CELEBRATING

20

YEARS

2018-2019 ANNUAL REPORT

Northern Inter-Tribal Health Authority

In the realm of ideas everything depends on enthusiasm... in the real world all rests on perseverance.

Johann Wolfgang von Goethe

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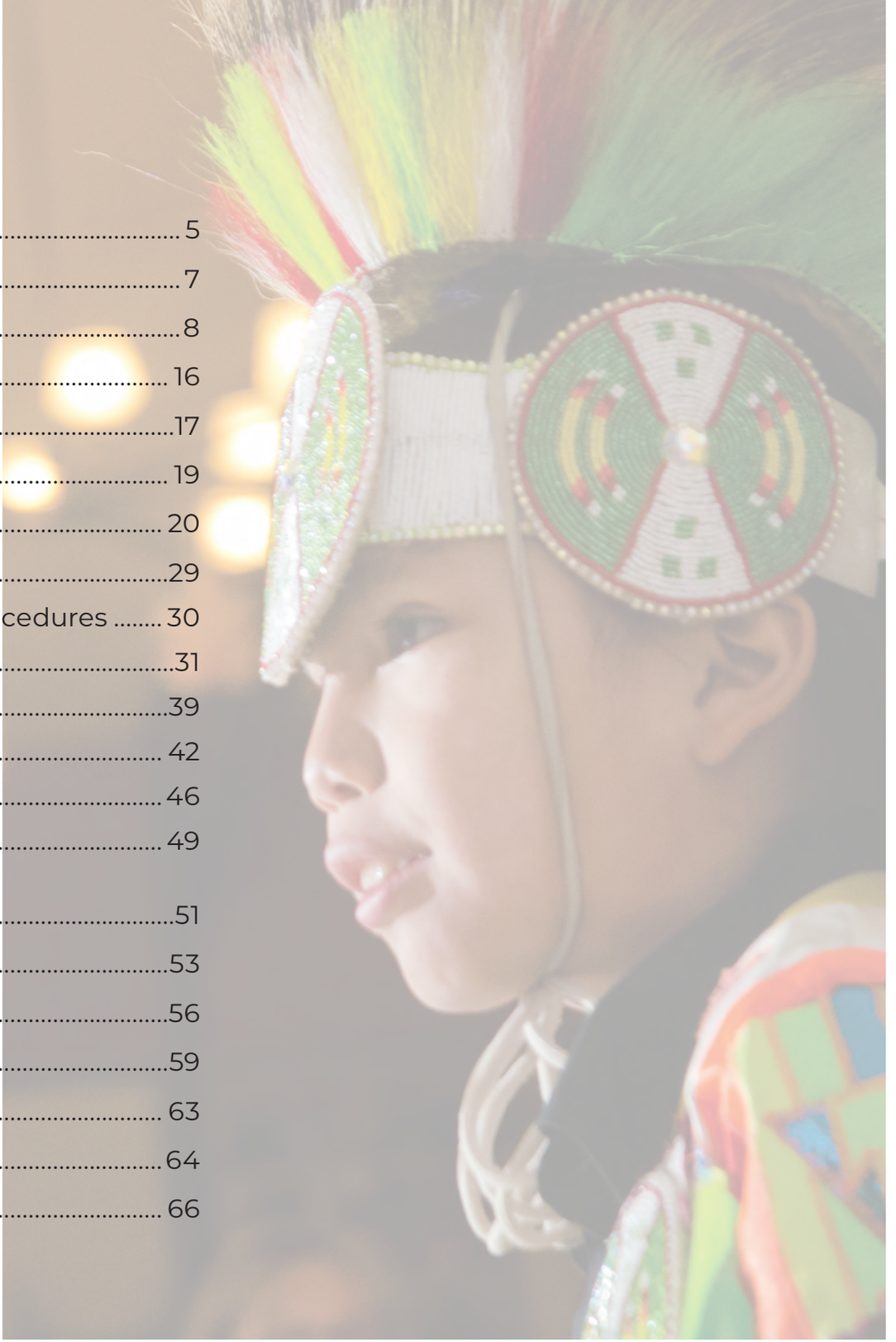


MESSAGE FROM THE CHAIR

As the Chairperson and Alternate Member of the Board of Chiefs for the Northern Inter-Tribal Health Authority (NITHA), I am honoured to present you with our 20th Anniversary Annual Report for 2018-2019. To begin with, I would like to first welcome two new members to our Executive Council: Mary Carlson for Lac La Ronge Indian Band and Shirley Woods for the Prince Albert Grand Council. In addition, I am also pleased to announce that, beginning in November 2018, Tara Campbell has been leading our management team in her new capacity as NITHA's Executive Director.

This past year marked 20 years of existence for NITHA, which began as a Demonstration Project in 1998. Over the years, we have grown into a successful organization, recognized as a champion in 3rd Level Health Care Services for First Nations. We celebrated this milestone by acknowledging our Partners and stakeholders, as well as the original visionaries who were instrumental in the creation of NITHA as it was their vision, determination and belief that "northern Saskatchewan is stronger with one united voice." While NITHA has encountered challenges over the years, we have had many successes and continue our commitment to improving the quality of health and wellbeing of our member communities so they will be empowered to be responsible for their own health.

In 2018-19, Health Transition was a topic of discussion both at the national and provincial levels. Our participation in these discussions reaffirmed our position that while the Partnership does not support the full transfer of programs and services at this time, our leadership is open to continued discussions on narrowing the funding inadequacies in health.

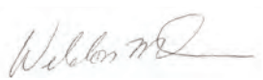
Over the past year, the federal government dissolved Indigenous and Northern Affairs Canada (INAC) and created two new departments: Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) and Indigenous Services Canada (ISC). This change involved the transfer of programs and services under Health Canada's First Nations & Inuit Health (FNIH) to ISC, which involved changes to our Funding Agreement that expired on March 31, 2019. In advance of these changes, we sought a year extension for March 31, 2020 that was approved by the Board of Chiefs, and will focus on reviewing the new Comprehensive Funding Agreement and will work with ISC on any recommended modifications if applicable.

In addition, we embarked on a five-year Strategic Planning process for 2019-2024 through a collaborative effort between NITHA's Board of Chiefs, Executive Council and Management Team. As a result of several meetings, we submitted an Organizational Health Plan (OHP) and strategic plan to ISC (formerly FNIH) in September 2018 for their review.

Finally, I would like to take this time to share my condolences on the loss of Elder Marilyn Morin, one of our loved and respected Elders who passed away on April 4, 2019. A member of Peter Ballantyne Cree Nation, she followed in her late father's footsteps, Elder John Morin, and was very active in the NITHA organization. She attended many meetings for our working groups, management team, Executive Council and Board of Chiefs, as well as a variety of NITHA-led events. We greatly miss her presence not only as our Elder but also as our friend.

With that, this 20th Anniversary annual report is dedicated to Elder Marilyn, for her kindness and wisdom, and for her endless support in helping our communities; her love for her people will always be remembered.

Sincerely,



Vice Chief Weldon McCallum
Peter Ballantyne Cree Nation
NITHA Board Chairperson

REMEMBERING ELDER MARILYN MORIN

NITHA's 20th Anniversary Annual Report Edition is dedicated in the memory of Elder Marilyn Morin

February 24, 1952 - April 4, 2019

Marilyn took an active role representing Peter Ballantyne Cree Nation at the Board of Chiefs, Executive Council, Management and Working Group Meetings, as well as several NITHA led events.

Marilyn will be missed by many.

MESSAGE FROM THE EXECUTIVE DIRECTOR

I am honoured to represent the Northern Inter-Tribal Health Authority as Executive Director for the fiscal year of 2018-19. This year's annual report identifies NITHA's accomplishments and challenges that were faced over the course of the year as well as priorities for the year ahead. As you will find in this report, our program accomplishments are aligned with the Seven Pillars that serve as a guide for the work we do in implementing our strategic priorities.

With NITHA's Health Transfer Agreement set to expire on March 31, 2019, our management team worked diligently to submit a renewed five-year Operational Health Plan to Indigenous Services Canada by October 1, 2018. Development of this plan provided leadership and management with the opportunity to envision what the next five years could bring and also to reflect on the previous five years' successes and challenges. The process began in May 2018 with the leadership coming together for a Strategic Planning Session that included the members of the Board of Chiefs, Executive Council, our Partner Elders, and Management Team. The work continued into the summer months as we kept the deadline date in our sights. The management team and the Executive Council met several times during this period and I am pleased to report we were able to successfully meet the deadline, and hand-deliver our 5 Year Operational Health Plan on September 30, 2018.

Everyone involved, the Board of Chiefs, Executive Council, Management Team, Elders and staff deserve to be commended as this process took commitment which demonstrated the continued belief in the Partnership and mandate, as outlined in our Governance Manual, that "the Chiefs have the ability to speak with one united voice, thereby being stronger and more powerful in our insistence for health services responsive to the needs of our northern communities."

The year 2018 also marked NITHA's 20th Anniversary. In 1998, NITHA signed an agreement with the federal government for a three-year demonstration project to deliver 3rd level health services to the Partnership. This has led the way for subsequent health transfer agreements between the federal government and NITHA. We celebrated our milestone in September at an Interactive Expo that featured nine booths manned by NITHA staff, which highlighted our programs and services. It also gave us an opportunity to share our past accomplishments and history. The 20th Anniversary celebration also involved our Partners, regional and national stakeholders, former staff, and those who took an active role in the initial development of NITHA. The event ended with a banquet that showcased local First Nation talent.

I look forward to the coming year where focus will be on the following priorities: Further work on the implementation of NITHA's Five-Year Operational plan, development and implementation of a new reporting system for NITHA staff, and development of a Traditional Medicine Strategy. We will continue our work on the development of a Dental Therapy Training program and advocacy for increased funding for the Partnership for transfer sustainability.

Sincerely,

Tara Campbell

Tara Campbell
Executive Director

ABOUT NITHA

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

THIRD LEVEL

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

SECOND LEVEL

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

FIRST LEVEL

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

SERVICES PROVIDED

Public Health

- Medical Health Officer Services
- Communicable Disease Prevention and Management
- Immunization
- Outbreak Management
- Disease Surveillance and Health Status
- Infection Control
- Health Promotion
- Environmental Health

Community Services

- Nursing Support
- Community Health
  - Home Care
  - Primary Care
- Capacity Development
- Mental Health & Addictions
- Emergency Response Planning
- Human Resource
- eHealth Planning and Design
  - IT Help Desk
  - Health Informatics
- Privacy Education
- Information Technology Support
- Nutrition
- Tobacco Control

Vision

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

Mission

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

Principles

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

THE PARTNERSHIP

Prince Albert Grand Council
PO Box 1775
Prince Albert, SK S6V 4Y4
Phone: (306) 953-7248

Meadow Lake Tribal Council
8002 Flying Dust Reserve
Meadow Lake , SK S9X 1T8
Phone: (306) 236-5817

Peter Ballantyne Cree Nation
P.O. Box 339
Prince Albert, SK S6V 5R7
Phone: (306) 953-4425

Lac La Ronge Indian Band
P.O. Box 1770
La Ronge, SK S0J 1L0
Phone: (306) 425-3600

Governance

- **Guided by our Elders**

Elders play an integral role at the Board of Chiefs, Executive Council, and working groups. Four Elders, each representing the Partners, is present and engaged at the Board of Chiefs meetings, and one Elder participates in the Executive Council and working group meetings. It is through our Elders representation that NITHA remains grounded in its First Nation identity representing our diverse Partnership.

This year, our Elder representatives included Mike Daniels (PAGC); William Ratfoot (MLTC); John Cook (LLRIB); Late Marilyn Morin (PBCN); and Gertie Montgrand (PBCN).

- **Board of Chiefs (BOC)**

The Board of Chiefs is responsible for directing and overseeing the affairs and operations of NITHA. In addition, they are involved in both strategic and operational planning for the organization and meet on a quarterly basis.

- **NITHA Executive Council (NEC)**

The Executive Council provides operational and strategic direction through recommendations to the Board of Chiefs on the design, implementation and monitoring of our third level services. They also provide direction to the Executive Director.

  - The four Partners are unique and make their own decisions.
  - Relationships are principal.
  - Decisions are made based on consensus.
  - Consensus based decisions are informed and supported by the practices of gathering information from various sources, open and timely communication, and supportive learning environments.

- **Management Team**

The NITHA management team prepares quarterly reports for the NITHA Executive Council, reporting on the progress of the organization according to the identified Strategic Priorities and based on the Seven Pillars.

- **Working Groups**

NITHA receives information from the Partner communities through established working groups led by a NITHA Program Advisor and comprised of partner employees.. These working groups provide a forum for a collective approach to discussion, sharing of information, strategizing and action planning. All communities are welcome to send members to each meeting which are hosted quarterly, two times a year face to face and two times via video conference.

Acknowledgment of the Land

We acknowledge we are on Treaty Land Territories and the Homeland of the Métis. We pay our respect to the First Nation and Métis ancestors of these places and reaffirm our relationship with one another. Partner communities span the land of Treaties 5, 6, 8 & 10.

Map of Partner Communities

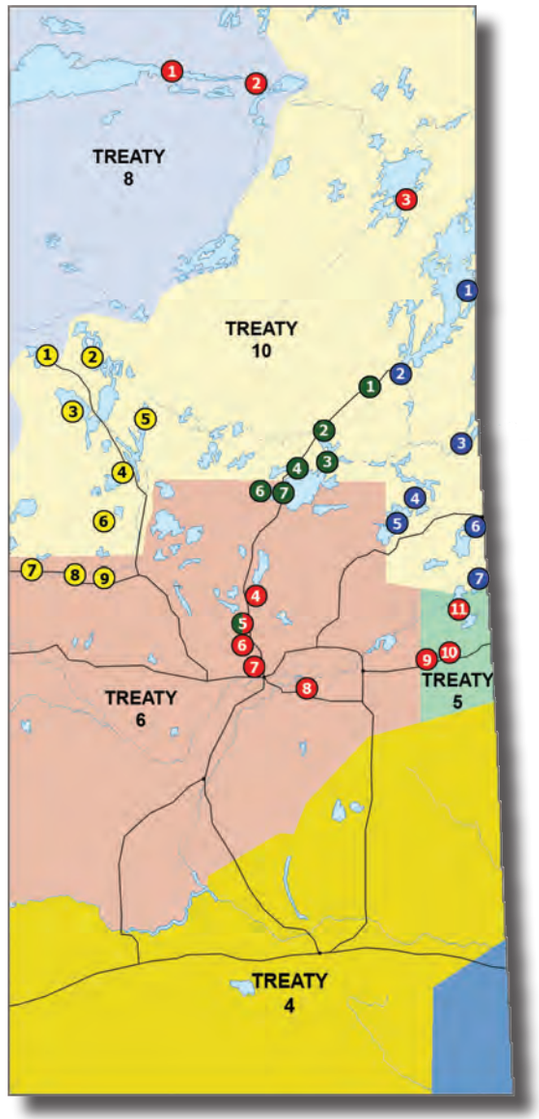
Peter Ballantyne Cree Nation
1. Kinoosao
2. Southend Reindeer Lake
3. Sandy Bay
4. Pelican Narrows
5. Deschambault Lake
6. Denare Beach
7. Sturgeon Landing

Meadow Lake Tribal Council

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

Prince Albert Grand Council
1. Fond du Lac Denesuline First Nation
2. Black Lake Denesuline First Nation
3. Hatchet Lake Denesuline First Nation
4. Montreal Lake Cree Nation
5. Little Red River - Montreal Lake
6. Sturgeon Lake First Nation
7. Wahpeton Dakota Nation
8. James Smith Cree Nation
9. Red Earth Cree Nation
10. Shoal Lake Cree Nation
11. Cumberland House Cree Nation

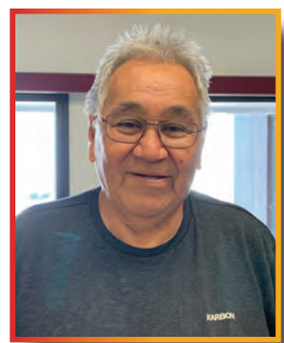
Lac La Ronge Indian Band
1. Brabant
2. Grandmother's Bay
3. Stanley Mission
4. Sucker River
5. Little Red River - La Ronge
6. Hall Lake
7. Kitsaki



Elders

Elders Rose and Mike Daniels
Prince Albert Grand Council

Elder John Cook
Lac La Ronge Indian Band



Elder William Ratfoot
Meadow Lake Tribal Council

Elder Gertie Montgrand
Peter Ballantyne Cree Nation

Board of Chiefs

Vice Chief Weldon McCallum
Chairperson
Peter Ballantyne Cree Nation

Chief Tammy Cook-Searson
Lac La Ronge Indian Band

Grand Chief Brian Hardlotte
Prince Albert Grand Council

Chief Peter A. Beatty
Peter Ballantyne Cree Nation

Alternates

Chief Jonathon Sylvestre
Meadow Lake Tribal Council

Councillor Mike Bird
Lac La Ronge Indian Band

Vice Chief Chris Jobb
Prince Albert Grand Council

Executive Council

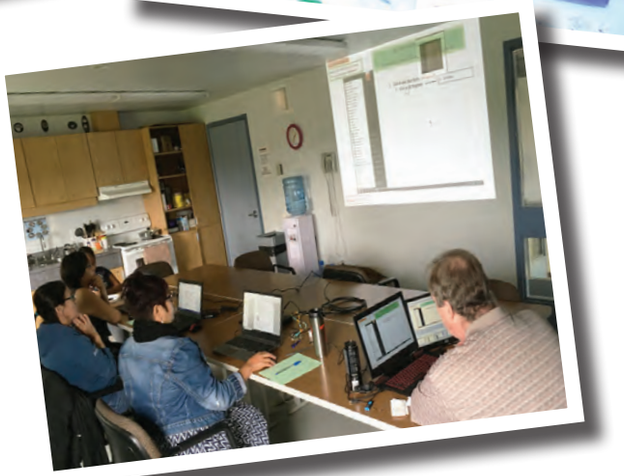
Shirley Woods
Director of Health and Social Development
Prince Albert Grand Council

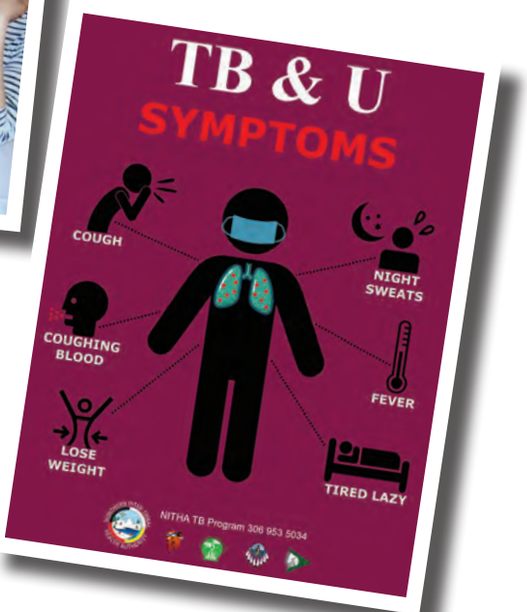
Flora Fiddler
Senior Director of Health
Meadow Lake Tribal Council

Arnette Weber-Beeds
Executive Director, PBCN Health Services
Peter Ballantyne Cree Nation

Mary Carlson
Health Director
Lac La Ronge Indian Band

A YEAR IN PICTURES





HEALTH CAREERS SCHOLARSHIP FUND

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

To be eligible for the scholarship, applicants must be enrolled as a full-time student in a post-secondary health-related program of study such as, but not limited to: Nursing, dentistry, pharmacy, lab technology, physiotherapy, dietetics, nutriton, medicine, and health administration or public health policy. The program they are enrolled in must be a minimum of two (2) academic years in length. The amount of the scholarship awarded is $3,000.00. The deadline for applications for the NITHA Health Careers Scholarship is September 30 of every calendar year.

