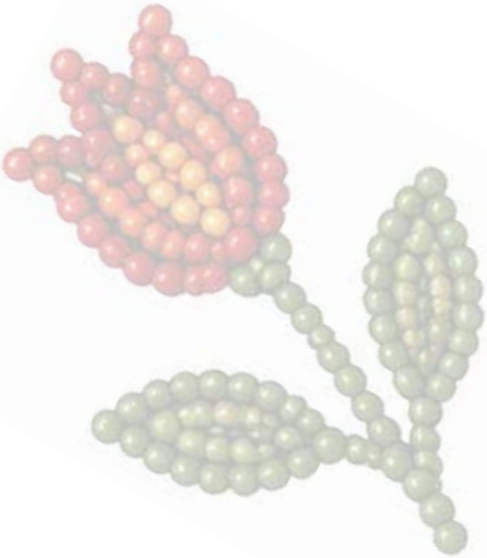
Key challenges throughout the reporting year included delays in real-time data sharing, limited access to some provincial systems, and variable data quality across sources.

❶ Looking Ahead: 2026/2027 Priorities

Building on **strong partnerships** and **surveillance foundations**, the program will advance data systems, outbreak readiness, Indigenous-led research, and public health intelligence capabilities.

Priorities include strengthening surveillance systems, expanding outbreak response capacity, advancing Indigenous-led research approaches, improving data visualization tools, and enhancing collaboration with community, provincial, and federal partners.

Technical Notes: Data included in this report represent confirmed cases recorded in Panorama. Case counts are based on reporting dates and may change due to ongoing surveillance updates and data quality improvements.



Tuberculosis (TB)

❶ Program Snapshot

Improving access to TB services through partnership, education, and community-based care.

The Tuberculosis (TB) Program supports Partner communities through community-based TB prevention, screening, education, outbreak response, and follow-up care. The TB program works closely with community leadership at all levels, TB Program Workers, Nursing staff, and collaborative partners to enhance access to TB services and promote culturally safe, relationship-focused care. Ongoing program efforts focused on early detection, reducing barriers to care, increasing community awareness, and strengthening local TB capacity.

➡ 2025/2026 Highlights

NITHA strengthened community-based TB prevention and care through expanded screening, outbreak response, diagnostic services, community engagement, and frontline workforce development across Partner communities.

- 1. Diagnostic and Clinical Support Activities:**
 - A total of 371 x-rays were completed using NITHA's portable x-ray units.
 - A total of 33 Active TB cases were identified and supported during the reporting period.
- 2. Community Screening, Visits and Case Management:** The program completed 82 community visits to support screening, follow-up care, outbreak response activities, community awareness, training and orientation, assistance with community clinics, outreach events, and school-based screening initiatives. A total of 494 Tuberculin skin tests (TST's) were completed during these activities.
- 3. Outbreak Response and Ongoing Support:** An ongoing TB outbreak declared on January 21, 2025, continued to be supported through monthly community updates and collaborative outbreak response planning.
- 4. Community Engagement and Awareness Activities:** The NITHA TB Program participated in health fairs and community awareness booths, engaging with over 500 community members from throughout the NITHA Partnership.
- 5. Capacity Building:** The annual TB Program Worker Education Days were supported in Saskatoon on September 24–25, 2025, with 14 TB Program Workers from NITHA Partner communities attending.
- 6. Targeted Screening Initiatives:** A Grade 8–12 school screening initiative was completed in Black Lake from February 2–6, 2026, with 66 TSTs administered. In addition, a community-wide TB screening event was organized in Red Earth from March 23–27, 2026, with 187 community members participating.

- 7. World TB Day and Recognition Initiative:** For the 2026 World TB Day, the NITHA TB Program introduced an annual Community TB Worker Recognition Award, "Healing through commitment honour," to acknowledge the dedication and impact of frontline TB Program Workers within communities. The award recognizes TB workers who demonstrate compassion, leadership, confidentiality, advocacy, and commitment to supporting individuals and families throughout TB care and treatment.

❶ Challenges

Strong local capacity improves access to TB care.

The TB Program continued to experience challenges related to service delivery in remote and isolated communities, including staffing pressures, travel demands, severe weather conditions, and ongoing outbreak response activities. These factors increased demands on nursing resources and, at times, impacted the ability to complete some planned priorities within expected timelines. Additionally, interruptions to the portable X-ray services occurred on some community visits due to equipment issues. To support ongoing program improvements, continued investment in staff recruitment and retention, communications support, and sustainable community-based TB capacity remains a priority.

❶ Looking Ahead: 2026/2027 Priorities

Building on current progress, 2026/27 priorities will emphasize **community-based screening, outbreak response, TB awareness and stigma reduction, and equitable access to care.**

1. Continue strengthening community-based TB screening and outbreak response activities
2. Enhance community awareness initiatives aimed at reducing TB stigma and promoting early testing.
3. Strengthen equitable access to TB care and services across all Partner communities.



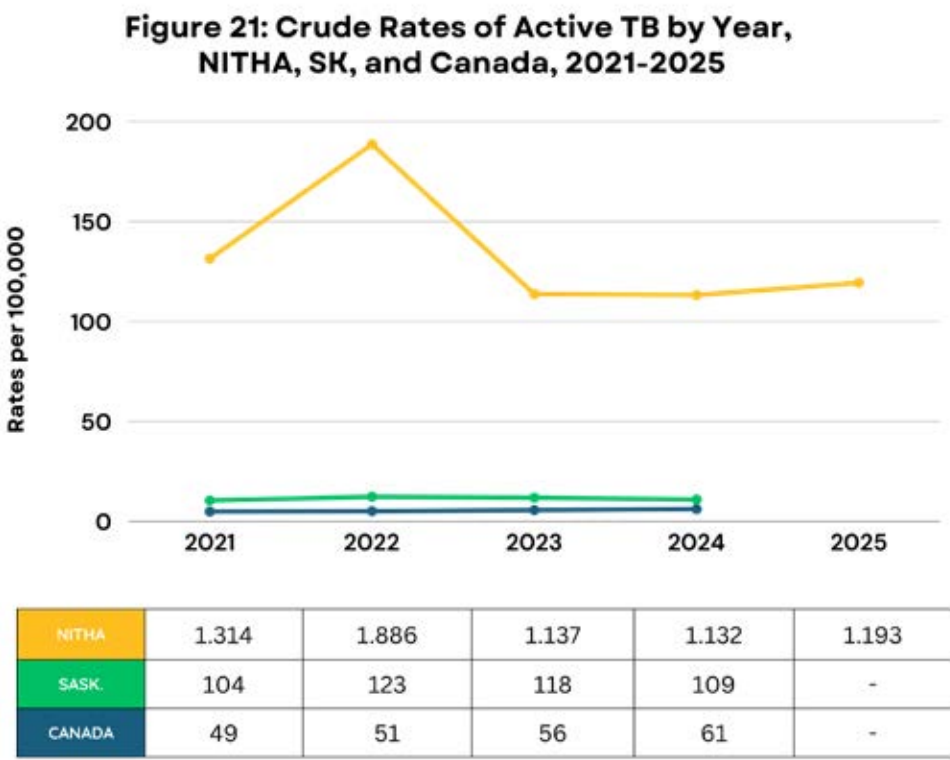
Tuberculosis Surveillance:

Monitoring Tuberculosis Trends to Strengthen Prevention, Detection, and Care

Tuberculosis (TB) remains a significant public health concern in NITHA communities, with active TB rates consistently exceeding provincial and national averages. Between 2021 and 2025, TB activity fluctuated, reaching a peak in 2022 before declining and stabilizing at elevated levels in subsequent years. In 2025, active TB rates remained substantially higher than national benchmarks, reflecting the ongoing burden of disease and the importance of sustained prevention, screening, treatment, and contact investigation efforts. Surveillance data also highlight the continued impact of TB across age groups and sexes, underscoring the need for targeted public health interventions to reduce transmission and improve health outcomes in NITHA communities.

Tracking Progress in Tuberculosis Prevention and Control

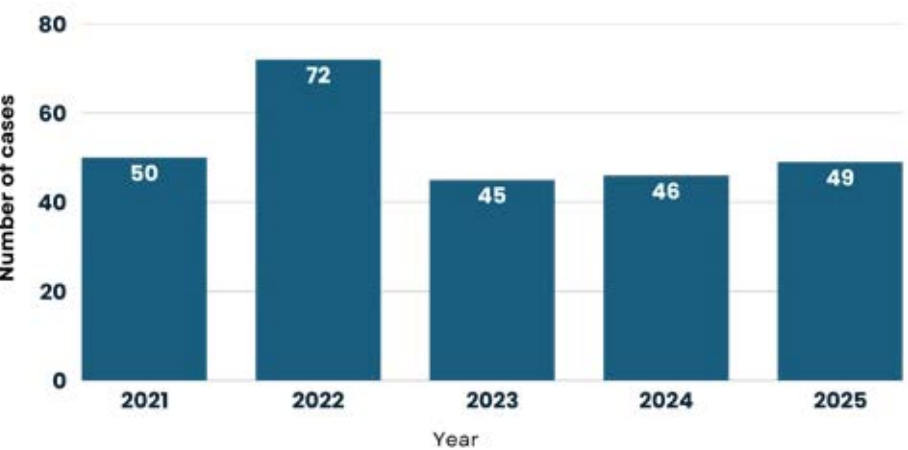
From 2021 to 2025, NITHA communities consistently reported markedly higher active TB rates compared with Saskatchewan and national benchmarks. The rate was 131.4 per 100,000 in 2021, about 27 times higher than the Canadian average. It increased to a peak of 188.6 per 100,000 in 2022 (a 43% increase from 2021), then declined to 113.7 per 100,000 in 2023 (a 40% decrease), and remained stable at 113.2 per 100,000 in 2024. In 2025, the rate rose again to 119.3 per 100,000 (5.4% increase) (**Figure 21**).



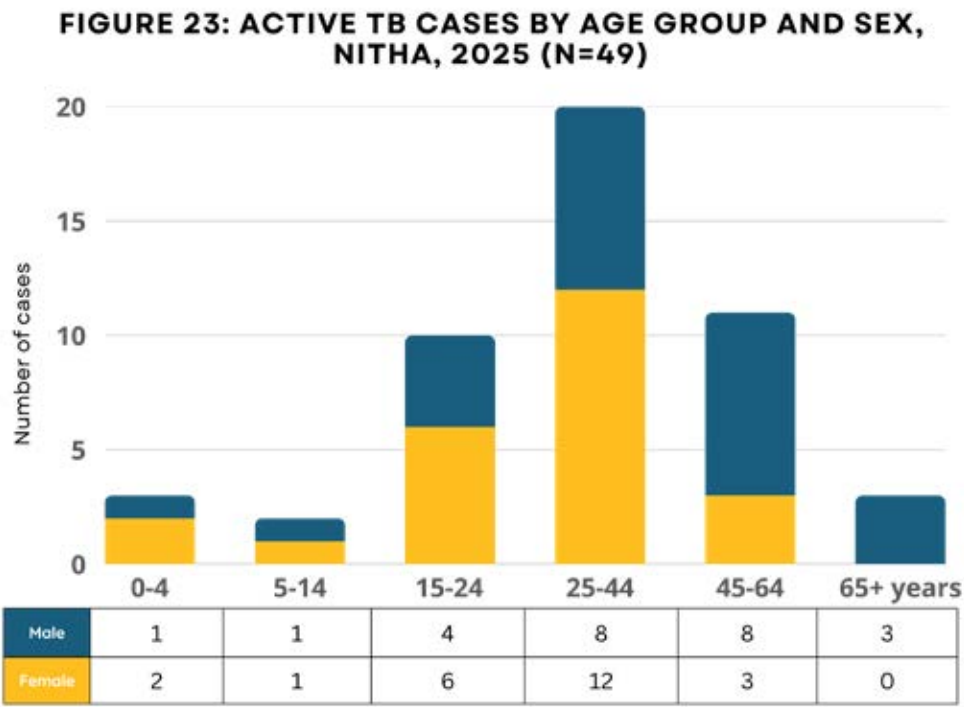
Source: PHAC (2025). Tuberculosis disease surveillance. <https://health-infobase.canada.ca/tuberculosis/>

Between 2021 and 2025, the overall TB activity remained elevated despite year-to-year fluctuations. Cases increased from 50 in 2021 to a peak of 72 in 2022 (44% increase), before declining to 45 in 2023 (37% decrease from 2022). A slight rebound occurred in 2024 (46 cases, 2% increase), followed by a further rise to 49 cases in 2025 (7% increase) (**Figure 22**).

FIGURE 22: ACTIVE TB CASES BY CALENDAR YEAR, 2021-2025



NITHA communities reported 49 active tuberculosis (TB) cases across all age groups in 2025. Males accounted for 51% (n=25) of cases, while females represented 49% (n=24). Among females, individuals aged 15–44 years accounted for 75% (n=18) of cases. Among males, those aged 25–64 years represented the highest burden, accounting for 64% (n=16) of male cases. Pediatric TB cases (0–14 years) comprised 10% (n=5) of all reported cases (**Figure 23**).



COMMUNITY SERVICES UNIT (CSU)

Unit Overview:

The Community Services Unit (CSU) provides clinical and technical expertise to support NITHA Partners in delivering high-quality health services. The unit proactively anticipates challenges, identifies resource opportunities, and strengthens the capacity and achievements of both the Partners and the organization as a whole.

CSU offers guidance and support across several key areas, including nursing education and training, capacity development, mental health and addictions, emergency preparedness, nutrition, tobacco control, and eHealth and information technology. Additionally, the unit leads special projects aligned with Partnership priorities, such as the Connect to Change initiative, Electronic Medical Records (EMR), and Telehealth.

Supporting Capacity Development through AHHRI Funding

The Community Services Unit (CSU) Manager oversees the administration of the Aboriginal Health Human Resources Initiative (AHHRI) funding, which supports capacity building among Community-Based Workers (CBWs) and First Nations Health Managers. Over the past year, AHHRI funding has enabled Partner staff to pursue professional certification through the First Nations Health Managers Association (FNHMA) program, a nationally recognized credential consisting of five courses and a final examination.

In 2025-2026:

- ✓ 11 students completed Course 100
- ✓ 6 students completed Course 200
- ✓ 7 students completed Course 300
- ✓ 7 students completed Course 400
- ✓ 5 students completed Course 500
- ✓ 5 students completed the comprehensive exam

In November 2025, the following Partner staff successfully graduated from the certification program:

- ✓ LLRIB - Patricia Halkett, Kristen McKenzie, and David Jorgensen
- ✓ PAGC - Tina Nelson
- ✓ MLTC - Tamathy Mitsuing

Community Services Team:



Colleen Durocher
Manager of
Community Services



Carrie Gardipy
Nursing Program
Advisor



Charles Bighead
eHealth Advisor



Rakibul Islam
Senior Network
Technologist



Peter Netterville
IT Help Desk
Technician



Patrick Hassler
Emergency
Response
Coordinator



Carol Udey
Nutritionist



Justina Ndubuka
Tobacco Project
Coordinator



Jeanette Villeneuve
Program
Administrative
Assistant



Delores Templeton
Program
Administrative
Assistant



Vacant
Mental Wellness
Advisor



Vacant
Addictions Wellness
Advisor



Mental Health & Addictions

❶ Program Snapshot

Enhancing community wellbeing through culturally responsive mental health and addictions initiatives.

The Mental Health & Addictions (MHA) Program provides third-level leadership and support to Partner communities by strengthening capacity, advancing culturally responsive mental wellness services, promoting leading practices, supporting community planning, and facilitating education and training opportunities that address local priorities.

● 2025/2026 Highlights

Strengthened mental health and addictions capacity through new **roles, training, and collaboration.**

1. **Expanded the Mental Health & Addictions Program** by creating two dedicated positions: **Mental Wellness Advisor** and **Addictions Wellness Advisor**. These roles were established to enhance NITHA's capacity to provide specialized, responsive, and culturally appropriate support to Partner communities and to better address their evolving mental wellness and addiction priorities.
2. The MHA presented the completed **NITHA Mental Wellness Model of Care**, developed in partnership with the Thunderbird Partnership Foundation, to the Executive Council to support culturally grounded, evidence-informed mental health and addictions services in August 2025.
3. Supported approximately 20 NITHA staff to complete **First Nations Mental Health First Aid** training for Community-Based Workers, enhancing staff knowledge, confidence, and skills to recognize and respond to mental health challenges using culturally relevant approaches.
4. Hosted a Mental **Wellness Gathering** with the Board of Chiefs, Partner Health Directors, and Mental Health Leads to identify community priorities and strengthen collaboration in advancing mental wellness services across Partner communities, February 2026.

❶ Challenges

Workforce shortages amid the ongoing toxic drug crisis

The ongoing toxic drug crisis continues to strain northern communities and mental health services, underscoring the need for coordinated, community-wide responses. Recruiting and retaining qualified mental health professionals also remain a significant challenge, particularly in filling the newly established NITHA Advisor positions. Addressing these workforce challenges through innovative recruitment and retention strategies will be essential to strengthening services for Partner communities.

❶ Looking Ahead: 2026/2027 Priorities

In 2026/2027, the program will focus on strengthening **crisis response, workforce capacity, culturally relevant services, and data-informed planning.**

- Establish a Northern Crisis Response Team to enhance emergency mental health response capacity.
- Support Partner communities in developing culturally relevant mental health and addictions policies, frameworks, and models of care that integrate Indigenous knowledge and leading practices.
- Strengthen data collection and reporting to support planning, service delivery, and improved outcomes across Partner communities.
- Expand workforce capacity through training, clinical supervision, peer support, and innovative recruitment and professional development initiatives.



Emergency Response

❶ Program Snapshot

Enhancing emergency readiness through planning, education, and capacity-building initiatives across Partner communities.

The Emergency Response Program, through the Emergency Response Coordinator (ERC), works closely with the NITHA Partnership to provide guidance, support, and expertise in emergency preparedness and response. The program strengthens Partner community readiness by supporting the development of emergency response plans, pandemic preparedness (in coordination with the NITHA Public Health Unit), and public access defibrillation initiatives.

The ERC also plays a key role in building community capacity through the delivery and coordination of First Aid/CPR, First Responder, and Emergency Medical Responder training programs, while promoting best practices in emergency preparedness across all Partner communities.

➡ 2025/2026 Highlights

NITHA strengthened community emergency preparedness through emergency response training, wildfire monitoring, partner engagement, and sustainable capacity-building initiatives that enhanced local readiness and resilience.