In October 2018, 23 applicants were identified as the successful recipients. Congratulations and all the best to each recipient as they continue to move forward in achieving their goals.

Once again, congratulations to the 2018 scholarship recipients.

Amy Ballantyne
PBCN - Deschambault Lake
Program: Massage Therapy

Juanita Ballantyne
PBCN - Pelican Narrows
Program: BSc Nursing

Shannon Bear
PBCN - Deschambault Lake
Program: BSc Nursing

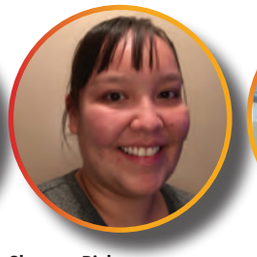
Ann Dorion
PBCN - Pelican Narrows
Program: MPP, Health

Kayla Forest
LLRIB - La Ronge
Program: BSc Nursing

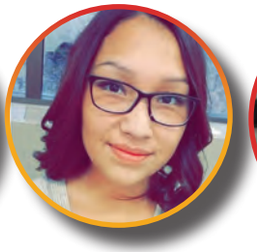
Melissa Iron
MLTC - Canoe Lake
Program: BSc Nursing

Troy McKenzie
LLRIB - La Ronge
Program: Mental Health & Wellness Diploma

Tiffany Moberly
MLTC - Birch Narrows
Program: Mental Health & Wellness Diploma

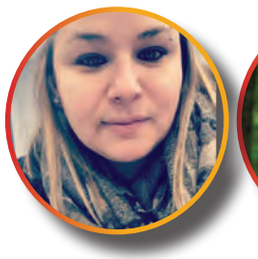


Shawna Piche
MLTC - Clearwater River
Program: BSc Nursing



Leanne Ratt
LLRIB - Stanley Mission
Program: BSc Nursing

Stephanie Ratt
LLRIB - Stanley Mission
Program: LPN

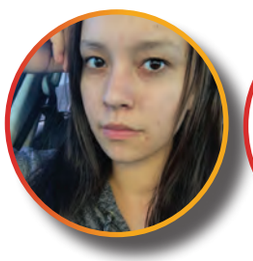


Roseanne Sanderon
LLRIB - La Ronge
Program: LPN

Jessica Schule
LLRIB - La Ronge
Program: MSc Acupuncture

Belinda Sylvestre
MLTC - Birch Narrows
Program: BSc Nursing

Megan Sylvestre
MLTC - Birch Narrows
Program: Massage Therapy

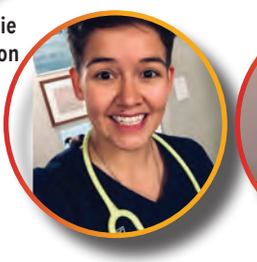


Tamara Ratt
LLRIB - La Ronge
Program: BSc Nursing

Rhonda Ray
PBCN - Sandy Bay
Program: BISW (Mental Health)

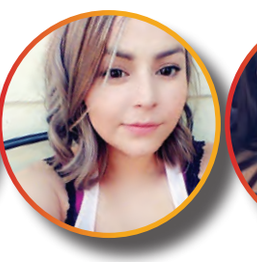
Tamara Roberts
LLRIB - Grandmother's Bay
Program: BISW (Mental Health)

Patricia Ross-McKenzie
LLRIB - Stanley Mission
Program: LPN



Teanna Thiessen
MLTC - English River
Program: BSc Nursing

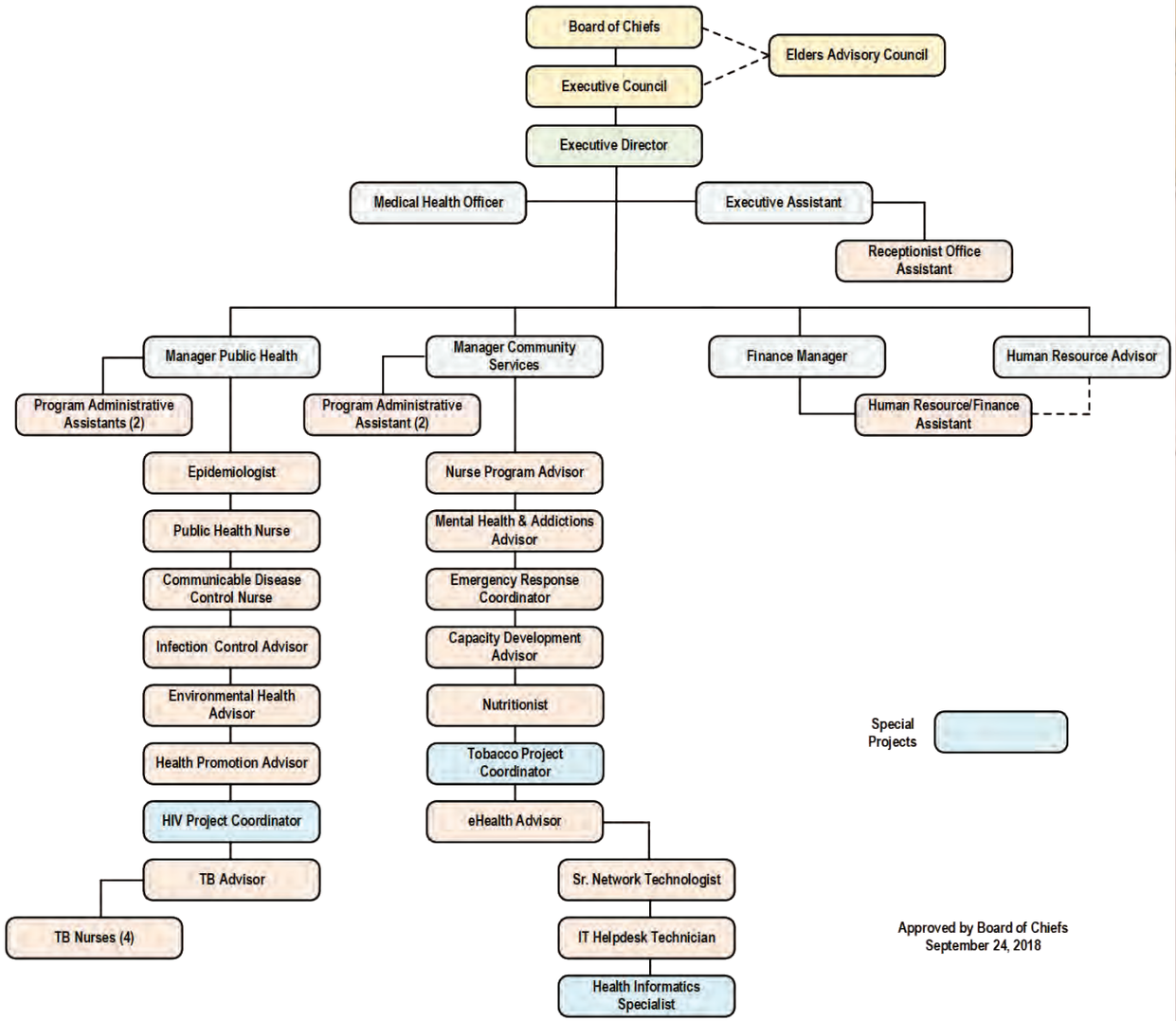
Jacqueline Valois
PAGC - Fond du Lac
Program: BSc Biology



Alanna Venne
LLRIB - Stanley Mission
Program: BISW (Mental Health)

Samantha Waditika
PAGC - Wahpeton
Program: BA - Health Studies

ORGANIZATIONAL CHART

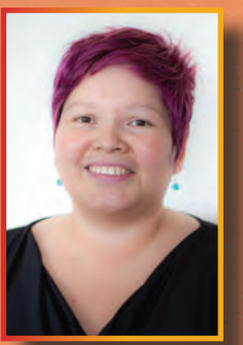


Approved by Board of Chiefs
September 24, 2018

MEET OUR STAFF

The Management Team

The Management Team was led by the Executive Director and consisted of the Executive Assistant, Finance Manager, Human Resource Advisor, Medical Health Officer (MHO), Manager of Public Health (MPH) and the Manager of Community Services (MCS), representing their respective units. Management reviews all training and recommendations for programming in preparation for presentation to the Executive Council for their consideration.

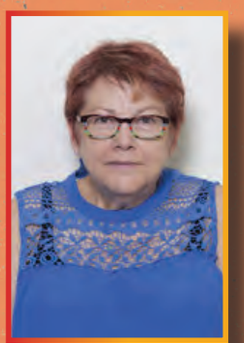


Tara Campbell
Executive Director

Tara led the management team and for much of the year was responsible for the overall operations of the organization in addition to her day to day duties as Human Resource Advisor. In November, Tara officially became the Executive Director leaving her former position vacant.

Grace Akinjobi
Manager of Public Health

Grace led the PHU and worked closely with the staff in the unit to implement programs and services to support the Partnership.



Val Fosseneuve
Manager of Community Services

Val led the Community Services Unit by overseeing staff working in the areas of mental health & addiction, capacity development, emergency planning, tobacco control, eHealth, nutrition and nursing ensuring staff meet workplan objectives.

Heather Bighead
Executive Assistant

Heather led the team of Administrative Assistants as well as coordinated and oversaw technical and office management duties in support of the Executive Director, Executive Council and the Board of Chiefs.

Dr Nnamdi Ndubuka
Medical Health Officer

Dr. Ndubuka provided public health expertise to the NITHA Partnership. He built networks with the Indigenous Service's First Nations and Inuit Health Branch, the Saskatchewan Ministry of Health and the Saskatchewan Health Authority to ensure collaboration in the implementation of Federal/Provincial public health policies within the NITHA Partnership.

David Jorgensen
Finance Manager

Dave managed the finance department, following the Financial Management Policy and Procedures set by the Board of Chiefs. He prepared annual budgets, provided financial reports, and ensured the financial processes were consistent with General Accepted Accounting Principles.

Data Sharing Agreement Official Signing Ceremony 2018

Program Administrative Assistants

Jeanette Villeneuve

Deanna Brown

Cindy Sewap

This team of Program Administrative Assistants supported the operations and information needs of the various programs within the both the Public Health and Community Service Units.

Casual Staff

Ramona Caisse

Shianne Mercredi

Deanne Janvier
Receptionist Office Assistant

Deanne was the initial contact at NITHA and worked in collaboration with all staff.

Danielle MacDonald
HR/Finance Assistant

Danielle provided support to both the Finance Manager and Human Resource Advisor. She also worked in collaboration with the Team of Administrative Assistants and provided support to other program areas when required.

Public Health Unit (PHU)

The Public Health Unit (PHU), led by the Manager of Public Health (MPH) Grace Adkinjobi, provided support, guidance, and expertise on public health matters to the second-level Partners. PHU programs covered disease surveillance, communicable disease control, community health assessment, immunization (pre-school, school and adult), environmental health, health promotion, infection prevention and control, and HIV. NITHA's tuberculosis program is the only program that provides direct services to the communities. These services include assessments, contact tracing, education, and ensuring treatment of both active and latent TB.

PHU is committed to ensuring that partner communities continuously improve in their overall health status by using public and population health strategies based on best practices. PHU achieved its goal of developing a collaborative partnership in the north between PHU staff, NITHA partners and external stakeholders.

PHU is proud of its staff, which is made up of hard-working, resourceful, dedicated, self-motivated, team oriented, and overall excellent staff.

In 2018, PHU staff attain PHU's mandate, which resulted in various accomplishments documented in this report. We would like to appreciate our working groups, partner's communities, Indigenous Service Canada, Saskatchewan Health Authority, Ministry of Health and other relevant stakeholders for their support and successful collaboration on various public health programs.

We look forward to working with all of our partners this year, and we believe our collaborative effort will make us attain greater success in improving the health and well being of community members.

PHU's priorities for next fiscal year will include enhanced surveillance, building new partnerships, supporting community-based research, and generating high quality data that will impact funding and health policies.

For more information on PHU and its programs and services, please visit www.nitha.com or our group page on Facebook.

Adeshola Abati
Infection Control Advisor

Adeshola led the Infection Control Working Group and focused primarily on the provision of comprehensive support in the area of infection control with particular focus on community health programs. He worked to support infection control practices in the partnership organizations.

Carrie Gardipy
Public Health Nurse

Carrie was responsible to develop, recommend and provide expert leadership consultation and clinical assistance to the partnership in implementing of public health nursing policies and programs in the area of immunization, school health, chronic disease and injury prevention.

Treena Cottingham
Environmental Health Advisor

Treena worked collaboratively with the partner Treena worked collaboratively with the partner Environmental Health Officers and supported them by acting as a program consultant providing policies, procedures and protocols. She also advocated on those environmental health issues at both the regional and national levels.

Sabyasachi Gupta
Epidemiologist

Sab was responsible for a broad range of surveillance and epidemiological research projects with the NITHA Partnership. He focuses on the systematic collection, analysis, and interpretation of health data in the process of describing and monitoring a health event.

Kevin Mageto
Health Promotion Advisor

Kevin led the Health Promotion Working Group by supporting the development of strategies and training aimed to promote healthy values and behavior throughout the partnership.

Sheila Hourigan
TB Advisor

Sheila oversaw the planning and implementation of the community based TB Programs within the Partnership. She provided direction and advisory services for education and training that assisted towards achieving the objectives of the Saskatchewan First Nation TB Program to reduce the incidence of TB and to develop strategies that contributed to that reduction.

James Piad
Communicable Disease Control Nurse

James provided public health nursing as it relates to prevention, control and follow up of communicable diseases. James participated in the control of communicable diseases in Northern First Nations by coordinating and ensuring the investigation and the timely report of the diseases of public health importance, including those reportable in Saskatchewan. James worked with the community level nurses as a resource person.

Tosin Adebayo
HIV Strategy Coordinator - Special Project

Tosin led the HIV Working Group in the implementation of the NITHA HIV Strategy; as well, she planned and helped to deliver awareness initiatives and coordinate activities throughout the partnership

TB Nurses

Barb George

Shirley Nelson

Leslie Brooks

Eileen Oliveri
Retired 2018

Sandy Hallam

The TB Nurse Team provided first level support to the communities, assisting in planning and implementation of the community based TB Program. In addition, they provided education and training to assist the communities in achieving the overall objectives of the Saskatchewan First Nation TB Program.

Eileen Oliveri retired from NITHA in October 2018. Eileen had been with NITHA for 19 years and prior to that, she spent time working within the Partner Communities.

NITHA wishes Eileen all the best in her retirement.

She will be missed.

Community Services Unit

The Community Service Unit (CSU) consisted of the Capacity Development Advisor, Nutritionist, Nursing Program Advisor, Tobacco Project Coordinator (term), Mental Health & Addictions Advisor, eHealth Advisor, Senior Network Technologist, IT Help Desk Technician, Health Informatics Specialist (term) and the Emergency Response Coordinator.

Charles led the eHealth Working Group and engaged stakeholders to develop operations in support of common goals for eHealth initiatives and IT services. He also oversaw all operations in the area of IT.

Charles Bighead
eHealth Advisor

Eric supported the local IT needs of NITHA and the Network needs of the Partnership and played an integral role in the technical development and implementation of eHealth initiatives.

Eric Xue
Senior Network Technologist

Carol led the Nutrition Working Group and provided support to the Partnership in the areas that involve Nutrition. She worked with the partnership to develop common nutrition strategies in priority areas identified by the working group.

Carol Udey
Nutritionist

Patrick led the Emergency Response efforts for the partnership by assisting to identify and prioritize areas that require emergency response planning and training.

Patrick Hassler
Emergency Response Coordinator

Glenda led the Mental Health & Addiction Working Group and assisted the partnership to plan, develop, implement and evaluate Mental Health & Addiction program strategies for the partnership communities.

Glenda Watson
Mental Health and Addictions Advisor

Linda supported and provided advice to the Partnership with ongoing development of health human resources. She worked to establish and maintain collaborative relationships required to achieve increased capacity within the partnership.

Linda Nosbush
Capacity Development Advisor

Fay was the Nurse Program Advisor and led the Home Care Working Group and Nursing Practice Working Group. She provided leadership, innovation and vision to support the Partnership nursing programs. She provided clinical, educational and policy support to foster a high standard of nursing care within the partnership.

Fay retired from NITHA on March 31, 2018. She worked for 7 years at NITHA; however, for much of her career she spent working in the Partner communities. NITHA wishes Fay the best in her retirement. She will be missed.

Justina led this special project and worked with the Tobacco Control Working Group to develop strategies aimed to decrease the use of commercial tobacco use throughout the partnership while respecting and protecting Traditional Uses.

Justina Ndubuka
Tobacco Project Coordinator - Special Project

Monica provided coordination and support in the implementation of the electronic medical record system EMR by engaging with the Partnership and the Saskatchewan Health Authority to plan deployments.

Monica Sunil,
Health Informatics Specialist - Special Project

Peter provided day-to-day remote IT support services as well as training for Northern Healthcare workers within the Partnership organizations.

Peter Netterville,
IT Helpdesk Technician

INTRODUCTION TO THE SEVEN PILLARS

NITHA has chosen to present the 2018-19 achievements to you in this year's annual report based on Seven Pillars. They were developed and adopted by our leadership in 2013. The pillars have been the basis for staff work plans and annual and quarterly reports, and serve as a guide in our work to support the Partnership.

1. Policy Development/Standards/Protocols/Procedures
2. Data Stat Collection & Analysis
3. Developing Tools and Best Practices
4. Research and Analysis
5. Engaging Partnership
6. Training Second Level / Train the Trainer
7. Informing Partnership on New/Changing Communication and Current Trends

PILLAR ONE
Policy Development/Standards/Protocols/Procedures

- The Nursing Program completed the NITHA Northern Nursing Manual for Specialty Practice RN Clinical Protocols and Procedures with the cooperation and expertise of the NITHA Practice Advisory Working Group. Provided to all sites, this manual provides nurses with the guidance and direction they require delivering care based on current best practices.
- All NITHA Primary Care sites were provided with hard copies of the SRNA Clinical Decision Tools.
- Work was completed to assist in the preparation of the EMR pilot sites.
- The NITHA Privacy Policies were shared with the Partners and one Partner adopted them for their respective organization. The policies were designed to improve handling of client personal health information.
- Ten obsolete Telehealth units within the Partner communities were upgraded on-site in order to meet the standards of the Saskatchewan Telehealth Network.
- The Ministry of Health replaced the Integrated Provincial Health Information System (IPHiS) with the Investigation and Outbreak Module (IOM) of Panorama in Oc-tober,2018. The PHU participated in the customization of the IOM Module. When required the MHO provided recommendations in accordance with the MOH policies and in coordination with respective tribal councils.
- Environmental Health contributed to FSIN's Healthy Water Working Groups' draft water regulations and arranged for a presentation to Executive Council.
- Clinical consultations were provided to professionals in the areas of routine scheduled immunizations, adverse events following immunization (AEFI), vaccine incidents/errors, immunization of special populations within the Register Nurse (RN) scope of practice.
- A total of 123 Immunization Certifications were processed and authorized by NITHA: 70 - recertification, 37 - initial certifications and 16 - Home Care Nurses.
- Vaccine procurement was coordinated by NITHA with the goal to ensure that all vaccines were adequately preserved under the required temperature recommendations to ensure client safety and minimal wastage. Minimal wastage was reported for the last fiscal year.
- Provided Saskatchewan Child Health Clinic Guideline training to new nurses on an ad hoc basis.
- Participated actively in the development of provincial TB Control policies such airborne pre-caution and isolation and Isoniazid-Rifapentine for Treatment of Latent TB Infection in 2018.
- Provided a consultative and supportive role to Community Health Nurses and TB workers in the management of the TB Program to ensure timely contact tracing investigations.
- The TB Program conducted 64 community visits and 337 contacts were assessed. As part of the Pediatric Screening Program this year, 280 children were screened.
- High Incidence communities were consulted to discuss strategies on reducing TB activity. The High Incidence Evaluation was also presented at this time.

PILLAR TWO
Data Stat Collection and Analysis

- The Mental Health & Addiction Program coordinated and collaborated with second-level Mental Health & Addiction Supervisors to offer the initial Fall 2018 training. A Professional Development Needs Survey was used to help determine the training required.
- The Saskatchewan Registered Nurse Association reports that there are 116 RN AAP licensed with 82 working at NITHA Partner organizations that increased with the employment of RN (NP) when available.
- NITHA Nurse Managers continue to maintain their nurse competency profiles
- The Nutrition program developed a spreadsheet in consultation with the MHO. Data was entered for breastfeeding rates for the purposes of tracking rates after the implementation of the Breastfeeding Peer Support program.
- For the reporting year, 1,505 STI laboratories were entered in Panorama by NITHA, (see figure 16), 323 contacts were sent to the partnership and other jurisdictions for tracing.
- Stigma and discrimination remain as the main reasons clients refused to get tested and treated at their respective health centers. Medications for STIs are publicly funded and are provided free to those positive for STIs.
- In 2017, Antibiotic Resistant Organisms (ARO), such as Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Enterococci (VRE) and Penicillin Resistant Pneumococci, were declared as non-reportable infections. However, they are still captured by the provincial lab. Cases in the community will continue to be given proper treatment by nurses and other health care providers. This year's report did not include MRSA and other anti-microbial resistant organisms.
- Environmental Health chaired 42 meetings during which the Hedgerow database was drafted with the Environmental Public Health Officer Super-visors.
- Panorama training was completed and began to be used for investigation of enteric cases.
- In 2018: 191 animal bites required follow up (see figure 12); 94% were dog bites and 21% were bites to children under 10 years of age -- 1 client required Rabies Post Exposure vaccines.
- Syntaxes/codes for Panorama were developed for data analysis for quarterly reports, year-end re-ports and for running immunization cover-age rates.
- Weekly flu stats and flu immunization reports during the flu season were collected and provided to Indigenous Services Canada.
- Public Health Unit (PHU) reported a gradual increase in the cases of chlamydia since 2015 and a significant increase of 44% in gonorrhea cases in 2018 compared to 2017. Majority of these cases were reported in the younger age group of 15-29 years (see figures 1 & 2).
- 9 HIV cases were reported in 2018, which was a 25% decrease from 2017. Injection drug use was the most commonly reported risk factor for HIV transmission followed by heterosexual sex with a known HIV case. Around 44% of these HIV cases were co-infected with Hepatitis C (see figures 3, 4 & 5).

Alexander Campbell
Regional Executive
FNIH, Indigenous Services Canada

- A total of 63 Hepatitis cases were reported in 2018, which was 43% higher than in 2017. Similar to HIV, injection drug use was the most commonly reported risk factor for Hepatitis C transmission (see figure 3).
- In 2018, there was a significant increase in the number of Syphilis cases with 8 reported cases compared to 2 in 2017. The most commonly reported risk factors were unprotected sex with a known case or having more than 2 partners during the last 3 months (see figure 3).
- PHU recorded 496 vaccine-preventable and direct respiratory infections in 2018, 468 (94%) of these infections were seasonal influenza (see figure 6).
- In 2018, 10 enteric cases were reported which was lower than the 35 cases reported in 2017 (see figure 7).
- Training was received on how to use the Panorama Investigation Outbreak Module (IOM). HIV Program conducted back entry of data from the former database (IPHiS) and entered newly diagnosed HIV and Hepatitis C.
- HIV Point of care testing increased by 17% with 433 tests in 2017 and 526 in 2018. In 2018, 48 dried blood spot (DBS) tests were conducted.
- Surveys were developed by the Health Promotions Program to evaluate the following Cancer Engagement Workshop: The Northern Healthy Communities Partnership (NHCP) Core Group, Building Vibrant Youth Adult Ally Training and

First Needs Assessment Survey in conjunction with the Saskatchewan Cancer Agency to assess the state of cancer in Partner communities.

- The Infection Control Program developed an online course utilization report.
- For Childhood Immunization Coverage Reports (CICR), the PHU reported an overall increase of 2% immunization coverage rate for the 1-year old age cohort (88% in 2017 to 90% in 2018). For the 2-year old age group, NITHA's immunization coverage rate decreased from 88% in 2017 to 84% in 2018. Lastly, the 7-year-old cohort had a minimal decrease of 1% (96% in 2017 to 95% in 2018). Communities with low Vaccine Preventable Diseases (VPD) immunization rates were identified and support was provided. See figure 13 for Average childhood immunization coverage rates for 1-year, 2-year, and 7-year old cohort, NITHA, 2014-2018
- Please find below Figure 14 on Grade 6 immunization coverage rates in NITHA.
- There was an increase in Influenza vaccine administered within NITHA communities during the 2017/18 Influenza season from 3,830 to 6,135 (see figure 15).
- Fourteen active TB cases were reported in 2018 (see figure 8).
- Figure 9 shows the percentage of smear positive at diagnosis. Smear positive clients have a higher tendency to transmit TB infection compared to smear negative clients.
- The most common risk factor for active TB cases between 2009 and 2018 continues to be contact with a case, followed by alcohol consumption (see figure 10).
- NITHA TB rate remains high from 2008 - 2017 in comparison to provincial and national rates (see figure 11).
- A portable digital x-ray device that encourages early TB diagnosis, treatment and care was purchased and used in five Partner communities with 165 clients x-rayed between June 2018 to March 2019.

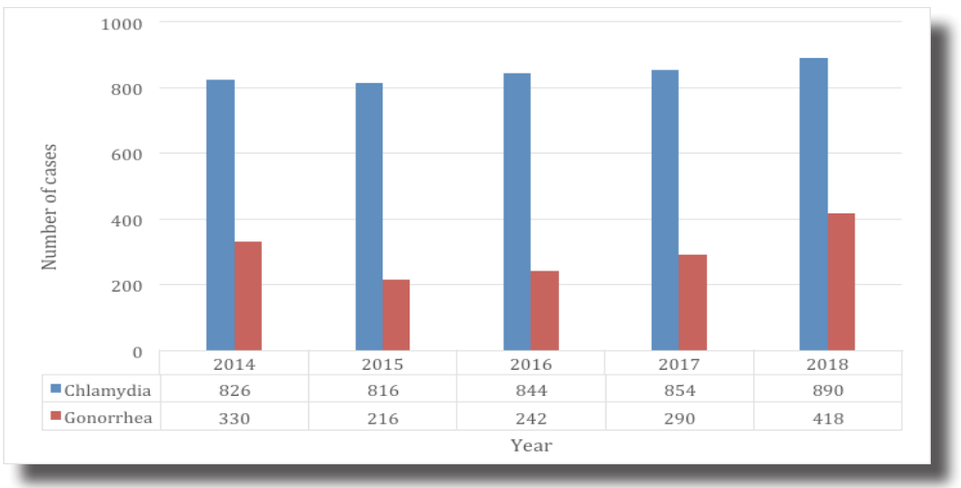
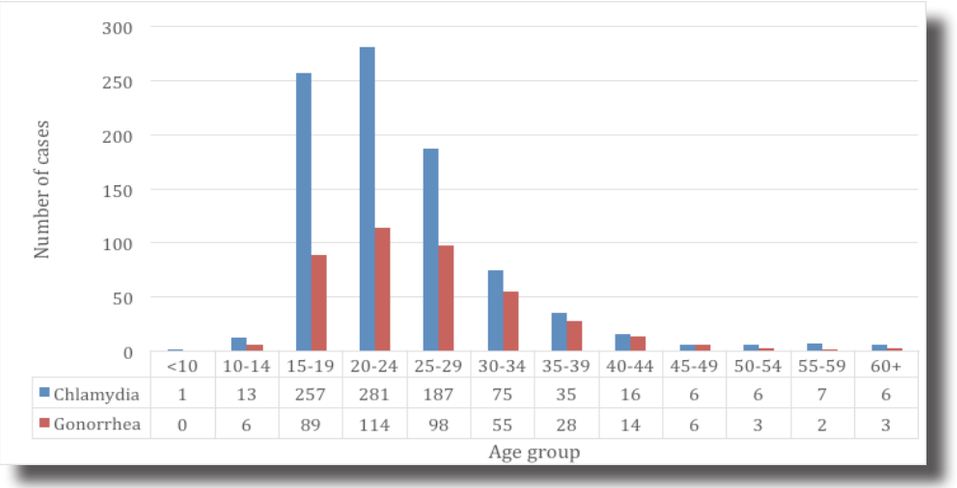


Figure 1: Chlamydia and gonorrhea cases by year, NITHA, 2014-2018



	<10	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Chlamydia	1	13	257	281	187	75	35	16	6	6	7	6
Gonorrhea	0	6	89	114	98	55	28	14	6	3	2	3

Figure 2: Chlamydia and gonorrhea cases by age group, NITHA 2018

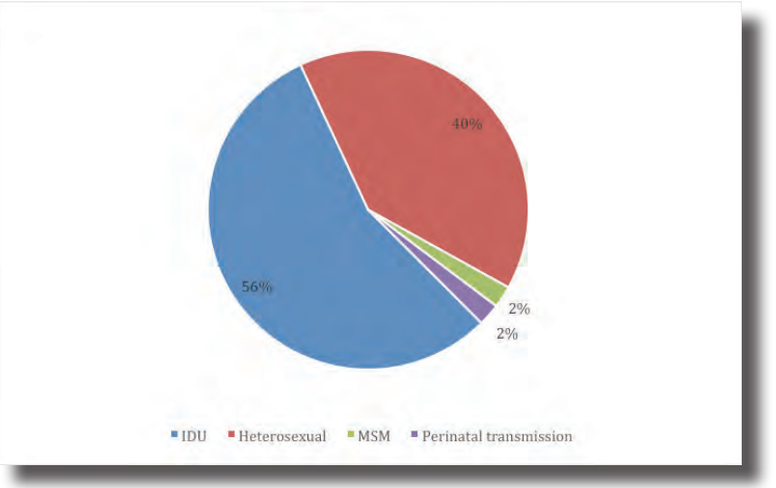
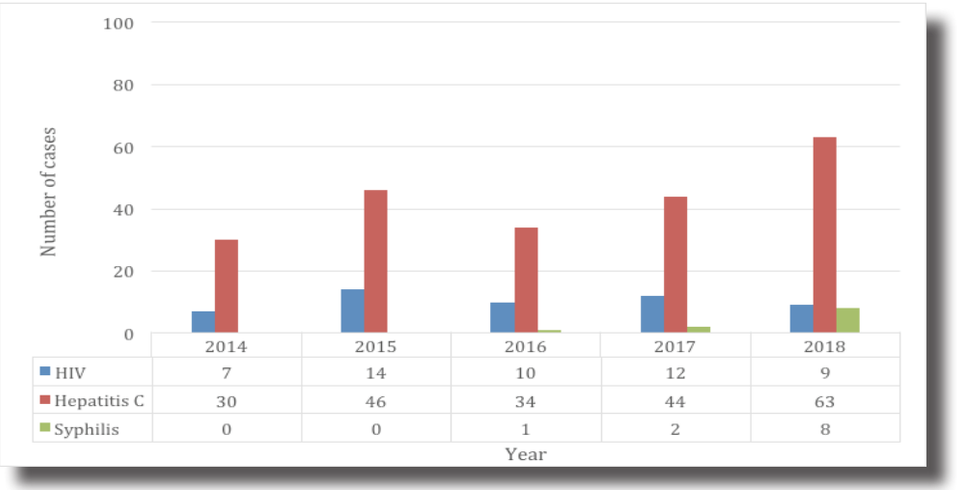


Figure 4: Risk factors of newly diagnosed HIV cases, 2014 - 2018



	2014	2015	2016	2017	2018
HIV	7	14	10	12	9
Hepatitis C	30	46	34	44	63
Syphilis	0	0	1	2	8