- 1. Emergency Response Training and Capacity Building:** In 2025–2026, Second-Level Instructors trained approximately 100 First Aid and CPR/AED providers and 30 Medical First Responders. Since 2013, more than 2,300 individuals have been trained through in-house capacity building, resulting in a two-thirds reduction in costs for Partner communities and demonstrating a sustainable approach to meeting emergency response training needs. In addition, the ERC provided the following training:
 - a. Standard first aid, LLRIB staff – May 7-8 and 13-14, 2025
 - b. PBCN Emergency Medical Responder Training June 23-27, 2025
 - c. PAGC First Aid and CPR – October 15 – 16, 2025
 - d. Cumberland House First Aid and CPR training – October 6 - 7, 2025
 - e. Cumberland House First Aid and CPR training – October 24 – 25, 2025
 - f. LLRIB – Occupational Health and Safety officer Mask fit tester training
 - g. First Aid Training, LLRIB – March 11 - 12, 2026
- 2. Emergency Monitoring and Wildfire Preparedness:** PurpleAir real-time smoke monitors continue to serve as an important tool for wildfire surveillance and air quality monitoring within our communities. The NITHA Emergency Operations Centre (EOC) email service remains a critical tool for Partner communities to submit inquiries and requests; its continued use highlights its value as a reliable point of contact during emergencies.

3. Engaging and Informing Partners: NITHA hosted the Emergency Management and Response Forum on March 24–26, 2026, providing a coordinated space for reflection, learning, and planning following the 2025 fire and smoke seasons in Northern Saskatchewan. The forum focused on strengthening emergency response systems, improving community preparedness, and enhancing collaboration in evacuations, EOC operations, and smoke and fire mitigation.



Approximately 70 participants from across the NITHA Partnership attended, along with representatives from the Red Cross, Saskatchewan Public Safety Agency, Ministry of Health, Saskatchewan Health Authority, City of Saskatoon, Northern Medical Services, Indigenous Services Canada, and Saskatchewan First Nations Emergency Management, who provided presentations and shared expertise.

❶ Challenges

Dedicated resources support effective emergency planning.

Emergency Response Planning requires annual reviews of Emergency Response Plans, in alignment with recognized industry standards; however, progress has been limited due to capacity constraints within the community. Effective implementation depends on dedicated staffing and sustained funding at both the first and second levels. Continued advocacy is needed to support permanent Emergency Response Coordinator positions and adequate resources to maintain current plans, conduct risk surveillance, and lead local emergency coordination. In addition, First Aid and Professional Responder Instructor programs have become increasingly complex and time-intensive in recent years, contributing to challenges in staff retention at the second level.

❶ Looking Ahead: 2026/2027 Priorities

Building on current progress, 2026/27 priorities will emphasize all-hazard emergency planning, **first responder capacity development**, **air quality monitoring**, and enhanced **community emergency preparedness**.

NITHA ERC will support Partners in developing “all-hazard” community response plans to cover all contingencies with an evidence-based approach. First Responders, as local experts, will be strengthened through “in-house” training initiatives, mentorship, and active engagement with licensing bodies to build sustainable teams. The expansion of PurpleAir monitors to additional communities and indoor air quality monitoring at health facilities is prioritized, with indoor unit rollout rescheduled for 2026–27. Continued support for Pandemic and Communicable Disease Planning. During major emergencies like evacuations, NITHA ERC will continue to advocate for northern communities’ unique needs, ensuring their voices guide tailored emergency responses rather than applying southern models.

Nursing Program

❶ Program Snapshot

Delivering consultation, policy development, education, and advocacy to strengthen nursing programs and improve health outcomes.

The NITHA Nursing Program Advisor (NPA) provides third-level consultation, leadership, and support to the nursing programs within the partnership. The NPA also supports policy development and education aligned with current nursing practice. Ongoing advocacy for First Nations health services across all levels of government, as well as with professional regulatory bodies, remains a priority for the NPA position.

➡ 2025/2026 Highlights

Strengthened nursing capacity through leadership and collaboration.

1. Professional Development and Training: This year, NITHA hosted the annual ISC Regional Nursing Workshop, which was held at TCU Place in Saskatoon from November 18-20, 2025. The conference supported all three streams of nursing: Home Care, Community Health, and Primary Care. There were 180 registered applicants and 20 vendors that included external health partners and First Nations artists.

The workshop opened with a youth drum group and included Elders from both the South/Central and Northern regions. Plenary sessions included: CPR Racism, Holistic Approach to Well-Being, Virtual Health Hub, Staying Safe at Work, and the Importance of Laughter. Opening remarks were provided by Dr. Ndubuka, NITHA MHO, and Mary Ann Dentin, Regional Nursing Officer. Tara Campbell, NITHA Executive Director, provided the closing remarks. Overall, the workshop was well received.

NITHA also co-hosted the Saskatchewan First Nations Nursing Leadership Workshop with File Hills Tribal Council and ISC (March 31 – April 1, 2026). There were 32 Nurse Managers in attendance. All NITHA Partners and Independents were in attendance. Topics included strategic planning, employee development, labour laws, and the Canadian Protective Nurses Society. This event was held at the Saskatoon Inn.

The NPA also coordinated the following events:

- a. Primary Care Orientation and Skills Training (2 sessions)
- b. Sexual Assault Response Training for Primary Care Nurses (2 sessions),
- c. Home Health Aide Conference (80 in attendance)
- d. Virtual nursing education events on Chronic Pain, Opioid Stewardship, Aboriginal Nursing, Addictions Medicine and FAST-VAN Stroke Screening

All Nurse Managers from the partnership were involved in the active planning

and evaluation of the professional development workshops hosted by NITHA.

2. Committees and Working Groups: NITHA nursing representation continues through participation in several professional working groups, including the Saskatchewan Nurse Leadership Network, Primary Care Nurse Managers, NITHA EOC, Saskatchewan Home Care Working Group, and the National Pharmacy and Therapeutics Working Group (ISC), Regional Nursing Workshop Committee (ISC), Saskatchewan Lung Screening and Prevention, and the Northern Saskatchewan Rural and Remote Stroke Alert Working Group.

3. Nursing Program Support and Coordination: The NPA assisted partners in the following areas: expansion of primary care services for an identified community, coordination of health services for evacuation and Surge Capacity for all NITHA partners as requested and available.

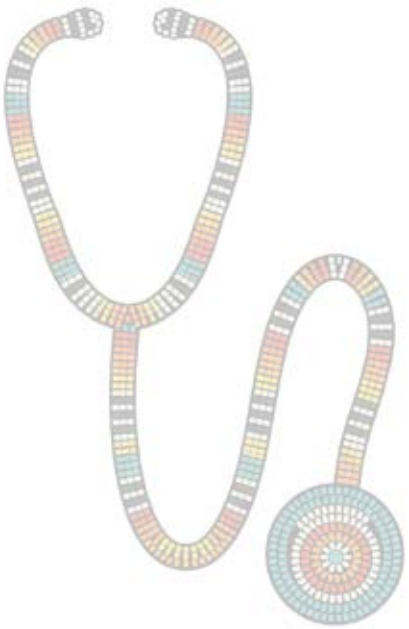
❶ Challenges

Workforce stability supports quality nursing care.

Nursing vacancy rates continue to rise, making recruitment and retention an ongoing priority for the Nursing Program Advisor. There is also an increasing concern across communities with the increased substance abuse and the implications to healthcare that include higher volumes of emergency calls, staff safety considerations, and mental health-related needs.

❶ Looking Ahead: 2026/2027 Priorities

The NITHA Nursing Program Advisor's priorities for the coming year include continued professional development and education, ongoing nursing policy review and development, and strengthened support for education and mentorship of Registered Nurses across the Partnership. Additional priorities include supporting recruitment and retention of healthcare professionals and providing ongoing professional guidance to Nurse Managers on contemporary nursing issues within the NITHA Partnership.



Nutrition Program

❶ Program Snapshot

Supporting healthy communities through culturally relevant nutrition and wellness initiatives.based care.

The primary goal of the Nutrition Program is to enhance the health and well-being of First Nations people in NITHA communities by supporting the community dietitians and nutritionists and delivering culturally relevant, evidence-based nutrition programs and initiatives.

● 2025/2026 Highlights

NITHA advanced nutrition and food security initiatives through community education, collaborative partnerships, food sovereignty efforts, and research activities that supported healthier First Nations communities.

- 1. Public Education and Community Support:** Throughout the year, the Nutrition Program supported community wellness goals through public education and outreach initiatives. Reliable, evidence-based food and nutrition information was shared through radio advertisements and social media platforms. Key topics highlighted included food preservation, the importance of iron- and vitamin C-rich foods, diabetes nutrition, Halloween nutrition tips, barriers to healthy eating, front-of-package labeling, making mealtimes a family learning opportunity, and the 2025 Saskatchewan food cost report.
- 2. Food Security and Collaborative Engagement:** The Nutritionist continued to support food security and community health initiatives through active participation in several key committees and working groups throughout the year. The Nutrition Program has recently been invited to join the Saskatchewan Indigenous Food Safety Conversation Team and the Public Health Nutritionist of Saskatchewan Team. These collaborations help strengthen partnerships, share knowledge, and align efforts across regions to improve access to nutritious food and to promote long-term food security and healthier outcomes for First Nations communities.
- 3. Supporting Community Gardening and Food Sovereignty:** As part of ongoing food security efforts, the Healthy Eating Team of the Northern Healthy Communities Partnership once again participated in the sorting and packaging of bulk-purchased seeds for distribution to the Saskatchewan Health Authority and NITHA communities in the north for the upcoming garden season. This initiative supports local food production and encourages community engagement in gardening as a pathway to improved nutrition and food sovereignty.

- 4. Commitment to Life-Long Learning and Research:** The Nutritionist supported a Master of Public Health practicum student, along with other collaborators, on a research project titled "Shining Light on Vitamin C Deficiency and Scurvy in Canada: A Scoping Review of Risk Profiles, Health Outcomes and Interventions." Upon completion, the article was published in the PLOS One journal.

❶ Challenges

Strong communications support enhances program impact.