Figure 3: HIV, hepatitis C, and syphilis cases by year, NITHA, 2014-2018

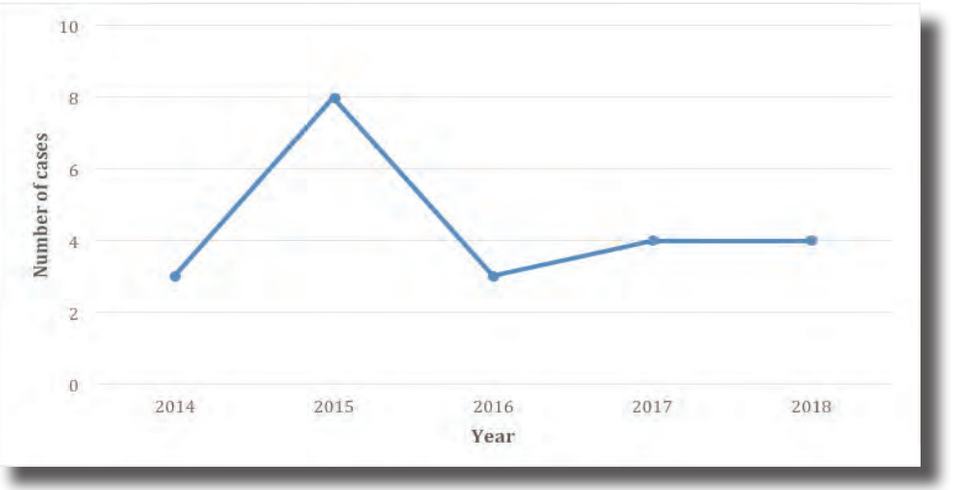


Figure 5: HIV Cases co-infected with Hepatitis C, 2014-2018

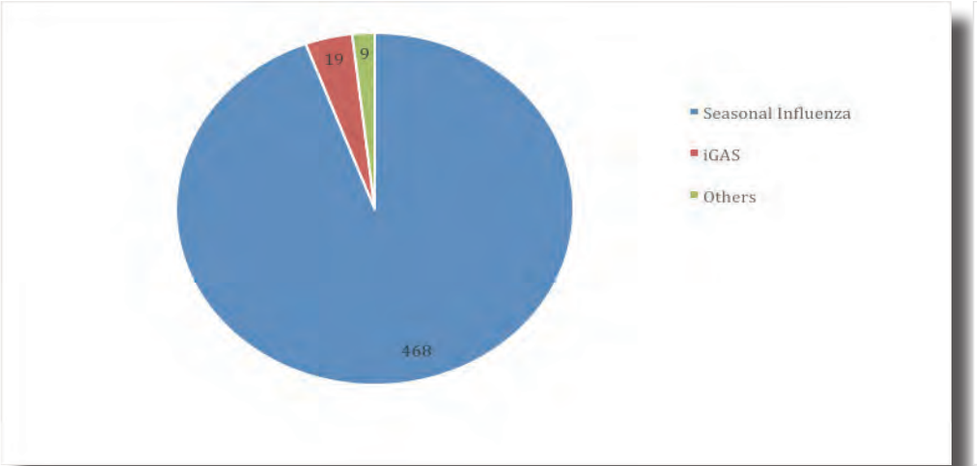


Figure 6: Reported vaccine preventable/resp cases in NITHA, 2018

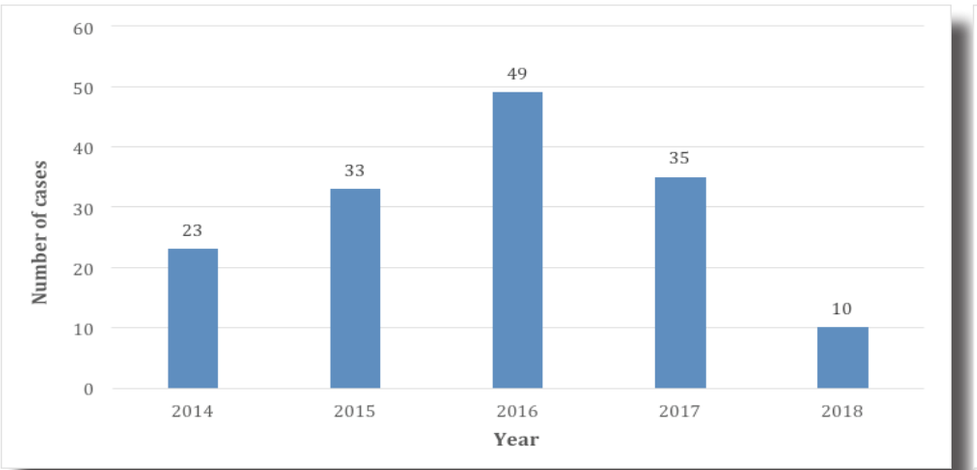


Figure 7: Trends of enteric cases in NITHA communities, 2014-2018

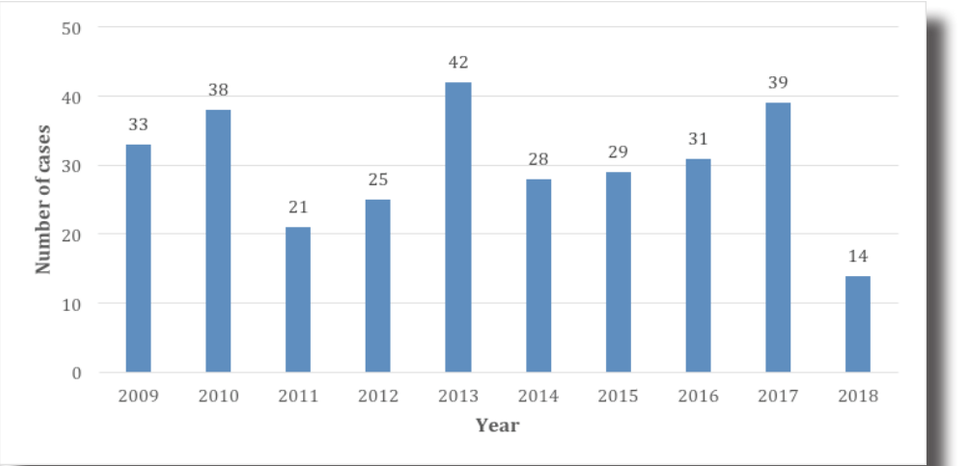


Figure 8: Number of TB cases by year, 2009-2018

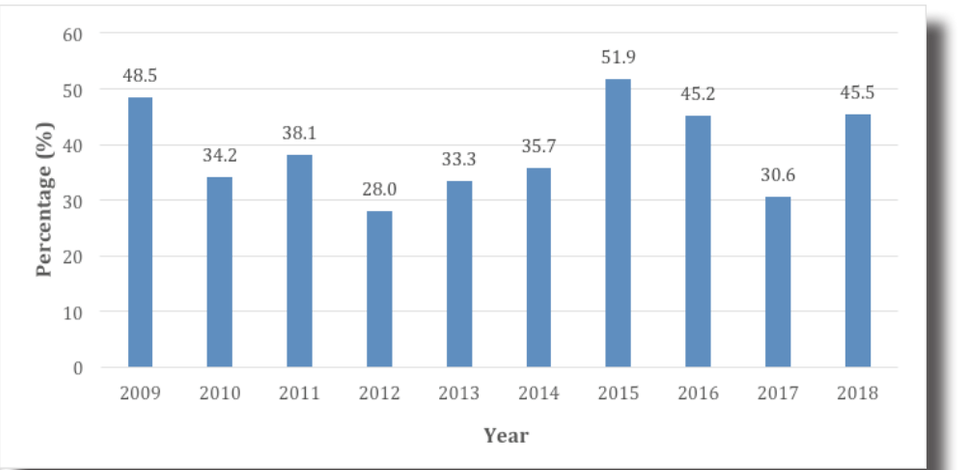


Figure 9: Percentage of total TB cases that are smear+ by year, 2009-2018

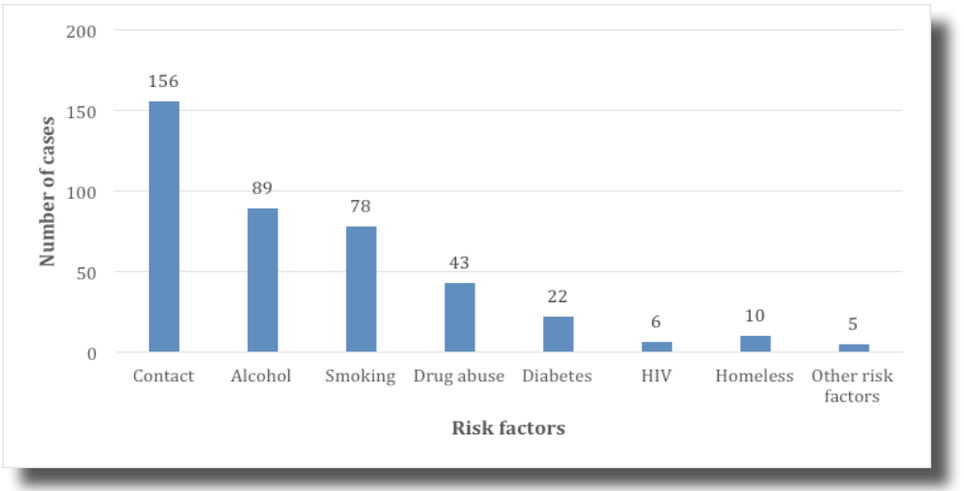


Figure 10: TB Risk Factors by Type, 2009-2018

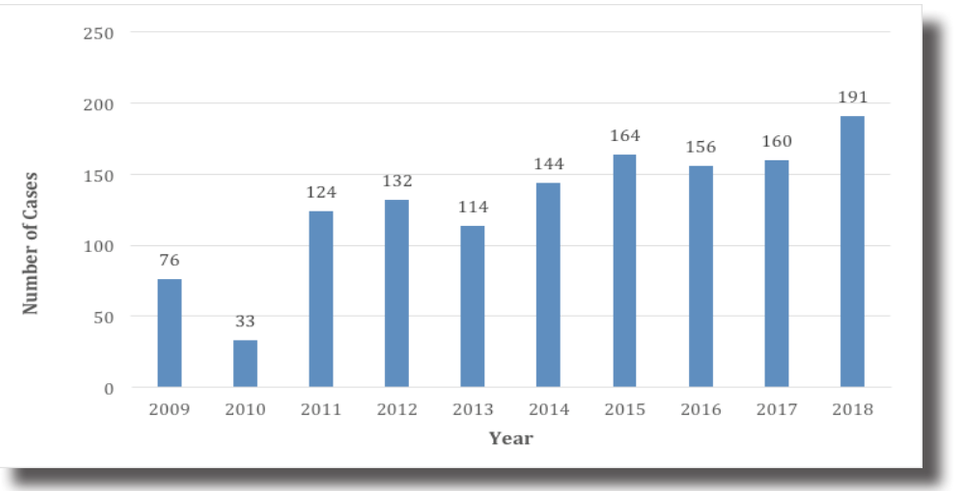


Figure 12: Trends of reported animal bites in NITHA communities, 2009-2018

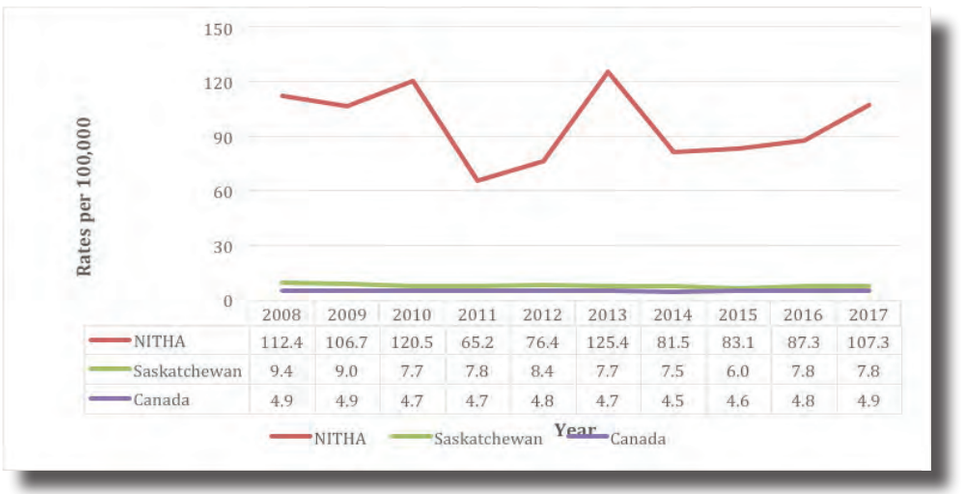


Figure 11: Rates of TB in NITHA , SK, and Canada, 2008-2017

Figure 13: Average Childhood Immunization Coverage Rates by year, 2014-2018


tobacco
Grown Organically
Ingredients: 100%

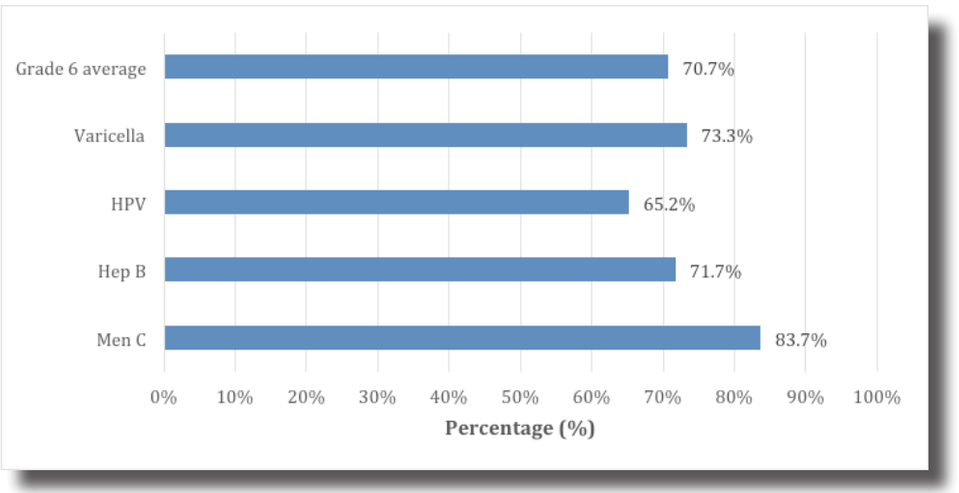


Figure 14: Grade Six Immunization Coverage, NITHA 2017-2018

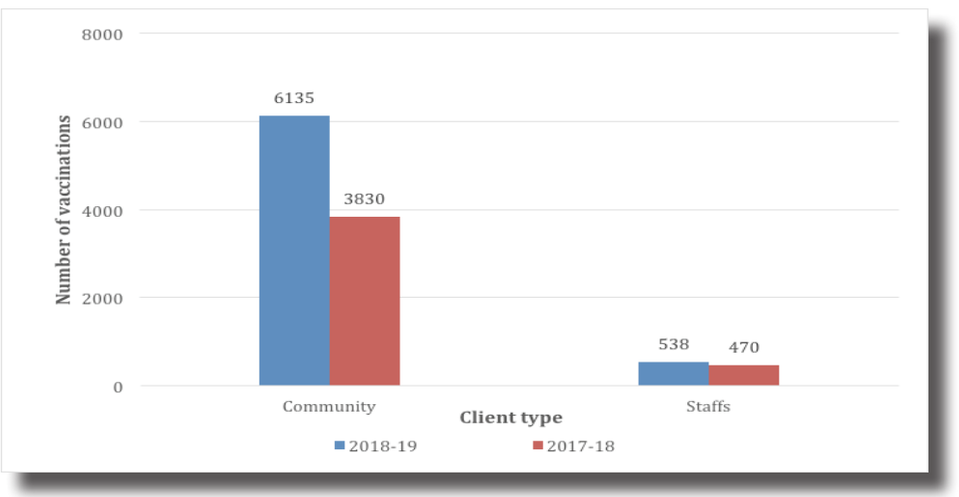


Figure 15: Influenza Vaccine Administered within NITHA Communities 2018-19

	2014	2015	2016	2017	2018
STI	1,208	1,085	1,103	1,204	1,505
VP/DRes	967	702	695	655	275
Enterics	12	24	38	30	10
Total	2,187	1,811	1,836	1,889	1,790

Figure 16: Positive Laboratory Results Reported to NITHA, 2014-2018

PILLAR THREE
Developing Tools and Best Practices

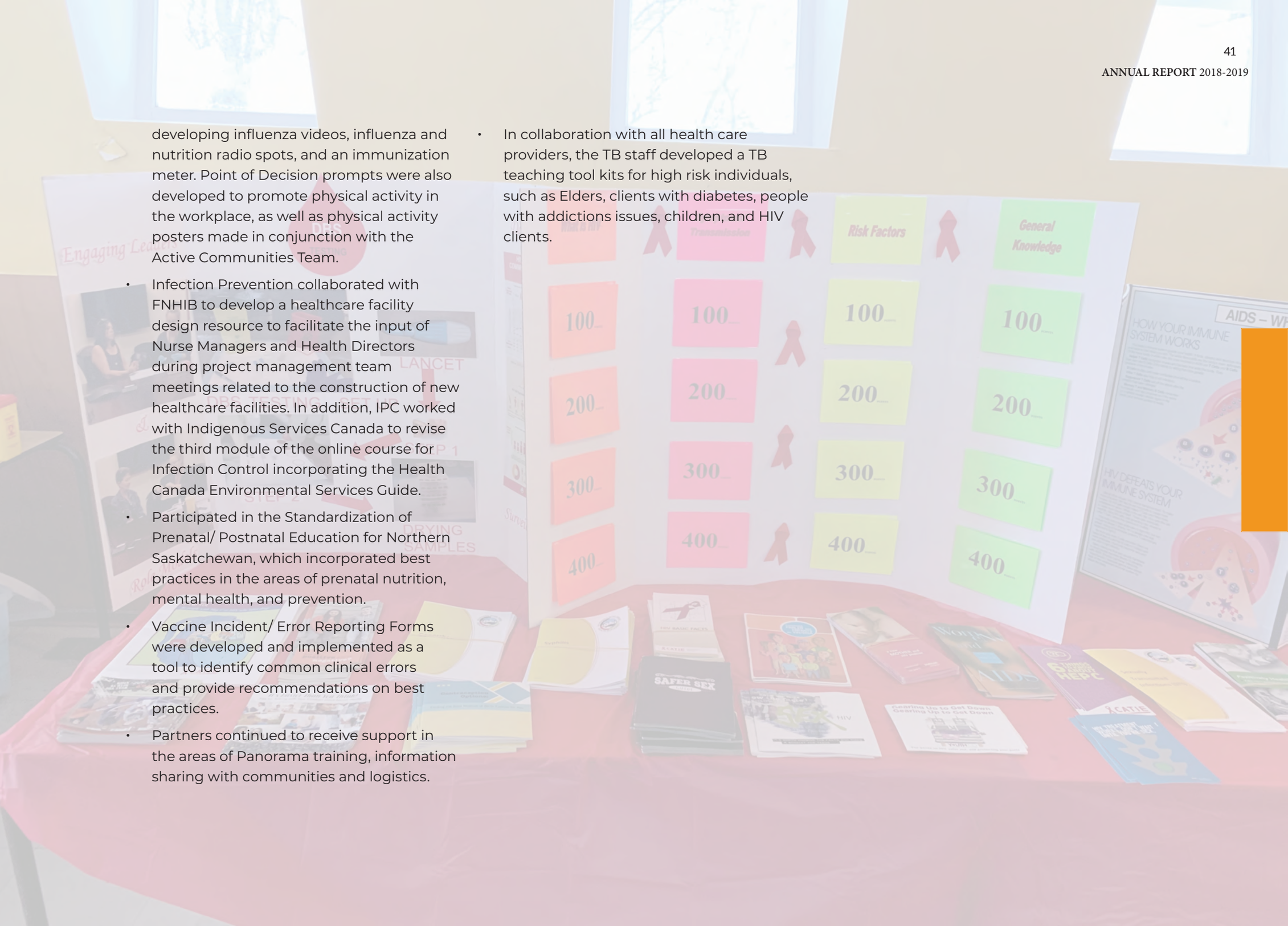
- Capacity Development drafted a four-module cultural competence orientation for NITHA that would educate new and existing staff on the culture and history of First Nations communities.
- The Emergency Response Program functions through a network of 4 Partner ERC`s. These positions were funded through NITHA for 5 years. When NITHA was no longer able to fund these positions advocacy for their continuation became priority. Advocated for Funding 2nd level Emergency Response positions.
- Partnerships were formalized between the Red Cross and PAGC and MLTC. these are Partnerships that were directly related to the work and advocacy of the Partner ERC Network and Working Group. These agreements are the first of their kind in Canada and formalize the utilization of the First Nations' capacity to provide agreed upon services to their members during times of disaster and/or evacuation. The importance of these signed agreements were showcased to an international audience at the Canadian Risk and Hazard Network forum in Vancouver and will be published in their Canadian Risk and Hazard Network Magazine in 2019.
- The Mental Health & Addiction Program developed the suicide screening tool - Suicide Risk Assessment Form and an Adult Community Addiction & Mental Health Assessment Form which will be integrated into a data collection system.
- Provided clinical placement and practicums for five fourth-year University of Saskatchewan Nursing students that included community visits at several Partner communities. Very positive feedback was received by the students.
- Developed a NITHA Nursing Staff Summary that outlined filled and vacant positions to be completed on a quarterly basis. It was designed to provide support for recruitment and retention purposes.
- The Nutrition Program developed a draft brochure on the career of a Dietitian for the dissemination at Career Fairs.
- The Tobacco Program organized a photo shoot in April 2018 as part of its awareness campaign to educate community members on the harmful effect of commercial tobacco use while being respectful of the traditional use of tobacco. Photos were taken of different scenarios to capture the messages and themes, including photos of a police officer giving a ticket to a motorist smoking in a vehicle with a child, a pregnant mom, smoke-free public places, smokeless tobacco, concurrent tobacco and cannabis use.
- The Tobacco Project developed a booklet called, "Be Smart! Don't Start!" and posters by children in the Partner communities who shared their creativity and wisdom with Northern Saskatchewan Breathe Easy Group.
- The Tobacco Project Coordinator attended Canadian Cancer Society's Tobacco-Wise Cessation service project on developing a Tobacco Cessation Phone Line for Indigenous populations.
- The Tobacco program used NSBE's social media to ensure community members were engaged and informed of current trends in commercial tobacco use,

which included posts on anti-tobacco messages related to the health effects and consequences of tobacco, the tobacco industry's deceptive practices, and the potential harm of second-hand smoke.

- In conjunction with Community Tobacco Coordinator (CTC), the Tobacco Program continued to engage its' target audience by offering quitting tips and encouraging followers to stay smoke free. Approximately 50 messages were posted on the NSBE Facebook page with the number of "Likes" on the NSBE Facebook page increasing to 5,600.
- Contests were held, including World No Tobacco Day and National Non-Smoking Week, on NSBE social media pages of which the number of followers increased to 2000+ likes, 600 shares and 16,000 engagements.
- Twenty-nine computers, including desktop and laptops were purchased to replace all of the Panorama computers that needed upgrading.
- New firewalls for all the health clinics were purchased due to expired licenses. They were replaced with new hardware with 3-yr licenses that cost less than renewing the expired ones. The new firewalls have advanced quality of service features that can improve the performance of applications like the EMR and Telehealth, and active licenses are necessary to ensure community networks were protected.
- Partners and communities were provided with assistance in accessing the Electronic Health Record (eHR) Viewer, which enables authorized nurses to see the medical history of their clients to improve patient care.
- The IT Department prepared and deployed computers to the communities purchased on behalf of the partners.
- In addition to the Shared Client Index (SCI) and EHviewer, Panorama Investigation and Outbreak Module (IOM) itself may also be used as a tool to locate clients, even if they live outside Saskatchewan. When CHNs are not able to contact these clients, the CD
- Nurse attempts to notify them using the available contact information listed in these resources. Using these resources also avoids confidentiality breaches and maintains privacy at a higher level.
- All Environmental Health handouts and resources were updated and posted on NITHA's website.
- A lagoon maintenance tool was drafted with Environmental Public Health Officers' comments as requested by the Environmental Public Health Officers.
- Environmental Health collaborated with the International Fund for Animal Welfare on children's resources involving traditional animal roles in First Nations communities, dogs' life cycles and bite prevention in consultation with the Public Health Working Group.
- A poster on Costs of Dog Ownership was developed in consultation with the Public Health Working Group.
- A Dry Blood Spot (DBS) Testing poster was developed to promote DBS testing
- Over 5,250 HIV specific promotional items were ordered to create HIV awareness were distributed to the partnership accordingly.
- Two male and female condom demonstrators were ordered and made available to promote Harm Reduction education.
- HIV education games were developed for use in the NITHA Partnership.
- Frontline workers developed an HIV information sheet for use as a teaching tool.
- Health Promotions worked with various NITHA program leads to develop posters on cancer, prostate cancer, and Get the Flu Shot, Not the Flu, and flu myths versus facts, lagoon maintenance and the basic costs of owning a dog, along with a fact sheet. In addition, work was done in

developing influenza videos, influenza and nutrition radio spots, and an immunization meter. Point of Decision prompts were also developed to promote physical activity in the workplace, as well as physical activity posters made in conjunction with the Active Communities Team.

- Infection Prevention collaborated with FNHIB to develop a healthcare facility design resource to facilitate the input of Nurse Managers and Health Directors during project management team meetings related to the construction of new healthcare facilities. In addition, IPC worked with Indigenous Services Canada to revise the third module of the online course for Infection Control incorporating the Health Canada Environmental Services Guide.
- Participated in the Standardization of Prenatal/ Postnatal Education for Northern Saskatchewan, which incorporated best practices in the areas of prenatal nutrition, mental health, and prevention.
- Vaccine Incident/ Error Reporting Forms were developed and implemented as a tool to identify common clinical errors and provide recommendations on best practices.
- Partners continued to receive support in the areas of Panorama training, information sharing with communities and logistics.
- In collaboration with all health care providers, the TB staff developed a TB teaching tool kits for high risk individuals, such as Elders, clients with diabetes, people with addictions issues, children, and HIV clients.