The Nutrition Program experienced delays in the timely development and completion of resources due to an extended absence of a communication officer during the reporting period.

❶ Looking Ahead: 2026/2027 Priorities

Building on current progress, upcoming priorities will emphasize food security, food sovereignty, and the development of culturally appropriate traditional foods resources.

The priorities for the upcoming year are to continue with activities that foster food security and to work towards the development of a culturally appropriate traditional foods resource.



eHealth Program

❶ Program Snapshot

eHealth program enhances healthcare delivery by providing digital health tools, virtual care, and technology support.

eHealth is the use of Information Technology (IT) to support the delivery of health services. This includes internet access for research, email, and online collaboration; electronic clinical systems for documenting client health information, supporting interprofessional collaboration, and generating aggregated reports, as well as, virtual technologies that enable the provision of health services from a distance.

At NITHA, eHealth plays a vital role in strengthening healthcare delivery by supporting access to key digital health applications, including Telehealth, Panorama, Electronic Medical Records (EMR), and essential productivity tools such as email and Microsoft Office.

To ensure effective support for Partner communities, NITHA maintains a dedicated eHealth team comprised of an eHealth Advisor, who provides leadership in business analysis and strategic planning to align technology solutions with healthcare service needs; a Senior Network Technologist, who delivers advanced technical support and maintains network infrastructure; and a Helpdesk Technician who provides frontline user support, troubleshooting, and end-user training.

Together, this team ensures that digital health systems and tools remain accessible, functional, and responsive to the needs of healthcare providers and communities.

❷ 2025/2026 Highlights

NITHA advanced **digital health services** through virtual care, partnerships, and innovative technology solutions.

- 1. Digital Health Engagement and Strategic Alignment:** NITHA strengthened alignment with regional and national digital health priorities through participation in the Regional Digital Health Conference in Regina and review of the national FNIH eHealth program. We provided advisory support to the Thunderbird Partnership Foundation as they began developing a new national database for First Nations treatment centres. This system is expected to benefit community MHA and NNADAP workers who make referrals and provide aftercare. In addition, we facilitated access to an online cybersecurity training program developed by Ontario First Nations. This self-paced course equips healthcare workers to recognize cyber threats and mitigate harm.
- 2. Virtual Care Expansion and Infrastructure Support:** The Virtual Health Hub (VHH) continues to expand virtual care technologies in northern communities. NITHA supported the deployment of a remote ultrasound system and an advanced videoconferencing unit in two communities. NITHA continues to provide technical and policy support to partners and communities, including OCAP-aligned document reviews, data-sharing agreement development, proposal writing, guidance on the installation of new technologies, and temporary IT services during fire evacuations.

- 3. Clinical Systems Access and Data Integration:** Facilitating access to provincial clinical systems, such as the eHR Viewer, Panorama, and the Shared EMR remains a core service. The Shared EMR addresses challenges related to fragmented records, inefficient workflows across jurisdictions, and limited data for program planning and population health status.

❸ Challenges

Removing barriers enhances virtual care utilization.

Progress on the shared EMR between MLTC and the SHA remained limited due to governance and policy barriers. Despite efforts to ensure equipment functionality, utilization of telehealth uptake is still low.



❹ Looking Ahead: 2026/2027 Priorities

Building on current progress, 2026/27 priorities will emphasize **privacy and information security modernization, digital health innovation, vaccine cold-chain monitoring, and enhanced technology training and access.**

1. NITHA and MLTC completed a comprehensive review of MLTC's privacy and information security policies. This is the first major update since 2013 and includes new policies to address gaps, such as consent by mature minors and consent to mask records. In 2026, NITHA will support other partners and communities that wish to review and update their privacy policies.
2. Following a successful pilot of a cloud-based vaccine fridge temperature monitoring and alert system in PAGC communities, NITHA will deploy the system across all northern health centres that store vaccines. This initiative aims to reduce vaccine wastage caused by cold-chain breaks. Strengthen equitable access to TB care and services across all Partner communities.
3. NITHA will undertake a redesign of its website in 2026 and implement AI-enabled search tools to improve access to online resources for the partners and communities. In addition, the program will continue to provide virtual computer training for healthcare workers and explore opportunities for AI-focused training in 2026, which may be particularly beneficial for management and administrative personnel.

Tobacco and Health Promotion Programs

❶ Program Snapshot

Advancing commercial tobacco prevention, cessation, education, and culturally relevant health promotion initiatives to support healthier communities.

The Tobacco Program, through the Tobacco Program Coordinator (TPC), provides ongoing support and works collaboratively with second-level Community Tobacco Coordinators to implement the six core components of the Canada Tobacco Control Strategy (CTCS): protection, reduced access to tobacco products, prevention, education, cessation, and data collection and evaluation. NITHA also coordinates the Connect to Change initiative, in collaboration with the Canadian Cancer Society, the Manitoba Métis Federation, and the Indigenous Sport, Physical Activity & Recreation Council of British Columbia, which delivers a group-based commercial tobacco cessation program tailored to rural and urban Indigenous communities, offering comprehensive quit supports, promoting physical activity, and fostering peer engagement to support individuals in becoming and remaining nicotine-free.

The overall goal of Health Promotion at NITHA is to provide comprehensive support to Partner organizations by developing culturally relevant strategies and building capacity. This includes teaching, guiding, and supporting partners to deliver effective health promotion initiatives that meet the unique needs of their communities.

⊕ 2025/2026 Highlights

NITHA promoted tobacco cessation and health through partnerships, education, and wellness initiatives.

1. Tobacco Prevention, Cessation, and Youth Engagement Activities:

- World No Tobacco Day (May 31) focused on the theme “Unmasking the Appeal,” highlighting the tobacco industry’s targeting of youth. Awareness efforts included Facebook messages, radio ads, and outreach.
- The TPC continued to advance tobacco cessation efforts through the Connect to Change initiative by collaborating with the Meadow Lake Tribal Council (MLTC) Education Board to support implementation within schools, coordinating Nicotine Replacement Therapies (NRTs) for participants, and providing curriculum training at Lac La Ronge Indian Band (LLRIB). Additional activities included participation in evaluation committee meetings, quarterly monitoring with Reciprocal Consulting, and the submission of fiscal and evaluation reports to support ongoing program delivery and continuous improvement.
- The TPC participated in webinars, training sessions, and communities of practice focused on tobacco prevention, nicotine dependence, youth vaping, and public health communications. Partnerships with organizations such as Heart & Stroke and the Canadian Cancer Society further supported tobacco reduction initiatives.

2. Knowledge Sharing, Research and Professional Leadership: Program activities and initiatives were presented at the *Canadian Conference on Tobacco and Nicotine* (November 2025), organized by the Canadian Public Health Association (CPHA); and at the *18th Annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation* on January 24, 2026. These conferences provided an opportunity to share experiences, Indigenous-informed approaches, and best practices related to tobacco prevention, cessation, and national-level policy development. In recognition of the TPC’s contributions to smoking cessation, she received the Outstanding Practitioner in Smoking Cessation Award.

The TPC supported research and evaluation activities by participating in planning for the Northern Healthy Community Partnership (NHCP), contributing to a Population-Based Smoking Survey, including ethics applications, and reviewing surveillance and immunization reports. Contributions also included manuscript reviews and development on topics such as barriers and enablers to childhood immunization in First Nations communities and Indigenous scurvy in Saskatchewan. These efforts strengthened Indigenous research practices, evidence-informed planning, and understanding of health priorities in northern communities.

3. Tobacco Prevention, Cessation, and Youth Engagement Activities:

- National and provincial awareness campaigns supported public health education and community engagement. During National Immunization Awareness Week (April 21–30), the TPC coordinated measles radio advertisements on MBC Radio, distributed updated immunization posters, and launched vaccine awareness messaging.
- The TPC participated in the Provincial Fall Immunization Campaign Communications Working Group, developed influenza campaign materials and radio advertisements, and collaborated on the Together We Protect immunization video, which was shared on NITHA social media channels to promote vaccine confidence.
- In collaboration with the Communications Officer, public awareness initiatives addressed a wide range of health priorities through radio campaigns, social media, educational materials, contests, and community outreach. Key topics included Orange Shirt Day, Environmental Public Health Week, mental health, infectious diseases, wildfire safety, West Nile virus, food safety, rabies, chronic wasting disease, iron deficiency, overdose prevention, and drug alerts related to xylazine and fentanyl. Additional campaigns marked World Hepatitis Day, HIV Testing Day, World AIDS Day, and National Infection Control Week. National Nursing Week and Paramedic Services Week also recognized healthcare professionals and highlighted the vital role of frontline providers.

4. Partnership Development and Community Engagement: Partnership engagement remained a central component of program delivery. The TPC collaborated with MLTC to distribute educational resources related to tuberculosis (TB), HIV, mental health, and addictions.

Additional engagement activities included stakeholder meetings, funding discussions with SaskCulture regarding health and cultural initiatives, and participation in NHCP Core Group and Action Team meetings. The TPC also supported communications and social media efforts related to the Pelican Narrows repatriation initiative.

Summer mentorship opportunities engaged youth in health promotion messaging and social media activities, helping build local capacity and support youth involvement in community wellness initiatives.

Challenges

Sustained engagement strengthens tobacco cessation initiatives.

Progress on the Connect to Change initiative was impacted by staff turnover, position transfers, and reduced Working Group meeting frequency. These factors resulted in delays related to onboarding, retraining, and maintaining program momentum. To support continuity and sustained implementation, Partners should consider strategies to improve staff retention, strengthen knowledge transfer processes, and designate alternate representatives to ensure ongoing participation and program delivery.