PILLAR FOUR
Research and Analysis

- Capacity Development completed and presented a comprehensive review of Parenting Programs to the Executive Council, which included review of a new First Nations Parenting Program called "Bringing Tradition Home," an anti-violence program called "Leader in Me", "Nobody's Perfect," "Triple P Parenting," "Kids First," and "Families and Schools Together."
- Mental Health & Addictions researched two data collection tools called Athena Software – Penelope Case Management System and Mustimuhw Solutions for the Executive Council's Review.
- Conducted research on Registered Nurses in the expanded role of Primary Care sites in various regions across Canada, and provided a summary on the education and experience required to work at Primary Care sites.
- The Nutrition program researched nutrition and FASD, in collaboration with mental health and nursing, for a funding proposal to increase awareness and prevention of FASD in our communities.
- The Nutritionist attended a presentation on the residential school experience and hunger, and how it relates to chronic disease.
- Research was conducted on the Breast-feeding Peer Support programs.
- The Nutrition Program collaborated with the MHO on determining the effectiveness and reliability of the Lucky Iron Fish cooking tool which was promoted for the treatment and prevention of iron deficiency anemia.
- With the legalization of cannabis in Canada and the health impact of concurrent tobacco and cannabis use, the Tobacco Project conducted an environmental scan as well as a literature review to understand the trend and to develop resources targeting concurrent users.
- In collaboration with the community coordinators, the Tobacco Project developed a brochure, titled "Shining the Light on Cannabis, Legal Does Not Mean Safe" to create awareness as part of the preventive strategy on recreational cannabis and tobacco concurrent use that targets grades five to seven.
- eHealth reviewed research and data sharing agreements for their adherence to OCAP principles that cover Ownership (who owns the data), Control (what controls are in place about the collection, use and disclosure of the data collected and the reports produced), Access (who may access the data collected and the reports produced), and Possession (what are the rules around storage of data and for ensuring all copies are returned to the communities upon completion of a research project).
- eHealth partnered with a graduate student to conduct research and provide a report on the use of Telehealth from perspectives of the patients and providers from the Partner communities as well as Northern Metis Hamlets.
- Research and analysis of difficult IT problems, as well as advice and support on technology solutions, were performed by the Senior Network Technologist who also maintains NITHA's IT system and ensures it is always available and running optimally to support staff productivity.
- Panorama IOM has reduced missing and over treating clients.
- PHU is conducting an antimicrobial resis-

tance – gonorrhea research in some of our partner communities.

- EHA provided comments on a data collection tool for PAGC's housing survey.
- The Epidemiologist collected and analyzed data for quarterly reports and Partners upon request. Templates were also developed and updated for quarterly and year-end reports. Support was also provided to the TB program for the LTBI indicator and LTBI risk factor database.
- HIV Coordinator collaborated with PHAC to coordinate and support the TRACKS project which was a huge success.
- Health Promotions successfully applied for a cancer engagement grant to address cancer within the NITHA partnership.
- Infection Prevention and Control Program presented at the 2018 Infection Prevention and Control (IPAC) Canada conference in Banff on "Empowering Environmental Services Workers to help control the spread of infections in First Nations health facilities," "Utilizing Community Support Visits to promote Infection Prevention and Control (IPC) Practices in First Nations communities in Northern Saskatchewan," and "Building it Correctly: Addressing the Challenges of Healthcare Facility Design in First Nations communities in Northern Saskatchewan."
- NITHA released the NITHA 2015 Wildfire Study. The study put forth the recommendations which are located at the end of this pillar for review.
- In a coordinated effort with Stanley Mission Health Services, a quality improvement process was initiated for their immunization program with the goal to improve their immunization rates.
- An outbreak analysis in one of NITHA's Partner community that had a previous TB outbreak in 2014 was conducted by a practicum MPH student. This showed social determinants of health, susceptible population, and delay in diagnosis and treatment as the 3 main factors that contributed to the outbreak. Four recommendations from the project include early detection and treatment of all active and LTBI cases, multi-sectorial collaboration, development of TB Management Framework, and enhanced data collection.
- One of Partner communities is participating in two research projects: the Latent Tuberculosis Mobilization Initiative, which aims to increase TB awareness and provide preventative treatment to adults with latent TB infection thereby reducing the incidence of TB in the future; and, the Pathways project. The Path project recognizes that TB programming is often influenced by geographical and jurisdictional boundaries, and its elimination cannot be met in isolation. Instead, requiring the consideration and promotion of the interests of the region at large and the people living therein.

NITHA 2015 Wildfire Study: Recommendations:

1. INAC, working with First Nations and other federal organizations, should establish guidelines for eligible and non-eligible expenses for emergency management activities.
2. INAC, working with First Nations and other federal organizations, should streamline the funding process for the recovery of costs associated with emergency management activities.
3. INAC, working with First Nations, should lead the development and implementation of clear guidelines and funding processes to support the advancement of the risk based all-hazards approach for emergency management planning, preparedness and response capacity for First Nations.
4. INAC, working with First Nations, the province of Saskatchewan, and other federal organizations, should take the lead role in clarifying federal and First Nations roles and responsibilities so that these can be set out formally in agreements with the province, First Nations and third-party providers.
5. The province of Saskatchewan, working with First Nations, and other provincial organizations, should take the lead role in clarifying the provincial roles and responsibilities for emergency management response activities so that these can be set out formally in agreements with INAC and First Nations; and serve to enhance local First Nations ERPs where interaction with the province is required.
6. First Nations, working with INAC and Health Canada, should advance the risk based all-hazards approach efforts for emergency management for their communities and annually review, update and test local ERPs.
7. First Nations, should review and/or update existing ERPs to include response measures for self-sufficiency for a minimum of 72 hours, even in cases where a determination of the need to evacuate has been made, in the event that provincial response capacity is not readily available.
8. INAC, in consultation with First Nations and working with the province and other federal organizations, should take the lead role in the development and implementation of formal emergency management and response service agreements with the province that align with the needs and objectives of First Nations.
9. INAC, working with First Nations and the province of Saskatchewan, should clarify the roles, responsibilities and process for the declaration of an emergency in a First Nation community so that this can inform and enhance local community ERPs processes and the community's' role and responsibility in identifying and initiating a response to an emergency.
10. The province, working with First Nations, should take the lead role in clarifying the roles and responsibilities of First Nations community representatives in provincial emergency planning and response decision making processes where their community, or its members, have been affected.
11. The province of Saskatchewan, in consultation with the Canadian Red Cross and working with First Nations, should take the lead role in the review of contributions made by First Nations groups to augment the emergency response efforts of 2015 and assess how such contributions could be accessed to enhance provincial response capacity in the future.
12. The province of Saskatchewan, working with the Red Cross, should take a leadership role in the development of scalable guidelines and standards which can be used by First Nations communities to assess the viability of community facilities for use as emergency shelters during some emergency events as appropriate.
13. First Nations should continue to advance the risk based all-hazards approach to emergency management within the communities and the ongoing enhancement of community level emergency management capability and capacity.
14. First Nations, in consultation with INAC and working with the province, should develop guidelines and processes to document and record

emergency management expenditures in a fashion that aligns with federal and provincial requirements for reimbursement of eligible costs.

15. The province of Saskatchewan, working with INAC and First Nations, should take a leadership role in understanding the effects that certain emergency response activities may have on residential school survivors; and the development and implementation of cultural awareness and sensitivity programs to minimize negative effects on affected First Nations.

16. The Canadian Red Cross should develop and implement operational procedures which include an awareness of First Nations Culture and health and safety programs when engaging Red Cross resources from other jurisdictions to maintain a consistent level of care for evacuees.

17. The province of Saskatchewan, working with First Nations, should review emergency management response practices to recognize and incorporate respect for the tribal nature of Saskatchewan First Nations.

18. The Canadian Red Cross, working with the province of Saskatchewan and First Nations and Health Canada, should review operational processes for Red Cross operated emergency reception centers and establish a minimal model of basic service delivery which consistent between host cities.

19. The province of Saskatchewan, working with the Canadian Red Cross, should review the activation processes for Red Cross operated emergency evacuation centers to confirm that subsequent activations can support the established model of basic service delivery within a reasonable period of time and with minimal negative impact to evacuees.

20. The province of Saskatchewan, working with the Canadian Red Cross and Health Canada, should review emergency reception center operational processes to confirm or establish processes to support the requirements of evacuees with special needs.

21. The province of Saskatchewan, working with the Canadian Red Cross, should review exiting provisions for the sheltering of priority evacuees in host city hotels and confirm that such provisions can adapt as necessary.

22. First Nations should participate in Canadian Red Cross volunteer training programs to increase community level capability, capacity and awareness of Canadian Red Cross processes and enable a consistent approach to evacuee registration in community and an ability to provide support to evacuees within emergency reception centers.

23. The Canadian Red Cross should establish an effective electronic registration database that can be used to provide accurate timely information on the location and movements of evacuees when necessary.

24. The province of Saskatchewan, working with First Nations, should recognize volume of skilled First Nations resource capacity and integrate this expertise to enhance provincial emergency response capability and capacity.

25. The province of Saskatchewan should establish effective communications processes and provide timely and relevant situational awareness updates to emergency response providers and affected community representatives.

26. The province of Saskatchewan, working with the Red Cross, should establish an effective process to communicate situational awareness information to evacuees.

27. First Nations should establish appropriately effective electronic communications mechanisms to communicate important information with their community members.

PILLAR FIVE
Engaging Partnership

- Capacity Development continued to be an active member of the Saskatchewan Oral Health Coalition and the Northern Oral Health Working Group. The Advisor participated in the first Northern Oral Health Day on September 22 - 23 in La Loche, Sask., and Clearwater River Dene Nation. Oral Health professionals from throughout the province also assisted in making this day a success.
- Emergency Response participated in the evacuation of five Partner communities during the fire season.
- Emergency Response works with all external stakeholders and 2nd level Partners with the goal of achieving a higher level of safety through cultural awareness, special needs considerations, planning, testing, and working through the lessons learned from year to year. As reflected within the NITHA 2015 Wildfire Study, the Partner communities report an increased feeling and level of preparedness since the Partner ERC network began its work.
- NITHA works with members of the Saskatchewan First Nations Emergency Management Organization in the bi-lateral sharing of risk surveillance, response health and safety; EOC operations; and, other shared capacities of expertise.
- At the Provincial Level under the new Saskatchewan Health Authority (SHA), NITHA has continued to remain engaged in the areas of First Response, Pre-Hospital Care, and Emergency Management Unit (SHA EMU). For example, SHA EMU partners directly with the Partner ERC or delegate with bilateral sharing of surveillance, intelligence, and situational awareness during an emergency.
- Mental Health & Addictions engaged in a number of meetings, including the Embracing Life Committee's Community, Youth, Culture Sub-committee AFN's Mental Wellness Committee, and MHA Working Group. In addition, a connection was made with an Associate Professor in the Health Sciences department at the University of Lethbridge for the purpose of creating a distinct training program for Northern Saskatchewan Mental Health and Addiction staff that focuses on cultural and traditional ways of knowing and understanding that is both integrative and Trauma-Informed.
- Hosted sessions on Chronic Disease Prevention and Management sessions, based on the National Framework, on November 30, 2018 (50 participants) and March 12, 2019 (40 participants).
- The Nutritionist participated in the following events: Food Skills and Gardening Workshop hosted by dietitians from MLTC. Montreal Lake Treaty Day Celebration, NITHA Nursing Conference, the NITHA expo, the Wellness Fair in Montreal Lake, the Home Care Wellness Fair for LLRIB, and the NITHA HIV workshop. The Nutritionist also participated in the discussions at the Cancer Engagement meeting, and provided nutrition education to the NITHA staff during Nutrition Month.
- Various Program Information booths were set up during community events and conferences throughout the year. Some of the places included Montreal Lake Community Wellness Youth Conference on May 2 & 3, 2018 (80 visitors), James Smith's Community Health Fair on May 15-16, 2018, Mon-

treal Lake's Treaty Day (150 visitors), James Smith's Treaty Day (100 visitors), and NITHA's Nursing Conference on August 27-29, 2018 (80 visitors).

- The Tobacco program implemented a school-based tobacco prevention and cessation programs, which has reached its target group of over 2000 kids.
- The Northern Saskatchewan Breathe Easy group organized and provided prizes for a reading contest of which students received brochures to read with their parents or guardians.
- Adult presentations were held in almost all NITHA communities by the various tobacco projects where participants made up of ex-smokers, non-smokers, and smokers discussed community-based tobacco cessation and preventive measures
- Over 2,000 community members participated in community-based smoking cessation programs, including a 45-minute presentation at Wahpeton in May 2018, Quit Challenges at James Smith and Sturgeon Lake (eight participants from James Smith and two participants from Sturgeon Lake quit following the quit challenge), as well as Green Light projects in some Partner communities.
- The Tobacco Program distributed more than 2000 promotional items with anti-tobacco messages.
- The "Shared" EMR was deployed to several communities and program areas, including Hatchet Lake - Primary Care and Dieticians; Stanley Mission - Primary Care; Cumberland House, Red Earth - Doctor's Day and NP; and PAGC – Dieticians.
- The transition from paper charting to the Med Access EMR has been beneficial with more efficient workflows, improved collaboration with providers and reduced inefficiencies with some of the advanced features such as eFax, eLabs and eHR Viewer.
- The Helpdesk Technician accompanied the eHealth Advisor to some Partner communities to promote the Helpdesk Service and as an opportunity to provide onsite IT training.
- A proposal was submitted to complete the Shared EMR project at the pilot sites. ISC (formerly FNIH) was only able to provide partial funding to renew the EMR licenses and to support the Health Informatics Specialist position for six months.
- Communicable Disease Control worked in collaboration with the health center nurses and CHNs to trace positive STI/CD cases and their contacts for treatment and/or testing.
- Orientation of CDC Nurses was provided within the partnership and to nurses from the Saskatchewan Health Authority (SHA).
- Support in form of blood drawing for Sexually Transmitted Blood Borne Infection (STBBI) was provided at health fairs/Treaty Days.
- Environmental Health provided reminders to nurses on proper use of animal bite documentation and processes
- Health Directors were provided information packages on Chronic Wasting Disease and the importance of testing cervids (Deer, Elk, Moose, Caribou) for the disease.
- Environmental Health sent out health alerts on West Nile Virus, Animal Bites and Hantavirus.
- Environmental Health attended the first Saskatchewan First Nations Water Operators Forum funded by FSIN.
- The Epidemiologist participated in several meetings and teleconferences with epidemiologists throughout the province on public health issues, such as STI/communicable disease trends, flu surveillance, Panorama-IOM data quality, LTBI and Opioid surveillance.
- About 120 people participated in an on-line quiz held during Aboriginal AIDS awareness week. Role models were engaged for the National Testing Day in collaboration with the Saskatchewan Health Authority and the Prince Albert Metis Women Association.
- Health Promotions developed various health promotion materials and projects

through the NHCP Action Teams on physical activity, eating healthy, children's literacy, building vibrant youth, and smoking cessation.

- Health Promotions collaborates with the NITHA Public Health Working Group, the Population Health Practitioners Council of Saskatchewan, the Saskatchewan Cancer Agency, and the Saskatchewan Prevention Institute on various initiatives.
- Education was provided on various topics, such as sexual health, physical activity, and career paths at the Montreal Lake Community Wellness Conference, La Ronge Career Fair, Meadow Lake Career Fair, Northern Schools Career Conference, Embracing Life Conference, and Wellness Carnival.
- Health Promotions also hosted a Cancer Engagement Workshop in conjunction with the Saskatchewan Cancer Agency to provide an update on funding and to assess the community's interest in participating in the project.
- Infection Prevention and Control liaised with NITHA partners to provide community support visits, including feedback on best practices, to twenty communities. In addition, 221 community members participated in a daily quiz on Facebook during the 2018 Infection Control Week held between October 15 to 19, 2018.
- Annual immunization awards were presented to communities with 90% or higher targets for 1-year old population cohorts at the NITHA AGM for the previous year.
- The PHN was involved in professional recruitment and sharing of service forums at the annual SRNA conference, FNIHB's Nursing conference, and the national CHN conference. Students were also engaged to consider health careers at student career fairs.
- The Tuberculosis staff conducted 64 community visits, attended numerous health fairs, treaty days, outreach programs, school education, and community wellness programs. The team participated in the training of 16 TB Program workers, and provided an annual TB workers workshop in September 2018.

PILLAR SIX
Second Level Training/Train the Trainer

- Capacity Development coordinated Health Manager training by the First Nations Health Managers Association (FNHMA) on Health Management in First Nation com-munities of which four individuals from NITHA Partnership successfully com-pleted and graduated in November 2018.
- In September 2018, 12 students began the St. Elizabeth's Community Health Repre-sentative Program, a yearlong program that includes eight months of online course, three weeks of face-to-face sessions, and a four-month in-community practicum. Three candidates from each of NITHA Partners enrolled in the program with 12 funded by ISC and two by NITHA.
- Approximately 100 First Aid and CPR/AED providers, three First Aid and CPR/AED Instructors, 12 First Responders, and eight Emergency Medical Responders were trained in 2018/19 by "in house" 2nd-level instructors. Over 900 persons trained and a 2/3 cost reduction was achieved by the Partners since developing the "in-house" 2nd level training capacity in May 2013. These numbers are expected to have dra-matic increases over the next year due to staffing changes and regulation changes within the National Training Regulations.
- Mental Health and Addictions provided training for the following communities: Counselling Essential Skills on October 17 -18, 2018 in Prince Albert, SK with 22 par-ticipants completing from PBCN (7), PAGC (3), LLRIB (5), MLTC (5); Narrative Therapy on November 6th, 2018 in Prince Albert, SK with 19 participants completing from PBCN (5), PAGC (3), LLRIB (5), MLTC (3), students (2), and NITHA staff (1); Motivating Change on November 7 - 8, 2018 in Prince Albert with 20 participants completing from PBCN (5), PAGC (4), LLRIB (6), MLTC (3), student (1), and NITHA staff (1); Healing Ways: Group Crisis Interventions for Indigenous Peoples on November 27 - 28, 2018 in Prince Albert with 18 participants completing from PBCN (5), PAGC (5), LLRIB (4), and MLTC (4); and Vicarious Trauma & Ethics in Helping on March 26 - 29, 2019 in Prince Albert with 18 participants completing from PBCN (3), PAGC (5), LLRIB (5), and MLTC (5).
- Nursing provided training to Partner nurses on Mental Health First Aid (20 participants) and Essentials of Perinatal Care (11 partici-pants).
- The Nutritionist presented to the Home Health Aides on the topic of "Taking Care of Teeth Through the Food We Eat" at the Home Health Aide workshop; trained a cook at the Elder Charles LTC facility in La Ronge on menu planning and diabet-ic foods and recipes; and co-facilitated with PBCN's dietitian and nurse for the Breast-feeding Peer Support workshop.
- Each of the four Community Tobac-co Coordinators receiving training on best-practiced resources, including "Brief Intervention for Tobacco Cessation: Help-ing Pregnant and New Mothers" to provide health care providers on ways to inquire about individual's tobacco use and how to provide strong messaging during clinic visits on abstinence.
- Sixteen retailers also received training on the Retailers toolkits that involved infor-mation and current changes related to all legislation surrounding tobacco sales to minors, information for retailers on develop-

ing policies surrounding the sale of tobacco, training of all staff members immediately upon hiring them and to ensure they are well versed on the legal sale of tobacco and associated products.

- eHealth coordinated a three-day Panorama training session in March for seven nurses to respond to an on-going training need for newly employed nurses who have not used Panorama.
- The Helpdesk technician provided 83 frontline workers with remote computer training in MS Office (Excel, Word, PowerPoint, Outlook) and computer basics (Windows 7/10)
- A WebEx for filling out the new data collection worksheet was provided to NITHA partner communities. Copies of these sheets were provided to the health centers and were made available on NITHA website.
- A one-on-one orientation with a community CHN/CD nurse and the partner's new nursing supervisor was conducted by phone or in the office.
- Environmental Health and Infection Control Program co-hosted the Janitorial Cleaning conference with PAGC's Environmental Public Health Officers. There were 42 janitors/maintenance workers trained at the workshop.
- Environmental Health Advisor attended the Water Quality Monitors training in Prince Albert funded by Indigenous Services Canada.
- The Epidemiologist completed end-user training with Hedgerow users, and participated in webinars specific to disease epidemiology, data quality, monitoring, and new developments in epidemiology, immunization, and public health practices.
- Eighty frontline workers participated in an HIV/STI workshop, at which DBS test training was provided.
- Health Promotions developed some health promotion modules for the NITHA Health Promotion Working Group, provided an injury prevention workshop in conjunction with the Saskatchewan Prevention Institute, and conducted an Adult Ally training for youth workers.
- Almost 60 participants attended the annual NITHA Nursing Conference held on August 27-29, 2018. Overall, the conference evaluations were rated as "very satisfied," and the participants indicated that the sessions were useful and relevant.

Infection Prevention Control

Table 1: NITHA Infection Prevention Control Online Course Users by Partner, 2018/2019.

Organization	Number of Users from the Organization
Lac La Ronge First Nation	35
Meadow Lake Tribal Council	18
Prince Albert Grand Council	6
Peter Ballantyne Cree Nation	3
Total	62

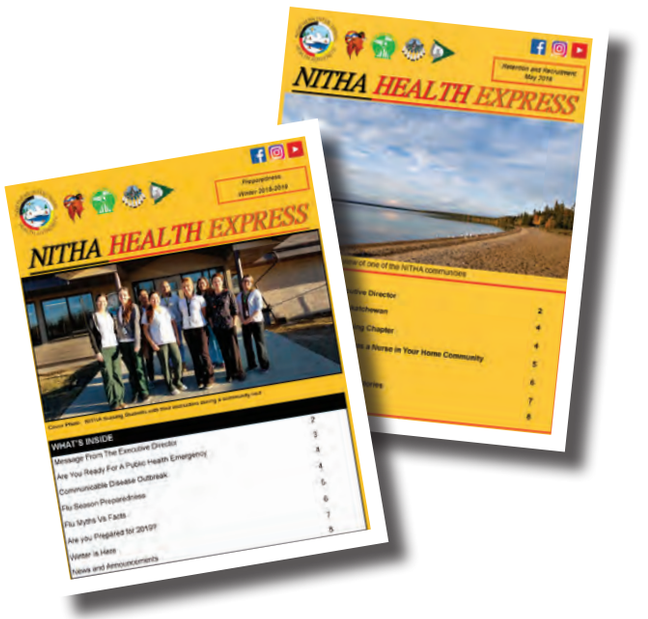
PILLAR SEVEN

Informing Partnership on New and Changing Communication and Current Trends

- Nursing initiated discussions for a representative from the SRNA to attend NITHA's Nurse Managers Meetings rather than the SRNA Leading Change group.
- The Nutritionist shared information from the Indigenous Health Conference with the Nutrition Working Group, provided information from the Food Sovereignty, Hemp and Medical Cannabis Indigenous Forum, and shared the new Canada Food Guide of which the Indigenous version and guidelines are projected to be released in 2020.
- The Tobacco Program identified and shared resources with CTCs on best practices, organized a presentation by Rescue I the Behavior Change Agency on psychographic teen segmentation used in tobacco control, substance abuse, and sexual health that focused on the importance of psycho-graphic segmentation when developing campaigns to address risk behaviors.
- The Tobacco Project Coordinator attended the Foundation Health Program's Tobacco-Cannabis Workshop on June 18th, 2018 in North Battleford and received certification as a Tobacco Educator through Pears Health's e-learning course.
- In addition, the Tobacco Project Coordinator attended the Federal Tobacco Control Strategy (FTCS) CoP meeting from September 25-27, 2018 in Calgary as part of the FTCS contribution agreement to learn and share knowledge, and understand more about promising practices and les-sons learned towards reducing commercial tobacco use among First Nations and Inuit.
- In September 2018, representatives from the NITHA Partners attended a Telehealth Forum hosted by the University of Saskatchewan to learn about the current state and issues related to Telehealth.
- An eHealth Working Group meeting was held in July where the new advanced firewalls were distributed and IT personnel were provided training.
- In November, the eHealth Advisor presented at the National Infoway Conference in Montreal and also attended the National AFN eHealth Coordinators Meeting at the same time.
- Partners were informed about the replacement of IPHiS with Panorama IOM data-base for all reportable diseases in the province. Fact sheets and Q & A brochures from this process were distributed the partners.
- Environmental Health Program promoted the use of First Nations' Collaboration Center forum by sending out reminders to Provincial Environmental Public Health Officers.
- Environmental Health Program posted multiple messages on Facebook, including information on the Salmonella outbreak, Chronic Wasting Disease, country foods report, and animal bite prevention, etc.
- A proposal was developed for an onsite dog management education campaign in communities and presented to the Executive Council.
- Health Promotions posted messages on social media, such as Facebook and Instagram, related to health topics such as HIV, mental health, physical activity, nutrition, tobacco use, alcohol use, and infection control. Since the Facebook page was launched, it has received 602, Likes, 647

Follows, reaching over 120,000 people, engaging with over 10,000 and receiving over 5,500 visits.

- In addition, Health Promotions published two editions of the NITHA Health Express that focused on retention & recruitment and preparedness.
- Infection Prevention and Control provided weekly updates about Infection Control to inform the partners of new and changing communication and current trends.
- NITHA hosted the Annual Influenza immunization and RSV teleconferences of which the majority of partners and communities attended.



CHALLENGES

- Securing funding for Capacity Development at the Partner level remains an ongoing challenge. The current funding does not reflect adequate support. Despite this, NITHA continues to focus on building capacity, encouraging employee development, and supporting skill and strategy development to enable healthcare workers to meet the increasing demands of the workplace.
- An annual review of Emergency Response Plans is an industry standard. Critical to the success and implementation of this process is the dedicated manpower at the second- and community levels; NITHA continues to advocate for funding for these positions.
- Travel and lodging costs continue to grow making training more costly and requiring exploration of other options.
- Dedicated full-time positions in the area of Emergency Response and Preparedness remain a significant challenge. Both second-level and community positions are needed to conduct Risk Assessments, update emergency response plans, build contingency plans, deliver pre-hospital emergency training, and maintain public access to defibrillation sites, as well as to prepare communities for unique contingencies, such as evacuations. Without these positions progress will be hampered and at risk.
- Challenges for MHA involve the coordination of training programs for first-level staff due to late registration because direct supervisors were not aware of staff registered, which caused confusion. Therefore, MHA may distribute training posters directly to the supervisors for their review and approval.
- Another challenge for MHA is related to the research of data collection tools where an in-depth review is necessary to consider different approaches to its' implementation with respect to mental health and addiction data collection from frontline staff. This may be accomplished through either of the two data systems being presented to and recommended by NEC.
- MHA also supports the need for clinical supervision in the Partner communities as indicated by Standards of Care, and evaluation of services provided to community members. However, there is a lack of funding for a position with the required qualifications, including the ability to provide clinical supervision. Therefore, it is essential to seek funding options with FNIH and other government stakeholders to initiate proposals related to the needs of front-line staff.
- A challenge for Nursing is obtaining lab licensing for the Primary Care sites at the Partner communities, as well as identifying common gaps in program services provided by NITHA that support the Partner organizations.
- The Nutrition Working Group was unable to have a face-to-face meeting due to last minute cancellations as well as a result of extreme weather conditions that were difficult to predict or prevent.
- The funding needed to implement community-based activities is not readily available.
- The smoking rates in our communities are high. The reasons are not farfetched: nicotine addiction and the underlying issues such as the social determinants of health. Sometimes 'kicking the habit' is the last thing on their mind. Smoking cessation is put on the back burner to assist the participants deal with other issues, such as depression, stress, poverty,

lack of education, social problems in family and community. In addition, there are perceptions that smoking is not a significant concern or priority.

- Commercial tobacco use has been normalized in most communities with limited knowledge of the extent of the problem. People's perceptions are that other substance misuse are more harmful than commercial tobacco misuse neglecting the fact that commercial tobacco is a gateway drug to other substance abuse.
- Deployment of the Med Access EMR was slower than anticipated and was limited to primary care use and doctor's day/NP visits. Slow deployment was a result of the time spent on auditing users and ensuring client information was being documented properly as well as ensuring that the EMR was being used according to work standards. User activity was also routinely monitored to ensure privacy requirements were being met. These quality assurance activities were necessary to ensure a high standard for data integrity.
- Development of work standards and customization of the EMR is a meticulous process and requires consultation with the clinicians.
- The Health Informatics Specialist (HIS) resigned which created a big challenge with implementing and maintaining the EMR. The HIS had privileged admin access to the EMR and could manage user accounts, analyze workflows and create the custom templates, perform privacy audits, address technical issues and provide basic and advanced user training. The HIS position was funded through an annual proposal driven process so there were job security issues.
- Transferring of cases to another jurisdiction since contact information was not available made tracing difficult for the CHNs and the CD nurse.
- Another common challenge is the lack of nursing staff to do the follow-up because of the rapid turnover of nurses in partner communities.
- Slow reporting on animal bite and enteric cases from communities continues to be a challenge. This is possibly due to high turn over of staff at a community level, heavy workloads or poor routing of information concerns.
- EHA was not able to attend or maintain collaborations with some working groups/ agencies due to travel budget challenges.
- Epidemiology and surveillance program face several issues of data quality, collaboration, and reporting. One of the biggest challenges is the shortage and turnover of staffs in different communities that affect timely reporting and follow-up of cases. Reporting of high-quality data also depends highly on the proper and complete collection of client and contact specific data. Insufficient details often lead to an incomplete representation of the epidemiology of the diseases.
- The transfer of communicable disease data to a new database and changes in procedures of collection and reporting of data in some communities also affected data quality and timely reporting of the database. As a result, it is necessary to capture data accurately through timely collaboration with internal and external stakeholders, and to implement improvement initiatives and monitor data quality on a regular basis.
- The process of following up of HIV clients and filling out the notification and contact list form continues to be very slow, which has affected data gathering and analysis. The reasons are the transient nature of the clients and high turnover rates of staff. Therefore, it is important to focus on peer engagement in HIV case management through peer support programs and peer led programs.
- The challenge for Health Promotions is the lack of representation from all partners in the Health Promotion Working

Group, partly due to staff turnover in the partnership, and workloads of the members. Therefore, Health Promotions suggest reducing the frequency of meetings, schedule more teleconference meetings, allowing alternates, and combining some meetings that may have the same members who are discussing similar topics.

- Another challenge for Health Promotions was not being able to attend some educational events or training sessions as requested by the Partners, because of a limited travel budget.
- The challenge for IPC is the lack of auditors for hand hygiene in the communities, due to the shortage and high turnover of direct care workers. Therefore, it is important that other healthcare staff are nominated to take training for auditing.
- Among the NITHA communities, there remains a wide variation in the childhood immunization rates. For the communities that have significantly low childhood immunization rates, our most vulnerable populations are at high risk of contracting a vaccine preventable disease. This may be a result of high staff turnover in the partnership, staff shortages, and negative media information. To address this issue, emphasis will be placed on developing strategies with our partners to increase coverage rate in communities with low coverage.
- One of the challenges for NITHA TB is that Tuberculosis is a condition with many social, cultural and historical factors that lead to shame and silence, which leads to an increase in its activity because there are multiple stakeholders and a lack of relevant TB information. Therefore, it is important to have multi-sector collaboration and increased awareness and preventative messages.

PRIORITIES FOR 2019-2020

- Capacity Development will continue its work to advocate for a Dental Therapy program, provide support to students enrolled in the CHR and Health Managers programs, complete the Cultural Competence Orientation Training for new NITHA employees, and develop proposals that will support capacity development within our Partner organizations.
- NITHA ERC will continue to support the Partners through their respective ERCs in ensuring community response plans are taking an "All Hazard" approach, which is a sound, evidence-based approach to emergency planning. Adopting an "All Hazards" approach will ensure that the document is accessed for all community contingencies. As a result, the emergency response plans will not only become more familiar to, but also used with greater ease by community members.
- Not only are First Responders able to quickly deliver basic life-support they also enhance the Emergency Medical System by being local "experts" in language, terrain, resources and access to the sick or injured. First Responders become important resources in times of community disasters and pandemics. Because they are able to continue their education, the can more effectively assist in injury prevention awareness and community emergencies.
- NITHA ERC will support and assist communities as they build sustainable First Responder initiatives through initiatives that bring the training "in house". NITHA will remain active within registering and licencing body activities and requirements as well as providing mentorship and train-the-trainer capacity.
- NITHA continues to provide support in Pandemic and Communicable Disease Contingency Planning, providing the NITHA Communicable Disease Plan and the NITHA Communicable Disease Planning Manual. The most current versions are now available on the NITHA website. Further planning and response support is provided at request or when indicated by an increased threat/risk.
- NITHA is committed to realizing forward and meaningful progression on all recommendations set forth in the NITHA 2015 Wildfire Study.
- When organizations are mobilized during a large emergency, such as an evacuation, the NITHA ERC will continue to engage these organizations and ensure that the Partner community voices and concerns are heard and addressed. Northern communities are very unique and require a tailored approach during emergency events that differs in many ways from First Nations communities in the southern region. The NITHA ERC will ensure that the "North" is not made to fit in the "Southern" box in regards to emergency response but rather holds a place uniquely of its own.
- Mental Health & Addictions provided assistance in sharing up-to-date information as it pertains to requirements of our regulated SASW, CCACF, and CCPA members from the 33 First Nation communities, which supports those required to access continuing education credits in particular areas of training.
- MHA will establish and coordinate with NIHB on First Nation Mental Health Therapists for Northern Saskatchewan, which mental health providers have approved.
- A standardized Mental Health Therapist Grid for the four partners will be developed for partner consideration and adoption.
- MHA will research models on Indigenous Healing models for in-patient treatment centres that include standards of care (SOC) for residential centres. It will also research and develop policy and procedures for the care of suicidal and/or acutely mentally unstable clients/patients.

- MHA will also establish a working group for a Northern Mental Wellness Framework and share models of evidence-based clinical supervision models as well as training to second-level supervisors.
- NITHA Nurse Managers will review Specialty Practice Documents in Section A of the Manual, complete the Lab Survey, and develop standard policy and procedures for the Partners' reference. In addition, an Orientation and Competency Profile Reference Guide will be developed for NITHA Nurse Managers in Primary Care and Home Care, as well as a chronic disease registry for NITHA. Nursing will continue to engage more NITHA Partner communities to host NITHA student practicums, and research and review the expanded role of Licensed Practical Nurses.
- The priority of the Nutrition program is to finalize the Dietitian Career brochure and to complete a reference chart for common food and drug interactions.
- The Tobacco Program plans on rolling out community cessation classes in the communities, involving tobacco cessation counselling sessions by a NITHA certified tobacco counsellor/specialist.
- Support will continued to be provided to CTCs and CHRs to integrate community-based initiatives into all sectors of the community, such as promotion of smoke-free homes, public places and cars, and dissemination of tobacco cessation resources
- The Tobacco Program will work with NITHA's Nutritionist, and Mental Health and Addiction Advisor on developing a healthy lifestyle activities for youth.
- NITHA plans on completing the EMR pilot project. An evaluation of the EMR system could be beneficial in responding to a longstanding need to have an effective EMR system that can be used across primary care, public health and homecare, and allow access to client information residing in the province, such as lab results and prescribed medications
- The Environmental Health Program will continue to strive for provincial reporting requirements for enteric illnesses.
- Environmental Health will also promote Cervid Carcass Sampling for Chronic Wasting Disease, and the new Drinkable Water Regulations for First Nations. EHA will also maintain the new Environmental Public Health Officers (Hedgerow) data collection system.
- The Epidemiologist will ensure timely reporting of high-quality data, and continue to monitor and update disease-specific surveillance and risk factor datasets on a regular basis.
- The priorities of the HIV program is to develop more culturally appropriate programs, posters, and resources to help create more awareness. The HIV coordinator plans to support partners through capacity building opportunities, to develop peer support and peer- led programs in the partnership, and to represent NITHA on the provincial HIV working group.
- Health Promotions will develop a physical activity training program, a cancer needs assessment for the partnership, and NITHA specific health promotion training manual. The program will also continue to explore ways to reduce cancer within the communities, and to increase health promotion services, as well as education resources, such as posters, pamphlets, and videos.
- The Infection Prevention and Control program will focus on developing more IPC resources with Indigenous content, monitoring of hand hygiene compliance, providing IPC-related training and education.
- PHN will continue to identify NITHA communities with low childhood immunization rates and offer third level support. For the Annual Influenza Campaign, NITHA in partnership with the Saskatchewan Ministry of Health will receive the initial allotment of influenza vaccine before the 2019-20 Influenza Season. NITHA communities are proposing to launch the influenza campaign early this season, in order to alleviate some of the challenges in the northern communities.


HIV IS DIFFERENT NOW
GET TESTED

HUMAN RESOURCES

Human Resources works to support the NITHA Partnership to plan, implement, and operate human resource programs aimed at addressing Human Resource (HR) issues as a collaborative approach. This includes but is not limited to consultation, advice and the implementation of HR initiatives throughout the Partnership. Effective Human Resource Management (HRM) enables employees to contribute effectively and productively to the overall company direction and the accomplishment of the organization's goals and objectives.

The HR Advisor deals with issues related to people such as recruitment and retention, compensation, performance management, organizational development, occupational health and safety, employee wellness, employee benefits, employee relations, communications, HR administration, and employee training and development. The HRM process at NITHA is the responsibility of the HR Advisor who is supported by the HR/ Finance Assistant.

1. Policy Development/Standards/ Protocols/Procedures

- Human Resources assisted in updating the General Procedures Asset Management & Inventory Policy.

2. Data Stat Collection & Analysis

- Human Resources contributed to the First Nations Labour and Employment Development's Saskatchewan Regional Questionnaire.

3. Developing Tools and Best Practices

N/A

4. Research and Analysis

- Human Resources created an on-going collection of salary information on various health professional positions.

5. Engaging Partnership

- Human Resources provided support in various areas, such as drafting/editing job descriptions, as well as researching policies and providing policy templates as needed.
- Human Resources continues to work with the Partnership to reach targeted applicants by placing job advertisements of vacant positions in the Partnerships on our website and various other methods including nationtalk.ca.
- Human Resources has also continued to support NITHA in having their representatives actively participate in NITHA's resume screening activities and interviews. This support has ensured that NITHA is selecting the right candidates to fill vacant positions. The HR Advisor conducted/ prepared screening sessions and updated/created Interview Guides and/ or conducted Interviews for the positions of: Epidemiologist, HR Finance Assistant, TB Nurse, Executive Director and HR Advisor.
- Human Resources set up a NITHA booth promoting NITHA and health careers and nursing in the north at the following events along with approximate number of participants: SRNA Annual Conference, Regina May 2-3, 2018 (250 participants); La Ronge & Area Career Fair and Hands on Career Day with PHN & CDC Nurse, La Ronge, May 1, 2018, NITHA had a suturing station. (600 participants); National Community Health Nursing Conference, Regina June 26-28, 2018 (300 participants); and, FNIH SK Regional Nursing Workshop, Saskatoon Nov 6-8, 2018 (250 participants). Attendance at these events was well received from participants and would recommend continued participation to continue to raise awareness of NITHA and the Partners.