Looking Ahead: 2026/2027 Priorities

2026/27 priorities will focus on tobacco cessation, youth leadership, school programs, and wellness.

Moving forward, continuous collaboration with communities, healthcare partners, researchers, and stakeholders will be essential to advancing tobacco cessation efforts, promoting health equity, and supporting community wellness. Priority activities include expanding the Connect to Change program in schools across NITHA and training youth workers and ambassadors to support tobacco cessation through the use of Photovoice as an engaging and culturally relevant tool.



ADMINISTRATIVE UNIT

Unit Overview:

The Administration Unit collaborates closely with Unit Managers to provide the Executive Council and Board of Chiefs with quarterly updates on NITHA's programs, services, and financial status.

This unit plays a central role in organizational operations and provides the following core functions:

- Maintains accurate and transparent financial records.
- Implements financial decisions as directed by leadership while ensuring compliance with organizational policies.
- Develops and upholds financial and human resource policies based on best practices.
- Engages with Unit Managers and the Medical Health Officer (MHO) to align program and service delivery with the goals outlined in the NITHA Strategic Plan.

The Administration Unit includes the following team members: Executive Director, Executive Assistant, Finance Manager, Human Resources Advisor, HR/Finance Assistant, Communications Officer, and the Receptionist Office Assistant. Together, this team supports the overall coordination, governance, and administration of NITHA's operations, helping ensure effective service delivery and organizational accountability.

Administrative Team:



Tara Campbell
Executive Director



Dana Ross
Executive Assistant to
the Executive Director



Stephanie Turner
Finance Manager



Melvina Aubichon
Human Resources
Advisor



Danielle MacDonald
HR/Finance Assistant



Natasha Gillert
Communications
Officer



Kimberly Morin
Receptionist/Office
Assistant



Human Resources Program

📌 Program Snapshot

Advancing recruitment, retention, professional development, and workplace wellness to ensure a skilled and resilient workforce.

The Human Resources (HR) Program is vital to advancing NITHA's mission by attracting, developing, and retaining skilled staff to address the evolving health needs of First Nations communities in Northern Saskatchewan. It provides guidance and support to NITHA Management, staff, and Partner organizations in developing, implementing, and overseeing HR initiatives and services. Its goal is to cultivate a capable, efficient, and sustainable workforce through strategic planning and human capital management. Additionally, HR helps create a healthy, safe, and productive environment that empowers staff to deliver quality care to Partner communities.

The program provides guidance and expertise across all areas of human resources, including recruitment and retention, employee relations, compensation and benefits, occupational health and safety, professional development, policy and legislative compliance, performance management, and workforce planning. HR also provides ongoing support and advisory services to NITHA Partner organizations, helping strengthen human resource capacity across the region.

📌 2025/2026 Highlights

Strengthening **Governance** and **Organizational Foundations**

1. Enhancing HR Governance: A significant focus during the year was ensuring that NITHA's human resources policies and practices remained aligned with evolving legislative requirements and best practices. NITHA reviewed its HR Procedures and Manual for compliance with applicable employment legislation, and any changes are expected to be implemented in early 2026/2027.

NITHA also implemented an updated salary grid, which was approved in December 2025.

2. Investing in Employee Development and Recognition: NITHA remains committed to fostering a culture of learning and continuous improvement. Throughout the year, employees participated in a variety of training, professional development, and networking opportunities, including workshops, conferences, and educational presentations focused on human resources, mental wellness, leadership, and Indigenous health.

The organization also continued to provide mandatory Workplace Harassment and Violence Prevention training to support a respectful and safe work environment.

3. Strengthening Partnerships and Engagement: Human Resources actively participated in a variety of networking and partnership activities throughout the year, including:

- a. NITHA Annual General Meeting
- b. Mental Wellness Roundtable Discussions
- c. Indigenous human resources and health sector conferences

d. Community Engagement Events/Career fairs and health fairs

- Stanley Mission Health Fair, September 10, 2025
- MLTC Career Fair, September 25, 2025
- NITHA AGM on October 08, 2025
- PAGC AGM, October 27 & 28, 2025
- FNHMA Conference, November 03 – 06, 2025
- SK NP Education Conference, November 07 & 08, 2025
- ISC Regional Nursing Workshop, November 18 & 19, 2025
- HR seminar/workshop for NITHA Partners Nurse Managers on February 27, 2026.

These opportunities strengthened relationships with Partner organizations, supported knowledge sharing, and increased awareness of employment opportunities within NITHA.

4. Celebrating Service Excellence: Recognizing employee contributions is an important part of fostering employee engagement and organizational success. During 2025–2026, NITHA proudly recognized the following employees for their years of dedicated service:

Employee	Years of Service
Natasha Gillert	5
Danielle MacDonald	10
Jeanette Villeneuve	10
Charles Bighead	20

These milestones reflect the dedication, knowledge, and commitment of employees who have helped shape NITHA's success over many years.

5. Strengthening Our Workforce: Recruitment and retention remained a key priority throughout the year. Despite ongoing labour market challenges, particularly in the healthcare and mental wellness professions, NITHA successfully recruited and onboarded employees for several critical positions.

Workforce Snapshot

- 8 positions filled during the fiscal year
- 89 applications received
- 467 visitors viewed NITHA employment opportunities
- 3 summer students hired through youth employment initiatives
- Multiple practicum students supported through Saskatchewan post-secondary institutions

NITHA continued to provide valuable learning opportunities for students enrolled in Health Information Management, Bachelor of Public Health, and Master of Public Health programs. These students contributed to data management, research, and epidemiological initiatives while gaining practical experience in Indigenous public health.

Challenges

1. Recruitment of hard-to-fill positions (i.e., nurses and mental wellness): The recruitment and retention of qualified nursing and mental wellness professionals remain significant challenges due to the rural and remote nature of Northern Saskatchewan. Contributing factors include non-competitive salaries relative to contract healthcare practitioners, limited housing availability in Partner communities, reduced access to amenities and services, and concerns about isolation and cultural adjustment. Recruitment is further complicated by experienced professionals seeking greater workplace flexibility and by newly graduated Social Workers entering the workforce with expectations of higher compensation despite limited clinical experience.

To address these challenges, continued advocacy is needed to increase housing in First Nations communities and to better recognize the unique benefits of living and working in rural and remote settings, including strong community support, professional growth opportunities, and work-life balance. Consideration should also be given to implementing flexible work schedules, mentoring and job-coaching programs, expanding recruitment efforts through media outlets such as MBC Radio, partnering with post-secondary institutions, and participating in nursing and healthcare recruitment events. In addition, Indigenous Services Canada’s Non- Insured Health Benefits (NHIB) program should review and modernize contractor mental health service rates and qualification requirements to better reflect current workforce realities and help manage escalating compensation costs for First Nations communities.

2. HR Working Group: Participation in the HR Working Group Roundtable continues to be affected by conflicting work schedules and competing priorities. The continued use of Doodle polls for scheduling and virtual meeting platforms is recommended to maximize participation and improve accessibility.

Looking Ahead: 2026/2027 Priorities

Through these efforts, NITHA will continue to build a **resilient workforce** that supports the **health and well-being** of First Nations communities across Northern Saskatchewan.

As labour market pressures continue to impact recruitment across Northern Saskatchewan, NITHA remains focused on developing innovative workforce solutions that support employee attraction, retention, engagement, and succession planning.

In 2026–2027, Human Resources will continue to:

- Maintain a sustainable workforce to support service delivery.
- Finalize and implement the NITHA Human Resources Framework.
- Strengthen recruitment and retention strategies.
- Enhance employee development opportunities.
- Ensure ongoing compliance with employment, occupational health and safety, and human rights legislation
- Support Partner organizations through strategic human resources leadership and collaboration.

Finance

Program Snapshot

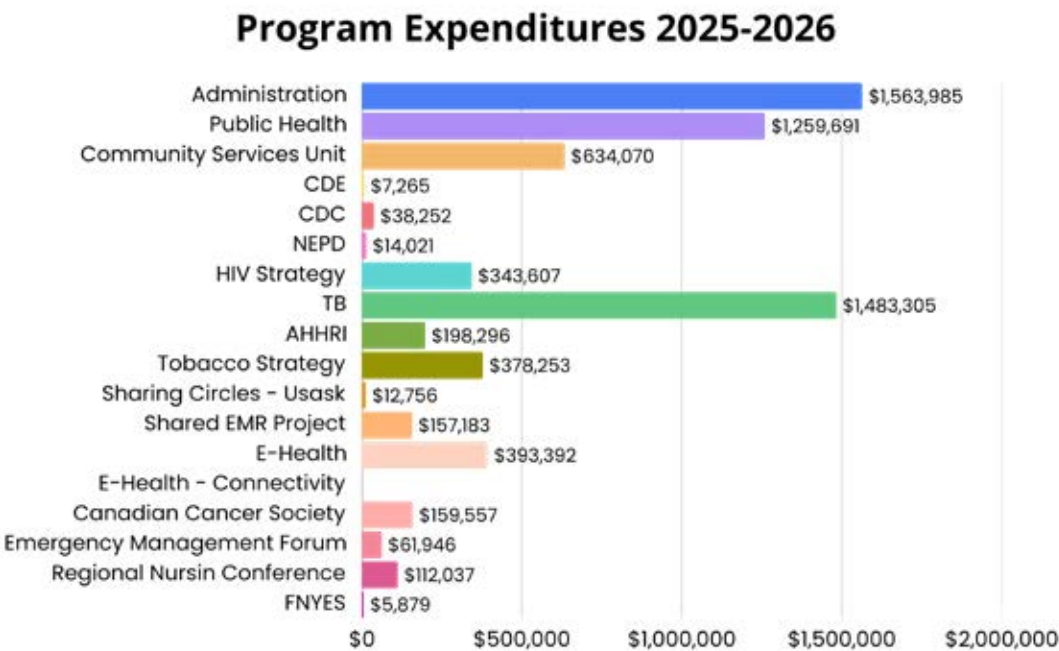
Supporting effective financial management through accurate reporting, fiscal planning, compliance, and accountability.

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

Block Funding	\$5,923,458
Fixed Funding	\$30,633
Flexible Funding	\$670,033
Total Transfer Funding	\$6,624,124

The Northern Inter-Tribal Health Authority operates under a consolidated agreement which contains block, set, and flexible funding. This particular agreement is to expire on March 31, 2030. On a quarterly basis, the budgeted vs. actual expenditures by program area are presented to the Board of Chiefs for approval.

Program Expenditures



NORTHERN INTER-TRIBAL HEALTH AUTHORITY INC.
FINANCIAL STATEMENTS

March 31, 2026



Northern Inter-Tribal Health Authority Inc.
Contents

For the year ended March 31, 2026

The 2025-2026 Audited Statementst unveil the financial portrait of this past year’s programs and services provided to the NITHA Partners and their communities. Included in the audited financial statements are:

The auditor’s opinion on the fairness of the financial statements

Financial Statements

- Statement of Financial Position (Balance Sheet)
- Statement of Operations (Income Statement)
- Statement of Changes in Net Assets (Fund Balances)
- Statement of Cash Flows

Notes to the Financial Statements

- Detailed Schedule(s) of Revenue and Expenditures by program

Schedules

- » **Schedule 1** - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers
- » **Schedule 2** - Schedule of Administration Revenue and Expenses
- » **Schedule 3** - Schedule of Public Health Unit Revenue and Expenses
- » **Schedule 4** - Schedule of Community Services Unit Revenue and Expenses
- » **Schedule 5** - Schedule of Communicable Disease Emergencies Revenue and Expenses
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- » **Schedule 7** - Schedule of Nursing Education Revenue and Expenses
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- » **Schedule 9** - Schedule of TB Initiative and Worker Program Revenue and Expenses
- » **Schedule 10** - Schedule of Aboriginal Human Resource Revenue and Expenses
- » **Schedule 11** - Schedule of Tobacco Control Strategy Revenues and Expenses
- » **Schedule 12** - Schedule of Sharing Circles Program Revenues and Expenses
- » **Schedule 13** - Schedule of Canadian Partnership Against Cancer Revenue and Expenses
- » **Schedule 14** - Schedule of Shared EMR Project Revenue and Expenses
- » **Schedule 15** - Schedule of E-Health Solutions Revenue and Expenses
- » **Schedule 16** - Schedule of E-Health Connectivity Revenues and Expenses
- » **Schedule 17** - Schedule of Canadian Cancer Society Revenues and Expenses
- » **Schedule 18** - Schedule of Emergency Management Forum Revenues and Expenses
- » **Schedule 19** - Schedule of Regional Nursing Conference Revenues and Expenses
- » **Schedule 20** - Schedule of Summer Student Program Revenues and Expenses

Independent Auditor’s Report



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

Opinion

We have audited the financial statements of Northern Inter-Tribal Health Authority Inc. (the "Authority"), which comprise the statement of financial position as at March 31, 2026, and the statements of operations, changes in net assets, cash flows and the related schedules for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2026, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, 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 Those Charged with Governance 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 Authority’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

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

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

We communicate with those charged with governance 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

July 23, 2026

MNP LLP

Chartered Professional Accountants

MNP LLP
101 - 1061 Central Avenue, Prince Albert SK, S6V 4V4 855.667.3310 T: 306.764.6873 F: 306.763.0766



MNP.ca



Northern Inter-Tribal Health Authority Inc.
Statement of Financial Position
As at March 31, 2026

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2026	2025
Assets						
Current						
Cash	724,215	7,569,269	582,755	-	8,876,239	8,590,267
Accounts receivable (Note 3)	176,455	-	-	-	176,455	165,728
Prepaid expenses	39,455	-	-	-	39,455	35,615
	940,125	7,569,269	582,755	-	9,092,149	8,791,610
Tangible capital assets						
(Note 4)	-	-	-	271,858	271,858	415,877
	940,125	7,569,269	582,755	271,858	9,364,007	9,207,487
Liabilities						
Current						
Accounts payable (Note 5)	819,584	-	-	-	819,584	710,803
Deferred revenue (Note 7)	120,541	-	-	-	120,541	66,654
	940,125	-	-	-	940,125	777,457
Contingencies						
Net Assets						
Appropriated surplus (Note 8)	-	7,569,269	-	-	7,569,269	7,472,393
Surplus appropriated for scholarships (Note 9)	-	-	582,755	-	582,755	541,759
Invested in tangible capital assets	-	-	-	271,858	271,858	415,878
	-	7,569,269	582,755	271,858	8,423,882	8,430,030
	940,125	7,569,269	582,755	271,858	9,364,007	9,207,487

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, 2026

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2026 Budget (Note 13)	2025
Revenue						
Indigenous Services Canada						
Block funding					5,619,405	6,233,375
Flexible funded	5,923,458	-	-	-	432,822	567,021
Fixed funded	670,033	-	-	-	22,388	22,388
Transfer from (to) deferred revenue	30,633	-	-	-	17,552	(736)
Canadian Cancer Society	(42,201)	-	-	-	166,056	150,493
Grant revenue	159,557	-	-	-	-	2,066
Transfer (to) from deferred revenue	-	-	-	-	-	-
Canadian Partnership Against Cancer	-	-	-	-	-	3,079
Transfer (to) from deferred revenue	-	-	-	-	-	-
	6,741,480	-	-	-	6,741,480	6,977,686
Other revenue						
Interest revenue	-	95,996	95,996	-	-	318,170
Administration fees (Note 10)	203,967	-	-	-	215,105	166,077
Other revenue	24,055	-	-	-	-	2,121
	6,969,502	95,996	95,996	-	7,161,494	7,464,054
Total revenue					6,473,328	7,464,054

Continued on next page

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2026	2026 Budget (Note 13)	2025
Total revenue (Continued from previous page)	6,969,502	95,996	95,996	-	7,161,494	6,473,328	7,464,054
Expenses							
Salaries and benefits	3,639,754	-	-	-	3,639,754	3,982,924	3,486,148
Program expenses	1,947,225	-	-	-	1,947,225	2,155,369	1,962,005
Facility operations	322,328	-	-	-	322,328	301,000	324,085
Travel and vehicle	266,218	-	-	-	266,218	226,000	195,084
Administration fees (Note 10)	203,967	-	-	-	203,967	162,307	166,077
Amortization	-	-	-	173,267	173,267	-	206,724
Appropriated surplus projects	-	115,879	55,000	-	170,879	-	155,126
Meetings and workshops	163,106	-	-	-	163,106	156,330	145,742
Professional fees	111,688	-	-	-	111,688	100,000	127,947
Office operations	101,906	-	-	-	101,906	83,000	92,250
Computer and equipment maintenance	67,304	-	-	-	67,304	62,060	61,003
Total expenses	6,823,496	115,879	55,000	173,267	7,167,642	7,228,990	6,922,191
Excess (deficiency) of revenue over expenses before other items	146,006	(19,883)	40,996	(173,267)	(6,148)	(755,662)	541,863
Other items							
Gain on disposal of tangible capital assets	-	-	-	-	-	-	34,074
Excess (deficiency) of revenue over expenses	146,006	(19,883)	40,996	(173,267)	(6,148)	(755,662)	575,937

Northern Inter-Tribal Health Authority Inc.
Statement of Changes in Net Assets
For the year ended March 31, 2026

	Operating Fund	Appropriated Surplus	Surplus Appropriated for Scholarships	Capital Fund	2026	2025
Net assets, beginning of year	-	7,472,393	541,759	415,878	8,430,030	7,854,093
Excess (deficiency) of revenue over expenses	146,006	(19,883)	40,996	(173,267)	(6,148)	575,937
Transfer to capital fund	(29,247)	-	-	29,247	-	-
Transfer to appropriated surplus	(116,759)	116,759	-	-	-	-
Net assets, end of year	-	7,569,269	582,755	271,858	8,423,882	8,430,030

Northern Inter-Tribal Health Authority Inc.
Statement of Cash

For the year ended March 31, 2026

	2026	2025
Cash provided by (used for) the following activities		
Operating		
Excess (deficiency) of revenue over expenses	(6,148)	575,937
Amortization	173,267	206,724
Gain (loss) on disposal of capital assets	-	(34,074)
	167,119	748,587
Changes in working capital accounts		
Accounts receivable	(10,727)	(112,626)
Prepaid expenses	(3,841)	(1,300)
Accounts payable	108,781	(306,315)
Deferred contributions	53,887	(4,410)
	315,219	323,936
Capital activities		
Purchase of tangible capital assets	(29,247)	(191,483)
Proceeds from disposal of tangible capital assets	-	49,000
	(29,247)	(142,483)
Increase (decrease) in cash resources	285,972	181,453
Cash resources, beginning of year	8,590,267	8,408,814
Interfund adjustments	-	-
Cash resources, end of year	8,876,239	8,590,267

Northern Inter-Tribal Health Authority Inc.
Statement of Cash Flows

For the year ended March 31, 2026

1. Incorporation and nature of the organization

Northern Inter-Tribal Health Authority Inc. ("NITHA" or "the Authority") 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 during the year and 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 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, 2026

2. Significant accounting policies (Continued from previous page)

Employee future benefits

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

Defined contribution plan

The NITHA contributes to the defined contribution plan with costs equally shared by NITHA and its employees, according 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 follows 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 contribution 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 disclosur contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expen during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accour is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets. Accumula 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.