7. Informing Partnership on new/changing communication and current trends

- The HR Advisor continues to support Partner HR members on an on-going basis.

Staff Vacancies

NITHA began its year with one vacancy in the positions of HR/ Finance Assistant. By March 31, 2019, NITHA had five vacant positions: Nurse Program Advisor, Health Informatics Specialist, Program Administrative Assistant, and TB Advisor.

NITHA had 90 applicants for the positions, which were filled during the 2018-2019 fiscal year.

POSITION TITLE	DATE FILLED
Epidemiologist	November 2018
Executive Director	November 2018
HR/Finance Assistant	December 2019
TB Nurse	January 2019
HR Advisor	February 2019

There were 1,348 recorded views of our vacant job postings on various social media outlets, including Facebook, indeed.ca, and the NITHA website. Overall, 66 applications were submitted through these outlets and the remaining 24 applications were submitted from other sites, including SaskJobs, nationtalk.ca or via networking.

The following table provides more details on the sources, visitors and applicants.

Source	Visitors	Applicants	Hires
Facebook	743	3	0
Glass Door	5	3	0
Google	1	0	0
Indeed	100	58	0
Website	499	2	0
Other: SaskJobs/networking/ nationtalk.ca	unknown	24	5

Employee Relations - Human Resources is responsible for ensuring an adequate flow of information between employees and management in order to promote a better understanding of management's goals and policies.

Employment Legislation Compliance - NITHA continues to ensure compliance to employment legislation as stipulated under the Canada Labour Code, Human Rights Legislation, and Common Law.

Performance Management – NITHA's management and its HR Advisor are committed to a continuous process of setting objectives, assessing progress, and providing on-going coaching and feedback to ensure employees are meeting their objectives and career goals.

HR Policies and Procedures - The HR Advisor makes it an on-going activity to review, recommend, update, and interpret HR policies and procedures.

Employee Wellness - A healthy work-life balance is encouraged for all staff members.

Social Committee - The HR Advisor actively participates in the coordination of social activities for staff, including Christmas parties, staff appreciation activities, staff retreats, and other special events.

Promotion and Awareness of NITHA – A NITHA information booth was set up at various nursing conferences and careers fairs throughout the province with the goal to promote NITHA and the Partnership, as well as to encourage visitors to pursue health careers, apply for the NITHA Scholarship, and pursue a career of nursing in the north.

CHALLENGES

As in past years, the health industry and NITHA, in particular, continue to be affected by shortages of needed skill sets. The greatest recruitment challenges continue to be in the area of nursing, especially with the changes to the SRNA bylaws in December 2017, which has contributed to an increased demand for Registered Nurses with Advanced Authorized Practice. In response, NITHA will continue to work with the HR Working Group to engage them in identifying the major issues within their organizations.

PRIORITIES

The priorities of HR is to achieve and maintain a full complement of staff for continuity of business operations at NITHA, to provide an on-going review the NITHA benefit plan structure for all staff benefits to ensure they are current and competitive, and to continue engaging the HR Working Group to identify shared strategic HR goals and objectives as well as outstanding HR issues. HR will also continue to research, document, and implement successful recruitment and retention strategies; maintain HR Policies and Procedures that are in compliance with legislation as well as incorporating new updates from the Canada Labour Code; provide revisions to the General Procedures Manual; and to continue to promote awareness of NITHA and its Partnerships services and job opportunities.

The Northern Inter-Tribal Health Authority Leadership, Management and staff are thankful to the following former employees of the organization for contributing to the success of NITHA.

We wish them all the best in their future endeavours:

- Eileen Oliveri, TB Nurse, October 2018 (Retired)
- Sheila Hourigan, TB Advisor, February 2019
- Fay Michayluk, Nurse Program Advisor, March 2019 (Retired)
- Monica Sunil, Health Informatics Specialist, March 2019

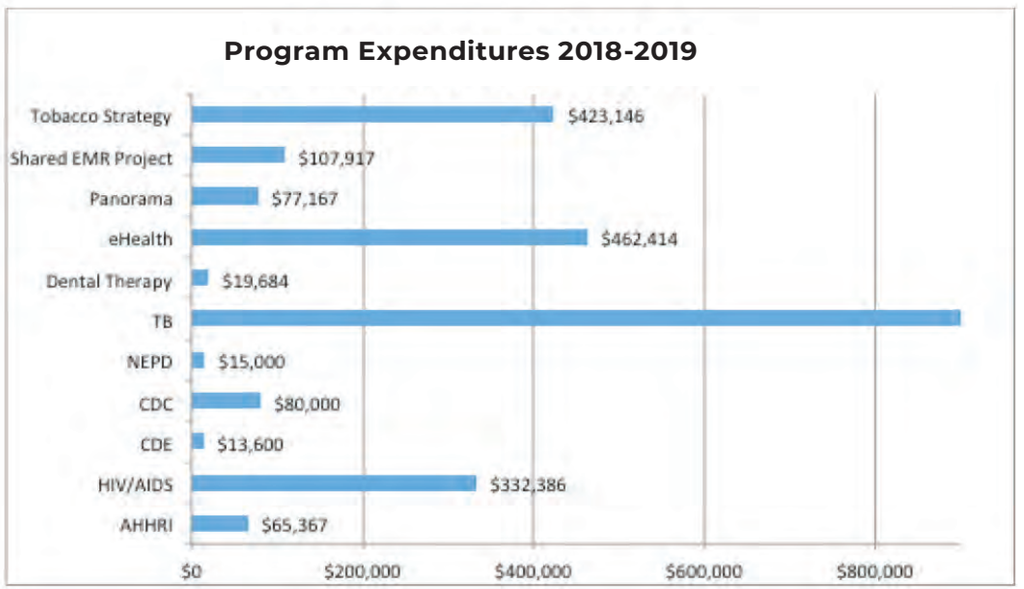
The Public Health Unit at the 20th Anniversary Celebration in September 2018

FINANCE

Program Overview

The Finance Manager performed professional, advisory and confidential financial duties abiding by the Financial Management Policy and Procedures Manual. The Finance Manager prepared the annual program budgets, provided monthly and annual financial reports, and ensured financial management was consistent with generally accepted accounting principles (GAAP) that met audit standards. The Finance Manager is responsible for the maintenance of the financial management policy and procedures manual, and development of administrative forms and approvals processes.

Block Funding	$5,219,805
Flexible Funding	$411,288
Set Funding	$647,331
TOTAL TRANSFER FUNDING	$6,278,424



The Northern Inter-Tribal Health Authority operated under a consolidated agreement which contained block, set, and flexible funding. This particular agreement is expected to expire March 31, 2020. On a quarterly basis the budgeted vs. actual expenditures by program area were presented to the Board of Chiefs for approval.

2018-2019 Financial Statements

The 2018-2019 Audited Statements unveil the financial portrait of this past year's programs and services provided to the NITHA Partners and their communities. Included in the audited financial statements are:

- The auditor's opinion on the fairness of the financial statements
- Statement of Financial Position (Balance Sheet)
- Statement of Operations (Income Statement)
- Statement of Changes in Net Assets (Fund Balances)
- Statement of Cash Flows
- Notes to the Financial Statements
- Detailed Schedule of Revenue and Expenditures by program

THE PAST AT A GLANCE


MOU Steering Committee Meetings


2001 05 24


2001 10 21


2001 05 07


NITHA Grand Opening

FINANCIAL STATEMENTS

Northern Inter-Tribal Health Authority Inc.

Financial Statements

March 31, 2019

Management's Responsibility

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

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

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

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

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

July 8, 2019

Tara Campbell

Executive Director

Finance Manager

MNP LLP

Independent Auditor's Report

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

Opinion

We have audited the financial statements of Northern Inter-Tribal Health Authority Inc. ("NITHA"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets, cash flows and the related schedules for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of NITHA as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

Responsibilities of Management and the Board of Chiefs for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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.

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Independent Auditor's Report

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of NITHA's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on NITHA's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause NITHA to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Prince Albert, Saskatchewan

July 8, 2019

MNP LLP

Chartered Professional Accountants

MNP

Northern Inter-Tribal Health Authority Inc.

Statement of Financial Position

As at March 31, 2019

	Operating Fund	*Appropriated Surplus*	*Surplus Appropriated for Scholarships*	*Capital Fund*	***2019***	*2018*
Assets						
Current						
Cash	**486,083**	**2,709,578**	**176,478**	**-**	**3,372,139**	3,051,779
Accounts receivable *(Note 3)*	**22,984**	**-**	**-**	**-**	**22,984**	10,621
Prepaid expenses	**44,068**	**-**	**-**	**-**	**44,068**	15,325
	553,135	**2,709,578**	**176,478**	**-**	**3,439,191**	3,077,725
Capital assets *(Note 4)*	**-**	**-**	**-**	**539,677**	**539,677**	594,004
	553,135	**2,709,578**	**176,478**	**539,677**	**3,978,868**	3,671,729
Liabilities						
Current						
Accounts payable and accruals *(Note 5)*	**549,135**	**-**	**-**	**-**	**549,135**	745,924
Deferred revenue *(Note 7)*	**4,000**	**-**	**-**	**-**	**4,000**	-
	553,135	**-**	**-**	**-**	**553,135**	745,924
Net Assets						
Unappropriated surplus	**-**	**-**	**-**	**-**	**-**	922,389
Appropriated surplus *(Note 8)*	**-**	**2,709,578**	**-**	**-**	**2,709,578**	1,227,828
Surplus appropriated for scholarships *(Note 9)*	**-**	**-**	**176,478**	**-**	**176,478**	181,584
Invested in capital assets	**-**	**-**	**-**	**539,677**	**539,677**	594,004
	-	**2,709,578**	**176,478**	**539,677**	**3,425,733**	2,925,805
	553,135	**2,709,578**	**176,478**	**539,677**	**3,978,868**	3,671,729

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, 2019

	Operating Fund	*Appropriated Surplus*	*Surplus Appropriated for Scholarships*	*Capital Fund*	*2019*	*2019 Budget*	*2018*
Revenue							
First Nations and Inuit Health Branch	**6,278,424**	**-**	**-**	**-**	**6,278,424**	**6,130,716**	5,635,403
Transfer from deferred revenue - Other revenue	**-**	**-**	**-**	**-**	**-**	**-**	24,408
Canadian Partnership Against Cancer							
Grant revenue	**66,000**	**-**	**-**	**-**	**66,000**	**66,000**	25,000
Transfer to deferred revenue	**(4,000)**	**-**	**-**	**-**	**(4,000)**	**-**	-
Funding recovered	**(9,576)**	**-**	**-**	**-**	**(9,576)**	**-**	-
Administration fees *(Note 10)*	**164,254**	**-**	**-**	**-**	**164,254**	**188,545**	177,152
Interest revenue	**-**	**-**	**57,894**	**-**	**57,894**	**-**	33,238
Total revenue	**6,495,102**	**-**	**57,894**	**-**	**6,552,996**	**6,385,261**	5,895,201
Expenses							
Salaries and benefits	**3,210,362**	**-**	**-**	**-**	**3,210,362**	**3,575,785**	3,135,283
Program expenses	**1,586,309**	**-**	**-**	**-**	**1,586,309**	**1,922,084**	1,331,396
Amortization	**-**	**-**	**-**	**272,346**	**272,346**	**-**	218,446
Facility costs	**233,704**	**-**	**-**	**-**	**233,704**	**251,687**	242,518
Administration fees *(Note 10)*	**164,254**	**-**	**-**	**-**	**164,254**	**233,708**	177,152
Appropriated surplus projects	**-**	**96,400**	**63,000**	**-**	**159,400**	**-**	280,268
Meetings and workshops	**112,898**	**-**	**-**	**-**	**112,898**	**168,350**	92,908
Travel and vehicle	**109,424**	**-**	**-**	**-**	**109,424**	**163,049**	112,613
Professional fees	**88,216**	**-**	**-**	**-**	**88,216**	**87,000**	57,204
Computer and equipment maintenance	**62,637**	**-**	**-**	**-**	**62,637**	**69,207**	45,950
Telephone and supplies	**60,123**	**-**	**-**	**-**	**60,123**	**69,865**	56,307
Bank charges and interest	**2,255**	**-**	**-**	**-**	**2,255**	**2,000**	3,352
Total expenses	**5,630,182**	**96,400**	**63,000**	**272,346**	**6,061,928**	**6,542,735**	5,753,397
Excess (deficiency) of revenue over expenses before other items	**864,920**	**(96,400)**	**(5,106)**	**(272,346)**	**491,068**	**(157,474)**	141,804
Other items							
Gain on disposal of capital assets	**-**	**-**	**-**	**8,860**	**8,860**	**-**	15,075
Excess (deficiency) of revenue over expenses	**864,920**	**(96,400)**	**(5,106)**	**(263,486)**	**499,928**	**(157,474)**	156,879

Northern Inter-Tribal Health Authority Inc.

Statement of Changes in Net Assets

For the year ended March 31, 2019

	Operating Fund	*Appropriated Surplus*	*Surplus Appropriated for Scholarships*	*Capital Fund*	***2019***	*2018*
Net assets, beginning of year	922,389	1,227,828	181,584	594,004	**2,925,805**	2,768,926
Excess (deficiency) of revenue over expenses	864,920	(96,400)	(5,106)	(263,486)	**499,928**	156,879
Transfer to capital fund	(156,884)	(61,135)	-	218,019	-	-
Transfer from capital fund	8,860	-	-	(8,860)	-	-
Transfer to appropriated surplus	(1,678,333)	1,678,333	-	-	-	-
Transfer from appropriated surplus	39,048	(39,048)	-	-	-	-
Net assets, end of year	-	2,709,578	176,478	539,677	**3,425,733**	2,925,805

The accompanying notes are an integral part of these financial statements

Northern Inter-Tribal Health Authority Inc.

Statement of Cash Flows

For the year ended March 31, 2019

	Operating Fund	*Appropriated Surplus*	*Surplus Appropriated for Scholarships*	*Capital Fund*	***2019***	*2018*
Cash provided by (used for) the following activities						
Operating						
Excess (deficiency) of revenue over expenses	**874,094**	**(96,400)**	**(5,106)**	**(263,486)**	**499,928**	156,879
Amortization	**-**	**-**	**-**	**272,346**	**272,346**	218,446
Gain on disposal of capital assets	**-**	**-**	**-**	**(8,860)**	**(8,860)**	(15,075)
	874,094	**(96,400)**	**(5,106)**	**-**	**763,414**	360,250
Changes in working capital accounts						
Accounts receivable	**(12,364)**	**-**	**-**	**-**	**(12,363)**	5,881
Prepaid expenses	**(28,743)**	**-**	**-**	**-**	**(28,743)**	(1,782)
Accounts payable and accruals	**(196,789)**	**-**	**-**	**-**	**(196,789)**	188,954
Deferred contributions	**4,000**	**-**	**-**	**-**	**4,000**	(24,408)
	640,198	**(96,400)**	**(5,106)**	**-**	**529,519**	528,895
Capital activities						
Purchases of tangible capital assets	**-**	**-**	**-**	**(218,019)**	**(218,019)**	(362,709)
Proceeds from disposal of capital assets	**-**	**-**	**-**	**8,860**	**8,860**	15,075
	-	**-**	**-**	**(209,159)**	**(209,159)**	(347,634)
Increase (decrease) in cash resources	**640,198**	**(96,400)**	**(5,106)**	**(209,159)**	**320,360**	181,261
Cash resources, beginning of year	**1,642,367**	**1,227,828**	**181,584**	**-**	**3,051,779**	2,870,518
Interfund adjustments	**(1,787,308)**	**1,578,150**	**-**	**209,159**	**-**	-
Cash resources, end of year	**495,257**	**2,709,578**	**176,478**	**-**	**3,372,139**	3,051,779

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2019

1. Incorporation and nature of the organization

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

2. Significant accounting policies

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

Fund accounting

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

i) The Operating Fund accounts for NITHA's administrative and program delivery activities;

ii) The Appropriated Surplus Fund accounts for funds allocated by the Board of Chiefs to be used for a specific purpose in the future;

iii) The Surplus Appropriated for Scholarships Fund accounts for investment funds allocated by the Board of Chiefs to be used for payment of scholarships in the future; and,

iv) The Capital Fund accounts for the capital assets of NITHA, together with related financing and amortization.

Allocation of expenses

The administration office provides services to other program areas reported in the Operating Fund. To recognize the cost of these services, revenue is reported on Schedule 3 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.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization uses rates intended to amortize the cost of assets over their estimated useful lives.

	Method	Rate
Equipment	straight-line	5 years
Computers	straight-line	3 years
Automotive	straight-line	5 years
Leasehold improvements	straight-line	5 years
Software	straight-line	3 years

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

Accumulated Sick Leave Benefit Liability

NITHA provides sick leave benefits for employees that accumulate but do not vest. The Authority recognizes sick leave benefit liability and an expense in the period in which employees render services in return for the benefits. The value of the accumulated sick leave reflects the present value of the liability of future employees' earnings.

Employee future benefits

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

Defined contribution plan

NITHA contributes to the defined contribution plan with costs equally shared by NITHA and its employees, accordingly, no amounts are recorded except for any outstanding amounts payable at year-end. Employer contribution rates for the defined contribution plan are equal to 7.5% based upon gross earnings per employee.

Revenue recognition

NITHA uses the deferral method of accounting for contributions and reports on a fund accounting basis. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income is recognized in the Surplus Appropriated for Scholarships funds net assets when earned.

Measurement uncertainty (use of estimates)

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

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

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

Financial instruments

NITHA recognizes its financial instruments when NITHA becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value.

At initial recognition, NITHA may irrevocably elect to subsequently measure any financial instrument at fair value. NITHA has not made such an election during the year.

Transaction costs directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in excess 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/or amortized cost to reflect losses in value are not reversed for subsequent increases in value. Reversals of any net remeasurements of financial assets measured at fair value are reported in the statement of remeasurement gains and losses.

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2019

3. Accounts receivable

	2019	*2018*
GST receivable	**16,394**	6,362
Other receivables	**6,590**	4,259
	22,984	10,621

4. Capital assets

	Cost	***Accumulated amortization***	***2019 Net book value***	*2018 Net book value*
Automotive	**284,112**	**68,124**	**215,988**	226,710
Computers	**1,195,180**	**998,647**	**196,533**	160,994
Equipment	**623,949**	**536,605**	**87,344**	137,125
Leasehold improvements	**176,812**	**161,000**	**15,812**	51,175
Software	**128,999**	**104,999**	**24,000**	18,000
	2,409,052	**1,869,375**	**539,677**	594,004

5. Accounts payable and accruals

	2019	*2018*
Payroll accruals	**354,329**	375,256
Trade payable and accruals	**194,806**	370,668
	549,135	745,924

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:

	2019	2018
Prince Albert Grand Council	**170,218**	157,522
Meadow Lake Tribal Council	**145,616**	130,720
Peter Ballantyne Cree Nation	**279,470**	124,762
Lac La Ronge Indian Band	**158,427**	122,962

At March 31, 2019, accounts receivable amounting to $12,414 (2018- $nil) and accounts payable of $47,461 (2018- $8,483) 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.