Financial instruments

NITHA recognizes its financial instruments when the 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 if 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/ amortized cost to reflect losses in value are not reversed for subsequent increases in value. Reversals of any net remeasurements of financial assets measured at fair value are reported in the statement of remeasurement gains and losses.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2026

3. Accounts receivable

	2026	2025
Other receivable	167,053	154,226
Goods and Services Tax receivable	9,402	11,502
	176,455	165,728

4. Tangible capital assets

	Cost	Accumulated amortization	2026 Net book value	2025 Net book value
Equipment	1,272,961	1,153,178	119,783	202,816
Computers	1,473,909	1,457,445	16,464	24,185
Automotive	364,623	233,842	130,781	176,681
Leasehold improvements	199,810	194,980	4,830	12,195
Software	137,428	137,428	-	-
	3,448,731	3,176,873	271,858	415,877

5. Accounts payable

	2026	2025
Payroll accruals	523,214	465,856
Trade payables and accruals	296,370	244,947
	819,584	710,803

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:

	2026	2025
Prince Albert Grand Council	159,350	158,414
Meadow Lake Tribal Council	206,414	150,195
Peter Ballantyne Cree Nation	322,723	337,963
Lac La Ronge Indian Band	140,255	144,798

At March 31, 2026, accounts receivable amounting to \$nil (2025 - \$nil) and accounts payable and accruals of \$68,380 (2025 - \$3,765) 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, 2026

7. Deferred revenue	2026	2025
FNIH - Regional Nursing Conference		
Funding received	112,037	-
Funding recognized	(112,037)	-
Balance, end of year	-	-
FNIH - EMR Shared Project		
Balance, beginning of year	39,800	17,552
Funding received	161,072	109,632
Funding recognized	(157,183)	(87,384)
Balance, end of year	43,689	39,800
FNIH - Tobacco Control Strategy		
Balance, beginning of year	3,321	-
Funding received	375,644	375,644
Funding recognized	(378,253)	(372,323)
Balance, end of year	712	3,321
FNIH - e-Health Infrastructure		
Balance, beginning of year	2,642	-
Funding received	-	60,465
Funding recognized	-	(57,823)
Balance, end of year	2,642	2,642
FNIH - Immunization		
Balance, beginning of year	17,485	-
Funding received	60,000	67,500
Funding recognized	(48,600)	(50,015)
Balance, end of year	28,885	17,485
FNIH - e-Health Infrastructure Solutions		
Balance, beginning of year	-	48,367
Funding received	396,924	396,924
Funding recognized	(393,392)	(445,291)
Balance, end of year	3,532	-

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2026

7. Deferred revenue (Continued from previous page)	2026	2025
FN & Inuit Summer Work Exp		
Funding received	30,633	-
Funding recognized	(5,879)	-
Balance, end of year	24,754	-
FNIH - Communicable Disease Emergencies		
Balance, beginning of year	3,406	-
Funding received	8,500	7,500
Funding recognized	(7,265)	(4,094)
Balance, end of year	4,641	3,406
University of Saskatchewan		
Funding received	24,442	-
Funding recognized	(12,756)	-
Balance, end of year	11,686	-
Other Projects		
Balance, beginning of year	-	5,144
Funding received	-	150,493
Funding recognized	-	(155,637)
Balance, end of year	-	-
	120,541	66,654

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2026

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:		
		2026	2025
	Capacity development initiatives		
	Opening balance	944,318	884,715
	Transfers from (to) surplus	-	89,803
	Expenses	(83,797)	(30,200)
	Ending balance	860,521	944,318
	Human resources initiative		
	Opening balance	123,554	137,306
	Transfers from (to) surplus	-	29,239
	Expenses	(3,702)	(42,991)
	Ending balance	119,852	123,554
	Nursing initiative		
	Opening balance	17,339	19,233
	Expenses	-	(1,894)
	Ending balance	17,339	17,339
	Capital projects		
	Opening balance	233,454	118,226
	Transfers from (to) surplus	-	115,328
	Expenses	(2,250)	(100)
	Ending balance	231,204	233,454
	E-Health solutions		
	Opening balance	44,713	61,176
	Transfers from (to) surplus	-	(15,535)
	Expenses	(788)	(928)
	Ending balance	43,925	44,713
	Special projects		
	Opening balance	1,250,525	1,174,847
	Transfers from (to) surplus	-	139,503
	Expenses	(18,711)	(63,825)
	Ending balance	1,231,814	1,250,525
	Strategic planning, long term planning and future deficits		
	Opening balance	4,858,490	4,606,433
	Transfers from (to) surplus	212,752	266,213
	Expenses	(6,628)	(14,156)
		5,064,614	4,858,490
		7,569,269	7,472,393

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2026

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.		
10.	Administration fees		
	NITHA charged the following administration fees to program activities based on funding agreements:	2026	2025
	Communicable Disease Emergencies - Schedule 5	700	700
	Communicable Disease Control - Schedule 6	6,000	6,000
	Nursing Education - Schedule 7	1,500	1,500
	TB Initiative - Schedule 9	136,867	84,081
	Aboriginal Human Resources - Schedule 10	-	16,899
	Sharing Circles - Schedule 12	2,444	-
	Shared EMR Project - Schedule 14	6,240	6,240
	E-Health Solutions - Schedule 15	39,692	50,657
	Regional Nursing Conference - Schedule 19	9,757	-
	Summer Student Funding - Schedule 20	767	-
		203,967	166,077
11.	Commitments		
	NITHA occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with an annual commitment of \$160,031 expiring March 31, 2030.		
12.	Defined benefit and contribution plans and other post-employment benefits		
	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 \$184,813 in 2026 (2025 - \$170,578).		

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2026

13. Budget information

On April 4, 2025 the Board approved its budget based on planned expenses relating to the current year funding.

14. Financial instruments

NITHA, as part of its operations, carries a number of financial instruments. It is management's opinion that the 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 trade accounts receivable. As at March 31, 2026, one account had 98% (March 31, 2025 – one account had 96%) of the accounts receivable balance at year-end.

Liquidity risk

Liquidity risk is the risk that the 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, 2026, the most significant financial liabilities are accounts payable and accrued charges.

Interest rate risk

Investments of excess cash funds are short-term and bear interest at fixed rates; therefore, cash flow exposure is not significant.

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, 2025, includes a 5-year health transfer agreement, which expired on March 31, 2030.

16. Contingencies

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

Northern Inter-Tribal Health Authority Inc.

Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers
For the year ended March 31, 2026

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) 2026	Surplus (Deficit) 2025		
Block Funding												
2	1,558,472	10,299	203,967	-	1,772,738	1,563,985	-	(364,102)	(155,349)	(37,299)		
3	1,372,137	-	-	-	1,372,137	1,259,691	-	-	112,446	177,954		
4	792,753	-	-	-	792,753	634,070	-	-	158,683	181,739		
5	7,500	1,000	-	(1,235)	7,265	7,265	-	-	-	-		
6	60,000	-	-	(11,400)	48,600	38,252	(10,348)	-	-	-		
7	15,000	-	-	-	15,000	14,021	-	-	-	-		
8	250,000	-	-	-	250,000	343,607	-	93,607	-	-		
9	1,491,952	-	-	-	1,491,952	1,483,305	(18,900)	10,253	-	184,056		
10	-	-	-	-	-	198,296	-	198,296	-	14,359		
11	375,644	-	-	2,609	378,253	378,253	-	-	-	-		
12	-	24,442	-	(11,686)	12,756	12,756	-	-	-	-		
					6,141,454	5,933,501	(29,248)	(61,946)	116,759	520,809		
Flexible Funding												
13	-	-	-	-	-	-	-	-	-	-		
14	161,072	-	-	(3,889)	157,183	157,183	-	-	-	-		
15	396,924	-	-	(3,532)	393,392	393,392	-	-	-	-		
16	-	-	-	-	-	-	-	-	-	-		
17	159,557	-	-	-	159,557	159,557	-	-	-	-		
18	-	-	-	-	-	61,946	-	61,946	-	-		
19	112,037	-	-	-	112,037	112,037	-	-	-	-		
20	30,633	-	-	(24,754)	5,879	5,879	-	-	-	-		
					828,048	889,994	-	61,946	-	-		
					35,741	203,967	(29,248)	-	116,759	520,809		

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Administration Revenue and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	1,558,472	1,513,080	1,513,080
Fixed funded	-	22,388	22,388
Administration fees (Note 10)	203,967	215,105	166,077
Other revenue	10,299	-	-
	1,772,738	1,750,573	1,701,545
Expenses			
Salaries and benefits	961,886	1,059,128	1,012,668
Facility operations	322,328	301,000	324,085
Office operations	101,906	83,000	92,250
Computer and equipment maintenance	53,546	38,260	47,188
Meetings and workshops	49,779	131,330	50,447
Professional fees	44,968	65,000	123,947
Travel and vehicle	29,572	37,000	26,888
	1,563,985	1,714,718	1,677,473
Excess (deficiency) of revenue over expenses before other items	208,753	35,855	24,072
Other items affecting program funds			
Investment in capital asset	-	-	(16,860)
Transfer to appropriated surplus	(364,102)	-	(44,511)
Excess (deficiency) of revenue over expenses after transfers	(155,349)	35,855	(37,299)

Northern Inter-Tribal Health Authority Inc.

Schedule 3 - Schedule of Public Health Unit Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	1,372,137	1,337,023	1,337,023
Expenses			
Salaries and benefits	1,180,157	1,225,984	1,047,071
Travel and vehicle	9,200	39,500	11,556
Meetings and workshops	1,396	5,000	867
Program expenses			
Environmental cleaning workshop	39,388	70,000	72,970
Program delivery	22,148	22,000	23,390
Program supplies	7,402	7,000	2,180
Special projects	-	15,000	1,035
	1,259,691	1,384,484	1,159,069
Excess (deficiency) of revenue over expenses	112,446	(47,461)	177,954

Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	792,753	554,206	881,688
Other revenue	-	-	(150)
	792,753	554,206	881,538
Expenses			
Salaries and benefits	540,342	774,515	577,742
Professional fees	41,475	12,000	4,000
Travel and vehicle	12,926	16,500	14,800
Meetings and workshops	1,650	16,000	4,434
Program expenses			
Training	28,084	97,040	89,686
Special projects	5,280	5,000	4,886
Program delivery	2,679	3,000	2,848
Program supplies	1,634	1,500	1,403
	634,070	925,555	699,799
Excess (deficiency) of revenue over expenses	158,683	(371,349)	181,739

Northern Inter-Tribal Health Authority Inc.

Schedule 5 - Schedule of Communicable Disease Emergencies Revenue and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	7,500	7,500	7,500
Transfer (to) from deferred revenue	(1,235)	-	(3,406)
Other revenue	1,000	-	-
	7,265	7,500	4,094
Expenses			
Program expenses			
Training	6,565	6,800	3,394
Administration fees (Note 10)	700	700	700
	7,265	7,500	4,094
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 6 - Schedule of CDC - Immunization Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	60,000	60,000	67,500
Transfer (to) from deferred revenue	(11,400)	-	(17,485)
	48,600	60,000	50,015
Expenses			
Salaries and benefits	14,900	14,900	14,900
Computer and equipment maintenance	11,038	23,800	13,815
Administration fees (Note 10)	6,000	6,000	6,000
Program expenses			
Program delivery	5,870	9,500	4,287
Program supplies	444	5,800	4,416
Training	-	-	1,413
	38,252	60,000	44,831
Excess of revenue over expenses before capital transfers	10,348	-	5,184
Other items			
Investment in capital asset	(10,348)	-	(5,184)
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 7 - Schedule of Nursing Education Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	15,000	15,000	15,000
Expenses			
Salaries and benefits	12,521	12,600	16,470
Administration fees (Note 10)	1,500	1,500	1,500
Program expenses			
Program supplies	-	900	1,367
	14,021	15,000	19,337
Excess (deficiency) of revenue over expenses before other items	979	-	(4,337)
Other items			
Transfer from appropriated surplus	-	-	4,337
Excess of revenue over expenses	979	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 8 - Schedule of HIV Strategy Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	250,000	250,000	375,000
Expenses			
Salaries and benefits	180,689	123,171	187,154
Travel and vehicle	6,672	2,000	683
Meetings and workshops	40	1,000	89,389
Program expenses			
Program contributions	134,000	134,000	134,000
Program delivery	14,983	15,000	45
Incentives	5,288	5,000	-
Program supplies	1,935	2,500	1,662
Training	-	2,649	-
Other program services	-	2,000	-
	343,607	287,320	412,933
Excess (deficiency) of revenue over expenses before other items	(93,607)	(37,320)	(37,933)
Other items affecting program funds			
Transfer from appropriated surplus	93,607	-	37,933
Excess (deficiency) of revenue over expenses	-	(37,320)	-

Northern Inter-Tribal Health Authority Inc.

Schedule 9 - Schedule of TB Initiative Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	1,491,952	1,506,952	1,491,952
Other revenue	-	-	2,271
	1,491,952	1,506,952	1,494,223
Expenses			
Salaries and benefits	640,892	683,515	535,721
Travel and vehicle	166,970	128,500	141,085
Administration fees (Note 10)	136,867	136,867	84,082
Meetings and workshops	4,420	2,000	604
Program expenses			
Other program services	504,358	597,591	504,315
Incentives	17,521	40,000	31,948
Program delivery	10,446	18,444	10,956
Program supplies	1,421	4,000	606
Special projects	410	15,000	850
	1,483,305	1,625,917	1,310,167
Other items affecting program funds			
Investment in capital asset	(18,900)	-	-
Transfer from appropriated surplus	10,253	-	-
Excess (deficiency) of revenue over expenses	-	(118,965)	184,056

Northern Inter-Tribal Health Authority Inc.

Schedule 10 - Schedule of Aboriginal Human Resources Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	-	-	168,988
Expenses			
Program expenses			
Training	198,715	236,472	137,730
Administration fees (Note 10)	-	-	16,899
Travel and vehicle	(419)	-	-
	198,296	236,472	154,629
Excess (deficiency) of revenue over expenses before transfers	(198,296)	(236,472)	14,359
Other items			
Transfer from appropriated surplus	198,296	236,472	-
Excess (deficiency) of revenue over expenses	-	-	14,359

Northern Inter-Tribal Health Authority Inc.

Schedule 11 - Schedule of Tobacco Control Strategy Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Block funding	375,644	375,644	375,644
Transfer (to) from deferred revenue	2,609	-	(3,321)
	378,253	375,644	372,323
Expenses			
Program expenses			
Program contributions	322,226	322,226	322,226
Program supplies	3,362	4,224	2,659
Salaries and benefits	50,888	44,056	47,366
Travel and vehicle	1,415	1,500	72
Meetings and workshops	362	1,000	-
	378,253	373,006	372,323
Excess of revenue over expenses	-	2,638	-

Northern Inter-Tribal Health Authority Inc.

Schedule 12 - Schedule of Sharing Circles Program Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
University of Saskatchewan	12,756	-	-
Expenses			
Travel and vehicle	8,049	-	-
Administration fees	2,444	-	-
Salaries and benefits	1,800	-	-
Meetings and workshops	288	-	-
Program expenses			
Program supplies	100	-	-
Program delivery	75	-	-
	12,756	-	-
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 13 - Schedule of CDN Partnership Against Cancer Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Canadian Partnership Against Cancer			
Transfer (to) from deferred revenue	-	-	3,079
Expenses			
Salaries and benefits	-	-	3,079
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 14 - Schedule of Shared EMR Project Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Flexible funded	161,072	69,042	109,632
Transfer (to) from deferred revenue	(3,889)	17,552	(22,248)
	157,183	86,594	87,384
Expenses			
Program expenses			
Program supplies	125,279	38,802	81,144
Professional fees	25,245	23,000	-
Administration fees (Note 10)	6,240	6,240	6,240
Travel and vehicle	419	1,000	-
	157,183	69,042	87,384
Excess of revenue over expenses	-	17,552	-

Northern Inter-Tribal Health Authority Inc.

Schedule 15 - Schedule of E-Health Solutions Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Flexible funded	396,924	363,780	396,924
Transfer (to) from deferred revenue	(3,532)	-	48,367
	393,392	363,780	445,291
Expenses			
Administration fees (Note 10)	39,692	11,000	45,160
Computer and equipment maintenance	2,720	-	-
Program expenses			
Telecommunications	349,623	351,780	357,239
Other program services	1,357	1,000	-
Program delivery	-	-	2,442
	393,392	363,780	404,841
Excess of revenue over expenses before other items	-	-	40,450
Other items affecting program funds			
Investment in capital asset	-	-	(42,691)
Transfer from appropriated surplus	-	-	2,241
Excess (deficiency) of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 16 - Schedule of E-Health Connectivity Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Flexible funded	-	-	60,465
Transfer from (to) deferred revenue	-	-	(2,642)
	-	-	57,823
Expenses			
Program expenses			
Program delivery	-	-	52,326
Administration fees (Note 10)	-	-	5,497
	-	-	57,823
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 17 - Schedule of Canadian Cancer Society Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Canadian Cancer Society			
Grant revenue	159,557	166,056	150,493
Transfer (to) from deferred revenue	-	-	2,066
	159,557	166,056	152,559
Expenses			
Program expenses			
Program supplies	109,239	121,140	108,583
Salaries and benefits	50,318	45,056	43,976
	159,557	166,196	152,559
Excess of revenue over expenses	-	(140)	-

Northern Inter-Tribal Health Authority Inc.

Schedule 18 - Schedule of Emergency Management Forum Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Expenses			
Travel and vehicle	28,482	-	-
Meetings and workshops	24,810	-	-
Salaries and benefits	250	-	-
Program expenses			
Program delivery	4,500	-	-
Program supplies	3,904	-	-
	61,946	-	-
Other items			
Transfer from appropriated surplus	61,946	-	-
Deficiency of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 19 - Schedule of Regional Nursing Conference Revenues and Expenses

For the year ended March 31, 2026

	2026	2026 Budget (Note 13)	2025
Revenue			
Indigenous Services Canada			
Flexible funded	112,037	-	-
	112,037	-	-
Expenses			
Administration fees	9,757	-	-
Meetings and workshops	80,361	-	-
Travel and vehicle	2,932	-	-
Program expenses			
Program supplies	18,987	-	-
	112,037	-	-
Excess of revenue over expenses	-	-	-

Northern Inter-Tribal Health Authority Inc.

Schedule 20 - Schedule of Summer Student Funding Revenues and Expenses

For the year ended March 31, 2026

	2026	2026	2025
Revenue			
Indigenous Services Canada			
Fixed funded	30,633	-	-
Transfer from (to) deferred revenue	(24,754)	-	-
	5,879	-	-
Expenses			
Administration fees	767	-	-
Salaries and benefits	5,112	-	-
	5,879	-	-
Deficiency of revenue over expenses	-	-	-



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