7. Deferred revenue

	2019	*2018*
Canadian Partnership Against Cancer	**4,000**	-

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:

	2019	*2018*
Capacity development initiatives		
Opening balance	**109,142**	44,074
Transfers from surplus	**400,000**	-
Inter project transfers	**-**	79,920
Expenses	**(20,000)**	(14,852)
Ending balance	**489,142**	109,142
Human resources initiative		
Opening balance	**-**	14,430
Expenses	**-**	(14,430)
Ending balance	**-**	-
Nursing initiative		
Opening balance	**38,247**	40,793
Expenses	**(18,265)**	(2,546)
Ending balance	**19,982**	38,247
Capital projects		
Opening balance	**61,953**	31,971
Transfers to capital	**(61,135)**	(100,148)
Transfers from surplus	**187,000**	135,000
Expenses	**(4,058)**	(4,870)
Ending balance	**183,760**	61,953
E-Health solutions		
Opening balance	**79,904**	150,117
Expenses	**(464)**	(70,213)
Ending balance	**79,440**	79,904
Special projects		
Opening balance	**246,748**	-
Transfers to operations	**(68,558)**	(58,050)
Transfers from surplus	**153,046**	304,798
Ending balance	**331,236**	246,748

Northern Inter-Tribal Health Authority Inc.
Notes to the Financial Statements
For the year ended March 31, 2019

8. Appropriated surplus *(Continued from previous page)*

Strategic planning, long term planning and future deficits		
Opening balance	**691,834**	1,315,909
Transfers from surplus	**938,287**	-
Transfers to operations	**-**	(519,718)
Expenses	**(24,103)**	(104,357)
Ending balance	**1,606,018**	691,834
	2,709,578	1,227,828

9. Surplus appropriated for scholarships

The Board of Chiefs of NITHA established a policy that any interest earned by NITHA be appropriated to fund scholarships for students entering post-secondary education in a medical field.

Beginning Balance	Interest	Expenses	Transfers	Ending Balance
181,584	57,894	63,000	-	176,478

10. Administration fees

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

	2019	*2018*
Shared EMR Project - Schedule 14	**5,201**	20,516
Communicable Disease Emergencies - Schedule 6	**1,230**	939
Communicable Disease Control - Schedule 7	**7,151**	5,455
Nursing Education - Schedule 8	**1,108**	-
HIV Strategy - Schedule 9	**13,002**	6,434
Aboriginal Human Resources - Schedule 11	**5,942**	7,174
TB Initiative - Schedule 10	**64,533**	70,509
TB Worker Program - Schedule 10	**30,975**	12,310
E-Health Solutions - Schedule 15	**23,633**	41,242
Panorama - Schedule 16	**-**	7,000
Tobacco Control Strategy - Schedule 18	**3,024**	5,573
Canadian Partnership Against Cancer - Schedule 17	**3,935**	-
Chronic Disease Workshop - Schedule 12	**4,520**	-
	164,254	177,152

11. Commitments

i) NITHA occupies its office facilities on a lease agreement with Peter Ballantyne Cree Nation with annual commitment of $148,967 expiring March 31, 2020.

ii) In 2018, NITHA entered into a three year agreement for the implementation of a Environmental Health Organization Data System. The total cost is $239,269, of which $176,690 was incurred as of March 31, 2019. It is anticipated that the implementation will be completed in 2020.

12. Defined contribution pension plan

NITHA has a defined contribution pension plan covering substantially all full time employees. Contributions to the plan are based on 7.5% participants' contributions. NITHA's contributions and corresponding expense totaled $309,193 in 2019 (2018 - $313,021).

13. Budget information

On April 9, 2018 the Board approved its operating budget based on planned expenses relating to the current year funding. Included in the operating budget was $114,731 of planned capital purchases which are not included in the reported expenses.

14. Financial instruments

NITHA, as part of its operations, carries a number of financial instruments. It is management's opinion that NITHA is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Credit Risk

Credit risk is the risk of financial loss because a counter party to a financial instrument fails to discharge its contractual obligations.

A credit concentration exists relating to total accounts receivable. As at March 31, 2019, two customers accounted for 73% (March 31, 2018 – two customer for 64%) of the accounts receivable balance at year-end.

Interest rate risk

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

Liquidity risk

Liquidity risk is the risk that the 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, 2019, the most significant financial liabilities are accounts payable and accrued charges.

15. Economic dependence

NITHA receives the major portion of its revenues pursuant to various funding agreements with the First Nations and Inuit Health Indigenous Services Canada. The most significant agreement includes a 5-year health transfer agreement, which expires in March 31, 2020.

16. Contingent Liabilities

Various lawsuits and claims are pending against NITHA, however no provision has been recorded in the financial statements as the outcome of these is not determinable as of the date of these financial statements.

17. Comparative figures

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

Northern Inter-Tribal Health Authority

Schedule 1 - Summary of Operating Fund Revenue, Expenses, and Surplus by Program Prior to Interfund Transfers

For the year ended March 31, 2019

Programs	Schedule #	Health Canada Funding	Other Revenue	Administration Fees *(Note 10)*	Transfer *(To) From* Deferred Revenue	Total Revenue	Expenses	Investment in capital assets	*Surplus (Deficit)* 2019	*Surplus (Deficit)* 2018
Block Funding										
Public Health Unit	2	1,041,036	-	-	-	1,041,036	1,064,677	(18,000)	**(41,641)**	50,825
Administration	3	1,112,814	-	164,254	-	1,277,068	1,216,247	-	**60,821**	69,474
Community Services Unit	4	935,513	-	-		935,513	767,273	-	**168,240**	138,329
Health Planning & Management	5	-	-	-	-	-	-	-	**-**	(175)
Communicable Disease Emergencies	6	13,600	-	-	-	13,600	13,600	-	**-**	12,626
CDC - Immunization	7	80,000	-	-	-	80,000	80,000	-	**-**	1,949
Nursing Education	8	15,000	-	-	-	15,000	15,000	-	**-**	(1,826)
HIV/AIDS	9	305,200	-	-	-	305,200	332,386	-	**(27,186)**	(9,910)
TB Initiative and Worker Program	10	1,586,901	-	-	-	1,586,901	1,021,764	-	**565,137**	278,851
Aboriginal Human Resources	11	79,741	-	-	-	79,741	65,367	-	**14,374**	14,374
Chronic Disease Workshop	12	50,000	-	-	-	50,000	50,000	-	**-**	-
		5,219,805	-	164,254	-	5,384,059	4,626,314	(18,000)	**739,745**	554,517
Set Funding										
Dental Therapy Program	13	-	-	-		-	19,684	-	**(19,684)**	(26,341)
Shared EMR Project	14	107,917	-	-	-	107,917	107,917	-	**-**	56,360
E-Health Solutions	15	462,414	-	-	-	462,414	349,690	(112,724)	**-**	82,258
Panorama	16	77,000	-	-	-	77,000	51,007	(26,160)	**(167)**	-
Canadian Partnership Against Cancer	17	-	56,424	-	(4,000)	52,424	52,424	-	**-**	-
		647,331	56,424	-	(4,000)	699,755	580,722	(138,884)	**(19,851)**	112,277
Flexible Funding										
Tobacco Control Strategy	18	411,288	-	-		411,288	423,146	-	**(11,858)**	(48,141)
		411,288	-	-	-	411,288	423,146	-	**(11,858)**	(48,141)
		6,278,424	56,424	164,254	(4,000)	6,495,102	5,630,182	(156,884)	**708,036**	618,653

Northern Inter-Tribal Health Authority Inc.

Schedule 2 - Schedule of Public Health Unit Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**1,041,036**	**1,038,594**	1,068,689
Canadian Partnership Against Cancer	**-**	**-**	25,000
	1,041,036	**1,038,594**	1,093,689
Expenses			
Salaries and benefits	**997,540**	**1,083,245**	945,615
Travel and vehicle	**23,730**	**28,750**	17,901
Program expenses			
Enviromental cleaning workshop	**3,637**	**2,500**	2,526
Program delivery	**13,660**	**16,500**	13,941
Supplies	**9,194**	**5,500**	4,786
Special projects	**12,224**	**51,000**	54,697
Meetings and workshops	**4,690**	**4,500**	3,398
	1,064,675	**1,191,995**	1,042,864
Excess (deficiency) of revenue over expenses before capital transfers	**(23,639)**	**(153,401)**	50,825
Other items affecting program funds			
Investment in capital asset	**(18,000)**	**(18,000)**	(36,292)
Excess (deficiency) of revenue over expenses after capital transfers	**(41,639)**	**(171,401)**	14,533

Northern Inter-Tribal Health Authority Inc.

Schedule 3 - Schedule of Administration Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**1,112,814**	**1,108,905**	1,093,389
Administration fees *(Note 10)*	**164,254**	**188,545**	177,152
	1,277,068	**1,297,450**	1,270,541
Expenses			
Salaries and benefits	**722,493**	**854,015**	758,517
Facility costs	**212,498**	**223,076**	213,267
Meetings and workshops	**96,351**	**127,200**	69,152
Professional fees	**68,086**	**65,000**	43,027
Telephone and supplies	**55,375**	**64,340**	49,718
Computer and equipment maintenance	**39,197**	**37,700**	33,869
Travel and vehicle	**19,992**	**26,000**	30,037
Bank charges and interest	**2,255**	**2,000**	3,352
Program expenses			
Supplies	**-**	**-**	128
	1,216,247	**1,399,331**	1,201,067
Excess (deficiency) of revenue over expenses	**60,821**	**(101,881)**	69,474

Northern Inter-Tribal Health Authority Inc.

Schedule 4 - Schedule of Community Services Unit Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**935,513**	**856,134**	843,658
Transfer from deferred revenue	**-**	**-**	9,653
Other revenue	**-**	**1,000**	-
	935,513	**857,134**	853,311
Expenses			
Salaries and benefits	**674,519**	**726,849**	629,704
Program expenses			
Training	**60,291**	**70,650**	48,710
Program materials	**2,843**	**2,650**	2,870
Special projects	**-**	**-**	52
Professional fees	**12,000**	**12,000**	12,000
Meetings and workshops	**9,923**	**21,000**	10,082
Travel and vehicle	**7,697**	**15,500**	11,564
	767,273	**848,649**	714,982
Excess of revenue over expenses	**168,240**	**8,485**	138,329

Northern Inter-Tribal Health Authority Inc.

Schedule 5 - Schedule of Health Planning and Management Revenue and Expenses

For the year ended March 31, 2019

	2019	***2019 Budget***	*2018*
Revenue			
	-	-	-
Expenses			
Program expenses			
Training	-	-	175
Deficiency of revenue over expenses	-	-	(175)

Northern Inter-Tribal Health Authority Inc.

Schedule 6 - Schedule of Communicable Disease Emergencies Revenue and Expenses

For the year ended March 31, 2019

	2019	***2019 Budget***	*2018*
Revenue			
First Nations and Inuit Health Branch	**13,600**	**16,935**	22,955
Expenses			
Administration fees *(Note 10)*	**1,230**	**1,300**	939
Program expenses			
Mask fit testing	**6,000**	**9,635**	6,000
Training	**3,420**	**6,000**	3,390
Salaries and benefits	**2,950**	**-**	-
	13,600	**16,935**	10,329
Excess of revenue over expenses	**-**	**-**	12,626

Northern Inter-Tribal Health Authority Inc.

Schedule 7 - Schedule of CDC - Immunization Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**80,000**	**80,000**	60,000
Expenses			
Salaries and benefits	**20,500**	**13,993**	26,801
Program expenses			
Training	**18,827**	**20,000**	-
Program delivery	**11,666**	**10,500**	11,004
Program materials	**3,671**	**3,000**	2,710
Computer and equipment maintenance	**18,185**	**18,507**	12,081
Administration fees *(Note 10)*	**7,151**	**6,000**	5,455
Meetings and workshops	**-**	**8,000**	-
	80,000	**80,000**	58,051
Excess of revenue over expenses before capital transfers	**-**	**-**	1,949
Other items affecting program funds			
Investment in capital asset	**-**	**-**	(1,949)
Excess of revenue over expenses after capital transfers	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 8 - Schedule of Nursing Education Revenue and Expenses

For the year ended March 31, 2019

	2019	***2019 Budget***	*2018*
Revenue			
First Nations and Inuit Health Branch	**15,000**	**15,000**	15,000
Expenses			
Salaries and benefits	**13,892**	**12,600**	16,556
Administration fees *(Note 10)*	**1,108**	**1,500**	-
Program expenses			
Supplies	**-**	**900**	270
	15,000	**15,000**	16,826
Deficiency of revenue over expenses	**-**	**-**	(1,826)

Northern Inter-Tribal Health Authority Inc.

Schedule 9 - Schedule of HIV Strategy Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**305,200**	**305,200**	250,000
Expenses			
Program expenses			
Program contributions	**134,000**	**134,000**	122,000
Supplies	**55,200**	**55,200**	-
Program materials	**20,848**	**23,574**	6,983
Training	**10,718**	**12,174**	8,721
Program delivery	**875**	**10,000**	16,953
Salaries and benefits	**95,367**	**97,714**	96,698
Administration fees *(Note 10)*	**13,002**	**13,091**	6,434
Travel and vehicle	**1,503**	**1,500**	1,463
Meetings and workshops	**873**	**1,500**	658
	332,386	**348,753**	259,910
Deficiency of revenue over expenses before transfers	**(27,186)**	**(43,553)**	(9,910)
Other items affecting program funds			
Transfer from appropriated surplus	**27,186**	**43,553**	9,910
Deficiency of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 10 - Schedule of TB Intitiative and Worker Program Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**1,586,901**	**1,521,588**	1,107,265
Expenses			
Salaries and benefits	**536,148**	**646,781**	511,801
Administration fees *(Note 10)*	**95,507**	**134,296**	82,819
Travel and vehicle	**45,758**	**57,000**	41,420
Program expenses			
Other program services	**299,928**	**443,604**	122,993
Special projects	**28,331**	**127,900**	47,250
Incentives	**8,198**	**7,000**	8,637
Program delivery	**1,624**	**3,000**	317
Training	**-**	**11,482**	5,066
Supplies	**-**	**8,000**	-
Telephone and supplies	**4,748**	**5,525**	6,589
Facility costs	**1,522**	**2,000**	1,522
	1,021,764	**1,446,588**	828,414
Excess of revenue over expenses before capital transfers	**565,137**	**75,000**	278,851
Other items affecting program funds			
Investment in capital asset	**-**	**-**	(82,700)
Excess of revenue over expenses after capital transfers	**565,137**	**75,000**	196,151

Northern Inter-Tribal Health Authority Inc.

Schedule 11 - Schedule of Aborginial Human Resource Revenue and Expenses

For the year ended March 31, 2019

	2019	***2019 Budget***	*2018*
Revenue			
First Nations and Inuit Health Branch	**79,741**	**79,741**	77,803
Expenses			
Program expenses			
Training	**59,425**	**72,492**	70,629
Administration fees *(Note 10)*	**5,942**	**7,249**	7,174
	65,367	**79,741**	77,803
Excess of revenue over expenses	**14,374**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 12 - Schedule of Chronic Disease Workshop Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**50,000**	**50,000**	-
Expenses			
Program expenses			
Training	**38,101**	**45,000**	-
Salaries and benefits	**7,379**	**-**	-
Administration fees *(Note 10)*	**4,520**	**5,000**	-
	50,000	**50,000**	-
Excess of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 13 - Schedule of Dental Therapy Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
Transfer from deferred revenue	-	-	3,912
	-	-	3,912
Expenses			
Facility costs	**19,684**	**26,611**	27,729
Travel and vehicle	-	-	2,524
	19,684	**26,611**	30,253
Deficiency of revenue over expenses	**(19,684)**	**(26,611)**	(26,341)

Northern Inter-Tribal Health Authority Inc.

Schedule 14 - Schedule of Shared EMR Project Revenue and Expenses

For the year ended March 31, 2019

	2019	***2019 Budget***	*2018*
Revenue			
First Nations and Inuit Health Branch	**107,917**	**107,917**	225,685
Expenses			
Salaries and benefits	**62,645**	**62,357**	38,578
Program expenses			
Supplies	**31,162**	**4,200**	91,839
Travel and vehicle	**8,909**	**31,549**	4,474
Administration fees *(Note 10)*	**5,201**	**9,811**	20,516
Meetings and workshops	**-**	**-**	8,741
Professional fees	**-**	**-**	2,177
	107,917	**107,917**	166,325
Excess of revenue over expenses before capital transfers	**-**	**-**	59,360
Other items affecting program funds			
Investment in capital asset	**-**	**-**	(59,360)
Excess of revenue over expenses after capital transfers	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

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

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**462,414**	**462,414**	453,959
Expenses			
Program expenses			
Telecommunications	**326,057**	**326,580**	326,675
Administration fees *(Note 10)*	**23,633**	**39,103**	41,242
Salaries and benefits	**-**	**-**	3,784
	349,690	**365,683**	371,701
Excess of revenue over expenses before capital transfers	**112,724**	**96,731**	82,258
Other items affecting program funds			
Investment in capital asset	**(112,724)**	**(96,731)**	(82,258)
Excess of revenue over expenses after capital transfers	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 16 - Schedule of Panorama Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**77,000**	**77,000**	77,000
Expenses			
Program expenses			
Program contributions	**41,415**	**30,000**	-
Training	**4,337**	**7,000**	-
Computer and equipment maintenance	**5,255**	**13,000**	-
Salaries and benefits	**-**	**20,000**	66,908
Administration fees *(Note 10)*	**-**	**7,000**	7,000
Travel and vehicle	**-**	**-**	2,882
Meetings and workshops	**-**	**-**	210
	51,007	**77,000**	77,000
Excess of revenue over expenses before capital transfers	**25,993**	**-**	-
Other items affecting program funds			
Investment in capital asset	**(26,160)**	**-**	-
Deficiency of revenue over expenses after capital transfers	**(167)**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 17 - Schedule of Canadian Partnership Against Cancer Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
Canadian Partnership Against Cancer			
Grant revenue	**66,000**	**66,000**	-
Transfer to deferred revenue	**(4,000)**	**-**	-
Clawback of funding	**(9,576)**	**-**	-
	52,424	**66,000**	-
Expenses			
Salaries and benefits	**29,500**	**15,000**	-
Program expenses			
Special projects	**10,424**	**20,000**	-
Program materials	**-**	**9,600**	-
Professional fees	**8,130**	**10,000**	-
Administration fees *(Note 10)*	**3,935**	**4,000**	-
Travel and vehicle	**314**	**2,000**	-
Meetings and workshops	**121**	**5,400**	-
	52,424	**66,000**	-
Excess of revenue over expenses	**-**	**-**	-

Northern Inter-Tribal Health Authority Inc.

Schedule 18 - Schedule of Tobacco Control Strategy Revenue and Expenses

For the year ended March 31, 2019

	2019	*2019 Budget*	*2018*
Revenue			
First Nations and Inuit Health Branch	**411,288**	**411,288**	340,000
Transfer from deferred revenue	**-**	**-**	10,844
	411,288	**411,288**	350,844
Expenses			
Program expenses			
Program contributions	**363,596**	**363,596**	337,666
Program materials	**6,639**	**8,848**	14,409
Salaries and benefits	**47,428**	**43,232**	40,320
Administration fees *(Note 10)*	**3,024**	**5,358**	5,574
Travel and vehicle expense	**1,519**	**750**	348
Meetings and workshops	**940**	**750**	668
	423,146	**422,534**	398,985
Deficiency of revenue over expenses before transfers	**(11,858)**	**(11,246)**	(48,141)
Other items affecting program funds			
Transfer from appropriated surplus	**11,858**	**11,246**	48,141
Deficiency of revenue over expenses	**-**	**-**	-

NORTHERN INTER-TRIBAL HEALTH AUTHORITY

GET IN TOUCH

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